



November 13, 2023

VIA EMAIL: ROBYN@SAMSONTOURSINC.COM

Samson Tours, Inc.
3745 Zip Industrial Blvd SE
Atlanta, GA 30354
ATTN: Thomas Sambdman, Chief Marketing Officer

Reference: RFP 20-472, Charter Bus Services

Dear Mr. Sambdman:

As a result of the excellent service provided by Samson Tours, Inc., 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 Samson Tours, Inc., dated December 21, 2016. The purpose of this letter is to obtain Samson Tours, Inc.’ 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 Samson Tours, Inc.’s 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.

Best regards,

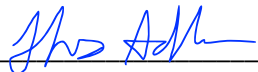
Carla L. Smith

Carla L. Smith
Executive Director, Vendor Services

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

ACKNOWLEDGMENT

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



Authorized Signatory

Tom Sambdman

Name (Typed or Printed)

11/16/2023

Date

Chief Marketing Officer

Title of Authorized Signatory



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/03/2023

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 PA Post / Hilb Group of New Jersey One International Boulevard Suite 405 Mahwah NJ 07495	CONTACT NAME: Krista Corriveau PHONE (A/C, No, Ext): (201) 252-3010 E-MAIL ADDRESS:	FAX (A/C, No): (201) 252-3011
	INSURER(S) AFFORDING COVERAGE	
INSURED Samson Tours, Inc. 3745 Zip Industrial Blvd SE Atlanta GA 30354	INSURER A: Evanston Insurance Company	NAIC # 35378
	INSURER B: National Indemnity Company	20087
	INSURER C: National Fire & Marine Insurance Co	20079
	INSURER D:	
	INSURER E:	

COVERAGES**CERTIFICATE NUMBER:** 23-24 All Lines**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.

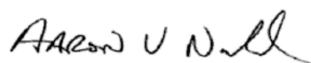
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		3AA715633	09/29/2023	09/29/2024	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ Excluded GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ Excluded
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input 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	Y		70APB007207	09/27/2023	09/27/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Underinsured motorist BI \$ 75,000
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$			72XAB009395	09/27/2023	09/27/2024	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> 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)

DeKalb County School District and DeKalb County Board of Education are included as an additional insured with Waiver of Subrogation on a Primary Non-Contributory basis, but only as respects the operations of the named insured.

30 Days Notice of Cancellation.

CERTIFICATE HOLDER**CANCELLATION**

DeKalb County School District 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 
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