

DATE: 6/12/2024

Page: 6

BID NO.: 50-00145393

**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 XMAXIMUM ESCALATION PERCENTAGE REQUESTED N/A %INITIAL BID PRICES WILL REMAIN FIRM THROUGH THE DATE OF Per 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)

As Needed**THIS SECTION MUST BE COMPLETED BY BIDDER:**FIRM NAME: Otwell Services LLCADDRESS: 10387 River RoadCITY, STATE: Ama, LAZIP: 70031TELEPHONE: (504) 667-5452FAX: ( )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: \$ 3,482,500.00

AUTHORIZED

SIGNATURE: Cary Burelle

Three Million Four Hundred Eighty Two  
Thousand Five Hundred Dollars and  
no cents

Cary BurelleMember

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.: 50-00145393

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
			TWO YEAR CONTRACT TO REPAIR & RESTORE THE FAILED CANAL BANKS PER PARISH STANDARD DETAIL FOR BANK REPAIR ON THE EAST & WEST BANKS OF JEFFERSON PARISH FOR THE DRAINAGE DEPARTMENT		
1	1,500.00	HR	0010 STRUCTURAL REMOVAL	\$ 165.00	\$ 247,500.00
			TWO (2) YEAR CONTRACT FOR LABOR, EQUIPMENT AND MATERIALS TO REPAIR AND RESTORE THE FAILED CANAL BANKS PER PARISH STANDARD DETAIL FOR BANK REPAIR FOR THE JEFFERSON PARISH DEPARTMENT OF DRAINAGE		
2	15.00	EA	0020 MOBILIZATION & DEMOBILIZATION	\$ 2,500.00	\$ 37,500.00
3	15.00	EA	0030 TRAFFIC CONTROL	\$ 1,000.00	\$ 15,000.00
4	7,500.00	CUYD	0040 EXCAVATION	\$ 30.00	\$ 225,000.00
5	7,500.00	CUYD	0050 EARTHFILL	\$ 44.00	\$ 330,000.00
6	3,500.00	TN	0060 CLASS 1 RIP RAP	\$ 95.00	\$ 332,500.00
7	150,000.00	SQFT	0070 VINYL SHEET PILE	\$ 15.00	\$ 2,250,000.00
8	7,500.00	SQYD	0080 TURF REINFORCEMENT MAT	\$ 6.00	\$ 45,000.00
9	1.00	EA	0090 DIRECTOR APPROVED INCIDENTAL WORK **NO PRICE SHOULD BE ENTERED HERE FOR THIS ITEM**	\$XXXXXXXXXXXXXXXXXXXXX	
			PLEASE SEE ATTACHED SPECIFICATIONS		

## **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: Cory  
Burelle, (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 50-00145393, 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.

*Cary Bunelle*  
Signature of Affiant

Cary Bunelle  
Printed Name of Affiant

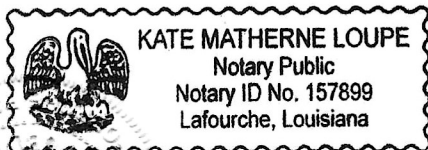
SWORN AND SUBSCRIBED TO BEFORE ME  
ON THE 9<sup>th</sup> DAY OF July, 2024.

*Kate Matherne Loupe*  
Notary Public

Kate Matherne Loupe  
Printed Name of Notary

157899  
Notary/Bar Roll Number

My commission expires At Death.



**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.

**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.) <b>Otwell Services LLC</b>	
	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) . . . . . <b>S</b> 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. <b>10387 River Road</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. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

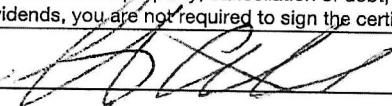
Social security number								
			-				-	
or								
Employer identification number								
8	8	-	3	9	1	2	6	4 0

**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 

Date **4-2-24**

**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).

**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

GBUSTILLO

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/4/2024

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 type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			TCCLA00025823	7/18/2023	7/18/2024	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"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			TCCLA00025823	7/18/2023	7/18/2024	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 <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			OTTR2023070263	7/20/2023	7/20/2024	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ Aggregate \$ 3,000,000
B	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	028000022700123	9/16/2023	9/16/2024	<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			UM00096627MA23A	7/18/2023	7/18/2024	Limit Per Power Unit 500,000
D	Equipment Floater			QT-660-7S242155-TIL-23	11/6/2023	7/18/2024	Total Insured Value 752,024

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 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

## POLICY INFORMATION CONTINUED:

## AUTO PHYSICAL DAMAGE POLICY

Carrier: Lloyds of London - POL# PD071820230001 - Eff: 7/18/2023-2024 - Total Insured Value: \$6,519,651

## INSTALLATION FLOATER - INLAND MARINE POLICY

Carrier: Scottsdale Insurance Company - POL#04075041 - Eff: 1/12/2024-2025

Covers Project located at 8124 Hwy 56, Chauvin, LA 70344 - Limestone Installation at LUMCON Building  
Total Insured Value: \$48,000

## 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  
Primary Non-Contributory as Required by Written Contract  
30 Day Notice of Cancellation / 10 Days for Non-Payment of Premium  
Hired & Non-Owned Auto Coverage

## AUTO LIABILITY POLICY INCLUDES:

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  
MCS90 / BCM91X  
Trailer Interchange Coverage: Symbol 69 - \$100,000 or Actual Cash Value, Cost of Repair (whichever is less)  
Truckers - Uniform Intermodal Interchange Endorsement Form UIIE-1 (CA 23 17)

## EXCESS LIABILITY INCLUDES:

Forms & 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

## 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:

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 and 10 Days for Non-Payment of Premium  
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)**

<b>Agent:</b>	CARY BURELLE
<b>Address 1:</b>	10387 RIVER ROAD
<b>City, State, Zip:</b>	AMA, LA 70031
<b>Appointment Date:</b>	8/26/2022

**Officer(s)**

Additional Officers: No

<b>Officer:</b>	CARY BURELLE
<b>Title:</b>	Member
<b>Address 1:</b>	115 CHOCTAW DRIVE
<b>City, State, Zip:</b>	LULING, LA 70070

<b>Officer:</b>	STEVEN OTWELL
<b>Title:</b>	Member
<b>Address 1:</b>	15 PATRICIA COURT
<b>City, State, Zip:</b>	LULING, LA 70070

## Amendments on File

No Amendments on file

Print