



Finance

November 15, 2023

VIA EMAIL tina.smoak@trox.com

Troxell Communications, Inc.
3721 New Macland Rd. Suite 200-236
Powder Springs, GA 30127
ATTN: Michael Fabro, VP of Finance

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

Dear Mr. Fabro:

As a result of the excellent service provided by Troxell Communications, Inc. 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 Troxell Communications, Inc.’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 Troxell Communications Inc.’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:

<p style="text-align: center;">DeKalb County School District Bid No. 20-519, Catalog Discount – Career Technical & Agricultural Materials, Supplies and Equipment <u>1-70</u> % DISCOUNT</p> <p style="text-align: center;">Valid through January 12, 2025 only. Quotation Number <u>20-519</u></p> <p>Exclusions Are: <u>N/A</u></p> <hr/> <hr/> <p>Company Name <u>Bluum USA, Inc.</u> Company Address <u>4675 E. Cotton Ctr Blvd, Phoenix AZ 85040</u> Company Representative <u>Tina Smoak, Account Executive</u> E-Mail <u>tina.smoak@bluum.com</u> Company Webpage URL <u>https://customer.bluum.com/products.htm</u></p>
--

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 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

ACKNOWLEDGMENT

Troxell Communications, Inc. 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. Troxell Communications, Inc. understands that this acceptance is subject to the approval of the DeKalb County Board of Education.

Melissa Curtis

Authorized Signatory

11/16/23

Date

Melissa Curtis

Name (Typed or Printed)

VP of Sales Operation

Title of Authorized Signatory



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/10/2023

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 Marsh & McLennan Agency LLC 6160 Golden Hills Drive Minneapolis MN 55416	CONTACT NAME: _____	
	PHONE (A/C, No, Ext): _____	FAX (A/C, No): _____
E-MAIL ADDRESS: _____		
INSURED Bluum Parent, LLC 4675 E. Cotton Center Blvd Phoenix AZ 85040		INSURER(S) AFFORDING COVERAGE
BLUUMPAR		NAIC #
INSURER A: Berkley Insurance Company		32603
INSURER B: Allianz Underwriters Insurance Company		36420
INSURER C: Liberty Mutual Insurance Company		23043
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGES

CERTIFICATE NUMBER: 1465403082

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 INSD 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: _____		TCP701453513	12/31/2022	12/31/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <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		TCP701453513	12/31/2022	12/31/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A 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 \$ _____		TCP701453513 ECO60428297	12/31/2022 12/31/2022	12/31/2023 12/31/2023	EACH OCCURRENCE \$ 30,000,000 AGGREGATE \$ 30,000,000 \$
A	<input checked="" type="checkbox"/> 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 <input type="checkbox"/> N/A	TWC701454113	12/31/2022	12/31/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B	Marine Cargo		OC91788800	12/31/2022	12/31/2023	Limit: \$5,000,000 Ded: \$25,000

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

CERTIFICATE HOLDER**CANCELLATION**Sample
Sample

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