



Finance

November 15, 2023

VIA EMAIL [bids@pocketnurse.com](mailto:bids@pocketnurse.com)

Pocket Nurse Enterprises, Inc.  
dba Pocket Nurse  
610 Frankfort Road  
Monaca, PA 15061-2218  
ATTN: Tina Greiff, Regional Territory Manager

**Reference:** Bid No. 20-519, Catalog Discount – Career Technical & Agricultural Materials, Supplies and Equipment

Dear Ms. Greiff:

As a result of the excellent service provided by Pocket Nurse Enterprises, Inc. dba Pocket Nurse, the DeKalb County School District (“DCSD”) desires to renew the award of Bid No. 20-519, Catalog Discount – Career Technical & Agricultural Materials, Supplies and Equipment for one (1) year on the same terms, conditions and pricing as stated in the bid. The purpose of this letter is to obtain Pocket Nurse Enterprises, Inc. dba Pocket Nurse’s acceptance of DCSD’s offer to renew the award of Bid No. 20-519, Catalog Discount – Career Technical & Agricultural Materials, Supplies and Equipment.

The renewal is subject to the DeKalb County Board of Education’s (“Board”) approval and will be effective from January 12, 2024, through January 12, 2025. Of course, we will notify you once the Board has approved the renewal. DCSD appreciates Pocket Nurse Enterprises, Inc. dba Pocket Nurse’s consideration of this offer to renew the award of Bid No. 20-519, Catalog Discount – Career Technical & Agricultural Materials, Supplies and Equipment.

As outlined in the bid specifications, you are required to send three (3) published catalogs, CD or website identification to the Facilities Maintenance Department. Your catalog(s) must be addressed as follows:

**ATTENTION: DeKalb County School District – Career Technology & Agricultural Education Department  
1701 Mountain Industrial Blvd, Stone Mountain, GA 30083**

If you provide paper catalogs, each catalog must have a brightly colored 3” x 5” (or larger) label affixed to the outside front cover. Your front cover label must adhere to the following format:

DeKalb County School District	
Bid No. 20-519, Catalog Discount – Career Technical & Agricultural	
Materials, Supplies and Equipment _____% DISCOUNT	
Valid through January 12, 2025 only.	
Quotation Number _____	
Exclusions Are: _____	
_____	
_____	
Company Name _____	
Company Address _____	
Company Representative _____	
E-Mail _____	
Company Webpage URL _____	

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](mailto:lakesia_watkins@dekalbschoolsga.org) no later than Monday, November 27, 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

Enclosure: 1 – Insurance Requirements

c: Doryiane Gunter  
CLS/smg

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#### ACKNOWLEDGMENT

Pocket Nurse Enterprises, Inc. dba Pocket Nurse 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, 2025. Pocket Nurse Enterprises, Inc. dba Pocket Nurse understands that this acceptance is subject to the approval of the DeKalb County Board of Education.

*Amy Hallstein*

Authorized Signatory

11/16/23

Date

Amy Hallstein

Name (Typed or Printed)

Sales Manager

Title of Authorized Signatory



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/02/2023

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).

<b>PRODUCER</b> Simpson & McCrady LLC 310-330 Grant Street Suite 1320 Pittsburgh PA 15219-2233		<b>CONTACT NAME:</b> Lauren Brunner <b>PHONE (A/C, No, Ext):</b> (412) 261-2222 <b>FAX (A/C, No):</b> (412) 261-3437 <b>E-MAIL ADDRESS:</b> lbrunner@simpson-mccrady.com	
<b>INSURED</b> Pocket Nurse Holdings, Inc 610 Frankfort Road Monaca PA 15061-2218		<b>INSURER(S) AFFORDING COVERAGE</b>	
		INSURER A: Phoenix Insurance Co	NAIC #: 25623
		INSURER B: Travelers Indemnity of America	25666
		INSURER C: Travelers Property Casualty Co of America	25674
		INSURER D: Standard Fire Insurance Co.	19070
		INSURER E:	
		INSURER F:	

**COVERAGES**

CERTIFICATE NUMBER: 23/24 Master

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 SUBR		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
		INSD	WVD					
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			H-630-1A892654-PHX-23	05/28/2023	05/28/2024	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,000,000
<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC							PRODUCTS - COMP/OP AGG	\$ Excluded
OTHER:							Employee Benefits	\$ 1,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY			BA-0N430339-23-I2-G	05/28/2023	05/28/2024	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							Uninsured motorist	\$ 1,000,000
C	<input checked="" type="checkbox"/> UMBRELLA LIAB			CUP-9K426608-23-I2	05/28/2023	05/28/2024	EACH OCCURRENCE	\$ 5,000,000
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE	\$ 5,000,000
	<input type="checkbox"/> DED	<input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			UB-4K46473A-23-I2-G	05/28/2023	05/28/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A				E.L. EACH ACCIDENT	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
C	Products liability			ZPP13R89131-19-I2	05/28/2023	05/28/2024	Limit	\$5,000,000
							Deductible	\$10,000

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

**CERTIFICATE HOLDER****CANCELLATION**

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

## Additional Named Insureds

### Other Named Insureds

DiaMedical USA

DiaMedical USA Equipment Inc.

DiaMedical USA Equipment, LLC

MedMattress.com

PNE Realty, LLC

Pocket Nurse Canada Holdings Inc

Pocket Nurse Enterprises, LLC

Simlabsolutions.com

Simulation Health Alliance, LLC

## ADDITIONAL COVERAGES

Ref #	Description Underinsured motorist combined single limit	Coverage Code UNCSL	Form No.	Edition Date
Limit 1 1,000,000	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium				
Ref #	Description PIP-Additional	Coverage Code APIP	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium				
Ref #	Description WC & Employer's liability	Coverage Code WCEL	Form No.	Edition Date
Limit 1 1,000,000	Limit 2 1,000,000	Limit 3 1,000,000	Deductible Amount	Deductible Type
Premium				
Ref #	Description Expense constant	Coverage Code EXCNT	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium				
Ref #	Description Premium discount	Coverage Code PDIS	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium				
Ref #	Description Surcharges	Coverage Code SURC	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium				
Ref #	Description Assessment Fund	Coverage Code ASMNT	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium				
Ref #	Description Catastrophe	Coverage Code CATAS	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium				
Ref #	Description Assigned risk add'l premium	Coverage Code ARAP	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium				
Ref #	Description Loss constant	Coverage Code LCNT	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium				
Ref #	Description Experience Mod Factor 1	Coverage Code EXP01	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium				

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