







**ADDITIONAL REMARKS SCHEDULE**

AGENCY <b>Aon Risk Services Southwest, Inc.</b>		NAMED INSURED <b>Darling Ingredients, Inc.</b>	
POLICY NUMBER <b>See Certificate Numbe 570106348442</b>			
CARRIER <b>See Certificate Numbe 570106348442</b>	NAIC CODE	EFFECTIVE DATE:	

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**

**FORM NUMBER:** ACORD 25    **FORM TITLE:** Certificate of Liability Insurance

**Additional Excess Layers**

Excess Liability - \$5M xs \$5M (No Auto Liability)  
 Policy Number: CH24RXSZ05EWQIV ; Policy Term: 6/1/2024-6/1/2025  
 Underwriting Co.: Navigators Insurance Company  
 Each Occurrence Limit: \$5,000,000  
 Aggregate Limit: \$5,000,000

Excess Liability - \$5M xs \$5M (Auto Liability Only)  
 Policy Number: CEX09603200-06 ; Policy Term: 6/1/2024 - 6/1/2025  
 Underwriting Co.: Gemini Insurance Company  
 Each Occurrence Limit: \$5,000,000  
 Aggregate Limit: \$5,000,000

**DEKALB COUNTY SCHOOL DISTRICT  
Contractor Affidavit under O.C.G.A. § 13-10-91(b)(1)**

By executing this affidavit, the undersigned contractor verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual firm or corporation which is engaged in the physical performance of services on behalf of the **DeKalb County School District** has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91. Furthermore, the undersigned contractor will continue to use the federal work authorization program throughout the contract period and the undersigned contractor will contract for the physical performance of services in satisfaction of such contract only with subcontractors who present an affidavit to the contractor with the information required by O.C.G.A. § 13-10-91(b). Contractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

Federal Work Authorization User Identification number: 414221

Date of Authorization: 05-12-2004

Name of Subcontractor: Darling Ingredients, Inc.  
**Grease Trap and Septic Tank Pumping Services**

Name of Project: ITB 24-446

Solicitation Number (if applicable): \_\_\_\_\_

Name of Public Employer: DeKalb County School District

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on June, 2024 in Atlanta, GA

Signature of Authorized Officer or Agent

*David Torrence*  
David Torrence, Office Manager

Printed Name and Title of Authorized Agent:

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE 27<sup>th</sup> DAY OF June, 2024

Notary Public

My Commission Expires: 08-21-2027

