



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/25/2023

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 Griffin Insurance Agency Inc P O Box 1768 Stockbridge GA 30281		CONTACT NAME: PHONE (A/C, No, Ext): (770) 507-3200 E-MAIL ADDRESS: COI@GriffinInsure.com FAX (A/C, No): (770) 507-7967	
INSURED Mr Dees Electrical Services Llc PO Box 554 Rex GA 30273-0554		INSURER(S) AFFORDING COVERAGE INSURER A: Owners Insurance Company NAIC # 32700 INSURER B: Auto-Owners Insurance Co 18988 INSURER C: ABA Insurance Services 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 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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			80726070	2/10/2023	2/10/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 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 Premises/Operations \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			5372607001	2/10/2023	2/10/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			537260700	2/10/2023	2/10/2024	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
C	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	EIG5074175	9/9/2023	9/9/2024	<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

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

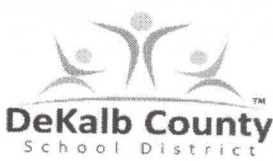
CERTIFICATE HOLDER**CANCELLATION**
 DEKALB COUNTY SCHOOL DISTRICT
 & DEKALB COUNTY BOARD OF EDUCATION

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

Keith Griffin/PLS

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October 16, 2023

VIA EMAIL: xflores@mrdeeselectric.com

Mr. Dee's Electric Service, LLC
144 Bellamy Place
Stockbridge, GA 30281
ATTN: Dekerri Lunsford, President

Reference: Bid No. 20-752-036, Electrical Contractor Services

Dear Mr. Lunsford:

As a result of the excellent service provided by Mr. Dee's Electric Service, LLC, the DeKalb County School District ("DCSD") desires to renew the award of Bid No. 20-752-036 for one (1) year on the same terms, conditions and pricing as set forth in the License and Services Agreement between DCSD and Mr. Dee's Electric Service, LLC, dated January 22, 2021. The purpose of this letter is to obtain Mr. Dee's Electric Service, LLC's acceptance of DCSD's offer to renew the License and Services Agreement.

The renewal is subject to the DeKalb County Board of Education's ("Board") approval and will be effective from January 22, 2024, through January 21, 2025. Of course, we will notify you once the Board has approved the renewal. DCSD appreciates Mr. Dee's Electric Service, LLC's consideration of this offer to renew the award of Bid No. 20-752-036.

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 solicitationquestions@dekalbschoolsga.org no later than Monday, October 23, 2023. Insurance policy or policies must be maintained throughout the term of this agreement. A copy of the insurance requirements is included.

Best regards,

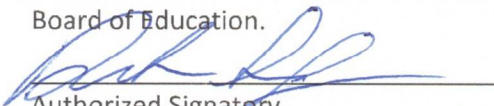
Carla L. Smith

Carla L. Smith
Executive Director, Vendor Services

CLS/smg
c: Mr. Erick Hofstetter
Mr. Bobby Moncrief

ACKNOWLEDGMENT

Mr. Dee's Electric Service, LLC, hereby accepts DeKalb County School District's offer to renew the award of Bid No. 20-752-036 Electrical Contractor Services, as set forth in the License and Services Agreement, until January 21, 2025. Mr. Dee's Electric Service, LLC understands that this acceptance is subject to the approval of the DeKalb County Board of Education.



Authorized Signatory
Dekerri Lunsford

Name (Typed or Printed)

11/7/23

Date
President

Title of Authorized Signatory