



November 22, 2024

VIA EMAIL office@adpaintinginc.com

A&D Painting, Inc.
2016 Tucker Industrial Road
Tucker, GA 30084
ATTN: Demetrios Kostopoulos

Reference: RFP 24-551 Painting Services – Renewal Request

Dear Mr. Kostopoulos,

The DeKalb County School District (“DCSD”) desires to renew the award of RFP 24-551 Painting Services, for one (1) year on the same terms, conditions, and pricing as set forth in the Agreement between DCSD and A&D Painting, Inc. The purpose of this letter is to obtain A&D Painting, 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 March 25, 2025, through March 24, 2026. Of course, we will notify you once the Board has approved the renewal. DCSD appreciates A&D Painting’s consideration of this offer to renew the award of RFP 24-551.

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 Friday, November 29, 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

A&D Painting, Inc. hereby accepts DeKalb County School District’s offer to renew the award of RFP 24-551, Painting Services as set forth in the Agreement until March 24, 2026. A&D Painting understands that this acceptance is subject to the approval of the DeKalb County Board of Education.

Demetrios Kostopoulos
Authorized Signatory

Demetrios Kostopoulos
Name (Typed or Printed)

11/25/24
Date

President
Title of Authorized Signatory



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/18/2024

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 Hamby & Aloisio Inc. 53 Perimeter Center East #400 Atlanta GA 30346		CONTACT NAME: Lindsey Macias PHONE (A/C, No, Ext): (770) 551-3270 FAX (A/C, No): (770) 551-3289 E-MAIL ADDRESS: lindsey@hains.com	
INSURED A & D Painting Inc 2016 Tucker Industrial Rd Tucker GA 30084-6251		INSURER(S) AFFORDING COVERAGE INSURER A: Central Mutual Ins. Co. NAIC # 20230 INSURER B: All America 20222 INSURER C: American Interstate INSURER D: INSURER E: INSURER F:	

COVERAGES**CERTIFICATE NUMBER:** 24-25 Master**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:			CLP 9914873	04/19/2024	04/19/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/IO/OP AGG \$ 2,000,000 \$	
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			BAP 9914872	04/19/2024	04/19/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Uninsured motorist \$ 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 <input checked="" type="checkbox"/> RETENTION \$ 0			CXS 9914874	04/19/2024	04/19/2025	EACH OCCURRENCE \$ 9,000,000 AGGREGATE \$ 9,000,000 \$	
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N Y	N/A	AVWCGA3082752024	04/24/2024	04/24/2025	<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)

RE: ITB 21-752-042

D/Crime/106076291/ 3.21.2024 to 3.21.2025/ Employee Theft Limit: \$250,000/Deductible: \$10,000.

E/Pollution Liability/EMP190000952-05/ 5.31.2023 to 5.31.2024/ Limit: \$2,000,000. Ded:\$5,000 Per Claim.

Endorsements: General Liability Plus Endorsement (8-1889 07 14); BAP Plus Coverage Endorsement (3-2546 03 15); Contractors Plus Endorsement (7-1365 10 15)

CERTIFICATE HOLDER**CANCELLATION**

DeKalb County School District Vendor Services
 1701 Mountain Industrial Blvd

Stone Mountain

GA 30083

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