



November 13, 2023

VIA EMAIL: gregory@wecarecharters.com

We Care Charters
115 Etowah Trace
Fayetteville, GA
ATTN: Gregory Hadley, Owner

Reference: RFP 20-472, Charter Bus Services

Dear Mr. Hadley:

As a result of the excellent service provided by We Care Charters, the DeKalb County School District ("DCSD") desires to renew the award of RFP 20-472, Charter Bus Services for one (1) year on the same terms, conditions and pricing as set forth in the License and Services Agreement between DCSD and We Care Charters, dated March 3, 2020. The purpose of this letter is to obtain We Care Charters' 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 January 1, 2024, through December 31, 2024. Of course, we will notify you once the Board has approved the renewal. DCSD appreciates We Care Charters' consideration of this offer to renew the award of RFP 20-472.

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. Feel free to also fax the acceptance and your proof of insurance to Ms. Jones at 678-676-0170.

Best regards,

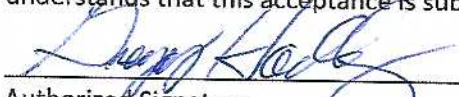
Carla L. Smith

Carla L. Smith
Executive Director, Vendor Services

CLS/smg
c: Mr. Richard Boyd
Mr. Cedric Burse
Ms. Chandra Carter

ACKNOWLEDGMENT

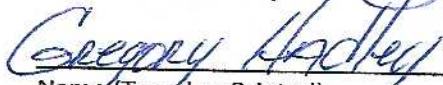
We Care Charters hereby accepts DeKalb County School District's offer to renew the award of RFP 20-472, Charter Bus Services, as set forth in the License and Services Agreement, until December 31, 2024. We Care Charters understands that this acceptance is subject to the approval of the DeKalb County Board of Education.



Authorized Signatory

11-17-23

Date



Name (Typed or Printed)

Owner

Title of Authorized Signatory



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/17/2023

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 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 biBERK 1314 Douglas Street Suite 1400 Omaha NE 68102-1944 United States	CONTACT NAME:		
	PHONE (A/C. No. Ext): 844-472-0967	FAX (A/C. No.): 203-654-3613	
	E-MAIL ADDRESS: CustomerService@biBERK.com		
INSURED We Care Charters 115 Etowah Trce Fayetteville GA 30214 United States	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A:	Berkshire Hathaway Direct Insurance Company	10391
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						EACH OCCURRENCE	\$
							DAMAGE TO RENTED PREMISES (Ea occurrence)	
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$
							PRODUCTS - COMP/OP AGG	\$
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:							\$
A	AUTOMOBILE AUTHORITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			0010570-01-CA	10/23/2023	10/23/2024	COMBINED SINGLE LIMIT (Ea accident)	\$5,000,000.00
							BODILY INJURY (Per Person)	\$N/A
							BODILY INJURY (Per accident)	\$N/A
							PROPERTY DAMAGE (Per accident)	\$N/A
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LAB DED RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	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 (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

See schedule of covered autos attached

CERTIFICATE HOLDER

DeKalb County School District
1701 Mountain Industrial Blvd
Stone Mountain, GA 30083

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

Peter Kelly

ACORD 25 (2014/01)

M-5652 (07/2015)

The ACORD name and logo are registered marks of ACORD

© 1988-2014 ACORD CORPORATION. All rights reserved.