



October 2, 2024

VIA EMAIL: [gregory@wecarecharters.com](mailto: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:

The DeKalb County School District ("DCSD") desires to extend the originally based award of RFP 20-472 Charter Bus Services for three (3) months 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 extend the License and Services Agreement.

The extension is subject to the DeKalb County Board of Education's ("Board") approval and will be effective from January 1, 2025, through March 31, 2025. Of course, we will notify you once the Board has approved the extension. DCSD appreciates We Care Charters' consideration of this offer to extend 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 no later than Wednesday, October 9, 2024, to [sharmaine\\_greenland@dekalbschoolsga.org](mailto:sharmaine_greenland@dekalbschoolsga.org). 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. Erick Hofstetter  
Mr. Bernardo Brown  
Ms. Mona Gerren

**ACKNOWLEDGMENT**

We Care Charters hereby accepts DeKalb County School District's offer to extend the award of RFP 20-472, Charter Bus Services from January 1, 2025, through March 31, 2025. We Care Charters understands that this acceptance is subject to the approval of the DeKalb County Board of Education.

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

*Gregory Hadley*  
\_\_\_\_\_  
Name (Typed or Printed)

*10-08-2024*  
\_\_\_\_\_  
Date

*Owner*  
\_\_\_\_\_  
Title of Authorized Signatory



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/14/2022

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).

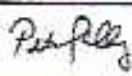
PRODUCER BIBERK 1314 Douglas Street Suite 1400 Omaha NE 68102-1844 United States	CONTACT NAME:	PHONE (A/C No. Ext): 844-472-0867	FAX (A/C No.): 203-654-3813
	E-MAIL Address: CustomerService@BIBERK.com		
INSURED We Care Charters 115 Elwynn Tree Fayetteville GA 30214 United States	INSURER(S) AFFORDING COVERAGE		PROD.#
	INSURER A: Servitum Network Client Insurance Company		10301
	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	ADSL INSD	INSR WYD	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 (GRN, AGGREGATE LIMIT APPLIES P&C) <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (See 0000000000) MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPROP AGG \$ \$
A	AUTOMOBILE AUTHORITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		X	0018570-01-CA	10/23/2022	10/23/2023	COMBINED SINGLE LIMIT (No 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"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N (Residency in NH) <input type="checkbox"/> 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)  
 1999 Motor Coach VIN # 1M8TRMPA4XP080892  
 2000 Motor Coach VIN # 1M8TRMPA1YP081838  
 2007 Motor Coach VIN # 2M93JMPAX7W064223  
 2012 Ford F550 VIN # 1FDUFSGTCEA46248

<b>CERTIFICATE HOLDER</b>  Transportation Management Services Inc TMS Logistics LLC 5 S Market St Floor 3 Frederick, MD 21701	<b>CANCELLATION</b> 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
	



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/26/2024

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 Phone: (800) 570-8323 Fax: (862) 698-1753

**KMAT, INC.**  
15322 GALAXIE AVE #217  
APPLE VALLEY MN 55124

CONTACT NAME: **KMAT, Inc.**

PHONE: (800) 570-8323

FAX: (952) 698-1753

E-MAIL ADDRESS

INSURED  
**WE CARE CHARTERS INC**  
115 ETOWAH TRACE  
FAYETTEVILLE GA 30214

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: <b>Evanston Insurance Company</b>	35378
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

**COVERAGES**

CERTIFICATE NUMBER: 10647

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.

INSTR. LTR	TYPE OF INSURANCE	ACORD FORM	SUBR. REV.	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY			3AA757750	02/22/24	02/22/25	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY		X				UNINSURED MOTORIST (Per occurrence)	\$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED. EXP (Any one person)	\$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	\$ 1,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC.						GENERAL AGGREGATE	\$ 2,000,000
	AUTOMOBILE LIABILITY						PRODUCTS - EXCEPT AGG	\$
	ANY AUTO						COVERED SINGLE LIMIT (Per accident)	\$
	ALL OWNED AUTOS						BODILY INJURY (Per person)	\$
	HIRER AUTOS						BODILY INJURY (Per accident)	\$
	UMBRELLA LIAB						PROPERTY DAMAGE (per accident)	\$
	EXCESS LIAB						EACH OCCURRENCE	\$
	RETENTION \$						AGGREGATE	\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						NO STATUTORY LIMITS	\$
	Any PROPRIETARY/ARTISAN/EXECUTIVE OFFICER/ENDORSOR EXCLUDED? (Mandatory in NH) If yes, describe each DESCRIPTION OF OPERATIONS below						OFF PR	\$
							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)  
evidence of insurance

**CERTIFICATE HOLDER**

**WE CARE CHARTERS INC**  
115 ETOWAH TRACE  
FAYETTEVILLE GA 30214

Attention:

**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

Rick Larson

Bart Kons