

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

**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: *Jay Burt*

*Cary Brouette*  
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.: 50-00145408

SEALED BID

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

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       |
|-------------|----------|-----|--|-------------------|--------------|
| 10          | 100.00   | HR  | <p>\$/HR (Straight Time, One (1) Unit)</p> <p>0010 - 24 Cu. Yd. Water Level Body, Dump Truck with Operator and Fuel</p>  | \$ 98.00          | \$ 9,800.00  |
| 11          | 2,000.00 | HR  | <p>\$/HR (Overtime, One (1) Unit)</p> <p>0011 - Tractor with 5th Wheel, Twin Axles, 45000 Lb. Tandem with 237-300 HP Diesel Engine with Operator and Fuel</p>  | \$ 70.00          | \$140,000.00 |
| 12          | 1.00     | HR  | <p>\$/HR (Straight Time, One (1) Unit)</p> <p>0012 - Tractor with 5th Wheel, Twin Axles, 45000 Lb. Tandem with 237-300 HP Diesel Engine with Operator and Fuel</p>   | \$ 100.00         | \$ 100.00    |
| 13          | 1.00     | HR  | <p>\$/HR (Overtime, One (1) Unit)</p> <p>0013 - Excavator, Hydraulic Crawler 21.1 - 24.0 Metric Tons</p>   | \$ 250.00         | \$ 250.00    |
| 14          | 1.00     | HR  | <p>1.00 CUYD Bucket</p> <p>0014 - Excavator, Hydraulic Crawler Mounted Long Reach, 45 Feet - 50 Feet</p>   | \$ 500.00         | \$ 500.00    |
| 15          | 100.00   | HR  | <p>Reach, 1.00 CUYD Bucket, 21 Ft., Digging Depth</p> <p>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</p> | \$ 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, 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 50-145408, 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.

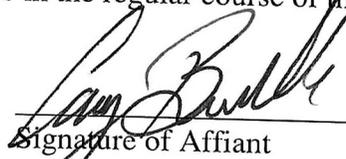
**Choice B**   X   There are **NO** debts which would require disclosure under Choice A of this section.

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.]*

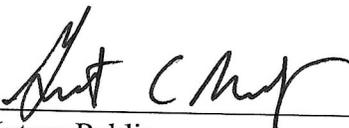
That no part of the contract price received by Affiant was paid or will be paid to any person, corporation, firm, association, or other organization for soliciting the contract, other than the payment of their normal compensation to persons regularly employed by the Affiant whose services in connection 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

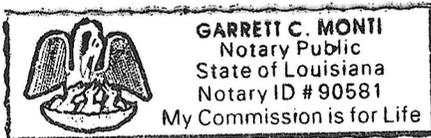
ON THE 19th DAY OF August, 2024.

  
\_\_\_\_\_  
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](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.

|   |  |   |  |  |                                      |                                       |  |  |  |  |  |   |  |  |  |  |   |  |  |  |  |
|---|--|---|--|--|--------------------------------------|---------------------------------------|--|--|--|--|--|---|--|--|--|--|---|--|--|--|--|
| 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. <table style="width: 100%; margin-top: 5px;"> <tr> <td><input type="checkbox"/> Individual/sole proprietor</td> <td><input type="checkbox"/> C corporation</td> <td><input type="checkbox"/> S corporation</td> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> Trust/estate</td> </tr> <tr> <td><input checked="" type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . . <u>S</u></td> <td colspan="4"></td> </tr> <tr> <td colspan="5">                     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.                 </td> </tr> <tr> <td><input type="checkbox"/> Other (see instructions)</td> <td colspan="4"></td> </tr> </table> | <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) . . . . . <u>S</u> |  |  |  |  | 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) |  |  |  |  |
| <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) . . . . . <u>S</u>  |  |   |  |  |                                      |                                       |  |  |  |  |  |   |  |  |  |  |   |  |  |  |  |
| 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):<br><br>Exempt payee code (if any) _____<br><br>Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____<br><br>(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   |   |  |  |                                      |                                       |  |  |  |  |  |   |  |  |  |  |   |  |  |  |  |
| 6   | City, state, and ZIP code  |   |  |  |                                      |                                       |  |  |  |  |  |   |  |  |  |  |   |  |  |  |  |
|   | Ama, LA 70031  |   |  |  |                                      |                                       |  |  |  |  |  |   |  |  |  |  |   |  |  |  |  |
| 7   | List account number(s) here (optional)   |   |  |  |                                      |                                       |  |  |  |  |  |   |  |  |  |  |   |  |  |  |  |
|   | Requester's name and address (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.

|                                       |   |  |   |   |   |   |   |   |   |
|---------------------------------------|---|--|---|---|---|---|---|---|---|
| <b>Social security number</b>         |   |  |   |   |   |   |   |   |   |
|                                       |   |  |   |   |   |   |   |   |   |
| or                                    |   |  |   |   |   |   |   |   |   |
| <b>Employer identification number</b> |   |  |   |   |   |   |   |   |   |
| 8                                     | 8 |  | 3 | 9 | 1 | 2 | 6 | 4 | 0 |

**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.

|                  |                          |                    |
|------------------|--------------------------|--------------------|
| <b>Sign Here</b> | Signature of U.S. person | Date <u>4-2-24</u> |
|------------------|--------------------------|--------------------|

**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



# 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**

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

| INSURER(S) AFFORDING COVERAGE |   | NAIC #       |
|-------------------------------|---|--------------|
| INSURER A :                   | <b>Lloyd's of London</b>                              | <b>15792</b> |
| INSURER B :                   | <b>LUBA Casualty Insurance Company</b>                | <b>12472</b> |
| INSURER C :                   | <b>XL Specialty Insurance Company</b>                 | <b>37885</b> |
| INSURER D :                   | <b>Travelers Property Casualty Company of America</b> | <b>25674</b> |
| 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<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC<br>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"/> ANY AUTO OWNED AUTOS ONLY<br><input checked="" type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY<br><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<br><input checked="" type="checkbox"/> EXCESS LIAB<br><input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> CLAIMS-MADE<br>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        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N<br>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"/> OTHER |              |
|          |  |           |          |                        |                         |                         | E.L. EACH ACCIDENT   | \$ 1,000,000 |
|          |  |           |          |                        |                         |                         | E.L. DISEASE - EA EMPLOYEE   | \$ 1,000,000 |
|          |  |           |          |                        |                         |                         | E.L. DISEASE - POLICY LIMIT  | \$ 1,000,000 |
| C        | <b>Motor Truck Cargo</b>   |           |          | UM00096627MA24A        | 7/18/2024               | 7/18/2025               | Limit Per Power Unit   | 500,000      |
| D        | <b>Equipment Floater</b>   |           |          | QT-660-7S242155-TIL-24 | 7/18/2024               | 7/18/2025               | Total Insured Value  | 1,045,172    |

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

### CERTIFICATE HOLDER

### CANCELLATION

Insured Copy

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



## ADDITIONAL REMARKS SCHEDULE

|  |                      |                            |  |
|--|----------------------|----------------------------|--|
| AGENCY<br>Hub International Gulf South |                      | License # 231432           | NAMED INSURED<br>Otwell's Trucking LLC<br>Otwell Services LLC<br>10387 River Road<br>Ama, LA 70031 |
| POLICY NUMBER<br>SEE PAGE 1            |                      |                            |  |
| CARRIER<br>SEE PAGE 1                  | NAIC CODE<br>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 &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  
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)**

|                          |                  |
|--------------------------|------------------|
| <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

## 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.

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

### Bond Information

|  |   |                                     |
|--|---|-------------------------------------|
| <b>BID DATE</b><br>08/20/2024  | <b>CONTRACT ID</b><br>50-00145408   | <b>CONTRACT VENDOR ID</b><br>336150 |
| <b>PROJECT DESCRIPTION</b><br>Two Year Contract for Truck Rental Including Operator and Fuel for the Jefferson Parish Department of Public Works |   |                                     |
| <b>AMOUNT OF BID SECURITY</b><br>5%  | <b>AMOUNT OF BID SECURITY-SPELLED OUT</b><br>Five Percent of Total Amount Bid |                                     |
| <b>BOND ENTERED AND EXECUTED BY</b><br>Meghann C. Turner   | <b>ATTORNEY-IN-FACT SIGNATURE</b><br><i>Meghann Turner</i>                    |                                     |

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 24<sup>th</sup> 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 24<sup>th</sup> 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

