

Otwell Services LLC

10387 River Road

Ama, LA 70031

LA Contractor License #: 75850

Bid No.: 5000142243

**Furnish Labor, Materials, and Equipment to
Install Limestone for Jefferson Parish JPAWS**

Bid Date: May 22, 2023 11:00 A M

Bid Address:

Central Bidding Online

DATE: 5/15/2023

INVITATION TO BID
THIS IS NOT AN ORDER

Page: 5

BID NO.: 50-00142243

JEFFERSON PARISH

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

VENDOR: 27118 BLANK BID COPY VENDOR

BUYER: BBELLOW

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

As Needed

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK

Upon NTP

INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK

15 Days

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) 75850

*** ALL BIDDERS MUST COMPLETE SECTION BELOW ***	
FIRM NAME: Otwell Services	
SIGNATURE: (Must be signed here)	TITLE: Member
PRINT OR TYPE NAME: Steven 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: \$ 29,650.00

DATE: 5/15/2023

Page: 6

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00142243

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	JOB	<p>FURNISH LABOR, MATERIALS AND EQUIPMENT TO INSTALL LIMESTONE FOR JEFFERSON PARISH JPAWS</p> <p>0010 - LIMESTONE INSTALLATION FOR JPAWS</p> <p>-INCLUDES RAKING OUT EXISTING SAND, INSTALLING 3,425 SQ FT OF FILTER FABRIC, AND INSTALLING 45 CUYD OF #810 LIMESTONE IN COURTYARD</p> <p>SERVICE LOCATION: JPAWS 2701 LAPALCO BLVD HARVEY, LA 70058</p> <p>FOR SITE VISITS, PLEASE CONTACT: MICHELLE BRIGNAC 504-349-5111 OR KENNETH JAMISON 504-606-9062</p>	\$ 29,650.00	\$ 29,650.00

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 SERVICES LLC	Limited Liability Company	AMA	Active

Previous Names

Business: OTWELL SERVICES LLC

Charter Number: 45073470K

Registration Date: 8/26/2022

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: 8/26/2022

Last Report Filed: N/A

Type: Limited Liability Company

Registered Agent(s)

Agent: CARY BURELLE
Address 1: 10387 RIVER ROAD
City, State, Zip: AMA, LA 70031
Appointment Date: 8/26/2022

Officer(s)

Additional Officers: No

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

Officer: STEVEN OTWELL
Title: Member
Address 1: 15 PATRICIA COURT
City, State, Zip: LULING, LA 70070

Amendments on File

No Amendments on file

Print



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).

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														
INSURED Otwell's Trucking LLC Otwell Services LLC 10387 River Road Ama, LA 70031	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : New York Marine & 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 GEN'L 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 - COMP/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 type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <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"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <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) <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	X	028000022700122	9/16/2022	9/16/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER \$
							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
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**ADDITIONAL REMARKS SCHEDULE**

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

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 Commercail 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

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 Services 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 Rd

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 8 - 3 9 1 2 6 4 0

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 ►

1/5/2023

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-DIV (dividends, including those from stocks or mutual funds)

- 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.