



Finance

November 15, 2023

VIA EMAIL [sales@amitrace.com](mailto:sales@amitrace.com)

Amitrace Computer Systems  
1110 Satellite Boulevard NW Suite 104  
Suwanne, GA 30024  
ATTN: Faraz Ahmed, President

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

Dear Mr. Ahmed:

As a result of the excellent service provided by Amitrace Computer Systems, 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 Amitrace Computer Systems’ 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 Amitrace Computer Systems’ 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:

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

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#### ACKNOWLEDGMENT

Amitrace Computer Systems 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. Amitrace Computer Systems understands that this acceptance is subject to the approval of the DeKalb County Board of Education.

  
\_\_\_\_\_  
Authorized Signatory

11/22/2023  
\_\_\_\_\_  
Date

Faraz Ahmed  
\_\_\_\_\_  
Name (Typed or Printed)

President  
\_\_\_\_\_  
Title of Authorized Signatory



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
03/28/2023

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> The Whitlock Group, Inc. 3300 Breckinridge Blvd Ste 200  Duluth GA 30096		<b>CONTACT NAME:</b> Peter J Moon <b>PHONE (A/C, No, Ext):</b> (678) 906-2008 <b>E-MAIL ADDRESS:</b> pmoon@twgins.net <b>FAX (A/C, No):</b> (855) 906-2012	
<b>INSURED</b> AMITRACE COMPUTER SYSTEMS, INC DBA AMITRACE 1110 SATELLITE BLVD NW STE 304  SUWANEE GA 30024-4687		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Selective Insurance Co. of America NAIC # 12572 <b>INSURER B:</b> Mount Vernon Fire Insurance Company 26522 <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	

**COVERAGES**

CERTIFICATE NUMBER: CL2332804654

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 <input checked="" type="checkbox"/> Employment Practice Liability - Claims-made. Retro: 3/31/2021 GENTL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	S 2482572	03/31/2023	03/31/2024	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000 EPLI \$ 100,000
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" 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	Y	Y	S 2482572	03/31/2023	03/31/2024	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 type="checkbox"/> EXCESS LIAB DED RETENTION \$ <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE	Y	Y	S 2482572	03/31/2023	03/31/2024	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000 \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		WC 9072649	03/31/2023	03/31/2024	<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
B	Tech E&O, Network Security & Privacy Liability. Retroactive Date: 3/31/2021			PT2000833B	03/31/2023	03/31/2024	Each Claim \$3,000,000 Aggregate \$3,000,000 Deductible \$5,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 (See attached Comments/Remarks page for coverage details)

**CERTIFICATE HOLDER****CANCELLATION**

DeKalb County School District, Career Technology &  
 Agricultural Education Dept.  
 1701 Mountain Industrial Blvd.  
 Stone Mountain GA 30083

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

*H. Gray Whitlock*



## ADDITIONAL REMARKS SCHEDULE

AGENCY The Whitlock Group, Inc.		NAMED INSURED AMITRACE COMPUTER SYSTEMS, INC DBA AMITRACE	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**

**FORM NUMBER:** 25      **FORM TITLE:** Certificate of Liability Insurance: Notes

\*Blanket Additional Insured status for General Liability is provided to any person or organization in primary and non-contributory basis as required by written contract with the named insured, but only with respect to liability for bodily injury, property damage or personal and advertising injury caused, in whole or in part, by the named insured's acts or omissions in the performance of on gong operations and only with respect to liability for bodily injury or property damage caused, in whole or in part, by the named insured's worked performed for that additional insured.

\*Blanket Additional Insured status for Automobile Liability is provided to any person or organization in primary and non-contributory basis as required by written contract with the named insured, but only with respect to liability for bodily injury or property damage caused, in whole or in part, by the named insured's ownership, maintenance or use of a covered auto.

\*Blanket Additional Insured status for Umbrella/Excess liability is provided to any additional insured under any policy of underlying insurance. General Liability, Automobile Liability and Employer's Liability are underlying insurance of this Umbrella/Excess Liability policy

\*Blanket Waiver of Subrogation in favor of the additional insured applies to all coverages as required by a Written Contract with the Named Insured.

\*Third-party 30-day notice of cancellation/non-renewal will be mailed to the Certificate Holder if required.

\*This certificate of insurance 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, terms exclusions and conditions afforded by the policies referenced herein.\*