



CPCOMPA-01

CINRAPESHOVSKI

**CERTIFICATE OF LIABILITY INSURANCE**DATE (MM/DD/YYYY)  
9/5/2025

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).

PRODUCER AssuredPartners 340 MacCorkle Ave. SE Charleston, WV 25314	CONTACT NAME: Mark Stewart	
	PHONE (A/C, No, Ext): (304) 345-8000 FAX (A/C, No): (304) 345-8014	
	E-MAIL ADDRESS: mark.stewart@assuredpartners.com	
INSURED  The W.W. Williams Company, LLC 400 Metro Place N, Suite 201 Dublin, OH 43017	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Zurich American Ins. Co.	16535
	INSURER B : Travelers Property Casualty Co of America	25674
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

**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	X	X	GLO1102502-02	1/1/2025	1/1/2026	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC						
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY	X	X	BAP1102503-02	1/1/2025	1/1/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY						
B	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE	X	X	CUP-5X618624-25-NF	1/1/2025	1/1/2026	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N	N/A	X	WC1102500-02	1/1/2025	1/1/2026	<input checked="" type="checkbox"/> PER STATUTE 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
	If yes, describe under DESCRIPTION OF OPERATIONS below						
A	Worker's Comp			WC1102501-02	1/1/2025	1/1/2026	Employer's Liability 1,000,000
A	Garage Dealers			BAP1102503-02	1/1/2025	1/1/2026	Each Occurrence 1,000,000

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

Certificate Holder is included as additional insured (except workers' compensation) where required by written contract. This insurance is primary and non-contributory over any existing insurance and limited to liability arising out of the operations of the named insured subject to policy terms and conditions. Waiver of subrogation is applicable where required by written contract and subject to policy terms and conditions.

**CERTIFICATE HOLDER****CANCELLATION**

DeKalb County School District County Board of Education 1780 Montreal Road 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 

**PRICE SCHEDULE**

**\*\*\* PRICE SCHEDULE MUST BE SUBMITTED AS A SEPARATE ATTACHMENT OR BIDDER WILL BE DEEMED NON-RESPONSIVE AND WILL NOT BE CONSIDERED FOR AWARD\*\*\***

ITEM NO.	COMMODITIES AND SERVICES	AMOUNT
1.	Hourly labor rate for Service Repairs as per minimum specifications.	\$ <u>189.00</u> .
2.	Hourly labor rate for Transmission Repair as per minimum specifications.	\$ <u>189.00</u> .
3.	Hourly labor rate for Radiator Repair as per minimum specifications.	\$ <u>189.00</u> .
4.	Overtime hourly labor rate.	\$ <u>252.00</u> .
5.	Weekend hourly labor rate.	\$ <u>252.00</u> .
6.	After hours hourly labor rate.	\$ <u>252.00</u> .
7.	State the rate for extended warranty coverage for overhauls and/or major repairs. See Paragraph.VII, as per minimum specifications.	\$ <u>See attachments</u> <small>Pricing is set by the MFG and changes annually.</small>
8.	State the rate for hauling or towing of equipment, as per minimum specifications.	\$ <u>406 -for refuse and tandem</u> . <u>\$656 for Fire and Vac</u>
9.	State percentage markup cost for additional parts, supplies purchased, overhead and profit not listed in the bid. (See Note 1)	10% off MFG list %.

COMMODITIES OR SERVICES FOR PLEXIGLASS, MIRRORS AND REPAIR SERVICE FOR GLASS		No Bid
10.	Domestic and Foreign Windshields Percentage off Nags Pricing	<u>N/A</u> %
11.	Domestic and Foreign Curved Tempered Percentage off Nags Pricing	<u>N/A</u> %

<b>PRICE SCHEDULE</b>			
<b>COMMODITIES OR SERVICES FOR PLEXIGLASS, MIRRORS AND REPAIR SERVICE FOR GLASS (continued)</b>			
No Bid			
12.	Labor Rate (Rate to include Removal & Replacement Charges)	Flat Rate	\$ <u>N/A</u>
13.	Installation Kits	Flat Rate	\$ <u>N/A</u>
14.	Dealer Moldings (if necessary)	Net Price (based on jobber listing)	\$ <u>N/A</u>
15.	Laminated glass (1/4 inch glass)	Price per square foot	\$ <u>N/A</u>
<b>COMMODITIES OR SERVICES FOR COLLISION REPAIR</b>			No Bid
16.	Mechanical repair	Labor rate per hour.	\$ <u>N/A</u>
17.	Body/structural repair	Labor rate per hour.	\$ <u>N/A</u>
18.	Frame repair	Labor rate per hour.	\$ <u>N/A</u>
19.	Paint	Labor rate per hour.	\$ <u>N/A</u>
20.	Parts cost	Increase over your cost:	<u>N/A</u> %.
21.	Parts discount	Specify:	<u>N/A</u> %.
22.	Miscellaneous charges	Specify:	\$ <u>N/A</u>
23.	Other services	Specify:	\$ <u>N/A</u>
24.	Other services	Specify:	\$ <u>N/A</u>

<b>PRICE SCHEDULE</b>			No Bid
<b>COMMODITIES OR SERVICES FOR ENVIRONMENTAL AND INDUSTRIAL CLEANING</b>			
25.	Cleaning of sand/grit/collection tanks	Rate (specify gallon, ton or flat):	\$ N/A
26.	Cleaning of oil water separator	Rate (specify gallon, ton or flat):	\$ N/A
27.	Cleaning of storm water interceptor	Rate (specify gallon, ton or flat):	\$ N/A
28.	Disposal of gray water sludge	Rate per gallon.	\$ N/A
29.	Equipment fees	Specify:	\$ N/A
30.	Miscellaneous charges	Specify:	\$ N/A
31.	Other services	Specify:	\$ N/A

<b>PRICE SCHEDULE</b>						
<b>COMMODITIES OR SERVICES FOR SCHEDULED OIL CHANGES FOR OFF ROAD EQUIPMENT (PER OEM SPECIFICATIONS)</b>						<b>No Bid</b>
<b>SERVICE INTERVALS</b>			<b>500 Hour</b>	<b>1000 Hour</b>	<b>1500 Hour</b>	<b>2000 Hour</b>
32.	LANDFILL COMPACTOR	Caterpillar 836	\$ _____	\$ _____	\$ _____	_____
33.	LANDFILL TIPPER	Columbia Horizontal	\$ _____	\$ _____	\$ _____	_____
34.	ARTICULATED DUMP	Caterpillar 745	\$ _____	\$ _____	\$ _____	_____
35.	WHEEL LOADER	Komatsu WA470	\$ _____	\$ _____	\$ _____	_____
36.	WHEEL LOADER	John Deere 644	\$ _____	\$ _____	\$ _____	_____
37.	TUB GRINDER	Vermeer	\$ _____	\$ _____	\$ _____	_____
38.	EXCAVATOR	Komatsu PC 490	\$ _____	\$ _____	\$ _____	_____
39.	EXCAVATOR	Volvo EC350	\$ _____	\$ _____	\$ _____	_____
40.	EXCAVATOR	Volvo EW180	\$ _____	\$ _____	\$ _____	_____
41.	EXCAVATOR	JCB JC260	\$ _____	\$ _____	\$ _____	_____
42.	DOZER	Caterpillar D6	\$ _____	\$ _____	\$ _____	_____
43.	DOZER	Caterpillar D8	\$ _____	\$ _____	\$ _____	_____
44.	DOZER	John Deere 1050	\$ _____	\$ _____	\$ _____	_____
45.	DOZER	John Deere 850	\$ _____	\$ _____	\$ _____	_____

### PRICE SCHEDULE

COMMODITIES OR SERVICES FOR SCHEDULED OIL CHANGES FOR OFF ROAD EQUIPMENT (PER OEM SPECIFICATIONS) (CONTINUED)		No Bid
46.	Travel charge (Round trip)	\$ <u>N/A</u>
47	Other charges or services (Specify)	\$ <u>N/A</u>
48	Other charges or services (Specify)	\$ <u>N/A</u>

**NOTES TO SUPPLIER:**

**Note 1:** Contractor shall attach a manufacturer price sheet that determines charges to DeKalb County indicating price column and discounts off column. Types of services will include, but is not limited to, repair of hydraulic, cylinders, hydraulic pumps, pneumatic and water systems related to vehicles and equipment, starters, power take offs, alternators, generators, drivelines, turbos, preventive maintenance services, auto glass, upholstery, vehicle lifts, fuel systems, radiator repair, transmissions, engines, aerial equipment, refurbishing of vehicles/ equipment, and other service repairs for all vehicles, equipment and machinery.

All price sheets shall contain the following format:

Price sheet name (brand/manufacturer name) Allison Transmissions

Price sheet number (if applicable) SA2187 EN

Column in price sheet List

Discount from column 10%

Contractor shall provide new price sheets to DeKalb County Purchasing and Contracting if manufacturer changes price sheets.

**Note 2:** The County may conduct a site visit and inspection of the contractor’s facility prior to making an award.

**Note 3:** For new replacement radiators, bidder state the following:

Radiator Manufacturer/Brand Name: Active Radiator and Spectra Premium

**Note 4:** If parts are not available locally and are needed immediately by DeKalb County, contractor shall state whether there will be any additional charges for freight. If approved, DeKalb County will pay charges at cost. Contractor shall provide to DeKalb County the original invoice provided and a copy of the freight carrier’s billing/invoice clearly supporting any freight charges in excess of \$50.00 required to be paid by DeKalb County.