

If accepted, please submit a copy of your company's proof of insurance reflecting the coverage(s) stated within the original solicitation document, sign the acceptance below and email both documents to phyllis_d_jones@dekalbschoolsga.org no later than Friday, July 22, 2022. Insurance policy or policies must be maintained throughout the term of this agreement. A copy of the insurance requirements is included. Feel free to also fax the acceptance and your proof of insurance to Ms. Jones at 678-676-0170.

Best regards,

Carla L. Smith

Carla L. Smith
Executive Director, Vendor Services

Enclosure: 1 – Insurance Requirements

c: Dr. Paul Cammick
CLS/lw

ACKNOWLEDGMENT

Nisewonger Audio Visual Center, Inc. hereby accepts DeKalb County School District's offer to renew the award of Bid No. 20-519, Catalog Discount – Career Technical & Agricultural Materials, Supplies and Equipment at the same prices, terms and conditions as the original award, until January 12, 2024. Nisewonger Audio Visual Center, Inc. understands that this acceptance is subject to the approval of the DeKalb County Board of Education.



Authorized Signatory

Ashley Yates
Name (Typed or Printed)

7/15/22

Date

President
Title of Authorized Signatory



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/25/2022

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		CONTACT NAME: Adrienne Colvard	
Chastain & Associates Ins		PHONE (A/C, No, Ext): (706) 543-2575	FAX (A/C, No): (706) 543-4847
P.O. Box 1908		E-MAIL ADDRESS: adrienne@chastain-assoc.com	
Athens GA 30603		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Utica National Ins. Of Ohio	
		INSURER B: Utica National Ins.Group	
		INSURER C: Western Surety	
		INSURER D:	
		INSURER E:	
		INSURER F:	
INSURED			
Nisewonger Audio Visual Center, Inc.			
1125 Cripple Creek Drive			
Lawrenceville GA 30043			

COVERAGES **CERTIFICATE NUMBER:** CL2252536745 **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:	Y	Y	CPP 5453319	06/13/2022	06/13/2023	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
							Employee Benefits	\$ 1,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY	Y	Y	5453320	06/13/2022	06/13/2023	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
							Uninsured motorist	\$ 1,000,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			CULP 5464165	06/13/2022	06/13/2023	COMBINED SINGLE LIMIT (Ea occurrence)	\$ 5,000,000
							AGGREGATE	\$ 5,000,000
								\$
A	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/A	Y	5453322	06/13/2022	06/13/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Employee Dishonesty			15122654	03/28/2022	03/28/2023	Limit	\$10,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Bid No. 20-519 General Liability Extension Endorsement 8-E-3548 Ed. 7-2011-Additional Insured -Owners, Lessees or Contractors-Completed Operations
CG 20 37 04 13 Primary and Non-Contributory-Other Insurance Condition CG 20 01 04 13 Commercial Automobile Extension Endorsement 8-E-2419- ED.
04-2017 Waiver of our Right to Recover from Others Endorsement WC 00 03 13

CERTIFICATE HOLDER	CANCELLATION
DeKalb County School District 1701 Mountain Industrial Blvd Stone Mountain GA 30083-1027	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p> 