

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

**Bid No.: 50-00142494**

Labor, Materials and Equipment Necessary to  
Provide and Deliver Class 1 Dry Rip Rap (#1  
Limestone) for the Department of Drainage

**Bid Date: May 26, 2023 11:00 A M**

**Bid Address: Central Bidding Online**

DATE: 5/23/2023

INVITATION TO BID  
THIS IS NOT AN ORDER

Page: 5

BID NO.: 50-00142494

**JEFFERSON PARISH**

PURCHASING DEPARTMENT  
P.O. BOX 9  
GRETN, LA. 70054-0009  
504-364-2678

VENDOR:

BUYER: MBUTTERY

As per LSA-RS 47:301 et seq., all governmental bodies are excluded from payment of sales taxes to any Louisiana taxing body. Quotations shall be based on F.O.B. Agency warehouse or jobsite, anywhere within the Parish as designated by the Purchasing Department.

JEFFERSON PARISH reserves the right to cancel all or any part of an order if not shipped promptly. No charges will be allowed for parking or cartage unless specified in quotation. The order must not be filled at a higher price than quoted. JEFFERSON PARISH reserves the right to cancel at any time and for any reason by issuing a THIRTY (30) day written notice to the contractor.

JEFFERSON PARISH is expecting all products to be new and all work to be done in workman-like manner, according to standard practices. Any deviations or alteration from the specifications must be indicated on the bid form for each item and upon request, product data for same must be submitted by the time specified by the Purchasing Department.

**DELIVERY: FOB JEFFERSON PARISH**

INDICATE DELIVERY DATE ON EQUIPMENT AND SUPPLIES	<u>As Needed</u>
INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK	<u>As Needed</u>
INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK	<u>As Needed</u>

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: \_\_\_\_\_

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

**\*\*\* ALL BIDDERS MUST COMPLETE SECTION BELOW \*\*\***

FIRM NAME: Otwell's Trucking LLC

SIGNATURE:  
(Must be signed here)

TITLE: Member

PRINT OR TYPE NAME:  
Steve Otwell

ADDRESS: 10387 River Road

CITY, STATE: Ama, LA

ZIP: 70031

TELEPHONE: ( 504 ) - 667-5452

FAX: ( )

EMAIL ADDRESS: john@otwellservices.com

TOTAL PRICE OF ALL BID ITEMS: \$ 59,345.00

## INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00142494

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	550.00	TN	<p>Labor, Materials and Equipment Necessary to Provide and Delivery Class I Dry Rip Rap (#1 Limestone) for the Department of Drainage</p> <p>0010 CLASS I, DRY RIP RAP</p>	\$ 54.70	\$ 30,085.00
2	550.00	TN	<p>DELIVER TO: WESTBANK DRAINAGE 1561 RIVER PARK RD. BRIDGE CITY, LA 70094 ATTN: LYNNE CHAMPAGNE</p> <p>0020 CLASS I, DRY RIP RAP</p> <p>DELIVER TO: EASTBANK DRAINAGE 4901 JEFFERSON HWY. JEFFERSON, LA 70121 ATTN: LATRENDIA McGHEE</p> <p>FOR CANAL BANK FAILURE REPAIRS ON EB &amp; WB</p>	\$ 53.20	\$ 29,620.00

# Request for Taxpayer Identification Number and Certification

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

Go to [www.irs.gov/FormW9](http://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

7 List account number(s) here (optional)

Requester's name and address (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:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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 ▶

## 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](http://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.





OTWETRU-01

JGUIDRY

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/12/2023

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).

<b>PRODUCER</b> License # 231432 Hub International Gulf South 3861 Ambassador Caffery Parkway Suite 550 Lafayette, LA 70503	<b>CONTACT</b> Name: Rachael Bernard PHONE (A/C, No, Ext): E-MAIL Address: rachael.bernard@hubinternational.com FAX (A/C, No):														
<b>INSURED</b> Ottwell's Trucking LLC Ottwell Services LLC 10387 River Road Ama, LA 70031	<table border="1"><thead><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A: New York Marine &amp; General Insurance</td><td>16608</td></tr><tr><td>INSURER B: Lloyd's of London</td><td>15792</td></tr><tr><td>INSURER C: LUBA Casualty Insurance Company</td><td>12472</td></tr><tr><td>INSURER D: XL Specialty Insurance Company</td><td>37885</td></tr><tr><td>INSURER E: Travelers Property Casualty Company of America</td><td>25674</td></tr><tr><td>INSURER F:</td><td></td></tr></tbody></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: New York Marine & General Insurance	16608	INSURER B: Lloyd's of London	15792	INSURER C: LUBA Casualty Insurance Company	12472	INSURER D: XL Specialty Insurance Company	37885	INSURER E: Travelers Property Casualty Company of America	25674	INSURER F:	
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## 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 GENTL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X	X	ML202200002232	7/18/2022	7/18/2023	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 - COM/OP AGG \$ 2,000,000 CLAIMS EXPENSE \$ 1,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	X	X	AU202200017065	7/18/2022	7/18/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 25,000	X	X	OTTR2022070263	7/18/2022	7/18/2023	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ Aggregate \$ 1,000,000
C	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	028000022700122	9/16/2022	9/16/2023	<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
D	Motor Truck Cargo			UM00096627MA22A	11/6/2022	7/18/2023	Limit Per PowerUnit 500,000
E	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)  
The Parish of Jefferson, its Districts, Departments and Agencies under the direction of the Parish President and Parish Council are named as Additional Insured for both the commercial liability and automobile liability policies, as indicated above.  
Bid No. 50-00141266

## CERTIFICATE HOLDER

## CANCELLATION

The Parish of Jefferson, its Districts, Departments and Agencies under the direction of the Parish President and Parish Council  
Engineering Department  
1221 Elmwood Park Blvd, Suite 802  
Jefferson, LA 70123

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

AGENCY Hub International Gulf South		License # 231432	NAMED INSURED Otwell's Trucking LLC Otwell Services LLC 10367 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

## FORMS AND ENDORSEMENTS:

General Liability Policy Includes:  
Marine Contractors' Legal Liability  
Sudden & Accidental Pollution  
Blanket Additional Insured (AI)/ Waiver of Subrogation (WOS)/Loss Payee  
Blanket Additional Insured- Lessor of Leased Equipment  
Primary & Non-Contributory  
Per Project Aggregate  
Railroad Protective Liability Extension Clause  
Contractual Liability Extension  
Action Over Indemnity  
Rigger's Legal Liability  
Other Work Endorsement  
Blanket 30 Day NOC  
In Rem

## Auto Policy Includes:

Blanket Additional Insured  
Blanket Waiver of Subrogation  
Blanket Primary Wording  
Employee as Insured  
Employee Hired Auto  
Coverage Extension for Rental Vehicles  
Uninsured Motorists Coverage - Bodily Injury  
Blanket 30 Day NOC  
MCS90  
BCM91X  
Auto Policy Deductibles: \$3,000 Comp & \$3,000 Collision

## Motor Truck Cargo: All Risk Coverage

\$500,000 Limit for all vehicles excluding dumping operations  
\$2,500 Deductible per claim except \$5,000 deductible for items valued over \$250,000

## Umbrella Policy Includes:

Underlying Policies: Marine General Liability and Commercial Auto Liability  
Blanket Waiver of Subrogation Where Required by a Written Contract on a Follow Form Basis  
Blanket Additional Insured Where Required by a Written Contract on a Follow Form Basis  
Blanket Primary and Non Contributory Where Required by a Written Contract

## Workers Compensation Policy Includes:

Blanket Waiver of Subrogation Where Required by a Written Contract and USL&H Coverage

## Equipment Policy includes:

\$250K Leased/Rented CCC Limit

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	Type	City	Status
OTWELL'S TRUCKING LLC	Limited Liability Company	AMA	Active
<b>Previous Names</b>			
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		
<b>Status</b>			
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

**Amendments on File (2)**

Description

Date

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

Print