

Otwell Services LLC
10387 River Road
Ama, LA 70031

Bid No.: 50-00145408

Two (2) Year Contract for Truck Rental
Including Operator and Fuel for the Jefferson
Parish Department of Public Works – All
Divisions

Bid Date: August 20, 2024 2:00 P M

Bid Address: Central Bidding Online

DATE: 7/24/2024

BID NO.: 50-00145408

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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 N/A %

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)

N/A

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: _____

NUMBER: _____

NUMBER: _____

NUMBER: _____

TOTAL PRICE OF ALL BID ITEMS: \$ 1,126,040.00 One Million One Hundred Twenty Six
Thousand Forty Dollars and no cents

AUTHORIZED
SIGNATURE: _____

TITLE: Member

Cary Buell
Printed Name

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.: 50-00145408

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
			Two (2) Year Contract for Truck Rental Including Operator and Fuel for the Jefferson Parish Department of Public Works - All Divisions		
1	4,000.00	HR	0001 - 12 Cu. Yd. Water Level Body, Dump Truck with Operator and Fuel	\$ 65.00	\$260,000.00
			\$/HR (Straight Time, One (1) Unit)		
2	1,000.00	HR	0002 - 12 Cu. Yd. Water Level Body, Dump Truck with Operator and Fuel	\$ 65.00	\$65,000.00
			\$/HR (Overtime, One (1) Unit)		
3	1.00	HR	0003 - 15 Cu. Yd. Water Level Body, Dump Truck with Operator and Fuel	\$ 96.00	\$ 96.00
			\$/HR (Straight Time, One (1) Unit)		
4	1.00	HR	0004 - 15 Cu. Yd. Water Level Body, Dump Truck with Operator and Fuel	\$ 96.00	\$ 96.00
			\$/HR (Overtime, One (1) Unit)		
5	3,000.00	HR	0005 - 18 Cu. Yd. Water Level Body, Dump Truck with Operator and Fuel	\$ 85.00	\$255,000.00
			\$/HR (Straight Time, One (1) Unit)		
6	600.00	HR	0006 - 18 Cu. Yd. Water Level Body, Dump Truck with Operator and Fuel	\$ 85.00	\$ 51,000.00
			\$/HR (Overtime, One (1) Unit)		
7	100.00	HR	0007 - 20 Cu. Yd. Water Level Body, Dump Truck with Operator and Fuel	\$ 98.00	\$ 9,800.00
			\$/HR (Straight Time, One (1) Unit)		
8	1.00	HR	0008 - 20 Cu. Yd. Water Level Body, Dump Truck with Operator and Fuel	\$ 98.00	\$ 98.00
			\$/HR (Overtime, One (1) Unit)		
9	2,600.00	HR	0009 - 24 Cu. Yd. Water Level Body, Dump Truck with Operator and Fuel	\$ 98.00	\$254,800.00

DATE: 7/24/2024

INVITATION TO BID FROM JEFFERSON PARISH - continued

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BID NO.: 50-00145408

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
			\$/HR (Straight Time, One (1) Unit)		
10	100.00	HR	0010 - 24 Cu. Yd. Water Level Body, Dump Truck with Operator and Fuel	\$ 98.00	\$ 9,800.00
			\$/HR (Overtime, One (1) Unit)		
11	2,000.00	HR	0011 - Tractor with 5th Wheel, Twin Axles, 45000 Lb. Tandem with 237-300 HP Diesel Engine with Operator and Fuel	\$ 70.00	\$140,000.00
			\$/HR (Straight Time, One (1) Unit)		
12	1.00	HR	0012 - Tractor with 5th Wheel, Twin Axles, 45000 Lb. Tandem with 237-300 HP Diesel Engine with Operator and Fuel	\$ 100.00	\$ 100.00
			\$/HR (Overtime, One (1) Unit)		
13	1.00	HR	0013 - Excavator, Hydraulic Crawler 21.1 - 24.0 Metric Tons	\$ 250.00	\$ 250.00
			1.00 CUYD Bucket		
14	1.00	HR	0014 - Excavator, Hydraulic Crawler Mounted Long Reach, 45 Feet - 50 Feet	\$ 500.00	\$ 500.00
			Reach, 1.00 CUYD Bucket, 21 Ft., Digging Depth		
15	100.00	HR	0015 - Vacuum Tank Trailer 130 BBL Capacity Minimum - 5460 Gallon +/-3%, Trailer Must Have Self-Contained Pump on and Pump Off Capability Hauler Responsible for Disposal	\$ 795.00	\$79,500.00

Non-Public Works Bid

AFFIDAVIT

STATE OF Louisiana

PARISH/COUNTY OF Jefferson

BEFORE ME, the undersigned authority, personally came and appeared: Cory
Burrelle, (Affiant) who after being by me duly sworn, depose 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 50-145408, 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.

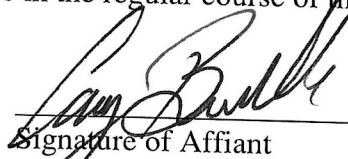
Choice B X There are **NO** debts which would require disclosure under Choice A of this section.

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 Bunelle
Printed Name of Affiant

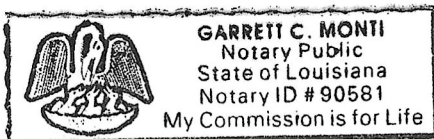
SWORN AND SUBSCRIBED TO BEFORE ME
ON THE 19th DAY OF August, 2024.


Notary Public

Garrett C. Monti
Printed Name of Notary

90581
Notary/Bar Roll Number

My commission expires with life.



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 LLC	
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) _____ <i>(Applies to accounts maintained outside the United States.)</i>
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.

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.

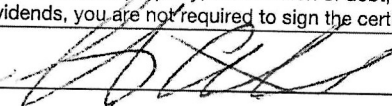
Social security number										
			-				-			
or										
Employer identification number										
8	8	-	3	9	1	2	6	4	0	

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.

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)

7/11/2024

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 #

INSURED

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

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:

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:			TCCLA00025824	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			TCCLA00025824	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) Y/N <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below		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			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

Insured Copy

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



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# PD071820240001

Eff: 7/18/2024-20245

Total Insured Value: \$8,413,089

FORMS & 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

Contractual Liability where required by written contract

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

Hired & Non-Owned Auto Coverage

MCS90 / BCM91X

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:

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)

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

Bid Bond in Accordance with Contract Specifications

Be sure to refer to the actual bond documents referenced in the contract specifications for specific terms before completing this form.

PRINCIPAL NAME Otwell Services, LLC	PRINCIPAL ADDRESS 10387 River Road, Ama, LA 70031
SURETY NAME American Alternative Insurance Corporation	SURETY ADDRESS 437 Madison Ave, New York, NY 10022
OBLIGEE NAME Jefferson Parish	OBLIGEE ADDRESS 200 Derbigny Street, Gretna, LA 70053


Bond Information

BID DATE 08/20/2024	CONTRACT ID 50-00145408	CONTRACT VENDOR ID 336150
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PROJECT DESCRIPTION

Two Year Contract for Truck Rental Including Operator and Fuel for the Jefferson Parish Department of Public Works

AMOUNT OF BID SECURITY 5%	AMOUNT OF BID SECURITY-SPELLED OUT Five Percent of Total Amount Bid
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BOND ENTERED AND EXECUTED BY Meghann C. Turner	ATTORNEY-IN-FACT SIGNATURE 
--	--

Know all men by these presents that American Alternative Insurance Corporation, a Corporation duly organized under the laws of the State of Delaware, are held and firmly bound unto the above owner/obligee by the transmission. The surety agrees to waive the statute of fraud defense and further agrees that the owner/obligee is a third party beneficiary of the waiver for the purposes of enforcing this bid bond.



KNOW ALL MEN BY THESE PRESENTS: That the AMERICAN ALTERNATIVE INSURANCE CORPORATION, a corporation organized and existing by virtue of the laws of the State of Delaware ("Corporation") with offices at 555 College Road East, Princeton, N.J. 08543, has made, constituted and appointed, and by these presents, does make, constitute and appoint:

Meghann C. Turner

its true and lawful Attorneys-in-Fact, at Princeton, in the State of New Jersey, each of them alone to have full power to act without the other or others, to make, execute and deliver on its behalf, as Surety or Co-surety, bonds and undertakings given for any and all purposes, also to execute and deliver on its behalf as aforesaid renewals, extensions, agreements, waivers, consents or stipulations relating to such bonds or undertakings provided, however, that no single bond or undertaking so made, executed and delivered shall obligate said Company for any portion of the penal sum thereof in excess of the sum of **One Hundred Million Dollars (\$100,000,000)**. Such bonds and undertakings for said purposes, when duly executed by said Attorney(s)-in-Fact, shall be binding upon said Company as fully and to the same extent as if signed by the President of said Company under its corporate seal attested by its Secretary. This appointment is made under and by authority of a certain Resolution adopted at a meeting of the Board of Directors of said Company duly held on the 27th day of August, 1975, a copy of which appears below.

IN WITNESS WHEREOF, the AMERICAN ALTERNATIVE INSURANCE CORPORATION has caused its corporate seal to be hereunto affixed, and these presents to be signed by its duly authorized officers this 24th day of September, 2021.



By:

Michael G. Kerner
Michael G. Kerner
President

Attest:

Ignacio Rivera
Ignacio Rivera
Deputy General Counsel & Secretary

STATE OF NEW JERSEY, COUNTY OF SOMERSET

The foregoing instrument was acknowledged before me by means of online notarization this 24th day of September, 2021, by Michael G. Kerner and Ignacio Rivera, who are personally known to me.



Jillian Sanfilippo
Jillian Sanfilippo, Notary Public
State of New Jersey
My Commission Expires February 8, 2026

SECRETARY'S CERTIFICATE

The undersigned, Ignacio Rivera, hereby certifies:

1. That the undersigned is Secretary of American Alternative Insurance Corporation, a corporation of the State of Delaware;
2. That the original power of attorney of which the foregoing is a copy was duly executed on behalf of said Corporation on the day of its date, and has not since been revoked, amended or modified; that the undersigned has compared the foregoing copy thereof with said original power of attorney, and that the same is a true and correct copy of said original power of attorney and of the whole thereof;
3. That the original resolution of which the following is a copy was duly adopted at, and recorded in the minutes of, a regular meeting of the Board of Directors of said Corporation duly held on August 4, 1998, and has not since been revoked, amended or modified.

RESOLVED, that each of the following officers of this Corporation, namely, the President, the Executive Vice President, the Senior Vice Presidents, and the Vice Presidents, be, and they hereby are, authorized, from time to time in their discretion, to appoint such agent or agents or attorney or attorneys-in-fact as deemed by them necessary or desirable for the purpose of carrying on this Corporation's business, and to empower such agent or agents or attorney or attorneys-in-fact to execute and deliver, in this Corporation's name and on its behalf, and under its seal or otherwise, surety bonds, surety undertakings or surety contracts made by this Corporation as surety thereon.

RESOLVED, that the signature of any authorized officer of the Corporation and the Corporation's seal may be affixed by facsimile to any power of attorney and revocation of any power of attorney or certificate of either given for the execution of any surety bond, surety undertaking, or surety contract, such signature and seal, when so used being hereby adopted by the Corporation as the original signature of such officer and the original seal of the Corporation, to be valid and binding upon the Corporation with the same force and effect as though manually affixed.

FURTHER RESOLVED, that any prior appointments by the Corporation of MGAs are, in all respects, hereby ratified, confirmed and approved.

FURTHER RESOLVED, that the Secretary or any Assistant Secretary of this Corporation is hereby authorized to certify and deliver to any person to whom such certification and delivery may be deemed necessary and desirable in the opinion of such Secretary or Assistant Secretary, a true copy of the foregoing resolution.

4. The undersigned has compared the foregoing copies of said original resolutions as so recorded, and they are the same true and correct copies of said original resolutions as so recorded and of the whole thereof.

Witness the hand of the undersigned and the seal of said Corporation this 08/05/2024.



AMERICAN ALTERNATIVE INSURANCE CORPORATION

Ignacio Rivera
Ignacio Rivera (Sep 24, 2021 16:06 EDT)

Ignacio Rivera
Deputy General Counsel & Secretary

