

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

Bid No.: 50-00142166

A Pre-Placed Emergency Contract to Supply Equipment and Operators on an Emergency basis to compliment Jefferson Parish forces in clean up and/or restoration efforts, as needed, in Unincorporated Jefferson Parish in response to a Natural Disaster or other State of Emergency, for a period of Two (2) Years

Bid Date: June 8, 2023 2:00 P M

Bid Address:
Central Bidding Online

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 _____%

INITIAL BID PRICES WILL REMAIN FIRM THROUGH THE DATE OF 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: _____

ADDRESS: 10387 River RoadCITY, STATE: Ama, LA ZIP: 70031TELEPHONE: (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: \$ 202,625.00Two Hundred Two Thousand Six Hundred Twenty-Five Dollars and 00/100

AUTHORIZED

SIGNATURE: [Signature]Cary Burelle

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.: 50-00142166

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
			TWO (2) YEAR PRE-PLACED EMERGENCY CONTRACT FOR EMERGENCY EQUIPMENT RENTAL FOR THE JEFFERSON PARISH DEPARTMENT OF PUBLIC WORKS, STREETS.		
1	100.00	CUYD	0010 10 YARD DUMP TRUCK WITH OPERATOR / DRIVER HAULING FROM 0 - 25 MILES	\$ 20.00	\$ 2000.00
			PRICE PER YARD OF DEBRIS, SAND/LIMESTONE OR RIPRAP		
			PRE-PLACED CONTRACT FOR TWO (2) YEARS FOR EMERGENCY EQUIPMENT RENTAL FOR THE JEFFERSON PARISH PUBLIC WORKS - STREETS		
2	100.00	CUYD	0020 10 YARD DUMP TRUCK WITH OPERATOR / DRIVER HAULING FROM 25 - 50 MILES	\$ 30.00	\$ 3000.00
			PRICE PER YARD OF DEBRIS, SAND/LIMESTONE OR RIPRAP		
3	100.00	CUYD	0030 10 YARD DUMP TRUCK WITH OPERATOR / DRIVER HAULING FROM 50 - 100 MILES	\$ 45.00	\$ 4500.00
			PRICE PER YARD OF DEBRIS, SAND/LIMESTONE OR RIPRAP		
4	100.00	CUYD	0040 24 YARD DUMP TRAILER WITH TRUCK / OPERATOR/DRIVER	\$ 30.00	\$ 3000.00
			HAULING FROM 0 - 25 MILES		
			PRICE PER YARD OF DEBRIS, SAND/LIMESTONE OR RIPRAP		
5	100.00	CUYD	0050 24 YARD DUMP TRAILER WITH TRUCK / OPERATOR/DRIVER	\$ 45.00	\$ 4500.00
			HAULING FROM 25 - 50 MILES		
			PRICE PER YARD OF DEBRIS, SAND/LIMESTONE OR RIPRAP		
6	100.00	CUYD	0060 24 YARD DUMP TRAILER WITH TRUCK / OPERATOR/DRIVER	\$ 65.00	\$ 6500.00
			HAULING FROM 50 - 100 MILES		
			PRICE PER YARD OF DEBRIS, SAND/LIMESTONE OR RIPRAP		

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00142166

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
7	25.00	MI	0070 LOWBOY TRAILER WITH TRUCK/OPERATOR/ DRIVER HAULING FROM 0 - 25 MILES	\$ 25.00	\$ 625.00
8	50.00	MI	0080 LOWBOY TRAILER WITH TRUCK/OPERATOR/ DRIVER HAULING FROM 25 - 50 MILES	\$ 25.00	\$ 1250.00
9	100.00	MI	0090 LOWBOY TRAILER WITH TRUCK/OPERATOR/ DRIVER HAULING FROM 50 - 100 MILES	\$ 25.00	\$ 2500.00
10	150.00	HR	0100 FRONT END LOADER WITH OPERATOR FOR REMOVAL OF DEBRIS 4100 TANDEM RUBBER TIRE GRADALL	\$ 170.00	\$ 25500.00
11	150.00	HR	0110 BACKHOE (RUBBER TIRE) WITH OPERATOR FOR MOVING/LOADING OR DIGGING MATERIAL	\$ 135.00	\$ 20250.00
12	150.00	HR	0120 TRACK EXCAVATOR WITH REGULAR REACH AND OPERATOR FOR MOVING/LOADING OR DIGGING MATERIAL	\$ 180.00	\$ 27000.00
13	150.00	HR	0130 TRACK EXCAVATOR WITH LONG REACH AND OPERATOR FOR MOVING/LOADING OR DIGGING MATERIAL	\$ 220.00	\$ 33000.00
14	100.00	HR	0140 MARSH ACCESSIBLE TYPE EXCAVATOR WITH OPERATOR FOR MOVING/LOADING OR DIGGING MATERIAL	\$ 335.00	\$ 33500.00
15	100.00	HR	0150 DOZERS - SMALL WITH OPERATOR FOR MOVING, SPREADING OR LEVELING MATERIAL	\$ 165.00	\$ 16500.00
16	100.00	HR	0160 DOZERS - LARGE WITH OPERATOR FOR MOVING, SPREADING OR LEVELING MATERIAL ***PLEASE SEE ATTACHED SPECIFICATIONS***	\$ 190.00	\$ 19000.00

Non-Public Works Bid Affidavit Instructions

- Affidavit is supplied as a courtesy to Affiants, but it is the responsibility of the affiant to insure the affidavit they submit to Jefferson Parish complies, in both form and content, with federal, state and parish laws.
- Affidavit must be signed by an authorized representative of the entity or the affidavit will not be accepted.
- Affidavit must be notarized or the affidavit will not be accepted.
- Notary must sign name, print name, and include bar/notary number, or the affidavit will not be accepted.
- Affiant **MUST** select either A or B when required or the affidavit will not be accepted.
- Affiants who select choice A must include an attachment or the affidavit will not be accepted.
- If both choice A and B are selected, the affidavit will not be accepted.
- Affidavit marked N/A will not be accepted.
- It is the responsibility of the Affiant to submit a new affidavit if any additional campaign contributions are made after the affidavit is executed but prior to the time the council acts on the matter.

Instruction sheet may be omitted when submitting the affidavit

Non-Public Works Bid

AFFIDAVIT

STATE OF Louisiana

PARISH/COUNTY OF Jefferson

BEFORE ME, the undersigned authority, personally came and appeared: Cary Burelle
_____, (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 50-00142166 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

Gary Burrelle

Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME
ON THE 6th DAY OF June, 2023



Notary Public

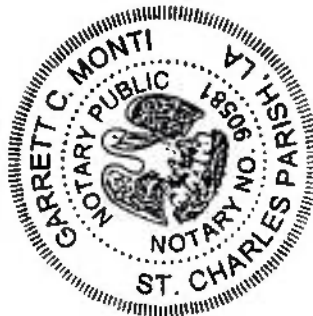
Garrett C. Monti

Printed Name of Notary

90581

Notary/Bar Roll Number

My commission expires with life.



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	City AMA	Status Active
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	Additional Officer(s): No
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

Request for Taxpayer Identification Number and Certification

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

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

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:

- 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 ▶

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.



OTWETRU-01

JGUDRY

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 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"><thead><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A : New York Marine & General Insurance</td><td>16808</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	16808	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 WYD	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 - COMPROP 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 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) 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"/> 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. 50-00141268

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

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**

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



05-13-2023

Bid Bond in Accordance with Contract Specifications

SLA05191024

Otwell's Trucking LLC

Bond Number

Principal Name

10387 River Road, Ama, LA, 70031, US

Principal Address

Principal Signature

Jefferson Parish

200 Derbligny Street, Gretna, LA, 70053, US

Owner/Obligee Name

Owner/Obligee Address

Bond Information

06-08-2023

American Alternative Insurance
Corporation
Surety

328377

Bid Date

Contractor Vendor ID Number

50-00142166

Contract ID Number

A Pre-Placed Emergency Contract to Supply Equipment and Operators on an Emergency basis to compliment Jefferson Parish in response to a Natural Disaster or other State of Emergency for a period of Two(2) Years

Description of Job

Five Percent of Total Amount Bid

5%

Amount of Bid Security

Bid Security Maximum

Bid Security Percentage

Meghann C Turner

Attorney-In-Fact

Surety Bond Brokers of LA Inc.

Bond Entered and Executed By

Primary Agency

Attorney-In-Fact Signature

Know all men by these presents that American Alternative Insurance Corporation, a Corporation duly organized under the laws of the State of DE, are held and firmly bound unto the above owner/obligee by the transmission. The surety agrees to waive the statute of Fraud defense and further agrees that the owner/obligee is a third party beneficiary of the waiver for the purposes of enforcing this bid bond.

