



December 11, 2024

VIA EMAIL 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 – Renewal Request

Dear Mr. Roberts:

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, 2025, through February 18, 2026. 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 Latrice.Brown@dekalbschoolsga.org no later than Wednesday, December 18, 2024. 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

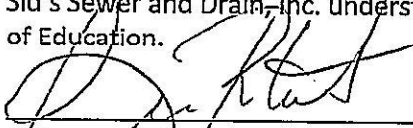
Carla L. Smith
Executive Director, Vendor Services

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, 2026. 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)

12/18/2024

Date

CEO / PRESIDENT

Title of Authorized Signatory



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/08/2024

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).

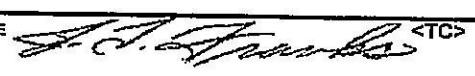
PRODUCER Franks & Associates Insurance Agency P.O. Box 490008 6140 Old National Highway College Park GA 30349	CONTACT NAME: Franks & Associates Insurance Agency	
	PHONE (A/C No, Ext): 770-996-4430 FAX (A/C No): 770-996-1926 E-MAIL ADDRESS: ts2001@bellsouth.net	
INSURED Sid's Sewer and Drain, Inc. P.O. Box 42513 Atlanta, GA 30311	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: COLUMBIA INSURANCE GROUP	
	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
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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		CMPGA0000031428	10/14/2024	10/14/2025	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Fa occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Fa accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			CUPGA2000011795	10/14/2024	10/14/2025	EACH OCCURRENCE \$1,000,000 AGGREGATE \$1,000,000 \$
A	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	WCPGA0000031429	10/14/2024	10/14/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The Dekalb County School District and The Dekalb County Board of Education are named as additional insured.
ITB No. 20-752-037

CERTIFICATE HOLDER The Dekalb County School District and The Dekalb County Board of Education 1780 Montreal Road Tucker, GA 30084	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 
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/13/2024

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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 Insurance Direct Group 3985 Steve Reynolds Blvd Bldg B Norcross GA 30093	CONTACT NAME: Sierra Crawford PHONE (A/C, No, Ext): 678-252-2121 E-MAIL ADDRESS: scrawford@insurancedirectgroup.com	FAX (A/C, No): 6782522122
	INSURER(S) AFFORDING COVERAGE	
INSURED Sidney Roberts DBA Sid's Sewer and Drain, Inc. 3915 Cascade Rd SW Ste T-140 Atlanta GA 30331	INSURER A: Infinity Casualty Insurance Company NAIC # 22268	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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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 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 - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY			510300023923001	10/09/2024	10/09/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 CSL BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ 100,000 Phys Damage \$ per vehicle
	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? (Mandatory in NH) <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below						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)
 Scheduled Vin
 2020 CHEVROLET 1GCWGAFG6L1240670
 2015 GMC 1GTW7FCFXF1901467
 2017 FORD 1FT8W3BT5HEE30163
 2021 CHEVROLET 1GCWGAFP0M1149444
 2022 GMC 1GTW7AFP6N1215898

CERTIFICATE HOLDER The Dekalb County School District and The Dekalb County Board of Education 1780 Montreal Road Tucker, GA 30084	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 <i>Sierra Crawford</i>
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