



October 17, 2023

VIA EMAIL: RICHMONDTREEGA@GMAIL.COM

Richmond Tree Experts GA, LLC
551 Hickory Lake Dr.
Acworth, GA 30101
ATTN: Sean Sewell, Secretary

Reference: ITB 21-752-010 Tree Cutting and Trimming Services

Dear Mr. Sewell:

As a result of the excellent service provided by Richmond Tree Experts GA, LLC, the DeKalb County School District ("DCSD") desires to renew the award of ITB 21-752-010 Tree Cutting and Trimming Services for one (1) year on the same terms, conditions and pricing as set forth in the License and Services Agreement between DCSD and Richmond Tree Experts, Inc. dated May 3, 2021. The purpose of this letter is to obtain Richmond Tree Experts GA, LLC, Inc.'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 May 3, 2024, through May 2, 2025. Of course, we will notify you once the Board has approved the renewal. DCSD appreciates Richmond Tree Experts GA, LLC's consideration of this offer to renew the award of ITB 21-752-010.

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 Tuesday, October 24, 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

Richmond Tree Experts GA, LLC, hereby accepts DeKalb County School District's offer to renew the award of ITB 21-752-010, Tree Cutting and Trimming Services as set forth in the License and Services Agreement, until May 2, 2025. Richmond Tree Experts GA, LLC, understands that this acceptance is subject to the approval of the DeKalb County Board of Education.



Authorized Signatory

Ryan Hunter

Name (Typed or Printed)

10/15/23

Date

Owner

Title of Authorized Signatory

CERTIFICATE OF LIABILITY INSURANCE

Date
10/18/2023

Producer: Plymouth Insurance Agency
2739 U.S. Highway 19 N.
Holiday, FL 34691
(727) 938-5562

This Certificate is issued as a matter of information only and confers no rights upon the Certificate Holder. This Certificate does not amend, extend or alter the coverage afforded by the policies below.

Insured: South East Personnel Leasing, Inc. & Subsidiaries
2739 U.S. Highway 19 N.
Holiday, FL 34691

Insurers Affording Coverage	NAIC #
Insurer A: Lion Insurance Company	11075
Insurer B:	
Insurer C:	
Insurer D:	
Insurer E:	

Coverages
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. Aggregate limits shown may have been reduced by paid claims.


INSR LTR	ADDL INSRD	Type of Insurance	Policy Number	Policy Effective Date (MM/DD/YY)	Policy Expiration Date(MM/DD/YY)	Limits												
		GENERAL LIABILITY <input type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input type="checkbox"/> Occur <hr/> General aggregate limit applies per: <input type="checkbox"/> Policy <input type="checkbox"/> Project <input type="checkbox"/> LOC				Each Occurrence \$ Damage to rented premises (EA occurrence) \$ Med Exp \$ Personal Adv Injury \$ General Aggregate \$ Products - Comp/Op Agg \$												
		AUTOMOBILE LIABILITY <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos				Combined Single Limit (EA Accident) \$ Bodily Injury (Per Person) \$ Bodily Injury (Per Accident) \$ Property Damage (Per Accident) \$												
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> Occur <input type="checkbox"/> Claims Made <input type="checkbox"/> Deductible				Each Occurrence \$ Aggregate \$												
A		Workers Compensation and Employers' Liability Any proprietor/partner/executive officer/member excluded? NO If Yes, describe under special provisions below.	WC 71949	01/01/2023	01/01/2024	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">X</td> <td style="width: 70%;">WC Statutory Limits</td> <td style="width: 25%;">OTH-ER</td> </tr> <tr> <td></td> <td>E.L. Each Accident</td> <td style="text-align: right;">\$1,000,000</td> </tr> <tr> <td></td> <td>E.L. Disease - Ea Employee</td> <td style="text-align: right;">\$1,000,000</td> </tr> <tr> <td></td> <td>E.L. Disease - Policy Limits</td> <td style="text-align: right;">\$1,000,000</td> </tr> </table>	X	WC Statutory Limits	OTH-ER		E.L. Each Accident	\$1,000,000		E.L. Disease - Ea Employee	\$1,000,000		E.L. Disease - Policy Limits	\$1,000,000
X	WC Statutory Limits	OTH-ER																
	E.L. Each Accident	\$1,000,000																
	E.L. Disease - Ea Employee	\$1,000,000																
	E.L. Disease - Policy Limits	\$1,000,000																
Other		Lion Insurance Company is A.M. Best Company rated A (Excellent). AMB # 12616																

Descriptions of Operations/Locations/Vehicles/Exclusions added by Endorsement/Special Provisions: Client ID: 83-67-132
 Coverage only applies to active employee(s) of South East Personnel Leasing, Inc. & Subsidiaries that are leased to the following "Client Company":
Richmond Tree Experts GA LLC
 Coverage only applies to injuries incurred by South East Personnel Leasing, Inc. & Subsidiaries active employee(s) , while working in: GA.
 Coverage does not apply to statutory employee(s) or independent contractor(s) of the Client Company or any other entity.
 A list of the active employee(s) leased to the Client Company can be obtained by emailing a request to certificates@lioninsurancecompany.com
Project Name:
 ISSUE 07-12-23 (TD). REISSUE 10-18-23 (TD)

Begin Date: 6/8/2022

CERTIFICATE HOLDER
 DEKALB COUNTY SCHOOL DISTRICT
 1701 MOUNTAIN INDUSTRIAL BLVD.
 STONE MOUNTAIN, GA 30083

CANCELLATION
 Should any of the above described policies be cancelled before the expiration date thereof, the issuing insurer will endeavor to mail 30 days written notice to the certificate holder named to the left, but failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives.





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/18/2023

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 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 The Jackson Leblanc Agency 1200 Ashwood Pkwy Suite 128 Dunwoody GA 30338		CONTACT NAME: Mike Jackson PHONE (A/C, No, Ext): (770) 246-5525 E-MAIL ADDRESS: mike@jacksonleblancagency.com FAX (A/C, No): (770) 246-5520	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Ategrity Specialty Ins Co	
		INSURER B: Nautilus Ins Co	
		INSURER C: Arch Insurance Co	
		INSURER D:	
		INSURER E:	
		INSURER F:	
INSURED Richmond Tree Experts GA, LLC 1715 Nekoma Street Marietta GA 30068			

COVERAGES

CERTIFICATE NUMBER: CL2352214658

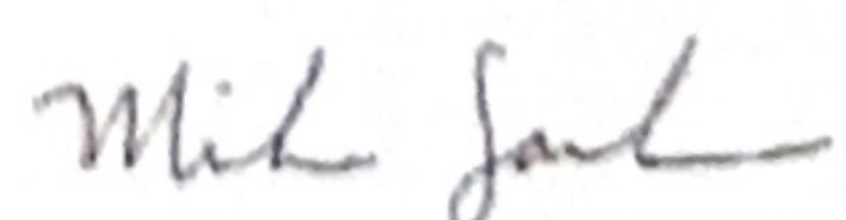
REVISION NUMBER:

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 type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			01-C-PK-P20078703-0	05/20/2023	05/20/2024	EACH OCCURRENCE \$ 1000000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300000 MED EXP (Any one person) \$ 5000 PERSONAL & ADV INJURY \$ 1000000 GENERAL AGGREGATE \$ 2000000 PRODUCTS - COMP/OP AGG \$ 2000000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ 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"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$			AN1285358	05/20/2023	05/20/2024	EACH OCCURRENCE \$ 2000000 AGGREGATE \$ 2000000
	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				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
C	Inland Marine			DLIML3152500	05/20/2023	05/20/2024	

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

CERTIFICATE HOLDER**CANCELLATION**

Dekalb County School System 3565 Piedmont Rd NE Atlanta GA 30363	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 
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