

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

**Bid No.: 50-00142289**

**One Time Purchase and Delivery of #1  
Crushed Limestone (RipRap) for the  
Department of Drainage**

**Bid Date: May 23, 2023 11:00 A M**

**Bid Address: Central Bidding Online**

DATE: 5/16/2023

INVITATION TO BID  
THIS IS NOT AN ORDER

Page: 5

BID NO.: 50-00142289

**JEFFERSON PARISH**

PURCHASING DEPARTMENT  
P.O. BOX 9  
GRETNA, 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.

|  |                  |
|--|------------------|
| <b>DELIVERY: FOB JEFFERSON PARISH</b>                    |                  |
| INDICATE DELIVERY DATE ON EQUIPMENT AND SUPPLIES         | <u>As Needed</u> |
| INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK   | <u>Per NTP</u>   |
| INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK | <u>5 Days</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) \_\_\_\_\_

|  |                         |
|--|-------------------------|
| <b>*** ALL BIDDERS MUST COMPLETE SECTION BELOW ***</b> |                         |
| FIRM NAME:   | Otwell's Trucking       |
| SIGNATURE:<br>(Must be signed here)                    | TITLE: Member           |
| PRINT OR TYPE NAME:                                    | Cary Burelle            |
| ADDRESS:   | 10387 River Road        |
| CITY, STATE:   | ZIP: 70031              |
| TELEPHONE: 504-667-5452<br>( )                         | FAX: ( )                |
| EMAIL ADDRESS:   | john@otwellservices.com |

TOTAL PRICE OF ALL BID ITEMS: \$ 25,340.00

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00142289

SEALED BID

| ITEM NUMBER | QUANTITY | U/M | DESCRIPTION OF ARTICLES  | UNIT PRICE QUOTED | TOTALS      |
|-------------|----------|-----|--|-------------------|-------------|
| 1           | 400.00   | TN  | <p>One Time Purchase and Delivery of #1 Crushed Limestone (RIPRAP) for the Department of Drainage</p> <p>0010 LIMESTONE, CRUSHED,#1 ROCK (RIPRAP)</p> <p>DELIVER TO:<br/>                     JP DRAINAGE YARD<br/>                     4901 JEFFERSON HWY.<br/>                     SUITE D<br/>                     JEFFERSON , LA 70121</p> | \$ 63.35          | \$ 25340.00 |

# 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.<br><b>Otwell's Trucking LLC</b>  |   |
| 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 <b>one</b> of the following seven boxes.<br><br><input type="checkbox"/> Individual/sole proprietor or single-member LLC<br><input type="checkbox"/> C Corporation<br><input checked="" type="checkbox"/> S Corporation<br><input type="checkbox"/> Partnership<br><input type="checkbox"/> Trust/estate<br><br><input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ <u>S</u><br><b>Note:</b> 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.<br><br><input type="checkbox"/> Other (see instructions) ▶ | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):<br><br>Exempt payee code (if any) _____<br><br>Exemption from FATCA reporting code (if any) _____<br><br><i>(Applies to accounts maintained outside the U.S.)</i> |
| 5 Address (number, street, and apt. or suite no.) See instructions.<br><b>10387 River Road</b>   | Requester's name and address (optional)   |
| 6 City, state, and ZIP code<br><b>Ama, LA 70031</b>  |   |
| 7 List account number(s) here (optional)   |   |

|  |  |                        |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |  |  |  |   |   |  |   |   |   |   |   |   |  |  |  |  |  |   |   |  |  |
|--|--|------------------------|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|--|--------------------------------|--|--|--|--|--|--|--|--|---|---|--|---|---|---|---|---|---|--|--|--|--|--|---|---|--|--|
| <b>Part I Taxpayer Identification Number (TIN)</b>   |  |                        |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |  |  |  |   |   |  |   |   |   |   |   |   |  |  |  |  |  |   |   |  |  |
| 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 <i>How to get a TIN</i> , later.<br><br><b>Note:</b> If the account is in more than one name, see the instructions for line 1. Also see <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter. | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="9" style="text-align: center;">Social security number</td> </tr> <tr> <td style="width: 25px; height: 25px;"></td> </tr> <tr> <td colspan="9" style="text-align: center;">or</td> </tr> <tr> <td colspan="9" style="text-align: center;">Employer identification number</td> </tr> <tr> <td style="width: 25px; height: 25px; text-align: center;">8</td> <td style="width: 25px; height: 25px; text-align: center;">0</td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px; text-align: center;">-</td> <td style="width: 25px; height: 25px; text-align: center;">0</td> <td style="width: 25px; height: 25px; text-align: center;">9</td> <td style="width: 25px; height: 25px; text-align: center;">7</td> <td style="width: 25px; height: 25px; text-align: center;">7</td> <td style="width: 25px; height: 25px; text-align: center;">1</td> </tr> <tr> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px; text-align: center;">3</td> <td style="width: 25px; height: 25px; text-align: center;">9</td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> </tr> </table> | Social security number |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  | or |  |  |  |  |  |  |  |  | Employer identification number |  |  |  |  |  |  |  |  | 8 | 0 |  | - | 0 | 9 | 7 | 7 | 1 |  |  |  |  |  | 3 | 9 |  |  |
| Social security number   |  |                        |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |  |  |  |   |   |  |   |   |   |   |   |   |  |  |  |  |  |   |   |  |  |
|  |  |                        |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |  |  |  |   |   |  |   |   |   |   |   |   |  |  |  |  |  |   |   |  |  |
| or   |  |                        |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |  |  |  |   |   |  |   |   |   |   |   |   |  |  |  |  |  |   |   |  |  |
| Employer identification number   |  |                        |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |  |  |  |   |   |  |   |   |   |   |   |   |  |  |  |  |  |   |   |  |  |
| 8  | 0  |                        | - | 0 | 9 | 7 | 7 | 1 |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |  |  |  |   |   |  |   |   |   |   |   |   |  |  |  |  |  |   |   |  |  |
|  |  |                        |   |   | 3 | 9 |   |   |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |  |  |  |   |   |  |   |   |   |   |   |   |  |  |  |  |  |   |   |  |  |

|  |   |
|--|---|
| <b>Part II Certification</b>   |   |
| 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<br>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<br>3. I am a U.S. citizen or other U.S. person (defined below); and<br>4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. |   |
| <b>Certification instructions.</b> 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<br><br>  | Signature of U.S. person ▶<br><br>Date ▶ <u>7/25/2022</u> |

## 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-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.*





## ADDITIONAL REMARKS SCHEDULE

|  |                      |  |
|--|----------------------|--|
| AGENCY<br>Hub International Gulf South | License # 231432     | NAMED INSURED<br>Otwell's Trucking LLC<br>Otwell Services LLC<br>10387 River Road<br>Ama, LA 70031 |
| POLICY NUMBER<br>SEE PAGE 1            |                      |  |
| CARRIER<br>SEE PAGE 1                  | NAIC CODE<br>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 Commercaill 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 |

**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)**

|  |
|--|
| <b>Agent:</b> STEVEN OTWELL<br><b>Address 1:</b> 10387 RIVER ROAD<br><b>City, State, Zip:</b> AMA, LA 70031<br><b>Appointment Date:</b> 10/27/2015   |
| <b>Agent:</b> CARY BURELLE<br><b>Address 1:</b> 115 CHOCTAW DRIVE<br><b>City, State, Zip:</b> LULING, LA 70070<br><b>Appointment Date:</b> 7/23/2021 |

**Officer(s)**

Additional Officers: No

|  |
|--|
| <b>Officer:</b> STEVEN OTWELL<br><b>Title:</b> Member<br><b>Address 1:</b> 10387 RIVER ROAD<br><b>City, State, Zip:</b> AMA, LA 70031    |
| <b>Officer:</b> CARY BURELLE<br><b>Title:</b> Member<br><b>Address 1:</b> 115 CHOCTAW DRIVE<br><b>City, State, Zip:</b> 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