



## Operations

April 4, 2025

**Sent Via Email:** scooper@collinscoopercarusi.com

Mr. Samuel R. Cooper, AIA  
**COLLINS COOPER CARUSI ARCHITECTS, INC.**  
3391 Peachtree Road, NE, Suite 400  
Atlanta, GA 30326

Dear Mr. Cooper,

In accordance with the contract between **Collins Cooper Carusi Architects, Inc.** and the **DeKalb County School District**, the DeKalb County School District is pleased to advise that it desires to extend **RFQu 24-752-017 A/E Continuing Contract for Professional Services** for an additional year at the same terms, conditions and pricing as stated in your contract.

This extension is the second of four (4) one-year renewal options and is subject to DeKalb County Board of Education approval. The extension will be effective **June 1, 2025** through **May 30, 2026**, and is subject to DeKalb County Board of Education approval.

Please submit the following signed acknowledgement and a current certificate of insurance via email to [yolonda.love@dekalbschoolsga.org](mailto:yolonda.love@dekalbschoolsga.org) no later than **Friday, April 11, 2025**. Presentation of satisfactory Certificate of Insurance in accordance with Exhibit E of the contract is required. A copy is attached for your review.

Please include **RFQu 24-752-017, A/E Continuing Contract for Professional Services** and verbiage naming the DeKalb County School District and The DeKalb County Board of Education as an additional insured under the liability policies, in the *Additional Information* section of the certificate of insurance.

On behalf of the DeKalb County School District, I want to take this opportunity to thank you for your service and for your interest in doing business with us.

Sincerely,

*Yolonda C. Love*

Yolonda Love  
Senior Procurement Manager

cc: Erik Hofstetter  
Keith Ball

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**ACKNOWLEDGMENT**

**Collins Cooper Carusi Architects, Inc** hereby agrees to extend **RFQu 24-752-017, A/E Continuing Contract for Professional Services**, at the same prices, terms and conditions until **May 30, 2026**.



Official Signature

4.11.2025

Date

Samuel R. Cooper, AIA | Principal

404.873.0001

scooper@collinscoopercarusi.com

Name and Title (Typed or Printed)

Phone

Email Address



COLLCOO-01

SCHULZES

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

2/28/2025

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).

<b>PRODUCER</b> Insurance Office of America 100 Galleria Parkway Suite 600 Atlanta, GA 30339	<b>CONTACT NAME:</b> Sharon Schulze <b>PHONE (A/C, No, Ext):</b> (770) 250-0179 <b>E-MAIL ADDRESS:</b> Sharon.Schulze@ioausa.com	<b>FAX (A/C, No):</b> (678) 919-1151
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Collins Cooper Carusi Architects, Inc. 3391 Peachtree Road NE Suite 400 - The Lenox Overlook Atlanta, GA 30326	<b>INSURER A:</b> The Travelers Indemnity Company	<b>NAIC #</b> 25658
	<b>INSURER B:</b> Travelers Property Casualty Company of America	25674
	<b>INSURER C:</b> Continental Casualty Company	20443
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**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
<b>A</b>	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <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 checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER:			6803P846611	12/17/2024	12/17/2025	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000
<b>A</b>	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			6803P846611	12/17/2024	12/17/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
<b>B</b>	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			CUP3P849152	12/17/2024	12/17/2025	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
<b>B</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	UB0T268503	12/17/2024	12/17/2025	<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
<b>C</b>	<b>Professional Liab.</b>			AEH006088501	3/17/2025	3/17/2026	<b>Per Claim</b> 5,000,000
<b>C</b>	<b>Claims-Made</b>			AEH006088501	3/17/2025	3/17/2026	<b>Aggregate</b> 5,000,000

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

Re: RFQu No. 24-752-017

DeKalb County Board of Education and DeKalb County School District are Additional Insured with respect to General Liability per forms #CGD361 03/05 and CG2037 07/04 and is primary & non-contributory per form #CGD381 09/15, additional insured with respect to Hired/Non-Owned Auto Liability per form #CGD381 09/15 and additional insured with respect to Umbrella Liability and is primary & non-contributory per form #EU0001 07/16. Waiver of subrogation is in favor of the additional insured with respect to General Liability & Hired/Non-Owned Auto Liability per form #CGD381 09/15, with respect to Workers Compensation per form #WC000313 04/84 and with respect to Umbrella Liability per form #EU0001 07/16. 30 days' notice of Cancellation with 10 days' notice for non-payment of premium in accordance with the policy provisions.

**CERTIFICATE HOLDER****CANCELLATION**

DeKalb County Board of Education Operations Division Sam A. Moss Service Center 1780 Montreal Road Tucker, GA 30084-6705	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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ACORD 25 (2016/03)

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## **INSURANCE**

Collins Cooper Carusi Architects receives premium discounts for our excellent claims record and attendance at professional liability/quality control continuing education seminars.

### **Policy Information**

Victor O. Schinerrer / CNA Insurance Companies

#### **Professional Liability**

\$5,000,000 per claim  
\$5,000,000 aggregate  
\$75,000 deductible

#### **Commercial General Liability**

\$2,000,000 per occurrence  
\$4,000,000 aggregate

#### **Agency Contact (all policies)**

Jeff Mitchell, RPLU, AU, INS  
Professional Liability Specialist  
Insurance Office of America  
2839 Paces Ferry Rd, Suite 1200  
Atlanta, GA 30339  
o. 770.250.0217  
m. 770.241.1835  
f. 678.919.1151  
Jeff.Mitchell@ioausa.com