

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

Bid No.: 50-00146394

Two (2) Year Contract for the Supply of  
Mason Sand on an as needed basis for  
Jefferson Parish Parks and Recreation

Bid Date: October 10, 2024 11:00 A M

Bid Address: Central Bidding Online

DATE: 10/04/2024

INVITATION TO BID  
THIS IS NOT AN ORDER

Page: 5

BID NO.: 50-00146394

**JEFFERSON PARISH**

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

VENDOR: 27118 BLANK BID COPY VENDOR

PURCHASING SPECIALIST:  
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 Per Contract

INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK Per Contract

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: \_\_\_\_\_

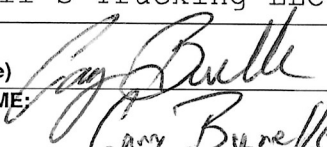
NUMBER: \_\_\_\_\_

NUMBER: \_\_\_\_\_

NUMBER: \_\_\_\_\_

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable) \_\_\_\_\_

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

FIRM NAME:	
Otwell's Trucking LLC	
SIGNATURE: (Must be signed here)	TITLE:
	Member
PRINT OR TYPE NAME:	
Larry Buell	
ADDRESS:	
10387 River Road	
CITY, STATE:	ZIP:
Ama, LA	70031
TELEPHONE:	FAX:
( ) 504-667-5452	( )
EMAIL ADDRESS:	
john@otwellservices.com	

TOTAL PRICE OF ALL BID ITEMS: \$ 30,320.00

## INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00146394

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	400.00	CUYD	<p>TWO (2) YEAR CONTRACT FOR THE SUPPLY OF MASON SAND ON AN AS NEEDED BASIS FOR JEFFERSON PARISH PARKS AND RECREATION</p> <p>0010 MASON SAND, EAST BANK Must be able to deliver to all East Bank locations.</p> <p>Mason sand is all-purpose sand that can be used for mason work, plastering, playground sand, concrete and as a paver base, a ground cover and a ground stabilizer.</p> <p>TWO (2) YEAR CONTRACT FOR THE SUPPLY OF MASON SAND TO BE ORDERED ON AN AS NEEDED BASIS. ALL ORDERS WILL BE A MINIMUM OF ONE TRUCK LOAD (18 TONS).</p> <p>THE QUANTITIES LISTED IN THE REQUEST ARE ESTIMATES BASED ON HISTORICAL INFORMATION. THESE ITEMS WILL BE ORDERED ON AN AS NEEDED BASIS DURING THE TWO-YEAR TERM.</p>	\$ 37.90	\$15,160.00
2	400.00	CUYD	<p>0020 MASON SAND, WEST BANK</p> <p>Must be able to deliver to all West Bank locations.</p>	\$ 37.90	\$15,160.00

# Request for Taxpayer Identification Number and Certification

► Go to [www.irs.gov/FormW9](http://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. <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 one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► <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. <input type="checkbox"/> 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) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
5 Address (number, street, and apt. or suite no.) See instructions. <b>10387 River Rd</b>	Requester's name and address (optional)	
6 City, state, and ZIP code <b>Ama, LA 70031</b>		
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.

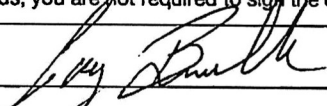
Social security number								
			-			-		
or								
Employer identification number								
8	0	-	0	9	7	7	1	3 9

## 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 ► 	Date ► <b>3/4/2024</b>
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## 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

MLAVERGNE

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/13/2024

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: Janie Guidry

PHONE (A/C, No, Ext): (337) 262-7207

FAX (A/C, No):

E-MAIL ADDRESS: janie.guidry@hubinternational.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A : Lloyd's of London

15792

INSURER B : LUBA Casualty Insurance Company

12472

INSURER C : XL Specialty Insurance Company

37885

INSURER D : Travelers Property Casualty Company of America

25674

INSURER E :

INSURER F :

INSURED  
Ottwell's Trucking LLC  
Ottwell 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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			TCC-LA00057724	7/18/2024	7/18/2025	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
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			TCC-LA00057724	7/18/2024	7/18/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<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			OTTR2024070263	7/20/2024	7/18/2025	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	028000022700124	9/16/2024	9/16/2025	<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
C	Motor Truck Cargo			UM00096627MA24A	7/18/2024	7/18/2025	Limit Per Power Unit 500,000
D	Equipment Floater			QT-660-7S242155-TIL-24	7/18/2024	7/18/2025	Total Insured Value 1,045,172

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

## CERTIFICATE HOLDER

## CANCELLATION

Insured Copy

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 <b>Hub International Gulf South</b>		License # 231432	NAMED INSURED <b>Otwell's Trucking LLC Otwell Services LLC 10387 River Road Ama, LA 70031</b>
POLICY NUMBER <b>SEE PAGE 1</b>			
CARRIER <b>SEE PAGE 1</b>	NAIC CODE <b>SEE P 1</b>	EFFECTIVE DATE: <b>SEE PAGE 1</b>	

## ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

## POLICY INFORMATION CONTINUED:

## AUTO PHYSICAL DAMAGE POLICY

Carrier: Lloyds of London

POL# PD071820240001

Eff: 7/18/2024-20245

Total Insured Value: \$8,413,089

## FORMS &amp; ENDORSEMENTS:

## GENERAL LIABILITY POLICY INCLUDES:

Blanket Additional Insured as Required by Written Contract - CG 20 10 11 85

Blanket Waiver of Subrogation as Required by Written Contract - CG 24 04 10 93

Primary Non-Contributory as Required by Written Contract - CG 20 01 04 13

30 Day Notice of Cancellation / 10 Days for Non-Payment of Premium Where Required by Written Contract

Contractual Liability where required by written contract

## AUTO LIABILITY POLICY INCLUDES:

Blanket Additional Insured as Required by Written Contract - CA 20 48 10 13

Blanket Waiver of Subrogation as Required by Written Contract - CA 04 44 10 13

Primary Non-Contributory as Required by Written Contract - CA 04 50 11 16

30 Day Notice of Cancellation / 10 Days for Non-Payment of Premium Where Required by Written Contract

Hired &amp; Non-Owned Auto Coverage

MCS90 / BCM91X

Trailer Interchange Limit: \$100,000

## EXCESS LIABILITY INCLUDES:

Forms &amp; Endorsements Follow Form of General Liability

\$3,000,000 Excess Coverage Over General Liability and Worker's Compensation Policies

## WORKER'S COMPENSATION POLICY INCLUDES:

Blanket Waiver of Subrogation Where Required by a Written Contract

Blanket Alternate Employer Where Required by a Written Contract

## MOTOR TRUCK CARGO POLICY INCLUDES:

\$500,000 Limit For All Vehicles (Excluding Dumping Operations)

\$200,000 Contingent Limit For All Vehicles (Excluding Dumping Operations)

Deductible: \$2,500; Except \$5,000 For Items Valued Over \$250,000

## EQUIPMENT FLOATER POLICY INCLUDES:

\$250,000 Leased/Rented CCC Limit

## AUTO PHYSICAL DAMAGE POLICY INCLUDES:

30 Day Notice of Cancellation and 10 Days for Non-Payment of Premium Where Required by Written Contract

Deductible: \$3,000 Or 3% Of Declared Value (Whichever is Greater); Except \$10,000 For Dump Trucks While Loading And Unloading

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)

<b>Name</b> OTWELL'S TRUCKING LLC	<b>Type</b> Limited Liability Company	<b>City</b> AMA	<b>Status</b> 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			
<b>Registered Agent(s)</b>			
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			
<b>Officer(s)</b>			
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			
Additional Officers: No			

### Amendments on File (2)

Description

Date

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

Print