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

Bid No.: 50-00142142

Two (2) Year Contract for the Supply of Pump River Sand and Batture Sand for the Public Works Department of Sewerage and All Jefferson Parish Agencies and Municipalities

Bid Date: May 25, 2023 2:00 P M

Bid Address: Central Bidding Online

BID NO.: 50-00142142

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 _____%

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

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, Louisiana 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: $ 413,087.00

AUTHORIZED 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.: 50-00142142

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
			Two (2) Year Contract for the Supply of Pump River Sand and Batture Sand for the Public Works Department of Sewerage and All Jefferson Parish Agencies and Municipalities		
1	23,100.00	CUYD	0001 - Pump River Sand Delivered - East Bank	$ 7.95	$ 183645.00
2	190.00	CUYD	0002 - Pump River Sand Self-Hauled - East Bank	$ 5.50	$ 1045.00
3	110.00	CUYD	0003 - Batture Sand for Planting Delivered - East Bank	$ 12.75	$ 1402.50
4	1.00	CUYD	0004 - Batture Sand for Planting Self-Hauled - East Bank	$ 9.50	$ 9.50
5	26,000.00	CUYD	0005 - Pump River Sand Delivered - West Bank	$ 8.20	$ 213,200.00
6	1.00	CUYD	0006 - Pump River Sand Self-Hauled - West Bank	$ 5.50	$ 5.50
7	1,020.00	CUYD	0007 - Batture Sand for Planting Delivered - West Bank	$ 13.50	$ 13,770.00
8	1.00	CUYD	0008 - Batture Sand for Planting Self-Hauled - West Bank	$ 9.50	$ 9.50

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 50-00142142, 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

Cary Burelle

Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME

ON THE 23rd DAY OF May, 2023.

Notary Public

Garrett C. Monti

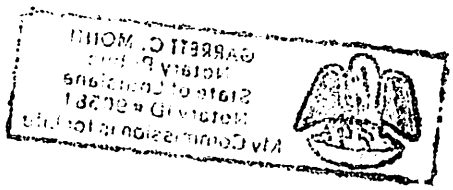
Printed Name of Notary

90581

Notary/Bar Roll Number

My commission expires with life.

GARRETT C. MONTI
Notary Public
State of Louisiana
Notary ID # 90581
My Commission is for Life


GARRETT C. MOHR
Notary Public
State of Louisiana
Notary ID # 9758
My Commission is for Life

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

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

Requester's name and address (optional)

6 City, state, and ZIP code
Ama, LA 70031

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 ▶ [signature] 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 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

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 :	

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	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO-JECT LOC OTHER:	X	X	ML202200002232	7/18/2022	7/18/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG CLAIMS EXPENSE	$ 1,000,000 $ 100,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 2,000,000 $ 1,000,000
A	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY / SCHEDULED AUTOS X HIRED AUTOS ONLY / X NON-OWNED AUTOS ONLY	X	X	AU202200017065	7/18/2022	7/18/2023	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $ $
B	UMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MADE DED X RETENTION $ 25,000	X	X	OTTR2022070263	7/18/2022	7/18/2023	EACH OCCURRENCE AGGREGATE Aggregate	$ 1,000,000 $ $ 1,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N N If yes, describe under DESCRIPTION OF OPERATIONS below	N / A	X	028000022700122	9/16/2022	9/16/2023	X PER STATUTE / OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 1,000,000 $ 1,000,000 $ 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

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

CANCELLATION

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

AGENCY CUSTOMER ID: OTWETRU-01 JGUIDRY

LOC #: 1

ADDITIONAL REMARKS SCHEDULE

AGENCY	License # 231432	NAMED INSURED
Hub International Gulf South		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

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)

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)

Additional Officers: No

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