



Operations

March 8, 2022

Sent Via Email: ken_thrasher@compuserve.com

Mr. Ken Thrasher
SY Richards, Architect, Inc.
P.O. Box 585, 301 E. Church Street
Monroe, GA 30655

Dear Mr. Thrasher:

In accordance with the contract between SY Richards, Architect, Inc. and the DeKalb County School District, the DeKalb County School District is pleased to advise that it desires to extend RFQu 19-752-023, A/E Continuing Contract for Professional Services for an additional year at the same terms, conditions and pricing as stated in your contract.

This extension is the third of four (4) one-year renewal options and is subject to DeKalb County Board of Education approval. The extension will be effective March 19, 2022 through March 18, 2023 and is subject to DeKalb County Board of Education approval.

Please submit the following signed acknowledgement and a current certificate of insurance via email to belinda_quillet@dekalbschoolsga.org no later than Thursday, March 10, 2022. Presentation of satisfactory Certificate of Insurance in accordance with Exhibit E of the contract is required. A copy is attached for your review.

Please include RFQu 19-752-023, A/E Continuing Contract for Professional Services and verbiage naming the DeKalb County School District and The DeKalb County Board of Education as an additional insured under the liability policies, in the *Additional Information* section of the certificate of insurance.

On behalf of the DeKalb County School District, I want to take this opportunity to thank you for your service and for your interest in doing business with us.

Sincerely,

A handwritten signature in blue ink that reads "Belinda Quillet".

Belinda Quillet, MSM, CPPB
Procurement Manager

Cc: Richard Boyd

ACKNOWLEDGMENT

SY Richards, Architect, Inc. hereby agrees to extend RFQu 19-752-023, A/E Continuing Contract for Professional Services, at the same prices, terms and conditions until March 18, 2023.



Official Signature

3/9/22

Date

KEN THRASHER, PRESIDENT

Name and Title (Typed or Printed)

404-633-2677

Phone

ken_thrasher@compuserve.com

Email Address



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/06/2021

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 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 THE SERVICE AGENCY/PHS 20267128 The Hartford Business Service Center 3600 Wiseman Blvd San Antonio, TX 78251 | CONTACT NAME: PHONE (866) 467-8730 (A/C, No, Ext): | | FAX (888) 443-6112 (A/C, No): |
| | E-MAIL ADDRESS: | | |
| | | INSURER(S) AFFORDING COVERAGE | NAIC# |
| INSURED SY RICHARDS, ARCHITECT INC. PO BOX 585 MONROE GA 30655-0585 | INSURER A : Sentinel Insurance Company Ltd. | | 11000 |
| | INSURER B : Hartford Underwriters Insurance Company | | 30104 |
| | INSURER C : | | |
| | INSURER D : | | |
| | 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 INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/Y YYYY) | LIMITS | |
|----------|--|-----------|----------|---------------|-------------------------|---------------------------|---|-------------|
| A | <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> General Liability | X | | 20 SBA NU6271 | 05/05/2021 | 05/05/2022 | EACH OCCURRENCE | \$1,000,000 |
| | <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER: | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$1,000,000 |
| | | | | | | | 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 |
| A | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS | | | 20 SBA NU6271 | 05/05/2021 | 05/05/2022 | COMBINED SINGLE LIMIT (Ea accident) | \$1,000,000 |
| | | | | | | | BODILY INJURY (Per person) | |
| | | | | | | | BODILY INJURY (Per accident) | |
| | | | | | | | PROPERTY DAMAGE (Per accident) | |
| A | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000 | | | 20 SBA NU6271 | 05/05/2021 | 05/05/2022 | EACH OCCURRENCE | \$5,000,000 |
| | | | | | | | AGGREGATE | \$5,000,000 |
| B | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | N/A | | 20 WEC AK6164 | 05/05/2021 | 05/05/2022 | <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 |
| A | EMPLOYMENT PRACTICES LIABILITY | | | 20 SBA NU6271 | 05/05/2021 | 05/05/2022 | Each Claim Limit | \$10,000 |
| | | | | | | | Aggregate Limit | \$10,000 |

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

Those usual to the Insured's Operations. Please see Additional Remarks Schedule Acord Form 101 attached.

CERTIFICATE HOLDER**CANCELLATION**

Dekalb County Board of Education
 Dekalb County School District
 Operations Division Sam Moss Center
 1780 MONTREAL RD
 TUCKER GA 30084-6705

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

Susan L. Castaneda

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ADDITIONAL REMARKS SCHEDULE

| | | | |
|----------------------------------|-----------|--|--|
| AGENCY THE SERVICE AGENCY/PHS | | NAMED INSURED SY RICHARDS, ARCHITECT INC. PO BOX 585 MONROE GA 30655-0585 | |
| POLICY NUMBER SEE ACORD 25 | | EFFECTIVE DATE: SEE ACORD 25 | |
| CARRIER SEE ACORD 25 | NAIC CODE | | |

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM

FORM NUMBER: ACORD 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

Ref Project RFQu 19-752-023. Certificate holder is an additional insured per the Business Liability Coverage Form SS0008 and the Hired Auto and Non Owned Auto Endorsement SS0438 attached to this policy Coverage is primary and noncontributory per the Business Liability Coverage Form SS0008 attached to this policy. Waiver of Subrogation applies in favor of the Certificate Holder per the Business Liability Coverage Form SS0008, attached to this policy. Notice of Cancellation will be provided in accordance with Form SS1223, attached to this policy

