

DATE: 3/19/2025

Page: 6

BID NO.: 50-00147487

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 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) 75850

THIS SECTION MUST BE COMPLETED BY BIDDER:

FIRM NAME: Otwell Services LLC

ADDRESS: 10387 River Road

CITY, STATE: Ama, LA ZIP: 70031

TELEPHONE: () 504-491-9618 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: Addenda #1 (4/9/25)

NUMBER: Addenda #2 (4/15/25)

NUMBER: _____

NUMBER: _____

TOTAL PRICE OF ALL BID ITEMS: \$ 51,080.00

AUTHORIZED SIGNATURE: [Signature] Fifty One Thousand Eighty Dollars and no cents
Steve Otwell

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.: 50-00147487

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
			TWO(2) YEAR CONTRACT FOR HEAVY EQUIPMENT RENTAL (PART II) ON AN AS NEEDED BASIS FOR THE EAST AND WEST BANK DEPARTMENT OF PUBLIC WORKS - ALL DIVISIONS		
1	2.00	MI	0010 CRAWLER TRACTOR D-3 DRAWBAR, 68 HP	\$ 95.00	\$ 190.00
			CRAWLER TRACTORS WITH ANGLE DOZERS, WIDE TRACKS (LGP) APPROXIMATE HORSEPOWER AS INDICATED AND SUPPLIED WITH ADEQUATE WORKING WINCH.		
2	4.00	HR	0020 CRAWLER TRACTOR D-3 DRAWBAR, 68 HP	\$ 190.00	\$ 760.00
3	30.00	MI	0030 CRAWLER TRACTOR D-3 DRAWBAR, 96 HP	\$ 95.00	\$ 2850.00
4	16.00	HR	0040 CRAWLER TRACTOR D-3 DRAWBAR, 96 HP	\$ 190.00	\$ 3040.00
5	2.00	MI	0050 CRAWLER TRACTOR D-3 DRAWBAR, 110 HP	\$ 95.00	\$ 190.00
6	4.00	HR	0060 CRAWLER TRACTOR D-3 DRAWBAR, 110 HP	\$ 190.00	\$ 760.00
7	15.00	MI	0070 CRAWLER TRACTOR D-3 DRAWBAR, 120 HP	\$ 95.00	\$ 1425.00
8	175.00	HR	0080 CRAWLER TRACTOR D-3 DRAWBAR, 120 HP	\$ 235.00	\$ 41125.00
9	1.00	EA	0090 PILE DRIVER ATTACHMENTS- 60" LEADS WITH FOLLOW-BLOCKS AND 3500 LB HAMMER	\$ n/a	\$ n/a
10	4.00	HR	0100 ONE TRACTOR WITH 5th WHEEL, OIL- FIELD BED, AND ROLLING TAIL	\$ 185.00	\$ 740.00
			*****SEE ATTACHED SPECIFICATIONS*****		

Non-Public Works Bid

AFFIDAVIT

STATE OF Louisiana

PARISH/COUNTY OF Jefferson

BEFORE ME, the undersigned authority, personally came and appeared: Steve Otwell
_____, (Affiant) who after being by me duly sworn, deposed and said that
he/she is the fully authorized Member of Otwell Services LLC (Entity),
the party who submitted a bid in response to Bid Number 50-00147487, 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.

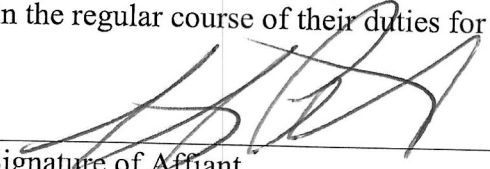
Choice B X There are **NO** debts which would require disclosure under Choice A of this section.

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

Steve Otwell
Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME
ON THE 7th DAY OF April, 2025.


Notary Public

Daniel J Martin
Printed Name of Notary

13712
Notary/Bar Roll Number

My commission expires upon my death



CORPORATE RESOLUTION

EXCERPT FROM MINUTES OF MEETING OF THE BOARD OF DIRECTORS OF
Otwell Services LLC
INCORPORATED.

AT THE MEETING OF DIRECTORS OF Otwell Services LLC
INCORPORATED, DULY NOTICED AND HELD ON January 1 2025,
A QUORUM BEING THERE PRESENT, ON MOTION DULY MADE AND SECONDED. IT
WAS:

RESOLVED THAT Steve Otwell, BE AND IS HEREBY
APPOINTED, CONSTITUTED AND DESIGNATED AS AGENT AND ATTORNEY-IN-
FACT OF THE CORPORATION WITH FULL POWER AND AUTHORITY TO ACT ON
BEHALF OF THIS CORPORATION IN ALL NEGOTIATIONS, BIDDING, CONCERNS
AND TRANSACTIONS WITH THE PARISH OF JEFFERSON OR ANY OF ITS AGENCIES,
DEPARTMENTS, EMPLOYEES OR AGENTS, INCLUDING BUT NOT LIMITED TO, THE
EXECUTION OF ALL BIDS, PAPERS, DOCUMENTS, AFFIDAVITS, BONDS, SURETIES,
CONTRACTS AND ACTS AND TO RECEIVE ALL PURCHASE ORDERS AND NOTICES
ISSUED PURSUANT TO THE PROVISIONS OF ANY SUCH BID OR CONTRACT, THIS
CORPORATION HEREBY RATIFYING, APPROVING, CONFIRMING, AND ACCEPTING
EACH AND EVERY SUCH ACT PERFORMED BY SAID AGENT AND ATTORNEY-IN-
FACT.

I HEREBY CERTIFY THE FOREGOING TO BE
A TRUE AND CORRECT COPY OF AN
EXCERPT OF THE MINUTES OF THE ABOVE
DATED MEETING OF THE BOARD OF
DIRECTORS OF SAID CORPORATION, AND
THE SAME HAS NOT BEEN REVOKED OR
RESCINDED.



SECRETARY-TREASURER

4/4/25

DATE

Otwell Services LLC

10387 River Road

Ama, LA 70031

Bid No.: 50-00147487

Two Year Contract for Heavy Equipment
Rental (Part II) on an as needed basis for the
East & West Bank Department of Public
Works – All Divisions

Equipment Owned by Otwell Services LLC

- 2020 John Deere 550K Crawler Dozer
 - Serial # 1T0550KKTMF390988
- 2021 John Deere 650K Crawler Dozer
 - Serial # 1T0650KKVMF403282

**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.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type.
See Specific Instructions on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) Otwell Services	
2 Business name/disregarded entity name, if different from above.	
3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input checked="" type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) S Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead 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 Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)
3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>	
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.

Social security number	
<div></div>	<div></div>
or	
Employer identification number	
<div>88-3912640</div>	

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

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 <i>Patricia D. Champagne</i>
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Date *1/6/2025*

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.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



OTWETRU-01

JGUIDRY

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/19/2025

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 #

INSURED

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

INSURER A : Scottsdale Insurance Company 41297

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 :

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			CPS8151176	2/11/2025	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
							\$
	GEN'L AGGREGATE LIMIT APPLIES PER:						
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
	OTHER:						
B	AUTOMOBILE LIABILITY						
	<input type="checkbox"/> ANY AUTO			TCC-LA00057724	7/18/2024	7/18/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000
	<input type="checkbox"/> OWNED AUTOS ONLY	<input checked="" type="checkbox"/>	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY	<input checked="" type="checkbox"/>	<input type="checkbox"/> NON-OWNED AUTOS ONLY				BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
B	UMBRELLA LIAB	<input checked="" type="checkbox"/>	<input type="checkbox"/> OCCUR				
	<input checked="" type="checkbox"/> EXCESS LIAB		<input type="checkbox"/> CLAIMS-MADE	OTTR2024070263	7/20/2024	7/18/2025	EACH OCCURRENCE \$ 3,000,000
	DED <input checked="" type="checkbox"/>	RETENTION \$ 25,000					AGGREGATE \$ 3,000,000
							\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y / N	N / A	028000022700124	9/16/2024	9/16/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below						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			UM00096627MA24A	7/18/2024	7/18/2025	Limit Per Power Unit 1,000,000
E	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)
\$1,000,000 Motor Truck Cargo Limit with \$10,000 Deductible Applies to:

Power Unit
VIN: 1XPCP4EX6LD658388

Trailer
VIN: 4U3J05333KL017602
SEE ATTACHED ACORD 101

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 2

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

Description of Operations/Locations/Vehicles:
Flip Axle
VIN: 4U3500510HL016926

POLICY INFORMATION CONTINUED:

\$1MM EXCESS LIABILITY:

Carrier: Lloyds of London

POL# TCC-LA000577245

Eff: 7/18/2024-2025

Limit: \$1,000,000 Excess

Type: Occurrence

AUTO PHYSICAL DAMAGE POLICY

Carrier: Lloyds of London

POL# PD071820240001

Eff: 7/18/2024-2025

Total Insured Value: \$8,413,089

FORMS & ENDORSEMENTS:

GENERAL LIABILITY POLICY INCLUDES:

Designated Construction Project General Aggregate Limit - \$5MM Cap

Blanket Additional Insured as Required by Written Contract

Blanket Waiver of Subrogation as Required by Written Contract

Primary Non-Contributory as Required by Written Contract

30 Day Notice of Cancellation / 10 Days for Non-Payment of Premium

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 & Non-Owned Auto Coverage

MCS90 / BCM91X

Trailer Interchange Limit: \$100,000

\$1MM EXCESS LIABILITY INCLUDES:

Underlying Policies: General Liability, Auto Liability, Employers Liability

Follows Form

\$3MM x \$1MM EXCESS LIABILITY INCLUDES:

Underlying Policies: General Liability and Employers Liability

Follows Form

WORKER'S COMPENSATION POLICY INCLUDES:

Blanket Waiver of Subrogation Where Required by a Written Contract

Blanket Alternate Employer Where Required by a Written Contract

Blanket 30 Day Notice of Cancellation Where Required by a Written Contract

Part III applies to the following states: AL, AR, MS, OK, TN, TX

**ADDITIONAL REMARKS SCHEDULE**Page 2 of 2

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

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)

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