



October 2, 2024

CASEYTREE@MINDSPRING.COM

Casey Tree Experts, Inc.
PO Box 1276
Lilburn, GA 30048
ATTN: JoAnn Casey, President

Reference: ITB 21-752-010, Tree Cutting and Trimming Services – Notice of Renewal

Dear Ms. Casey:

The DeKalb County School District (“DCSD”) desires to renew the award of ITB 21-752-010, Tree Cutting and Trimming Services, for one (1) year on the same terms, conditions, and pricing as set forth in the Agreement between DCSD and Casey Tree Experts, Inc. dated in the original bid. The purpose of this letter is to obtain Casey Tree Experts, Inc.’s acceptance of DCSD’s offer to renew the Agreement.

The renewal is subject to the DeKalb County Board of Education’s (“Board”) approval and will be effective from February 28, 2025, through February 28, 2026. DCSD appreciates Casey Tree Experts, Inc.’s consideration of this offer to renew the award of ITB 21-752-010.

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 Latrice Brown at Latrice.Brown@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

CLS/smg
c: Mr. Erick Hofstetter
Mr. Bobby Moncrief
Mr. Weyman Christopher

ACKNOWLEDGMENT

Casey Tree Experts, Inc. hereby accepts DeKalb County School District’s offer to renew the award of ITB 21-752-010, Tree Cutting and Trimming Services, as set forth in the Agreement until February 28, 2026. Casey Tree Experts, Inc. understands that this acceptance is subject to the approval of the DeKalb County Board of Education.

Joann Casey
Authorized Signatory

10/3/24
Date

Joann Casey
Name (Typed or Printed)

President
Title of Authorized Signatory

CERTIFICATE OF LIABILITY INSURANCE

Date
10/3/2024

Producer: Plymouth Insurance Agency
2739 U.S. Highway 19 N.
Holiday, FL 34691
(727) 938-5562

This Certificate is issued as a matter of information only and confers no rights upon the Certificate Holder. This Certificate does not amend, extend or alter the coverage afforded by the policies below.

Insured: South East Personnel Leasing, Inc. & Subsidiaries
2739 U.S. Highway 19 N.
Holiday, FL 34691

Insurers Affording Coverage		NAIC #
Insurer A:	Lion Insurance Company	11075
Insurer B:		
Insurer C:		
Insurer D:		
Insurer E:		

Coverages

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. Aggregate limits shown may have been reduced by paid claims.

INSR LTR	ADDL INSRD	Type of Insurance	Policy Number	Policy Effective Date (MM/DD/YY)	Policy Expiration Date (MM/DD/YY)	Limits	
		GENERAL LIABILITY <input type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input type="checkbox"/> Occur <hr/> General aggregate limit applies per: <input type="checkbox"/> Policy <input type="checkbox"/> Project <input type="checkbox"/> LOC				Each Occurrence	\$
						Damage to rented premises (EA occurrence)	\$
						Med Exp	\$
						Personal Adv Injury	\$
						General Aggregate	\$
						Products - Comp/Op Agg	\$
		AUTOMOBILE LIABILITY <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos				Combined Single Limit (EA Accident)	\$
						Bodily Injury (Per Person)	\$
						Bodily Injury (Per Accident)	\$
						Property Damage (Per Accident)	\$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> Occur <input type="checkbox"/> Claims Made <input type="checkbox"/> Deductible				Each Occurrence	
						Aggregate	
A		Workers Compensation and Employers' Liability Any proprietor/partner/executive officer/member excluded? NO If Yes, describe under special provisions below.	WC 71949	01/01/2024	01/01/2025	X WC Statutory Limits	OTH-ER
						E.L. Each Accident	\$1,000,000
						E.L. Disease - Ea Employee	\$1,000,000
						E.L. Disease - Policy Limits	\$1,000,000

Other **Lion Insurance Company is A.M. Best Company rated A (Excellent). AMB # 12616**

Descriptions of Operations/Locations/Vehicles/Exclusions added by Endorsement/Special Provisions: Client ID: 93-68-426

Coverage only applies to active employee(s) of South East Personnel Leasing, Inc. & Subsidiaries that are leased to the following "Client Company":

Casey Tree Experts, Inc.

Coverage only applies to injuries incurred by South East Personnel Leasing, Inc. & Subsidiaries active employee(s), while working in: GA.
 Coverage does not apply to statutory employee(s) or independent contractor(s) of the Client Company or any other entity.
 A list of the active employee(s) leased to the Client Company can be obtained by emailing a request to certificates@lioninsurancecompany.com

Project Name: ITB 21-752-010

ISSUE 02-01-21 (KLT). REISSUE 11-17-22 (PH). REISSUE 10-03-24 (KD)

Begin Date: 3/1/2020

CERTIFICATE HOLDER	CANCELLATION
Dekalb County Board of Education and Dekalb County School District 1780 Montreal Road Tucker, GA 30084	Should any of the above described policies be cancelled before the expiration date thereof, the Issuing Insurer will endeavor to mail 30 days written notice to the certificate holder named to the left, but failure to do so shall impose no obligation or liability of any kind upon the Insurer, its agents or representatives.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/03/2024

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 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 CGM INSURANCE AGENCY, INC. 1201 W Peachtree ST NW STE 2300 Atlanta GA 30309-3453	CONTACT NAME: Lilia Chavez PHONE (A/C, No, Ext): (678) 674-4229 E-MAIL ADDRESS: customerservice@cgrmins.com FAX (A/C, No): (888) 491-3723													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A : GREENWICH INS CO</td> <td>22322</td> </tr> <tr> <td>INSURER B : XL SPECIALTY INS CO</td> <td>37885</td> </tr> <tr> <td>INSURER C : CAPITOL SPECIALTY INS CORP</td> <td>10328</td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : GREENWICH INS CO	22322	INSURER B : XL SPECIALTY INS CO	37885	INSURER C : CAPITOL SPECIALTY INS CORP	10328	INSURER D :		INSURER E :		INSURER F :
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INSURER D :														
INSURER E :														
INSURER F :														
INSURED Casey Tree Experts, Inc 4135 Arcadia Industrial Cir SW Lilburn GA 30047-2906														

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 INSR	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 checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		NPC-1003621-04	05/05/2024	05/05/2025	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000						
B	<input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY			NBA-1003622-04	05/05/2024	05/05/2025	MED EXP (Any one person) \$ 5,000
	PERSONAL & ADV INJURY \$ 1,000,000						
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			NEC-6006124-04	05/05/2024	05/05/2025	GENERAL AGGREGATE \$ 2,000,000
	PRODUCTS - COMP/OP AGG \$ 2,000,000						
C	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		EV20210176-04	02/28/2024	02/28/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$						
C	Pollution Liability			EV20210176-04	02/28/2024	02/28/2025	Each Pollution Incider \$1,000,000
							Pollution Aggregate \$2,000,000

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

Project Name: ITB 21-752-010, Tree Cutting & Trimming Services

Dekalb County School District and The Dekalb County Board Of Education is included as Additional Insured as required by contract.

CERTIFICATE HOLDER **CANCELLATION**

Dekalb County School District and The Dekalb County Board Of Education 1780 Montreal Rd 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 

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