

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

Bid No.: 5000142231

Purchase of a Quantity of Grey Limestone for
the Jefferson

Parish Public Works Warehouse at 6250
Lapalco Blvd., Marrero, LA
70072

Bid Date: May 24, 2023 11:00 A M

Bid Address: Central Bidding Online

DATE: 5/17/2023

INVITATION TO BID
THIS IS NOT AN ORDER

Page: 5

BID NO.: 50-00142231

JEFFERSON PARISH

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

VENDOR:

BUYER: LCARONIA

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

As Needed

INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK

As Needed

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:
Cary Burelle

ADDRESS:
10387 River Road

CITY, STATE: Ama, LA ZIP: 70031

TELEPHONE: (504)-667-5452 FAX: ()

EMAIL ADDRESS:
john@otwellservices.com

TOTAL PRICE OF ALL BID ITEMS: \$ 18,480.00

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00142231

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	400.00	TN	<p>Purchase of a Quantity of Gray Limestone for the Jefferson Parish Public Works Warehouse at 6250 Lapalco Blvd., Marrero LA 70072</p> <p>0010 - NO. 610 GRAY LIMESTONE BASE COURSE AGGREGATE</p> <p>DELIVER TO: 6250 LAPALCO BLVD MARRERO, LA 70072 ATTN: DWAYNE HOLMES</p>	\$ 46.20	\$ 18,480.00

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](#)



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		
INSURED Ottwell's Trucking LLC Ottwell Services LLC 10387 River Road Ama, LA 70031	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 :			

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 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 - COMP/OP 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 checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <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 checked="" 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	X 028000022700122	9/16/2022	9/16/2023	<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
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

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**

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 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

Request for Taxpayer Identification Number and Certification

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

► Go to 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.

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:

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 ►

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-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.