



December 15, 2023

VIA EMAIL [sidsplumbing@yahoo.com](mailto:sidsplumbing@yahoo.com)

Sid's Sewer and Drain, Inc.  
1771 Campbellton Road SW  
Atlanta, GA 30311  
ATTN: Sidney Roberts, President

**Reference:** ITB No. 20-752-037, Plumbing Contractor Services

Dear Mr. Roberts:

As a result of the excellent service provided by Sid's Sewer and Drain, Inc., the DeKalb County School District ("DCSD") desires to renew the award of ITB No. 20-752-037 for one (1) year on the same terms, conditions and pricing as set forth in the License and Services Agreement between DCSD and Sid's Sewer and Drain, Inc. dated February 19, 2021. The purpose of this letter is to obtain Sid's Sewer and Drain, 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 February 19, 2024, through February 18, 2025. Of course, we will notify you once the Board has approved the renewal. DCSD appreciates Sid's Sewer and Drain, Inc.'s consideration of this offer to renew the award of ITB No. 20-752-037.

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 Friday, December 22, 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*

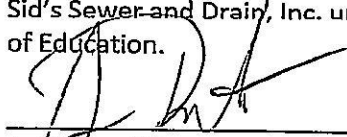
Carla L. Smith  
Executive Director, Vendor Services

CLS/smg

c: Mr. Eric Hofstetter  
Mr. Bobby Moncrief

**ACKNOWLEDGMENT**

Sid's Sewer and Drain, Inc. hereby accepts DeKalb County School District's offer to renew the award of ITB No. 20-752-037, Plumbing Contractor Services, as set forth in the License and Services Agreement, until February 18, 2025. Sid's Sewer and Drain, Inc. understands that this acceptance is subject to the approval of the DeKalb County Board of Education.



Authorized Signatory

*SIDNEY ROBERTS*

Name (Typed or Printed)

*12/18/23*

Date

Title of Authorized Signatory





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/17/2023

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> Insurance Direct Group, LLC 3985 Steve Reynolds Blvd, Bldg B Ste A  Norcross GA 30093		<b>CONTACT NAME:</b> Damon Massey <b>PHONE (A/C, No, Ext):</b> (678) 252-2121 <b>FAX (A/C, No):</b> (678) 252-2122 <b>E-MAIL ADDRESS:</b> dmassey@insurancedirectgroup.com	
<b>INSURED</b> Sid's Sewer & Drain Inc DBA: Sid's Plumbing 3915 Cascade Rd Suite T140  Atlanta GA 30331		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Infinity Insurance Company <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
		<b>NAIC #</b> 22268	

**COVERAGES**      **CERTIFICATE NUMBER:**      **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	
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE	\$
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
						MED EXP (Any one person)	\$
						PERSONAL & ADV INJURY	\$
						GENERAL AGGREGATE	\$
						PRODUCTS - COM/OP AGG	\$
							\$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	X	510300023923001	10/09/2023	10/09/2024	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
							\$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <b>DED</b> <input type="checkbox"/> <b>RETENTION \$</b>					EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
	<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	Y/N <input type="checkbox"/>	N/A			PER STATUTE	OTH-ER
						E.L. EACH ACCIDENT	\$
						E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Certificate holders are included as additional insured's with respects to general liability when required by written contract. The Dekalb County School District and the Dekalb County Board of Education are named as additional insured.

<b>CERTIFICATE HOLDER</b>		<b>CANCELLATION</b>	
The Dekalb County School District and the Dekalb County Board of Education 1780 Montreal Road Tucker GA 30084		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 