

Otwell's Trucking LLC

10387 River Road

Ama, LA 70031

Bid No.: 50-00143748

One (1) Year Contract for the Supply of #1
Limestone for the Jefferson Parish
Department of Drainage, East and West
Banks

Bid Date: November 2, 2023 2:00 P M

Bid Address: Central Bidding Online

DATE: 10/18/2023

Page: 6

BID NO.: 50-00143748

BID FORM
Non Public Works

All Public Work Projects are required to use the Louisiana Uniform Public Work Bid Form

All prices must be held firm unless an escalation provision is requested in this bid. Jefferson Parish will allow one escalation during the term of the contract, which may not exceed the U.S. Bureau of Labor Statistics National Index for all Urban Consumers, unadjusted 12 month figure. The most recently published figure issued at the time an adjustment is requested will be used. A request must be made in writing by the vendor, and the escalation will only be applied to purchases made after the request is made.

Are you requesting an escalation provision?

YES _____ NO X _____

MAXIMUM ESCALATION PERCENTAGE REQUESTED N/A %

INITIAL BID PRICES WILL REMAIN FIRM THROUGH THE DATE OF Per Contract.

For the purposes of comparison of bids when an escalation provision is requested, Jefferson Parish will apply the maximum escalation percentage quoted by the bidder to the period to which it is applied in the bid. The initial price and the escalation will be used to calculate the total bid price. It will be assumed, for comparison of prices only, that an equal amount of material or labor is purchased each month throughout the entire contract.

DELIVERY: FOB JEFFERSON PARISH

INDICATE DELIVERY DATE ON EQUIPMENT AND SUPPLIES

As Needed

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable)

N/A

THIS SECTION MUST BE COMPLETED BY BIDDER:

FIRM NAME: Otwell's Trucking LLC

ADDRESS: 10387 River Road

CITY, STATE: Ama, LA

ZIP: 70031

TELEPHONE: (504) 667-5452

FAX: ()

EMAIL ADDRESS: john@otwellservices.com

In the event that addenda are issued with this bid, bidders **MUST** acknowledge all addenda on the bid form. Bidder must acknowledge receipt of an addendum on the bid form by placing the addendum number as indicated. Failure to acknowledge any addendum on the bid form will result in bid rejection.

Acknowledge Receipt of Addenda: NUMBER: _____

NUMBER: _____

NUMBER: _____

NUMBER: _____

TOTAL PRICE OF ALL BID ITEMS: \$ 180,360.00

AUTHORIZED

SIGNATURE: [Signature]

Steven Otwell

Printed Name

TITLE: Member

SIGNING INDICATES YOU HAVE READ AND COMPLY WITH THE INSTRUCTIONS AND CONDITIONS.

NOTE: All bids should be returned with the BID NUMBER and BID OPENING DATE indicated on the outside of the envelope submitted to the Purchasing Department.

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00143748

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1,500.00	TN	<p>One (1) Year Contract for the Supply of # 1 Limestone for the Jefferson Parish Department of Drainage, East and West Banks.</p> <p>0010 DELIVERED PRICING OF # 1 LIMESTONE FOR THE JEFFERSON PARISH</p> <p>WESTBANK DRAINAGE DEPARTMENT 1561 RIVER PARK RD. BRIDGE CITY, LA 70094</p>	\$ 51.35	\$77,025.00
2	1,500.00	TN	<p>0020 DELIVERED PRICING OF # 1 LIMESTONE FOR THE JEFFERSON PARISH</p> <p>EASTBANK DRAINAGE DEPARTMENT 4901 JEFFERSON HWY. JEFFERSON, LA 70121</p>	\$ 50.85	\$ 76,275.00
3	300.00	TN	<p>0030 SELF-HAULED PRICING OF THE # 1 LIMESTONE FOR THE JEFFERSON PARISH</p> <p>WESTBANK DRAINAGE DEPARTMENT</p>	\$ 45.10	\$ 13,530.00
4	300.00	TN	<p>0040 SELF-HAULED PRICING OF THE # 1 LIMESTONE FOR THE JEFFERSON PARISH EASTBANK DRAINAGE DEPT</p> <p>**SEE ATTACHED SPECIFICATIONS**</p>	\$ 45.10	\$ 13,530.00

Non-Public Works Bid

AFFIDAVIT

STATE OF Louisiana

PARISH/COUNTY OF Jefferson

BEFORE ME, the undersigned authority, personally came and appeared: Steven
Otwell, (Affiant) who after being by me duly sworn, deposed and said that
he/she is the fully authorized Member of Otwell's Trucking, LLC (Entity),
the party who submitted a bid in response to Bid Number 50-00143748, to the Parish of
Jefferson.

Affiant further said:

Campaign Contribution Disclosures

(Choose A or B, if option A is indicated please include the required attachment):

Choice A _____ Attached hereto is a list of all campaign contributions, including the date and amount of each contribution, made to current or former elected officials of the Parish of Jefferson by Entity, Affiant, and/or officers, directors and owners, including employees, owning 25% or more of the Entity during the two-year period immediately preceding the date of this affidavit or the current term of the elected official, whichever is greater. Further, Entity, Affiant, and/or Entity Owners have not made any contributions to or in support of current or former members of the Jefferson Parish Council or the Jefferson Parish President through or in the name of another person or legal entity, either directly or indirectly.

Choice B X there are **NO** campaign contributions made which would require disclosure under Choice A of this section.

Debt Disclosures

(Choose A or B, if option A is indicated please include the required attachment):

Choice A _____ Attached hereto is a list of all debts owed by the affiant to any elected or appointed official of the Parish of Jefferson, and any and all debts owed by any elected or appointed official of the Parish to the Affiant.

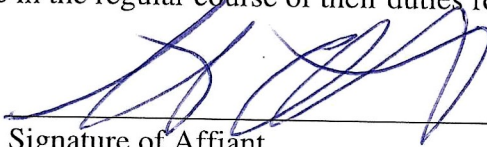
Choice B X There are **NO** debts which would require disclosure under Choice A of this section.

Affiant further said:

That Affiant has employed no person, corporation, firm, association, or other organization, either directly or indirectly, to secure the public contract under which he received payment, other than persons regularly employed by the Affiant whose services in connection with the construction, alteration or demolition of the public building or project or in securing the public contract were in the regular course of their duties for Affiant; and

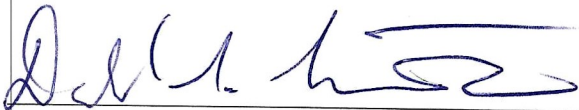
[The remainder of this page is intentionally left blank.]

That no part of the contract price received by Affiant was paid or will be paid to any person, corporation, firm, association, or other organization for soliciting the contract, other than the payment of their normal compensation to persons regularly employed by the Affiant whose services in connection with the construction, alteration or demolition of the public building or project were in the regular course of their duties for Affiant.


Signature of Affiant

Steven Otwell
Printed Name of Affiant

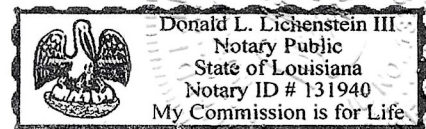
SWORN AND SUBSCRIBED TO BEFORE ME
ON THE 31st DAY OF October, 2023


Notary Public

Donald L. Lichenstein III
Printed Name of Notary

131940
Notary/Bar Roll Number

My commission expires When I do.





OTWETRU-01

CGUIDROZ

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/20/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER License # 231432
Hub International Gulf South
3861 Ambassador Caffery Parkway
Suite 550
Lafayette, LA 70503

CONTACT NAME: Rachael Bernard

PHONE
(A/C, No, Ext):FAX
(A/C, No):

E-MAIL ADDRESS: rachael.bernard@hubinternational.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Lloyd's of London

15792

INSURER B: LUBA Casualty Insurance Company

12472

INSURER C: XL Specialty Insurance Company

37885

INSURER D: Travelers Property Casualty Company of America

25674

INSURER E:

INSURER F:

INSURED
Otwell's Trucking LLC
Otwell Services LLC
10387 River Road
Ama, LA 70031

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			TCCLA00025823	7/18/2023	7/18/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			TCCLA00025823	7/18/2023	7/18/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 25,000			TCCLA00025823	7/18/2023	7/18/2024	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ Aggregate \$ 4,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	028000022700123	9/16/2023	9/16/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Motor Truck Cargo			UM00096627MA23A	7/18/2023	7/18/2024	Limit Per Power Unit 500,000
D	Equipment Floater			QT-660-7S242155-TIL-22	8/27/2022	11/6/2023	Total Insured Value 752,024

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

Insured Copy

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Hub International Gulf South		License # 231432	NAMED INSURED Otwell's Trucking LLC Otwell Services LLC 10387 River Road Ama, LA 70031
POLICY NUMBER SEE PAGE 1			
CARRIER SEE PAGE 1	NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 1	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

POLICY INFORMATION CONTINUED:

AUTO PHYSICAL DAMAGE POLICY

Carrier: Lloyds of London - POL# PD071820230001 - Eff: 7/18/2023-2024 - Total Insured Value: \$6,519,651

FORMS & ENDORSEMENTS:

GENERAL LIABILITY POLICY INCLUDES:

Blanket Additional Insured as Required by Written Contract
Blanket Waiver of Subrogation as Required by Written Contract
Primary Non-Contributory as Required by Written Contract
30 Day Notice of Cancellation / 10 Days for Non-Payment of Premium
Hired & Non-Owned Auto Coverage

AUTO LIABILITY POLICY INCLUDES:

Blanket Additional Insured as Required by Written Contract
Blanket Waiver of Subrogation as Required by Written Contract
Primary Non-Contributory as Required by Written Contract
30 Day Notice of Cancellation / 10 Days for Non-Payment of Premium
MCS90 / BCM91X
Trailer Interchange Coverage: Symbol 69 – \$100,000 or Actual Cash Value, Cost of Repair (whichever is less)
Truckers – Uniform Intermodal Interchange Endorsement Form UIIE-1 (CA 23 17)

EXCESS LIABILITY INCLUDES:

Forms & Endorsements Follow Form of General Liability and Auto Policies
\$1,000,000 Excess Coverage Over Auto Liability, General Liability, and Worker's Compensation Policies
\$4,000,000 Excess Coverage Over General Liability and Worker's Compensation Policies

WORKER'S COMPENSATION POLICY INCLUDES:

Blanket Waiver of Subrogation Where Required by a Written Contract

MOTOR TRUCK CARGO POLICY INCLUDES:

\$500,000 Limit For All Vehicles (Excluding Dumping Operations)
\$200,000 Contingent Limit For All Vehicles (Excluding Dumping Operations)
Deductible: \$2,500; Except \$5,000 For Items Valued Over \$250,000

EQUIPMENT FLOATER POLICY INCLUDES:

\$250,000 Leased/Rented CCC Limit

AUTO PHYSICAL DAMAGE POLICY INCLUDES:

Blanket Additional Insured as Required by Written Contract
Blanket Waiver of Subrogation as Required by Written Contract
Primary Non-Contributory as Required by Written Contract
30 Day Notice of Cancellation and 10 Days for Non-Payment of Premium
Deductible: \$3,000 Or 3% Of Declared Value (Whichever is Greater); Except \$10,000 For Dump Trucks While Loading And Unloading

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

Otwell's Trucking LLC

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☒ S Corporation ☐ Partnership ☐ Trust/estate

☒ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► S
Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ►

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

10387 River Road

6 City, state, and ZIP code

Ama, LA 70031

Requester's name and address (optional)

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

____ - ____ - _____

or

Employer identification number

8 0 - 0 9 7 7 1 3 9

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign
Here

Signature of
U.S. person ►

Date ►

7/25/2022

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

State of
Louisiana
Secretary of
State

COMMERCIAL DIVISION
225.925.4704



Fax Numbers
225.932.5317 (Admin. Services)
225.932.5314 (Corporations)
225.932.5318 (UCC)

Name
OTWELL'S TRUCKING LLC

Type
Limited Liability Company

Previous Names

Business: OTWELL'S TRUCKING LLC
Charter Number: 42052086K
Registration Date: 10/27/2015
Domicile Address

10387 RIVER ROAD
AMA, LA 70031

Mailing Address

10387 RIVER ROAD
AMA, LA 70031

Status

Status: Active
Annual Report Status: In Good Standing
File Date: 10/27/2015
Last Report Filed: 9/27/2021
Type: Limited Liability Company

Registered Agent(s)

Agent: STEVEN OTWELL
Address 1: 10387 RIVER ROAD
City, State, Zip: AMA, LA 70031
Appointment Date: 10/27/2015

Agent: CARY BURELLE
Address 1: 115 CHOCTAW DRIVE
City, State, Zip: LULING, LA 70070
Appointment Date: 7/23/2021

Officer(s)

Officer: STEVEN OTWELL
Title: Member
Address 1: 10387 RIVER ROAD
City, State, Zip: AMA, LA 70031

Officer: CARY BURELLE
Title: Member
Address 1: 115 CHOCTAW DRIVE
City, State, Zip: LULING, LA 70070

Additional Officers: No

Amendments on File (2)

Description

Date

Domestic LLC Agent/Domicile Change	7/23/2021
Appointing, Change, or Resign of Officer	7/27/2021

Print