



Bid Number 50-00145384

One (1) Year Contract for the Supply of #57 Limestone on an as needed basis for the Jefferson Parish Department of Public Works, Eastbank and Westbank

Bid Due: June 6, 2024 AT 2:00 PM

ATTENTION VENDORS!!!

Please review all pages and respond accordingly, complying with all provisions in the technical specifications and Jefferson Parish Instructions for Bidders and General Terms and Conditions. All bids must be received on the Purchasing Department's eProcurement site, www.jeffparishbids.net, by the bid due date and time. Late bids will not be accepted.

**Jefferson Parish Purchasing Department
200 Derbigny Street
General Government Building, Suite 4400
Gretna, LA 70053
Purchasing Specialist II, Mark Buttery
Email: MButtery@jeffparish.net
Phone: 504-364-2810**

DATE: 5/22/2024

Page: 6

BID NO.: 50-00145384

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 TERMS.

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'S TRUCKING LLC

ADDRESS: 10387 RIVER ROAD

CITY, STATE: AMA, LA

ZIP: 70031

TELEPHONE: (504) 667-5452

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: \$ 266,932.00

AUTHORIZED

SIGNATURE: [Signature]

Steve Otwell

Printed Name

TITLE: MEMBER

SIGNING INDICATES YOU HAVE READ AND COMPLY WITH THE INSTRUCTIONS AND CONDITIONS.

NOTE: All bids should be returned with the BID NUMBER and BID OPENING DATE indicated on the outside of the envelope submitted to the Purchasing Department.

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00145384

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	3,500.00	TN	<p>One (1) Year Contract for the Supply of #57 Limestone on an as needed basis for the Jefferson Parish Department of Pubic Works, Eastbank and Westbank</p> <p>0010 #57 LIMESTONE - GREY EASTBANK DELIVERED</p> <p>DELIVER TO: 4901 JEFFERSON HWY. SUITE D JEFFERSON, LA 70121</p>	\$ 48.50	\$169,750.00
2	2.00	TN	<p>0020 #57 LIMESTONE - GREY EASTBANK SELF-HAULED</p>	\$ 45.50	\$ 91.00
3	2,000.00	TN	<p>0030 #57 LIMESTONE - GREY WESTBANK DELIVERED</p> <p>DELIVER TO: 1561 RIVER PARK RD. BRIDGE CITY, LA 70094</p>	\$ 48.50	\$97,000.00
4	2.00	TN	<p>0040 #57 LIMESTONE - GREY WESTBANK SELF-HAULED</p>	\$ 45.50	\$ 91.00

Non-Public Works Bid

AFFIDAVIT

STATE OF LOUISIANA

PARISH/COUNTY OF JEFFERSON

BEFORE ME, the undersigned authority, personally came and appeared: Steve Otwell
_____, (Affiant) who after being by me duly sworn, deposed and said that
he/she is the fully authorized MEMBER OTWELL'S TRUCKING LLC
of _____ (Entity),
50-00145384
the party who submitted a bid in response to Bid Number _____, to the Parish of
Jefferson.

Affiant further said:

Campaign Contribution Disclosures

(Choose A or B, if option A is indicated please include the required attachment):

Choice A _____ Attached hereto is a list of all campaign contributions, including the date and amount of each contribution, made to current or former elected officials of the Parish of Jefferson by Entity, Affiant, and/or officers, directors and owners, including employees, owning 25% or more of the Entity during the two-year period immediately preceding the date of this affidavit or the current term of the elected official, whichever is greater. Further, Entity, Affiant, and/or Entity Owners have not made any contributions to or in support of current or former members of the Jefferson Parish Council or the Jefferson Parish President through or in the name of another person or legal entity, either directly or indirectly.

Choice B X there are **NO** campaign contributions made which would require disclosure under Choice A of this section.

Debt Disclosures

(Choose A or B, if option A is indicated please include the required attachment):

Choice A _____ Attached hereto is a list of all debts owed by the affiant to any elected or appointed official of the Parish of Jefferson, and any and all debts owed by any elected or appointed official of the Parish to the Affiant.

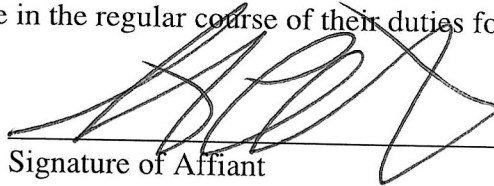
Choice B X There are **NO** debts which would require disclosure under Choice A of this section.

Affiant further said:

That Affiant has employed no person, corporation, firm, association, or other organization, either directly or indirectly, to secure the public contract under which he received payment, other than persons regularly employed by the Affiant whose services in connection with the construction, alteration or demolition of the public building or project or in securing the public contract were in the regular course of their duties for Affiant; and

[The remainder of this page is intentionally left blank.]

That no part of the contract price received by Affiant was paid or will be paid to any person, corporation, firm, association, or other organization for soliciting the contract, other than the payment of their normal compensation to persons regularly employed by the Affiant whose services in connection with the construction, alteration or demolition of the public building or project were in the regular course of their duties for Affiant.


Signature of Affiant

Steve Otwell
Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME

ON THE 5 DAY OF JUNE, 2024


Notary Public

Kim J. Lord
Printed Name of Notary

58462
Notary/Bar Roll Number

My commission expires AT MY DEATH



Request for Taxpayer Identification Number and Certification

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

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Otwell's Trucking LLC.		
2 Business name/disregarded entity name, if different from above		
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <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 FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
5 Address (number, street, and apt. or suite no.) See instructions. 10387 River Rd		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. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

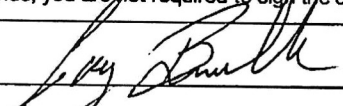
Social security number								
			-			-		
or								
Employer identification number								
8	0	-	0	9	7	7	1	3 9

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ► 	Date ► 3/4/2024
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



State of
Louisiana
Secretary of
State

COMMERCIAL DIVISION
225.925.4704

Fax Numbers
225.932.5317 (Admin. Services)
225.932.5314 (Corporations)
225.932.5318 (UCC)

Name	Type	City	Status
OTWELL'S TRUCKING LLC	Limited Liability Company	AMA	Active

Previous Names

Business: OTWELL'S TRUCKING LLC
 Charter Number: 42052086K
 Registration Date: 10/27/2015
 Domicile Address: 10387 RIVER ROAD
 AMA, LA 70031

Mailing Address

10387 RIVER ROAD
 AMA, LA 70031

Status

Status: **Active**
 Annual Report Status: **In Good Standing**
 File Date: 10/27/2015
 Last Report Filed: 9/27/2021
 Type: Limited Liability Company

Registered Agent(s)

Agent:	STEVEN OTWELL
Address 1:	10387 RIVER ROAD
City, State, Zip:	AMA, LA 70031
Appointment Date:	10/27/2015
Agent:	CARY BURELLE
Address 1:	115 CHOCTAW DRIVE
City, State, Zip:	LULING, LA 70070
Appointment Date:	7/23/2021

Officer(s)

Officer:	Additional Officers: No
Officer: STEVEN OTWELL Title: Member Address 1: 10387 RIVER ROAD City, State, Zip: AMA, LA 70031	
Officer: CARY BURELLE Title: Member Address 1: 115 CHOCTAW DRIVE City, State, Zip: LULING, LA 70070	

Amendments on File (2)

Description

Date

Domestic LLC Agent/Domicile Change		7/23/2021
Appointing, Change, or Resign of Officer		7/27/2021

[Print](#)



OTWETRU-01

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 <input type="checkbox"/> <input type="checkbox"/> 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 <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <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

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# 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 & 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