



November 13, 2023

VIA EMAIL: BIDNOTICES@SCHOOLSPECIALTY.COM

School Specialty, LLC
100 Paragon Parkway
Mansfield, OH 44903
ATTN: Leonard Adkins, Assistant Secretary

Reference: Bid No. 22-80, District Wide Furniture, Fixtures and Equipment

Dear Mr. Adkins:

As a result of the excellent service provided by School Specialty, LLC, the DeKalb County School District (“DCSD”) desires to renew the award of the items listed below on Bid No. 22-80, District Wide Furniture, Fixtures and Equipment for one (1) year on the same terms, conditions and pricing as stated in the bid on the items listed below. The purpose of this letter is to obtain School Specialty, LLC’s acceptance of DCSD’s offer to renew the award of Bid No. 22-80.

Item No.: Category 1 – C5, T4 & M2 only; Category 3 – Amtab, Classroom Select, Global, Oklahoma Sound, Smith System & Waddell only.

The renewal is subject to the DeKalb County Board of Education’s (“Board”) approval and will be effective from March 14, 2024, through March 14, 2025. Of course, we will notify you once the Board has approved the renewal. DCSD appreciates School Specialty, LLC’s consideration of this offer to renew the award of Bid No. 22-80.

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 lakesia_watkins@dekalbschoolsga.org, no later than Monday, November 20, 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. Keith Singleton

ACKNOWLEDGMENT

School Specialty, LLC hereby accepts DeKalb County School District’s offer to renew the award of Bid No. 22-80, District Wide Furniture, Fixtures and Equipment at the same prices, terms, and conditions as the original award, until March 14, 2025. School Specialty, LLC understands that this acceptance is subject to the approval of the DeKalb County Board of Education.

Leonard Adkins
Authorized Signatory

Leonard Adkins
Name (Typed or Printed)

11.20.2023
Date

Assistant Secretary
Title of Authorized Signatory



CERTIFICATE OF LIABILITY INSURANCE

9/1/2024

DATE (MM/DD/YYYY)

11/16/2023

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 LOCKTON COMPANIES 500 West Monroe, Suite 3400 CHICAGO IL 60661 (312) 669-6900 midwestcertificates@lockton.com	CONTACT NAME: _____	
	PHONE (A/C, No, Ext): _____	FAX (A/C, No): _____
E-MAIL ADDRESS: _____		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Twin City Fire Insurance Company		29459
INSURER B: Trumbull Insurance Company		27120
INSURER C: --- SEE ATTACHMENT ---		
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** 18398846 **REVISION NUMBER:** XXXXXXXX

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 checked="" type="checkbox"/> LOC OTHER: _____	Y	Y	83 CES OF00AG	9/1/2023	9/1/2024	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 \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	83 UEN AG5755	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	Y	Y	See Attached	9/1/2023	9/1/2024	EACH OCCURRENCE \$ 50,000,000 AGGREGATE \$ 50,000,000 \$ XXXXXXXX
	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	NOT APPLICABLE			PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ XXXXXXXX E.L. DISEASE - EA EMPLOYEE \$ XXXXXXXX E.L. DISEASE - POLICY LIMIT \$ XXXXXXXX

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Additional Named Insureds: School Specialty, LLC, SSI Parent, LLC, SSI Canada, Inc., Bird-in-Hand LLC, School Specialty Canada, Ltd, FlagHouse, LLC RE: 22-80 District Wide Furniture, Fixture, & Equipment. Dekalb County School District is included as additional insured on a Primary and Non-Contributory basis if required by written contract with respect to general and auto liability per the terms and conditions of the policy. A waiver of subrogation applies in favor of the additional insureds if required by written contract with respect to general and auto liability per the terms and conditions of the policy where permitted by state law. Umbrella coverage follows form over the underlying per the terms and conditions of the policy where permitted by state law.

CERTIFICATE HOLDER 18398846 Dekalb County School District 1701 Mountain Industrial Boulevard Stone Mountain GA 30083-1027	CANCELLATION See Attachment 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 
--	---

Umbrella Limits

\$5,000,000 : 83 XS ON000R Issuing Co: Twin City Fire Insurance Company. **NAIC: 29459**

\$5,000,000 x \$5,000,000: Policy# CX00XDM23 Issuing Co: Aspen American Insurance Company. **NAIC: 43460**

\$15,000,000 x \$10,000,000: Policy #: 42-XSF-100045-11 Issuing Co: National Fire & Marine Insurance Company. **NAIC: 20079**

\$15,000,000 x \$25,000,000: Policy #79767369 Issuing Co: Federal Insurance Company. **NAIC: 20281**

\$10,000,000 x \$40,000,000: Policy #XS1167123 Issuing Co: Certain Underwriters at Lloyds. **NAIC: 32727**

BID





SSI Bid Number: Q-407753
Currency: USD
Customer Bid Number: 22-80 DISTRICT WIDE FURNITURE, FIXTURES & EQUIPMENT RENEWAL
Due Date: 11-20-2023, 12:00 PM
Expiration Date: 02-07-2024
Customer Number: 134569
Requestor Name:

Bill To: DEKALB COUNTY BOARD OF EDUCATION
 1701 MOUNTAIN INDUSTRIAL BLVD
 STONE MOUNTAIN, GA 30083-1027

Send Orders & Correspondence to:
 Customer Care Ph. 888-388-3224
 Email Orders: orders@schoolspecialty.com
 Bid Team: bidnotices@schoolspecialty.com



Lift Gate Truck Required: <input type="checkbox"/>
Inside Delivery: <input type="checkbox"/>
Notes:

Customer Item #	SSI Item	Alt Item	Image	Item Description	Pack Size	Item Qty	Your Price	Extended Price
C5	1441272	<input type="checkbox"/>		CHAIR - CLASSROOM SELECT - CONTEMPORARY MUSIC CHAIR - 18 IN - SPECIFY SEAT AND BACK COLOR - BLACK - SPECIFY GLIDE TYPE	Each	1	\$84.45	\$84.45
T4	676050	<input type="checkbox"/>		FOLDING TABLE - NPS BT3000 SERIES HEAVY DUTY FOLDING TABLE 30 X 72 IN - SPECKLED GRAY	Each	1	\$211.28	\$211.28
M2	5000336	<input type="checkbox"/>		LECTERN - OKLAHOMA SOUND - ARISTOCRAT SOUND LECTERN - RECHARGEABLE BATTERY - SPECIFY SIZE - SPECIFY COLOR - SPECIFY MICROPHONE TYPE	Each	1	\$1,626.66	\$1,626.66
M2	1134413	<input type="checkbox"/>		LIGHT - BRASS READING NOT FACTORY INSTALLED	Each	1	\$81.69	\$81.69
M2	675599	<input type="checkbox"/>		LECTERN ACCESSORY OSC HAND-HELD WIRELESS MICROPHONE	Each	1	\$257.06	\$257.06

Subtotal	\$2,261.14
Estimated Taxes	
Total	\$2,261.14