



November 18, 2025

VIA EMAIL theadvokids@gmail.com

AdvoKids LLC
2190 Oakawana Drive
Atlanta, GA 30045
ATTN: Amy Glade

Reference: RFP 24-187 Speech Language, Occupational Therapy and Physical Therapy Services

Dear Ms. Glade:

The DeKalb County School District ("DCSD") desires to renew the award of RFP 24-187 Speech Language, Occupational Therapy and Physical Therapy Services, for one (1) year on the same terms, conditions and pricing as set forth in the Agreement between DCSD and **AdvoKids LLC**. The purpose of this letter is to obtain **AdvoKids LLC'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 March 29, 2026, through March 28, 2027. Of course, we will notify you once the Board has approved the renewal. DCSD appreciates **AdvoKids LLC's** consideration of this offer to renew the award of RFP 24-187.

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 Tuesday, November 25, 2025, to Sharmaine Greenland at sharmaine.greenland@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: Dr. Deborah Mitchell
Ms. Kiana King

ACKNOWLEDGMENT

AdvoKids LLC hereby accepts DeKalb County School District's offer to renew the award of RFP 24-187 Speech Language, Occupational Therapy and Physical Therapy Services, as set forth in the Agreement until **March 28, 2027**. **AdvoKids LLC** understands that this acceptance is subject to the approval of the DeKalb County Board of Education.

Amy Glade, AdvoKids, LLC
Authorized Signatory

11/19/2025
Date

Amy Glade
Name (Typed or Printed)

Co-Owner, AdvoKids, LLC
Title of Authorized Signatory



HEALTHCARE PROVIDERS SERVICE
ORGANIZATION PURCHASING GROUP

Certificate of Insurance



Print Date : 8/07/2025

PRODUCER	BRANCH	PREFIX	POLICY NUMBER	POLICY PERIOD
018098	970	HPG	0684364485	From: 08/27/25 to 08/27/26 at 12:01 AM Standard Time
Named Insured and Address:			Program Administered by:	Insurance Provided by:
Advokids, LLC 2190 Oakawana Dr Ne Atlanta, GA 30345			Healthcare Providers Service Organization 1100 Virginia Drive, Suite 250 Fort Washington, PA 19034-3278 1-888-288-3534 www.hpsoc.com	American Casualty Company of Reading, Pennsylvania 151 N. Franklin Street Chicago, IL 60606
Medical Specialty:				Code:
Occupational Therapist Firm				80721

Excludes Cosmetic Procedures

Professional Liability ("PL"): Occurrence Claims Made and Reported

Limits of Liability

\$1,000,000 each claim / \$3,000,000 aggregate

PL Limits of Liability above include the following:

*Healthcare Providers Services Liability *Placement Services Liability *Formal Review Board Activities Liability *Good Samaritan Services Liability

Abuse and Molestation Sublimits of Liability:

Damages (included within PL Limits of Liability shown above)

\$25,000 aggregate

Defense Costs (included within PL Limits of Liability shown above)

\$100,000 aggregate

PL Supplementary Benefits

Licensure Defense Expenses

Up to \$200 per hour / \$25,000 aggregate

Licensure Proceeding Supplemental Costs

\$500 each insured / \$500 aggregate

Subpoena Assistance Costs

\$10,000 each subpoena / \$10,000 aggregate

Assault (includes workplace violence counseling)

\$25,000 each assault incident / \$25,000 aggregate

Patient First Aid Medical Expenses

\$10,000 aggregate

Services to Animals Property Damage

\$10,000 aggregate

Media Expense

\$25,000 aggregate

Cyber Liability and First Party Loss (Including Privacy) – Claims Made and Reported

\$25,000 aggregate

Defense Costs within limits

Retroactive Date: 08/27/2019

Workplace Liability: Occurrence

Workplace Liability Aggregate Limit of Liability

\$1,000,000 aggregate

(included within PL Aggregate Limit of Liability, above)

Bodily Injury and Property Damage

\$1,000,000 each occurrence

(included within Workplace Aggregate, above)

Personal and Advertising Injury

\$1,000,000 any one person or entity

(included within Workplace Aggregate, above)

Fire and Water Sublimit of Liability

\$150,000 aggregate

(included within Bodily Injury and Property Damage each occurrence Limit, above)

Workplace Liability Supplementary Benefit

Non-Patient Medical Expenses

\$25,000 each person

PL and GL/WPL (as applicable) Supplementary Benefit:

Proceeding Expense Reimbursement

\$1,000 each insured per day / \$25,000 each insured per proceeding

Employment Practices Liability ("EPL"): Claims Made and Reported

\$25,000 each claim / \$25,000 aggregate

Defense only

Retroactive Date: 08/27/2019

Total \$2,157.00

Base Premium \$2,157.00

Policy Forms and Endorsements (Please see attached list)

Doug Worman, Chief Executive Officer

Stathy Darcy, Secretary

Keep this Certificate of Insurance in a safe place. It and proof of payment are your proof of coverage. There is no coverage in force unless the premium is paid in full. To activate your coverage, please remit premium in full by the effective date of this Certificate of Insurance.

Coverage Change Date:

Endorsement Date:

Master Policy: 188711433

CNA101440 (07-23)

Page 1



November 18, 2025

VIA EMAIL albbrooks@maximstaffing.com

Amergis Healthcare Staffing, Inc.
7223 Lee Deforest Drive
Columbia, MD 21046
ATTN: Albert Brooks

Reference: RFP 24-187 Speech Language, Occupational Therapy and Physical Therapy Services

Greetings Mr. Brooks:

The DeKalb County School District (“DCSD”) desires to renew the award of RFP 24-187 Speech Language, Occupational Therapy and Physical Therapy Services, for one (1) year on the same terms, conditions and pricing as set forth in the Agreement between DCSD and **Amergis Healthcare Staffing, Inc.** The purpose of this letter is to obtain **Amergis Healthcare Staffing, 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 March 29, 2026, through March 28, 2027. Of course, we will notify you once the Board has approved the renewal. DCSD appreciates **Amergis Healthcare Staffing, Inc.,** consideration of this offer to renew the award of RFP 24-187.

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 Tuesday, November 25, 2025, to Sharmaine Greenland at sharmaine_greenland@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: Dr. Deborah Mitchell
Ms. Kiana King

ACKNOWLEDGMENT

Amergis Healthcare Staffing, Inc. hereby accepts DeKalb County School District’s offer to renew the award of RFP 24-187 Speech Language, Occupational Therapy and Physical Therapy Services, as set forth in the Agreement until **March 28, 2027.** **Amergis Healthcare Staffing, Inc.** understands that this acceptance is subject to the approval of the DeKalb County Board of Education.

Brandon McGee

Authorized Signatory

Brandon McGee

Name (Typed or Printed)

14/4/25

Date

Controller

Title of Authorized Signatory



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/28/2025

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).

PRODUCER Altus Partners, Inc. 201 King of Prussia Road STE100 Radnor PA 19087 License#: 57081	CONTACT NAME: PHONE (A/C No. Ext): 610-526-9130 FAX (A/C, No): 610-526-2021 E-MAIL ADDRESS: coi@altuspartners.com													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Lloyd's Synd/beazley Furlong Ltd</td> <td>2623</td> </tr> <tr> <td>INSURER B : ACE American Insurance Company</td> <td>22667</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Lloyd's Synd/beazley Furlong Ltd	2623	INSURER B : ACE American Insurance Company	22667	INSURER C :		INSURER D :		INSURER E :		INSURER F :
INSURER(S) AFFORDING COVERAGE	NAIC #													
INSURER A : Lloyd's Synd/beazley Furlong Ltd	2623													
INSURER B : ACE American Insurance Company	22667													
INSURER C :														
INSURER D :														
INSURER E :														
INSURER F :														

COVERAGES **CERTIFICATE NUMBER: 379712201** **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 checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> \$3,000,000 SIR <input checked="" type="checkbox"/> \$5M SIR-Products GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			B0600HC2500108	11/30/2025	11/30/2026	EACH OCCURRENCE \$ 3,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 5,000,000 \$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			H11360920	11/30/2025	11/30/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE DED RETENTION \$			B0600HC2500108	11/30/2025	11/30/2026	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N	N/A	C72802214 (AOS includes CA, AZ, MA) C72802238 (WI)	11/30/2025 11/30/2025	11/30/2026 11/30/2026	<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
A	Professional Liability			B0600HC2500108	11/30/2025	11/30/2026	Per Claim/Agg \$5,000,000 SIR \$ 5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Certificate is issued as evidence of insurance per policy terms, conditions and exclusions.

CERTIFICATE HOLDER**CANCELLATION**

For Information Purposes Only

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

© 1988-2015 ACORD CORPORATION. All rights reserved.

ACORD 25 (2016/03)

The ACORD name and logo are registered marks of ACORD

THIS CERTIFICATE SUPERSEDES PREVIOUSLY ISSUED CERTIFICATE



November 18, 2025

VIA EMAIL kmcavoy@americanmedicalstaffing.com

American Medical Staffing, Inc.
11350 McCormick Road Executive Plaza 2, Suite 401
Hunt Valley, MD 21031
ATTN: Katlin McAvoy

Reference: RFP 24-187 Speech Language, Occupational Therapy and Physical Therapy Services

Dear Ms. McAvoy:

The DeKalb County School District (“DCSD”) desires to renew the award of RFP 24-187 Speech Language, Occupational Therapy and Physical Therapy Services, for one (1) year on the same terms, conditions and pricing as set forth in the Agreement between DCSD and **American Medical Staffing, Inc.** The purpose of this letter is to obtain **American Medical Staffing, 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 March 29, 2026, through March 28, 2027. Of course, we will notify you once the Board has approved the renewal. DCSD appreciates **American Medical Staffing, Inc.’s** consideration of this offer to renew the award of RFP 24-187.

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 Tuesday, November 25, 2025, to Sharmaine Greenland at sharmaine_greenland@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: Dr. Deborah Mitchell
Ms. Kiana King

ACKNOWLEDGMENT

American Medical Staffing, Inc. hereby accepts DeKalb County School District’s offer to renew the award of RFP 24-187 Speech Language, Occupational Therapy and Physical Therapy Services, as set forth in the Agreement until **March 28, 2027.** **American Medical Staffing, Inc.** understands that this acceptance is subject to the approval of the DeKalb County Board of Education.

Shelby Saunders

Authorized Signatory

11/25/25

Date

Shelby Saunders

Name (Typed or Printed)

Account Manager

Title of Authorized Signatory



CERTIFICATE OF LIABILITY INSURANCE

3/22/2026

DATE (MM/DD/YYYY)

8/27/2025

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).

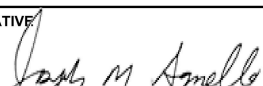
PRODUCER Lockton Companies, LLC DBA Lockton Insurance Brokers, LLC in CA CA license #0F15767 444 W. 47th St., Ste. 900 Kansas City MO 64112-1906 (816) 960-9000 keasu@lockton.com	CONTACT NAME: PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : TDC Specialty Insurance Company</td> <td>34487</td> </tr> <tr> <td>INSURER B : Coverys Specialty Insurance Company</td> <td>15686</td> </tr> <tr> <td>INSURER C : Carolina Casualty Insurance Company</td> <td>10510</td> </tr> <tr> <td>INSURER D : Homeland Insurance Company of New York</td> <td>34452</td> </tr> <tr> <td>INSURER E : Beazley Insurance Company, Inc.</td> <td>37540</td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : TDC Specialty Insurance Company	34487	INSURER B : Coverys Specialty Insurance Company	15686	INSURER C : Carolina Casualty Insurance Company	10510	INSURER D : Homeland Insurance Company of New York	34452	INSURER E : Beazley Insurance Company, Inc.	37540	INSURER F :
INSURER(S) AFFORDING COVERAGE	NAIC #													
INSURER A : TDC Specialty Insurance Company	34487													
INSURER B : Coverys Specialty Insurance Company	15686													
INSURER C : Carolina Casualty Insurance Company	10510													
INSURER D : Homeland Insurance Company of New York	34452													
INSURER E : Beazley Insurance Company, Inc.	37540													
INSURER F :														

COVERAGES **CERTIFICATE NUMBER:** 21457021 **REVISION NUMBER:** XXXXXXXX

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: _____	N	N	MFP009152506	3/22/2025	3/22/2026	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 \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	N	N	MFP009152506	3/22/2025	3/22/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED _____ RETENTION \$ _____	N	N	005MD000043732	3/22/2025	3/22/2026	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$ XXXXXXXX
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	KRM447588336	9/1/2025	9/1/2026	<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
A	PROF LIAB	N	N	MFP009152506	3/22/2025	3/22/2026	\$1M PER CLAIM; \$3M AGGREGATE
D	CYBER			720003116-0000	9/1/2025	9/1/2026	\$5M EACH CLAIM; \$5M AGG.
E	CRIME			V39473250101	3/23/2025	3/23/2026	\$1M LIMIT

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

CERTIFICATE HOLDER 21457021 American Medical Staffing, Inc. 11350 McCormick Road Executive Plaza 2, Suite 401 Hunt Valley, MD 21031	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 
--	--

© 1988-2015 ACORD CORPORATION. All rights reserved.



November 18, 2025

VIA EMAIL school-dl@amnhealthcare.com

AMN Allied Services, LLC
2999 Olympus Boulevard, Suite 500
Coppell, TX 75019
ATTN: Whitney Anderson

Reference: RFP 24-187 Speech Language, Occupational Therapy and Physical Therapy Services

Greetings:

The DeKalb County School District (“DCSD”) desires to renew the award of RFP 24-187 Speech Language, Occupational Therapy and Physical Therapy Services, for one (1) year on the same terms, conditions and pricing as set forth in the Agreement between DCSD and **AMN Allied Services, LLC**. The purpose of this letter is to obtain **AMN Allied Services, LLC’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 March 29, 2026, through March 28, 2027. Of course, we will notify you once the Board has approved the renewal. DCSD appreciates **AMN Allied Services, LLC’s** consideration of this offer to renew the award of RFP 24-187.

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 Tuesday, November 25, 2025, to Sharmaine Greenland at sharmaine_greenland@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: Dr. Deborah Mitchell
Ms. Kiana King

ACKNOWLEDGMENT

AMN Allied Services, LLC hereby accepts DeKalb County School District’s offer to renew the award of RFP 24-187 Speech Language, Occupational Therapy and Physical Therapy Services, as set forth in the Agreement until **March 28, 2027**. **AMN Allied Services, LLC** understands that this acceptance is subject to the approval of the DeKalb County Board of Education.

DocuSigned by:
Patrick O'Connor
07670D928745424

Authorized Signatory

12/4/2025

Date

Patrick O'Connor

Name (Typed or Printed)

President, School Solutions

Title of Authorized Signatory



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/27/2025

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 MARSH RISK & INSURANCE SERVICES FOUR EMBARCADERO CENTER, SUITE 1100 CALIFORNIA LICENSE NO. 0437153 SAN FRANCISCO, CA 94111 CN103083106-Stnd-GAWPL-24-26	CONTACT NAME: _____		FAX (A/C, No): _____
	PHONE (A/C, No, Ext): _____	E-MAIL ADDRESS: _____	
INSURER(S) AFFORDING COVERAGE			NAIC #
INSURER A: Lexington Insurance Company			19437
INSURER B: N/A			N/A
INSURER C: Arch Insurance Company			11150
INSURER D: Arch Indemnity Insurance Company			30830
INSURER E: _____			
INSURER F: _____			

COVERAGES**CERTIFICATE NUMBER:**

SEA-003745517-21

REVISION NUMBER: 5

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: _____			114-66377	03/01/2025	03/01/2026	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 3,000,000
							PRODUCTS - COMP/OP AGG	\$ 1,000,000
								\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED _____ RETENTION \$ _____						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			71WC11005907 (FL)	09/01/2024	09/01/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
D			N/A	74WC11006007 (AOS)	09/01/2024	09/01/2025	E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
A	HPL			114-66377 "Occurrence"	03/01/2025	03/01/2026	Per Incident	2,000,000
							Aggregate	4,000,000

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

Evidence of Coverage

CERTIFICATE HOLDER**CANCELLATION**
 AMN Healthcare, Inc.
 2999 Olympus Blvd., Suite 500
 Dallas, TX 75019

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

Marsh Risk & Insurance Services

© 1988-2016 ACORD CORPORATION. All rights reserved.



November 18, 2025

VIA EMAIL George@appliedpediatrics.com

Applied Pediatrics, Inc.
6035 Peachtree Rd. Suite C-120
Doraville, GA 30360
ATTN: George Rosero

Reference: RFP 24-187 Speech Language, Occupational Therapy and Physical Therapy Services

Greetings:

The DeKalb County School District (“DCSD”) desires to renew the award of RFP 24-187 Speech Language, Occupational Therapy and Physical Therapy Services, for one (1) year on the same terms, conditions and pricing as set forth in the Agreement between DCSD and **Applied Pediatrics, Inc.** The purpose of this letter is to obtain **Applied Pediatrics, 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 March 29, 2026, through March 28, 2027. Of course, we will notify you once the Board has approved the renewal. DCSD appreciates **Applied Pediatrics, Inc.’s** consideration of this offer to renew the award of RFP 24-187.

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 Tuesday, November 25, 2025 to Sharmaine Greenland at sharmaine_greenland@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: Dr. Deborah Mitchell
Ms. Kiana King

ACKNOWLEDGMENT

Applied Pediatrics, Inc. hereby accepts DeKalb County School District’s offer to renew the award of RFP 24-187 Speech Language, Occupational Therapy and Physical Therapy Services, as set forth in the Agreement until **March 28, 2027**. **Applied Pediatrics, Inc.** understands that this acceptance is subject to the approval of the DeKalb County Board of Education.

Authorized Signatory

November 18, 2025

Date

GEORGE S. ROSERO

Name (Typed or Printed)

President

Title of Authorized Signatory



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/24/2025

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 Margaret Andersen Gild Insurance Agency	CONTACT NAME: Margaret Andersen PHONE (A/C, No. Ext): E-MAIL ADDRESS: maggie@yourgild.com	FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE	
	INSURER A : Spinnaker Insurance Company	NAIC # 24376
INSURED Applied Pediatrics Inc 6035 Peachtree Rd Suite C120 Suite C120 Atlanta, GA 30360	INSURER B :	
	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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CSG-00160441-01	05/16/2025	05/16/2026	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ Included GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						
	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? <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A (Mandatory in NH) 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)

The policy contains a Blanket Additional Insured endorsement.
The policy contains a Blanket Waiver of Subrogation endorsement.
Coverage is Primary & Non-Contributory.

CERTIFICATE HOLDER

CANCELLATION

PROOF OF COVERAGE	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 David McFarland

© 1988-2015 ACORD CORPORATION. All rights reserved.



November 18, 2025

VIA EMAIL info@totalcommunicationtherapy.com

CBR Therapy Consultants dba Total Communication Therapy
2615 George Busbee Pkwy Ste. 11-334
Kennesaw, GA 30144
ATTN: Christina Resolus

Reference: RFP 24-187 Speech Language, Occupational Therapy and Physical Therapy Services

Greetings:

The DeKalb County School District (“DCSD”) desires to renew the award of RFP 24-187 Speech Language, Occupational Therapy and Physical Therapy Services, for one (1) year on the same terms, conditions and pricing as set forth in the Agreement between DCSD and **CBR Therapy Consultants dba Total Communication Therapy**. The purpose of this letter is to obtain **CBR Therapy Consultants dba Total Communication Therapy’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 March 29, 2026, through March 28, 2027. Of course, we will notify you once the Board has approved the renewal. DCSD appreciates **CBR Therapy Consultants dba Total Communication Therapy’s** consideration of this offer to renew the award of RFP 24-187.

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 Tuesday, November 25, 2025 to Sharmaine Greenland at sharmaine_greenland@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: Dr. Deborah Mitchell
Ms. Kiana King

ACKNOWLEDGMENT

CBR Therapy Consultants dba Total Communication Therapy hereby accepts DeKalb County School District’s offer to renew the award of RFP 24-187 Speech Language, Occupational Therapy and Physical Therapy Services, as set forth in the Agreement until **March 28, 2027**. **CBR Therapy Consultants dba Total Communication Therapy** understands that this acceptance is subject to the approval of the DeKalb County Board of Education.

Authorized Signatory

Christina Resolus

Name (Typed or Printed)

11/19/2025

Date

Owner

Title of Authorized Signatory



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/13/2025

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 NATIONWIDE SALES SOLUTIONS INC 1 NATIONWIDE PLZ COLUMBUS OH 43215 Phone: 833.275.8046 Fax: 920.208.8425	CONTACT NAME: PHONE (A/C, No, Ext): _____ Ext: _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____	
	INSURER(S) AFFORDING COVERAGE	
INSURED CBR THERAPY CONSULTANTS LLC DBA TOTAL COMMUNICATION 2615 GEORGE BUSBEE PKWY NW STE 11 KENNESAW GA 30144	INSURER A: Acuity, A Mutual Insurance Company NAIC # 14184	
	INSURER B:	
	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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER: _____			ZS8814	10/06/2025	10/06/2026	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea 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"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea 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 checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED _____ RETENTION \$ _____			ZS8814	10/06/2025	10/06/2026	EACH OCCURRENCE \$2,000,000 AGGREGATE \$2,000,000 PRODUCTS AGGREGATE \$2,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	CWCZS8814	10/06/2025	10/06/2026	<input type="checkbox"/> PER STATUTE <input checked="" type="checkbox"/> OTHER 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)

CERTIFICATE HOLDER Dekalb County School Distrit 1701 MOUNTAIN INDUSTRIAL BLVD STONE MOUNTAIN, GA 30083	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

© 1988-2016 ACORD CORPORATION. All rights reserved.



November 18, 2025

VIA EMAIL neshanta@comprehensivetherapyconsultants.com

Comprehensive Therapy Consultants
PO Box 142064
Fayetteville, GA 30214
ATTN: NeShanta Wilburn

Reference: RFP 24-187 Speech Language, Occupational Therapy and Physical Therapy Services

Greetings:

The DeKalb County School District (“DCSD”) desires to renew the award of RFP 24-187 Speech Language, Occupational Therapy and Physical Therapy Services, for one (1) year on the same terms, conditions and pricing as set forth in the Agreement between DCSD and **Comprehensive Therapy Consultants**. The purpose of this letter is to obtain **Comprehensive Therapy Consultants’** 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 March 29, 2026, through March 28, 2027. Of course, we will notify you once the Board has approved the renewal. DCSD appreciates **Comprehensive Therapy Consultants’** consideration of this offer to renew the award of RFP 24-187.

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 Tuesday, November 25, 2025 to Sharmaine Greenland at sharmaine_greenland@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: Dr. Deborah Mitchell
Ms. Kiana King

ACKNOWLEDGMENT

Comprehensive Therapy Consultants hereby accepts DeKalb County School District’s offer to renew the award of RFP 24-187 Speech Language, Occupational Therapy and Physical Therapy Services, as set forth in the Agreement until **March 28, 2027**. **Comprehensive Therapy Consultants** understands that this acceptance is subject to the approval of the DeKalb County Board of Education.

NeShanta Wilburn

Authorized Signatory

12/15/25

Date

NeShanta Wilburn

Name (Typed or Printed)

CEO

Title of Authorized Signatory

MEMORANDUM OF INSURANCE	Date Issued 12/01/2025
--------------------------------	-------------------------------

Producer AMBA P.O. Box 14554 Des Moines, IA 50306	This memorandum is issued as a matter of information only and confers no rights upon the holder. This memorandum does not amend, extend or alter the coverages afforded by the Certificate listed below.
---	--

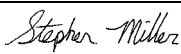
	Company Affording Coverage
--	-----------------------------------

Insured Comprehensive Therapy Consultants, Inc. 106 Peebles Road Fayetteville, GA 30215	Liberty Insurance Underwriters, Inc.
---	--------------------------------------

This is to certify that the Certificate listed below has 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 memorandum may be issued or may pertain, the insurance afforded by the Certificate described herein is subject to all the terms, exclusions and conditions of such Certificate. The limits shown may have been reduced by paid claims. The Memorandum of Insurance and verification of payment are your evidence of coverage. No coverage is afforded unless the premium is successfully paid in full.

Type of Insurance	Certificate Number	Effective Date	Expiration Date	Limits	
Professional Liability OccupThp Fm Occupational Therapist	AHY-810173011	11/18/2025	11/18/2026	Per Incident/ Occurrence	\$1,000,000
				Annual Aggregate	\$3,000,000

PROOF OF INSURANCE

Memorandum Holder: DeKalb County School District 1701 Mountain Industrial Blvd Stone Mountain GA 30083	<p>Should the above describe Certificate be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the Memorandum Holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.</p>
	Authorized Representative Stephen Miller
	



November 18, 2025

VIA EMAIL kelly@commrehab.org

CRA Therapy
3950 3rd St. N, Suite D
St. Petersburg, FL 33703
ATTN: Kelly McDonnell

Reference: RFP 24-187 Speech Language, Occupational Therapy and Physical Therapy Services

Greetings:

The DeKalb County School District (“DCSD”) desires to renew the award of RFP 24-187 Speech Language, Occupational Therapy and Physical Therapy Services, for one (1) year on the same terms, conditions and pricing as set forth in the Agreement between DCSD and **CRA Therapy**. The purpose of this letter is to obtain **CRA Therapy’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 March 29, 2026, through March 28, 2027. Of course, we will notify you once the Board has approved the renewal. DCSD appreciates **CRA Therapy’s** consideration of this offer to renew the award of RFP 24-187.

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 Tuesday, November 25, 2025 to Sharmaine Greenland at sharmaine_greenland@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: Dr. Deborah Mitchell
Ms. Kiana King

ACKNOWLEDGMENT

CRA Therapy hereby accepts DeKalb County School District’s offer to renew the award of RFP 24-187 Speech Language, Occupational Therapy and Physical Therapy Services, as set forth in the Agreement until **March 28, 2027**. **CRA Therapy** understands that this acceptance is subject to the approval of the DeKalb County Board of Education.



Authorized Signatory

Mary Murphy

Name (Typed or Printed)

11-18-2025

Date

Director of Contracts

Title of Authorized Signatory



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/01/2025

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 SandStone Partners Holdings, LLC 311 Park Place Blvd Ste 620 Clearwater FL 33759		CONTACT NAME: Brittany Powers PHONE (A/C, No, Ext): (727) 343-1275 FAX (A/C, No): (727) 343-2346 E-MAIL ADDRESS: brittany.powers@sandstoneins.com	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Philadelphia In Co - GA	NAIC # 23850
		INSURER B: Technology Insurance Co	42376
		INSURER C: Underwriters at Lloyds at London	15792
		INSURER D: Travelers Property & Casualty	25674
		INSURER E: Lexington Insurance Company	19437
		INSURER F:	
INSURED Community Rehab Associates, Inc DBA CRA Therapy 3950 3rd St N Ste D Saint Petersburg FL 33703			

COVERAGES

CERTIFICATE NUMBER: CL2510109763

REVISION NUMBER:

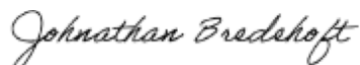
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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	Y	Y	PHPK2619202	11/01/2025	11/01/2026	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person)	\$ 5,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY	\$ 1,000,000
	OTHER:						GENERAL AGGREGATE	\$ 3,000,000
							PRODUCTS - COMP/OP AGG	\$ 3,000,000
							EBL	\$ 1,000,000
A	AUTOMOBILE LIABILITY			PHPK2619202	11/01/2025	11/01/2026	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input checked="" type="checkbox"/> OWNED AUTOS ONLY						BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY							\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB	Y	Y	PHUB887475-007	11/01/2025	11/01/2026	EACH OCCURRENCE	\$ 2,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB						AGGREGATE	\$ 2,000,000
	<input type="checkbox"/> CLAIMS-MADE						Prod/Comp Ops	\$ 2,000,000
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000							\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A	Y	TWC4656079	08/30/2025	08/30/2026	<input checked="" type="checkbox"/> PER STATUTE	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							
	If yes, describe under DESCRIPTION OF OPERATIONS below							
							E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
C	Professional Liability			ESM0239804918	11/01/2025	11/01/2026	Aggregate	3,000,000
							Each Prof Incident	1,000,000
							Abuse & Molestation	\$3M/\$1M

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

Dekalb County School District and Dekalb County Board of Education is Additional Insured with respect to General Liability if required by written contract. A Waiver of Subrogation in favor of the Additional Insureds applies to General Liability if required by written contract. Certificate Holder will be given 30 day notice of cancellation, except 10 days for non-payment of premium. C- Cyber Policy ESM0239804918 11/1/2025-11/1/2026 \$1,000,000 D- Crime- Employee Theft 106990505 11/1/2025-11/1/2026 \$25,000 E- EPLI - 013980677-03 11/1/2025-11/1/2026 \$1,000,000

CERTIFICATE HOLDER**CANCELLATION**

Dekalb County School District 1701 Mountain Industrial Blvd Marietta GA 30063	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 
---	--

© 1988-2015 ACORD CORPORATION. All rights reserved.



Finance

November 18, 2025

VIA EMAIL rfp@epicstaffinggroup.com

Epic Special Education Staffing
2041 Rosecrans Avenue, Suite 245
El Segundo, CA 90245
ATTN: Carol Cheney

Reference: RFP 24-187 Speech Language, Occupational Therapy and Physical Therapy Services

Greetings:

The DeKalb County School District (“DCSD”) desires to renew the award of RFP 24-187 Speech Language, Occupational Therapy and Physical Therapy Services, for one (1) year on the same terms, conditions and pricing as set forth in the Agreement between DCSD and **Epic Special Education Staffing**. The purpose of this letter is to obtain **Epic Special Education Staffing’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 March 29, 2026, through March 28, 2027. Of course, we will notify you once the Board has approved the renewal. DCSD appreciates **Epic Special Education Staffing’s** consideration of this offer to renew the award of RFP 24-187.

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 Tuesday, November 25, 2025 to Sharmaine Greenland at sharmaine_greenland@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: Dr. Deborah Mitchell
Ms. Kiana King

ACKNOWLEDGMENT

Epic Special Education Staffing hereby accepts DeKalb County School District’s offer to renew the award of RFP 24-187 Speech Language, Occupational Therapy and Physical Therapy Services, as set forth in the Agreement until **March 28, 2027**. **Epic Special Education Staffing** understands that this acceptance is subject to the approval of the DeKalb County Board of Education.

DocuSigned by:

Carol Cheney

18894F91E692497...

Authorized Signatory

11/19/2025 | 1:05:43 PM PST

Date

Carol Cheney, M.S., CCC-SLP

President

Name (Typed or Printed)

Title of Authorized Signatory



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/11/2026

9/26/2025

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 Lockton Companies, LLC DBA Lockton Insurance Brokers, LLC in CA CA license #0F15767 444 W. 47th St., Ste. 900 Kansas City MO 64112-1906 (816) 960-9000 kcasu@lockton.com	CONTACT NAME: PHONE (A/C. No. Ext): E-MAIL ADDRESS:	FAX (A/C. No):	
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED 1565934 EPIC STAFFING GROUP, INC. EPIC SPECIAL EDUCATION STAFFING THERAPYTRAVELERS LLC & 3CHORDS INC. 2041 ROSECRANS AVE #245 EL SEGUNDO CA 90245	INSURER A: Ironshore Specialty Insurance Co		25445
	INSURER B: Redwood Fire and Casualty Insurance Co		11673
	INSURER C: Berkshire Hathaway Homestate Ins Co		20044
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES

CERTIFICATE NUMBER: 19889110

REVISION NUMBER: XXXXXXXX

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:	Y	Y	HC7CADDSMS001	10/1/2025	10/1/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	N	N	HC7CADDSMS001	10/1/2025	10/1/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$			NOT APPLICABLE			EACH OCCURRENCE \$ XXXXXXXX AGGREGATE \$ XXXXXXXX \$ XXXXXXXX
C B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N	N/A	EPWC624335 (FL, OR) EPWC624336 (AOS)	5/11/2025 5/11/2025	5/11/2026 5/11/2026	<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
A	PROFESSIONAL LIAB. ABUSE & MOLESTATION	N	N	HC7CADDSMS001	10/1/2025	10/1/2026	\$1M PER CLAIM/\$3M AGG \$1M PER CLAIM/AGG

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

DCSD, its respective directors, officers, partners, Board Members, officials, agents, insurers, subcontractors, consultants and employees are additional insured on the General Liability coverage, if required by written contract and subject to the terms and conditions of the policy. Waiver of subrogation applies to General Liability where allowed by state law and if required by written contract. Sixty (60) days notice of cancellation by the insured will be provided to the certificate holder.

CERTIFICATE HOLDER

19889110

DeKalb County School District
 DeKalb County Board of Education
 1701 Mountain Industrial Blvd.
 Stone Mountain GA 30083

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

© 1988-2015 ACORD CORPORATION. All rights reserved.



November 18, 2025

VIA EMAIL achrzanowski@ess.com

ESS Clinical formerly Academic Staffing, Inc.
9202 S. Northshore Drive, Suite 200
Knoxville, TN 37922
ATTN: Anthony Chrzanowski

Reference: RFP 24-187 Speech Language, Occupational Therapy and Physical Therapy Services

Dear Mr. Chrzanowski:

The DeKalb County School District (“DCSD”) desires to renew the award of RFP 24-187 Speech Language, Occupational Therapy and Physical Therapy Services, for one (1) year on the same terms, conditions and pricing as set forth in the Agreement between DCSD and **ESS Clinical**. The purpose of this letter is to obtain **ESS Clinical’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 March 29, 2026, through March 28, 2027. Of course, we will notify you once the Board has approved the renewal. DCSD appreciates **ESS Clinical’s** consideration of this offer to renew the award of RFP 24-187.

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 Tuesday, November 25, 2025 to Sharmaine Greenland at sharmaine_greenland@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: Dr. Deborah Mitchell
Ms. Kiana King

ACKNOWLEDGMENT

ESS Clinical hereby accepts DeKalb County School District’s offer to renew the award of RFP 24-187 Speech Language, Occupational Therapy and Physical Therapy Services, as set forth in the Agreement until **March 28, 2027**. **ESS Clinical** understands that this acceptance is subject to the approval of the DeKalb County Board of Education.



Authorized Signatory

Stephen Gritzuk

Name (Typed or Printed)

11/19/25

Date
COO

Title of Authorized Signatory



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
7/31/2025

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.

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.

Table with PRODUCER and INSURED information. PRODUCER: License # 0C36861, San Diego-Alliant Insurance Services, Inc. INSURED: TVG-ESS Holdings, LLC, ESS Clinical, Inc. CONTACT NAME: Chad Evans, PHONE: (619) 816-3740, E-MAIL ADDRESS: chad.evans@alliant.com.

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.

Main table listing insurance coverages: COMMERCIAL GENERAL LIABILITY (GBL13001613-00), AUTOMOBILE LIABILITY (72UENAY5MF8), UMBRELLA LIAB (GBX13001614-00), WORKERS COMPENSATION AND EMPLOYERS' LIABILITY, Commercial Crime (BD3-J340033-00), and Professional Liab. (GBL13001613-00).

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

Abuse & Moelstation: Carrier: USE LLOSYS8 / Syndicate 2623/623 at Lloyd's (Beazley Furlonge Ltd.), Policy Number: MR24AA03, Aggregate Limit: \$3,000,000, Effective 7/31/2025 - 7/31/2026

CERTIFICATE HOLDER CANCELLATION

Table with two columns: CERTIFICATE HOLDER (Proof of Insurance) and 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 signature).



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/06/2025

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 Mary Storti c/o Paychex Insurance Agency, Inc. 225 Kenneth Drive Rochester, NY 14623	CONTACT NAME: PHONE (A/C, No, Ext): (877) 266-6850		FAX (A/C, No):
	E-MAIL ADDRESS: PEO_workcomp@paychex.com		
INSURED Paychex PEO Holdings, LLC Alt. Emp: ESS CLINICAL, INC 911 Panorama Trail South Rochester, NY 14625	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : American Zurich Insurance Company		40142
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		

COVERAGES **CERTIFICATE NUMBER:** 25FL9751197568 **REVISION NUMBER:**

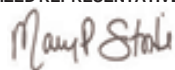
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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
	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 \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WC 29-38-687-23	06/01/2025	06/01/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 2,000,000 E.L. DISEASE - EA EMPLOYEE \$ 2,000,000 E.L. DISEASE - POLICY LIMIT \$ 2,000,000
				Location Coverage Period:	06/01/2025	06/01/2026	Client# 301514-TN-CORP

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

Coverage is provided for only those co-employees of, but not subcontractors to:

ESS CLINICAL, INC
 2160 Lakeside Centre Way Suite 302
 KNOXVILLE, TN 37922

CERTIFICATE HOLDER ESS CLINICAL, INC 2160 Lakeside Centre Way Suite 302 KNOXVILLE, TN 37922	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 
--	--



November 18, 2025

VIA EMAIL bids@electronic-therapy.com KISTLER.M@ELECTRONIC-THERAPY.COM

E-Therapy LLC
2812 W. Hare Drive
Flagstaff, AZ 86001
ATTN: Elizabeth Stafford-Ajello

Reference: RFP 24-187 Speech Language, Occupational Therapy and Physical Therapy Services

Greetings:

The DeKalb County School District (“DCSD”) desires to renew the award of RFP 24-187 Speech Language, Occupational Therapy and Physical Therapy Services, for one (1) year on the same terms, conditions and pricing as set forth in the Agreement between DCSD and **E-Therapy LLC**. The purpose of this letter is to obtain **E-Therapy LLC’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 March 26, 2026, through March 25, 2027. Of course, we will notify you once the Board has approved the renewal. DCSD appreciates **E-Therapy LLC’s** consideration of this offer to renew the award of RFP 24-187.

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 Tuesday, November 25, 2025 to Sharmaine Greenland at sharmaine_greenland@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: Dr. Deborah Mitchell
Ms. Kiana King

ACKNOWLEDGMENT

E-Therapy LLC hereby accepts DeKalb County School District’s offer to renew the award of RFP 24-187 Speech Language, Occupational Therapy and Physical Therapy Services, as set forth in the Agreement until **March 25, 2027**. **E-Therapy LLC** understands that this acceptance is subject to the approval of the DeKalb County Board of Education.

Amanda Marshall Parlier
Authorized Signatory

Amanda Marshall Parlier
Name (Typed or Printed)

12/4/2025
Date

Director of K12 Partnerships
Title of Authorized Signatory



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/6/2025

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 HAUSER 5905 E. Galbraith Rd, Ste 9000 Cincinnati OH 45236	CONTACT NAME: PHONE (A/C, No, Ext): 513-745-9200		FAX (A/C, No): 513-745-9219
	E-MAIL ADDRESS: vking@thehausergroup.com		
INSURER(S) AFFORDING COVERAGE			NAIC #
INSURER A : HANOVER INS CO			22292
INSURED E-Therapy Intermediate, Inc. E-Therapy. LLC 7782 Rock Meadow Trail Ct. Denver NC 28037	INSURER B : TECHNOLOGY INS CO INC		42376
	INSURER C : Westfield Specialty Insurance Company		16992
	INSURER D :		
	INSURER E :		
INSURER F :			

COVERAGES

CERTIFICATE NUMBER: 275843010

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 type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y	Y	L3WJ576505	1/5/2025	1/5/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 General Liab Dedt \$ 10,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			L3WJ576505	1/5/2025	1/5/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 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 \$	Y	Y	L3WJ57650600	1/5/2025	1/5/2026	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	TWC4426887	1/1/2025	1/5/2026	<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
A C	Professional Liability Tech E&O/Cyber			L3WJ57650500 PCE-461564R-00	1/5/2025 1/5/2025	1/5/2026 1/5/2026	Each Occur/Aggr/Deduc \$2,000,000 Aggregate \$1M/\$3M/\$10K \$1M/\$3M \$25,000 Retention

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

With regards to the conditions of the General and Professional Liability policies W-2 employees are included as insureds.

CERTIFICATE HOLDER**CANCELLATION**FOR INFORMATIONAL PURPOSES ONLY
United States

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

© 1988-2015 ACORD CORPORATION. All rights reserved.



November 18, 2025

VIA EMAIL jennifer.ray@ghresources.com

GHR Education
2250 Hickory Rd #240
Plymouth Meeting, PA 19462
ATTN: Jennifer Ray

Reference: RFP 24-187 Speech Language, Occupational Therapy and Physical Therapy Services

Greetings:

The DeKalb County School District (“DCSD”) desires to renew the award of RFP 24-187 Speech Language, Occupational Therapy and Physical Therapy Services, for one (1) year on the same terms, conditions and pricing as set forth in the Agreement between DCSD and **GHR Education**. The purpose of this letter is to obtain **GHR Education’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 March 29, 2026, through March 28, 2027. Of course, we will notify you once the Board has approved the renewal. DCSD appreciates **GHR Education’s** consideration of this offer to renew the award of RFP 24-187.

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 Tuesday, November 25, 2025 to Sharmaine Greenland at sharmaine_greenland@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: Dr. Deborah Mitchell
Ms. Kiana King

ACKNOWLEDGMENT

GHR Education hereby accepts DeKalb County School District’s offer to renew the award of RFP 24-187 Speech Language, Occupational Therapy and Physical Therapy Services, as set forth in the Agreement until **March 28, 2027**. **GHR Education** understands that this acceptance is subject to the approval of the DeKalb County Board of Education.

Jennifer Ray

Authorized Signatory

11/19/25

Date

Jennifer Ray

Name (Typed or Printed)

Director of Business Development

Title of Authorized Signatory



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/09/2025

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 Patriot Growth Insurance Services, LLC The Safeguard Group 100 Granite Drive, Suite 205 Media PA 19063	CONTACT NAME: Katie Quigley PHONE (A/C, No, Ext): (610) 892-7688 E-MAIL ADDRESS: kquigley@safeguardgroup.com	FAX (A/C, No): (610) 892-7695
	INSURER(S) AFFORDING COVERAGE	
INSURED GHR Healthcare, LLC 1 Valley Square Suite 200 Blue Bell PA 19422	INSURER A: Columbia Casualty Insurance Co	NAIC # 31127
	INSURER B: Continental Casualty	20443*
	INSURER C: Vantage Risk Specialty Insurance Company	16275
	INSURER D: Penna Mfrs' Association Ins.	12262
	INSURER E: Endurance American Specialty Ins. Co.	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 2025 LLC 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:	Y	Y	HMA 8019334465	06/10/2025	06/10/2026	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			8032884805	06/10/2025	06/10/2026	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
CE	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			P03HC0000060280 & HAF10015	06/10/2025	06/10/2026	EACH OCCURRENCE	\$ 10,000,000
							AGGREGATE	\$ 10,000,000
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	202500 2906378	06/10/2025	06/10/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
							E.L. EACH ACCIDENT	\$ 1,000,000
A	Medical Professional Liability Employees included as insureds			HMA 8019334465	06/10/2025	06/10/2026	Each Medical Accident:	\$1,000,000
							Aggregate:	\$3,000,000
							Claims Made Retro Date:	6/10/2004

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

Dekalb County School District is included as additional insured with regard to Commercial General Liability as it pertains to the named insured's operations where required by written contract. Waiver of subrogation in favor of additional insured applies where required by written contract and allowable by law.

CERTIFICATE HOLDER**CANCELLATION**

Dekalb County School District 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 
---	--

© 1988-2015 ACORD CORPORATION. All rights reserved.



November 18, 2025

VIA EMAIL Tanner@orangetreestaffing.com

Orange Tree Staffing
2300 Maitland Center Parkway, Suite 200
Maitland, FL 32751
ATTN: Tanner Smith

Reference: RFP 24-187 Speech Language, Occupational Therapy and Physical Therapy Services

Greetings:

The DeKalb County School District (“DCSD”) desires to renew the award of RFP 24-187 Speech Language, Occupational Therapy and Physical Therapy Services, for one (1) year on the same terms, conditions and pricing as set forth in the Agreement between DCSD and **Orange Tree Staffing**. The purpose of this letter is to obtain **Orange Tree Staffing’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 March 29, 2026, through March 28, 2027. Of course, we will notify you once the Board has approved the renewal. DCSD appreciates **Orange Tree Staffing’s** consideration of this offer to renew the award of RFP 24-187.

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 Tuesday, November 25, 2025 to Sharmaine Greenland at sharmaine_greenland@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: Dr. Deborah Mitchell
Ms. Kiana King

ACKNOWLEDGMENT

Orange Tree Staffing hereby accepts DeKalb County School District’s offer to renew the award of RFP 24-187 Speech Language, Occupational Therapy and Physical Therapy Services, as set forth in the Agreement until **March 28, 2027**. **Orange Tree Staffing** understands that this acceptance is subject to the approval of the DeKalb County Board of Education.

Authorized Signatory

Mardly R. Smith

Name (Typed or Printed)

11.19.2025

Date

Owner

Title of Authorized Signatory



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/19/2025

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 Brown & Brown Insurance Services, Inc. 2290 Lucien Way, Suite 400 Maitland FL 32751		CONTACT NAME: Ariell Alibasic PHONE (A/C, No, Ext): (407) 660-8282 E-MAIL ADDRESS: Ariell.Alibasic@bbrown.com FAX (A/C, No): (407) 660-2012	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Obsidian Specialty Insurance Company	NAIC # 35602
		INSURER B: National Casualty Company	11991
		INSURER C: Coalition Insurance Company	29530
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** CL2572280271 **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:			LBK-MM-000000364-00	07/27/2025	07/27/2026	EACH OCCURRENCE \$ 5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ Included GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ Included \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			LBK-MM-000000364-00	07/27/2025	07/27/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	WCC370266A-01	07/27/2025	07/27/2026	<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
A	Professional Liability			LBK-MM-000000364-00	07/27/2025	07/27/2026	Each Medical Incident \$5,000,000 Medical Aggregate \$5,000,000

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

CERTIFICATE HOLDER

Dekalb County School District
 1701 Mountain Industrial Blvd.
 Stone Mountain GA 30083

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




November 18, 2025

VIA EMAIL rfp@pdstherapy.com n.zelefsky@pdstherapy.com

Pediatric Developmental Services
115 Sudbrook Lane STE. A
Pikesville, MD 21208

Reference: RFP 24-187 Speech Language, Occupational Therapy and Physical Therapy Services

Greetings Avi Meth:

The DeKalb County School District (“DCSD”) desires to renew the award of RFP 24-187 Speech Language, Occupational Therapy and Physical Therapy Services, for one (1) year on the same terms, conditions set forth in the Agreement between DCSD and **Pediatric Developmental Services** as well as the price increase to begin on **March 27, 2025**. The purpose of this letter is to obtain **Pediatric Developmental Services’** 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 March 29, 2026, through March 28, 2027. Of course, we will notify you once the Board has approved the renewal. DCSD appreciates **Pediatric Developmental Services’** consideration of this offer to renew the award of RFP 24-187.

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 Tuesday, November 25, 2025 to Sharmaine Greenland at sharmaine_greenland@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: Dr. Deborah Mitchell
Ms. Kiana King

ACKNOWLEDGMENT

Pediatric Developmental Services hereby accepts DeKalb County School District’s offer to renew the award of RFP 24-187 Speech Language, Occupational Therapy and Physical Therapy Services, as set forth in the Agreement until **March 28, 2027**. **Pediatric Developmental Services** understands that this acceptance is subject to the approval of the DeKalb County Board of Education.

Avi Meth
Authorized Signatory

Avi Meth
Name (Typed or Printed)

11/26/2025
Date

Special Projects Manager
Title of Authorized Signatory



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/30/2025

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 Fairmont Ins. Brokers, LLC 1600 60th Street Brooklyn NY 11204		CONTACT NAME: 3rd Floor PHONE (A/C, No, Ext): (718) 232-3300 FAX (A/C, No): (718) 256-9062 E-MAIL ADDRESS: certificates@fairmontins.com	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Wesco Insurance Company	
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	
INSURED The Therapy Spot, LLC DBA Pediatric Developmental Services 115 Sudbrook Ln Ste A Pikesville MD 21208-4184		NAIC # 25011	

COVERAGES**CERTIFICATE NUMBER:** CL2563068636**REVISION NUMBER:**

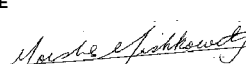
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 <input checked="" type="checkbox"/> Professional Liability Included GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		WPP2046108-01	07/01/2025	07/01/2026	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 3,000,000
							PRODUCTS - COMP/OP AGG	\$ 3,000,000
								\$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			WPP2046108-01	07/01/2025	07/01/2026	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			WUM2040933-01	07/01/2025	07/01/2026	EACH OCCURRENCE	\$ 5,000,000
							AGGREGATE	\$ 5,000,000
								\$
							PER STATUTE	
							OTH-ER	
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y / N <input type="checkbox"/> N / A			WPP2046108-01	07/01/2025	07/01/2026	Each Occurrence	\$1,000,000
							Aggregate	\$3,000,000

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

Certificate Holder is Additional Insured for General Liability per written contract.

CERTIFICATE HOLDER**CANCELLATION**

Dekalb County School District 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 
---	--

© 1988-2015 ACORD CORPORATION. All rights reserved.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/08/2025

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 Herman E. Wealcatch, Inc. 37 Walker Avenue Suite 200 Pikesville MD 21208	CONTACT NAME: PHONE (A/C, No, Ext): (410) 653-3053	FAX (A/C, No): (410) 653-5116	
	E-MAIL ADDRESS:		
INSURED The Therapy Spot LLC 3608 Bancroft Rd Baltimore MD 21215	INSURER(S) AFFORDING COVERAGE		
	INSURER A: Ohio Security Insurance Co.		NAIC # 24082
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
INSURER F:			

COVERAGES **CERTIFICATE NUMBER:** CL258815569 **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
	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 <input type="checkbox"/> OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			XWS69489920	08/08/2025	08/08/2026	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

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

Workers Comp coverage includes a Waiver of Subrogation per written contract and 30 days notice of cancellation.


CERTIFICATE HOLDER

Dekalb County School District
 1701 Mountain Industrial Blvd

 Stone Mountain GA 30083

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




November 18, 2025

VIA EMAIL matt.shouse@procaretherapy.com

ProCare Therapy
5550 Peachtree Parkway, Suite 500
Peachtree Corners, GA 30092
ATTN: Matt Shouse

Reference: RFP 24-187 Speech Language, Occupational Therapy and Physical Therapy Services

Greetings:

The DeKalb County School District (“DCSD”) desires to renew the award of RFP 24-187 Speech Language, Occupational Therapy and Physical Therapy Services, for one (1) year on the same terms, conditions and pricing as set forth in the Agreement between DCSD and **ProCare Therapy**. The purpose of this letter is to obtain **ProCare Therapy’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 March 29, 2026, through March 28, 2027. Of course, we will notify you once the Board has approved the renewal. DCSD appreciates **ProCare Therapy’s** consideration of this offer to renew the award of RFP 24-187.

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 Tuesday, November 25, 2025 to Sharmaine Greenland at sharmaine_greenland@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: Dr. Deborah Mitchell
Ms. Kiana King

ACKNOWLEDGMENT

ProCare Therapy hereby accepts DeKalb County School District’s offer to renew the award of RFP 24-187 Speech Language, Occupational Therapy and Physical Therapy Services, as set forth in the Agreement until **March 28, 2027**. **ProCare Therapy** understands that this acceptance is subject to the approval of the DeKalb County Board of Education.

New Direction Solutions, LLC dba ProCare Therapy

Dakota Long



Dakota Long
Managing Director
November 24, 2025 19:33 UTC
IP: 38.142.164.10



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/20/2025

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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Marsh & McLennan Agency LLC P. O. Box 71429 47 Postal Parkway Newnan, GA 30271-1429	CONTACT NAME: Jessie Battles		
	PHONE (A/C, No, Ext): 770-683-1021	FAX (A/C, No): 770-683-1010	
	E-MAIL ADDRESS: Jessie.Battles@MarshMMA.com		
INSURED New Direction Solutions, LLC dba ProCare Therapy 5550 Peachtree Parkway, Suite 500 Peachtree Corners, GA 30092	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Philadelphia Indemnity Insurance Co.		18058
	INSURER B : Zurich American Insurance Company		16535
	INSURER C : TDC Specialty Insurance Company		34487
	INSURER D : Tokio Marine Specialty Insurance Compan		23850
	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 INSR	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 <input checked="" type="checkbox"/> PD Ded:1,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	PHPK2703111	01/01/2025	01/01/2026	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000 \$
D	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY	Y	Y	PPK2700367	10/31/2024	01/01/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10000	Y	Y	PHUB894214	01/01/2025	01/01/2026	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WC1126143005	01/01/2025	01/01/2026	<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
C	Medical Pro	Y	Y	MFP011882505	01/01/2025	01/01/2026	\$1MM/\$3MM
A	Staffing E&O			PHPK2703111	01/01/2025	01/01/2026	\$1MM/\$2MM
A	3rd Party Pro			PHPK2703111	01/01/2025	01/01/2026	\$3MM/\$25,000 DED

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 (GL) Blanket Additional Insured per form CG2026 0413 Addl Ins - Designated Person or Organization.
 (GL) Waiver of Transfer of Rights of Recovery Against Others to Us per form CG2404 0509
 (GL) Blanket Additional Insured - Primary & Non-contributory per form CG2048 1013.
 (GL) Separation of Insureds applies per form CG 00 01 04 13.
 (Auto) Blanket Additional Insured with Primary & Non-Contributory per form PITS045.
 (See Attached Descriptions)

CERTIFICATE HOLDER Dekalb County School District 1701 Mountain Industrial Blvd Stone Mountain, GA 30083	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
---	--



Finance

November 18, 2025

VIA EMAIL nationalrfps@shccares.com

SHC Services, Inc.
6955 Union Park Center Dr. Ste 400
Cottonwood Heights, UT 84047
ATTN: Vanessa Diamo

Reference: RFP 24-187 Speech Language, Occupational Therapy and Physical Therapy Services

Greetings:

The DeKalb County School District (“DCSD”) desires to renew the award of RFP 24-187 Speech Language, Occupational Therapy and Physical Therapy Services, for one (1) year on the same terms, conditions and pricing as set forth in the Agreement between DCSD and **SHC Services, Inc.** The purpose of this letter is to obtain **SHC Services, 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 March 29, 2026, through March 28, 2027. Of course, we will notify you once the Board has approved the renewal. DCSD appreciates **SHC Services, Inc’s** consideration of this offer to renew the award of RFP 24-187.

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 Tuesday, November 25, 2025 to Sharmaine Greenland at sharmaine_greenland@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: Dr. Deborah Mitchell
Ms. Kiana King

ACKNOWLEDGMENT

SHC Services, Inc hereby accepts DeKalb County School District’s offer to renew the award of RFP 24-187 Speech Language, Occupational Therapy and Physical Therapy Services, as set forth in the Agreement until **March 28, 2027**. **SHC Services, Inc** understands that this acceptance is subject to the approval of the DeKalb County Board of Education.

DocuSigned by:
Erin Johnson
62EBF3406527406...

11/21/2025 | 1:53 PM MST

Authorized Signatory

Date

Erin Johnson

Director of Regional Sales

Name (Typed or Printed)

Title of Authorized Signatory



CERTIFICATE OF LIABILITY INSURANCE

10/1/2026

DATE (MM/DD/YYYY)

9/24/2025

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.

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.

Table with 2 main columns: PRODUCER (Lockton Companies, LLC) and INSURED (SHC SERVICES, INC.). Includes contact information and a table of INSURER(S) AFFORDING COVERAGE with columns for INSURER NAME and NAIC #.

COVERAGES CERTIFICATE NUMBER: 20823178 REVISION NUMBER: XXXXXXXX

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.

Table with 8 columns: INSR LTR, TYPE OF INSURANCE, ADDL INSD, SUBR WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), and LIMITS. Contains rows for Commercial General Liability, Automobile Liability, Umbrella Liab, Workers Compensation and Employers' Liability, and Medical Professional Liability.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) PLEASE NOTE THE ABOVE EXCESS COVERAGE EXCLUDES COVERAGE FOR CORRECTIONAL FACILITIES. DEKALB COUNTY SCHOOL DISTRICT IS INCLUDED AS AN ADDITIONAL INSURED ON THE GENERAL, AUTO, AND PROFESSIONAL LIABILITY COVERAGES.

CERTIFICATE HOLDER

CANCELLATION

Table with 2 columns: CERTIFICATE HOLDER (20823178, DEKALB COUNTY SCHOOL DISTRICT) and 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 signature).



December 12, 2025

REVISED

VIA EMAIL kourtney.marcus@soliant.com

Soliant Health, LLC
5550 Peachtree Parkway Suite 500
Peachtree Corners, GA 30092
ATTN: Kourtney Marcus

Reference: RFP 24-187 Speech Language, Occupational Therapy and Physical Therapy Services

Greetings:

The DeKalb County School District ("DCSD") desires to renew the award of RFP 24-187 Speech Language, Occupational Therapy and Physical Therapy Services, for one (1) year on the same terms, conditions as set forth in the Agreement between DCSD and **Soliant Health, LLC** as well as requested prices on 12/12/25 to begin 3/29/26. The purpose of this letter is to obtain **Soliant Health, LLC'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 March 29, 2026, through March 28, 2027. Of course, we will notify you once the Board has approved the renewal. DCSD appreciates **Soliant Health, LLC's** consideration of this offer to renew the award of RFP 24-187.

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 Tuesday, November 25, 2025 to Sharmaine Greenland at sharmaine.greenland@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: Dr. Deborah Mitchell
Ms. Kiana King

ACKNOWLEDGMENT

Soliant Health, LLC hereby accepts DeKalb County School District's offer to renew the award of RFP 24-187 Speech Language, Occupational Therapy and Physical Therapy Services, as set forth in the Agreement until **March 28, 2027**. **Soliant Health, LLC** understands that this acceptance is subject to the approval of the DeKalb County Board of Education.

Bobby Gandy

Authorized Signatory

12/15/25

Date

Bobby Gandy

Name (Typed or Printed)

U.P.

Title of Authorized Signatory



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/30/2024

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 any rights to the certificate holder in lieu of such endorsement(s).

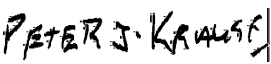
PRODUCER Marsh & McLennan Agency LLC P. O. Box 71429 47 Postal Parkway Newnan, GA 30271-1429	CONTACT NAME: Jessie Battles PHONE (A/C, No, Ext): 770-683-1021 FAX (A/C, No): 770-683-1010 E-MAIL ADDRESS: Jessie.Battles@MarshMMA.com	
	INSURER(S) AFFORDING COVERAGE NAIC #	
INSURED Soliant Health, LLC 5550 Peachtree Parkway, Suite 500 Peachtree Corners, GA 30092	INSURER A : Philadelphia Indemnity Insurance Co. 18058	
	INSURER B : Zurich American Insurance Company 16535	
	INSURER C : TDC Specialty Insurance Company 34487	
	INSURER D : Tokio Marine Specialty Insurance Compan 23850	
	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 INSR	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 <input checked="" type="checkbox"/> PD Ded:1,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y	Y	PHPK2703111	01/01/2025	01/01/2026	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$20,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$4,000,000 PRODUCTS - COMPI/OP AGG \$4,000,000 \$
D	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY	Y	Y	PPK2700367	10/31/2024	01/01/2026	COMBINED SINGLE LIMIT (Ea accident) \$5,000,000 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 <input checked="" type="checkbox"/> RETENTION \$10000	Y	Y	PHUB894214	01/01/2025	01/01/2026	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N <input checked="" type="checkbox"/> N N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y	WC1126143005	01/01/2025	01/01/2026	<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
C	Medical Pro	Y	Y	MFP011882505	01/01/2025	01/01/2026	\$1MM/\$3MM
A	Staffing E&O			PHPK2703111	01/01/2025	01/01/2026	\$1MM/\$2MM
A	3rd Party Pro			PHPK2703111	01/01/2025	01/01/2026	\$3MM/\$25,000 DED

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
(GL) Blanket Additional Insured per form CG2026 0413 Addl Ins - Designated Person or Organization.
(GL) Waiver of Transfer of Rights of Recovery Against Others to Us per form CG2404 0509
(GL) Blanket Additional Insured - Primary & Non-contributory per form CG2048 1013.
(GL) Separation of Insureds applies per form CG 00 01 04 13.
(Auto) Blanket Additional Insured with Primary & Non-Contributory per form PITS045.
(See Attached Descriptions)

CERTIFICATE HOLDER Dekalb County School District Attn: RFP 1701 Mountain Industrial Blvd Stone Mountain, GA 30083-0000	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 
---	---



November 18, 2025

VIA EMAIL amanda.campbell@tandymgroup.com

Tandym Group, LLC
675 Third Ave, 5th Floor
New York, NY 10017
ATTN: Amanda Campbell

Reference: RFP 24-187 Speech Language, Occupational Therapy and Physical Therapy Services

Greetings:

The DeKalb County School District (“DCSD”) desires to renew the award of RFP 24-187 Speech Language, Occupational Therapy and Physical Therapy Services, for one (1) year on the same terms, conditions and pricing as set forth in the Agreement between DCSD and **Tandym Group, LLC**. The purpose of this letter is to obtain **Tandym Group, LLC’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 March 29, 2026, through March 28, 2027. Of course, we will notify you once the Board has approved the renewal. DCSD appreciates **Tandym Group, LLC’s** consideration of this offer to renew the award of RFP 24-187.

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 Tuesday, November 25, 2025 to Sharmaine Greenland at sharmaine_greenland@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: Dr. Deborah Mitchell
Ms. Kiana King

ACKNOWLEDGMENT

Tandym Group, LLC hereby accepts DeKalb County School District’s offer to renew the award of RFP 24-187 Speech Language, Occupational Therapy and Physical Therapy Services, as set forth in the Agreement until **March 28, 2027**. **Tandym Group, LLC** understands that this acceptance is subject to the approval of the DeKalb County Board of Education.

Amanda Campbell
Authorized Signatory

12/3/25
Date

Amanda Campbell
Name (Typed or Printed)

VP - Business Proposals
Title of Authorized Signatory



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/2/2025

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 York International Agency, LLC 500 Mamaroneck Ave Suite 220 Harrison NY 10528	CONTACT NAME: PHONE (A/C No. Ext): 914-376-2200		FAX (A/C, No):
	E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE			NAIC #
INSURER A : Philadelphia Indemnity Insurance Company			18058
INSURER B : Milford Casualty Insurance Company			26662
INSURER C : Federal Insurance Company			20281
INSURER D : ACE American Insurance Company			22667
INSURER E :			
INSURER F :			

COVERAGES **CERTIFICATE NUMBER:** 1054794500 **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 <input checked="" type="checkbox"/> Contractual Liab GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			PHPK2586325-002	9/1/2025	9/1/2026	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 4,000,000
							PRODUCTS - COMP/OP AGG	\$ 4,000,000
								\$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK2586325-002	9/1/2025	9/1/2026	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							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 \$			PHUB875997-002	9/1/2025	9/1/2026	EACH OCCURRENCE	\$ 10,000,000
							AGGREGATE	\$ 10,000,000
								\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	MWC1038875	4/1/2025	4/1/2026	<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
A C D	Staffing Professional Crime Cyber			PHPK2586325-002 8261-7732 F16308778005	9/1/2025 9/1/2025 9/1/2025	9/1/2026 9/1/2026 9/1/2026	Occ-\$2M/Agg \$3M 1st Party - \$1M Occurrence/Aggregate	Ded. \$50,000 3rd Party - \$5M 5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 The following policies are scheduled as underlying policies on the Umbrella - General Liability, Auto Liability, Workers Compensation and Professional.

Workers Compensation for the following States: Arizona, California, Colorado, Connecticut, Washington D.C., Florida, Georgia, Illinois, Indiana, Kentucky, Massachusetts, Maryland, Michigan, Missouri, Mississippi, Nevada, New Jersey, New York, Pennsylvania, Tennessee, Texas, Vermont, Virginia, Wisconsin, New Hampshire, North Carolina, South Carolina.
 Certificate holder is included as additional insured as required by written, signed contract.

CERTIFICATE HOLDER**CANCELLATION**

DeKalb County School District
 1701 Mountain Industrial Boulevard
 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

Stephen P. Schuttz

© 1988-2015 ACORD CORPORATION. All rights reserved.



December 11, 2025

REVISED

VIA EMAIL tanya@thesteppingstonesgroup.com

The Stepping Stones Group
2300 Windy Ridge Parkway STE 825S
Atlanta, GA 30339
ATTN: Tanya Vickers

Reference: RFP 24-187 Speech Language, Occupational Therapy and Physical Therapy Services

Greetings:

The DeKalb County School District (“DCSD”) desires to renew the award of RFP 24-187 Speech Language, Occupational Therapy and Physical Therapy Services, for one (1) year on the same terms and conditions as set forth in the Agreement between DCSD and **The Stepping Stones Group**, to include the rate increase starting March 29, 2026. The purpose of this letter is to obtain **The Stepping Stones Group’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 March 29, 2026, through March 28, 2027. Of course, we will notify you once the Board has approved the renewal. DCSD appreciates **The Stepping Stones Group’s** consideration of this offer to renew the award of RFP 24-187.

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 Tuesday, November 25, 2025 to Sharmaine Greenland at sharmaine_greenland@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: Dr. Deborah Mitchell
Ms. Kiana King

ACKNOWLEDGMENT

The Stepping Stones Group hereby accepts DeKalb County School District’s offer to renew the award of RFP 24-187 Speech Language, Occupational Therapy and Physical Therapy Services, as set forth in the Agreement until **March 28, 2027**. **The Stepping Stones Group** understands that this acceptance is subject to the approval of the DeKalb County Board of Education.

Tanya Vickers

12/11/2025

Authorized Signatory

Date

Tanya Vickers

Client Services Manager

Name (Typed or Printed)

Title of Authorized Signatory



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/09/2025

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 RSC Insurance Brokerage, Inc. 160 Federal St. 4th Floor Boston MA 02110	CONTACT NAME: Ria Campbell PHONE (A/C, No, Ext): (617) 330-5700 E-MAIL ADDRESS: rcampbell@risk-strategies.com FAX (A/C, No): (617) 439-3752																				
	<table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Travelers Property Casualty Company of America</td> <td></td> <td>25674</td> </tr> <tr> <td>INSURER B:</td> <td></td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A: Travelers Property Casualty Company of America		25674	INSURER B:			INSURER C:			INSURER D:			INSURER E:			INSURER F:	
INSURER(S) AFFORDING COVERAGE		NAIC #																			
INSURER A: Travelers Property Casualty Company of America		25674																			
INSURER B:																					
INSURER C:																					
INSURER D:																					
INSURER E:																					
INSURER F:																					
INSURED Stepping Stones Group, LLC 184 High Street Boston MA 02110																					

COVERAGES**CERTIFICATE NUMBER:** CL2551458299**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
	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 \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	UB-B2654412-25-NC-T	05/21/2025	05/21/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER 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)

Evidence of Insurance only.

CERTIFICATE HOLDER**CANCELLATION**
DeKalb County School District DeKalb County Board of Education
Attn: Risk Management Dpt.
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

© 1988-2015 ACORD CORPORATION. All rights reserved.



November 18, 2025

VIA EMAIL verbalexpressionsinc@yahoo.com

Verbal Expressions, Inc.
5300 Memorial Drive, Suite 126
Stone Mountain, GA 30083
ATTN: Corey Evans

Reference: RFP 24-187 Speech Language, Occupational Therapy and Physical Therapy Services

Greetings:

The DeKalb County School District ("DCSD") desires to renew the award of RFP 24-187 Speech Language, Occupational Therapy and Physical Therapy Services, for one (1) year on the same terms, conditions and pricing as set forth in the Agreement between DCSD and **Verbal Expressions, Inc.** The purpose of this letter is to obtain **Verbal Expressions, 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 March 29, 2026, through March 28, 2027. Of course, we will notify you once the Board has approved the renewal. DCSD appreciates **Verbal Expressions, Inc's** consideration of this offer to renew the award of RFP 24-187.

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 Tuesday, November 25, 2025 to Sharmaine Greenland at sharmaine_greenland@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: Dr. Deborah Mitchell
Ms. Kiana King

ACKNOWLEDGMENT

Verbal Expressions, Inc hereby accepts DeKalb County School District's offer to renew the award of RFP 24-187 Speech Language, Occupational Therapy and Physical Therapy Services, as set forth in the Agreement until **March 28, 2027**. **Verbal Expressions, Inc** understands that this acceptance is subject to the approval of the DeKalb County Board of Education.



Authorized Signatory

COREY E. EVANS

Name (Typed or Printed)

11/18/25

Date

President

Title of Authorized Signatory



AMBA
In CA dba Assn Member Benefits & Insurance Agency
P.O. Box 14554
Des Moines, IA 50306
www.proliability.com

November 12, 2025

Verbal Expressions, Inc.
Suite 126
5300 Memorial Drive
Stone Mountain, GA 30083

Re: Allied Health Professional Liability
Customer Number: 735276
Policy Number: AHY-985454007
Expiration Date: 11/19/2026

Dear **Corey Evans**,

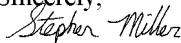
I am pleased to enclose your insurance policy through the Liberty Insurance Underwriters Inc. Please review the material carefully and take specific notice of any endorsements to the policy. These policy documents should be kept with your important papers.

Please note the important information below:

Address or Mid-Term Changes: Any change of address or request for mid-term change should be sent to the following address to assure timely receipt of future notices. All requests must be signed and dated by the policy holder. Also note that requests for mid-term changes to your coverage must be approved by an underwriter prior to binding coverage.

AMBA
In CA dba Assn Member Benefits & Insurance Agency
P.O. Box 14554
Des Moines, IA 50306
Fax:515-506-5089
Phone: 1-800-375-2764

If you have any questions, please contact our office Monday through Friday from 8:15 a.m. to 5:00 p.m. (CT). Thank you for the opportunity to serve your insurance needs.

Sincerely,


Stephen Miller
Sr. Vice President | CA License #0G07163
AMBA

Enclosure

**Speech/Language/Hearing Firm
Renewal Submission**

NOTICE

CLAIM REPORTING INSTRUCTIONS

In the event you receive notice of a Claim, Suit, Incident or Occurrence, you must provide written notice to Liberty Insurance Underwriters Inc. (LIUI). A claim must be reported to LIUI for assignment to a Claims Professional. Please follow the instructions below:

Please send written notice to: AMBAClaims@libertyiu.com

OR mail to: Liberty International Underwriters
28 Liberty Street
5th Floor
New York, NY 10005

When contacting LIUI, please provide the following:

- Your policy number
- The telephone number and best time you can be reached
- An address where you can receive mail
- An email address
- The date you received the claim
- The date of the incident
- The claimant name (if available)
- A brief description of the facts of the claim (if available)

If you would like to speak with someone regarding your Claim, Suit, Incident or Occurrence, please contact: 1-855-511-8097

Terms in bold face are defined by your policy. Please refer to your policy for relevant definitions and reporting obligations.



AMBA
In CA dba Assn Member Benefits & Insurance Agency
P.O. Box 14554
Des Moines, IA 50306
www.proliability.com
1-800-375-2764 Fax 515-506-5089

RECEIPT OF PAYMENT	
Date:	11/12/2025
Named Insured: Policy Number: Effective Date:	Verbal Expressions, Inc. AHY-985454007 11/19/2025
Amount Due: *	\$413.00
Status:	Paid in Full

*Please be advised that the receipt of payment does not include payments for changes made to the policy after the initial policy issuance.



Healthcare Professional Liability

LIBERTY INSURANCE UNDERWRITERS INC.

(A Stock Insurance Company, hereinafter the Company)
28 Liberty Street, 4th Floor
New York, NY 10005

DECLARATIONS

Policy Number: AHY-985454007

Renewal Of: AHY-985454006

SECTION I

Item

1. Named Insured: **Verbal Expressions, Inc.**
2. Mailing Address: **Suite 126
5300 Memorial Drive
Stone Mountain, GA 30083**
3. Policy Period: From: **11/19/2025** To: **11/19/2026**
12:01 A. M. Standard Time At Location of Designated Premises
4. Business or Profession: **Speech Language Pathologist** Affiliation: **3153- American Speech-Language-Hearing Assoc.**
5. The Named Insured is a(n): Partnership Corporation Individual LLC
 Sole Proprietor (with employees) Professional Association Other

This policy is made and accepted subject to the printed conditions of this policy together with the provisions, stipulations and agreements contained in the following form(s) or endorsements(s): HCPL-2037 (01/14), HCPL-2038 (11/09), HCPL-8101A (04/14)

HCPL-8020 (Ed. 12/10), HCPL-2037-9000 GA (2/10)
ADM-OFAC-0419, HCPL-8003 (01/14), TRIA-E002-0315, TRIA-E002-OK-0315, TRIA-N001-0420, TRIA-N004-0420

HCPL-8320 (01/15), HCPL-8321 (01/15), HCPL-8324 (01/15), HCPL-8328 (02/15)

SECTION II

Item	COVERAGE	Premium
A.	Professional Liability	[X]
B.	General Liability	[_]
	Terrorism Risk Insurance Act	[X]
C.	Endorsements	[X]
		X
TOTAL:		\$403.00

LIMITS OF LIABILITY

\$1,000,000 Each Incident and Each Occurrence **\$3,000,000** Aggregate

SECTION III

SUPPLEMENTARY PAYMENTS

- A. First Party Assault
- B. Licensing Board Reimbursement
- C. Wage Loss and Expense
- D. Deposition Expense
- E. First Aid Reimbursement

Representative Agent: **AMBA**
In CA dba Assn Member Benefits & Insurance Agency
P.O. Box 14554
Des Moines, IA 50306

1 1
HCPL-2037D (11/09)

Healthcare Professional Liability



LIBERTY INSURANCE UNDERWRITERS INC.

(A Stock Insurance Company, hereinafter the "Company")

ENDORSEMENT NO. []

Effective Date: 11/19/2025

Policy Number: AHY-985454007

Issued To: Verbal Expressions, Inc.

Return Premium \$

Additional Premium

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

COVERED OCCUPATIONS ENDORSEMENT

The business, occupation and/or profession shown in the Declarations of this policy is amended to include the following:

Speech Language Pathologist, FT, Owner, 1

Speech Language Pathologist Aide/Assistant, Employee(s), 1

ALL OTHER TERMS AND CONDITIONS OF THE POLICY REMAIN UNCHANGED.

HCPL-8020 (Ed. 12/10)

MEMORANDUM OF INSURANCE	Date Issued 11/12/2025
--------------------------------	-------------------------------

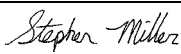
Producer AMBA P.O. Box 14554 Des Moines, IA 50306 1-800-375-2764	This memorandum is issued as a matter of information only and confers no rights upon the holder. This memorandum does not amend, extend or alter the coverages afforded by the Certificate listed below.
---	--

Insured Verbal Expressions, Inc. Suite 126 5300 Memorial Drive Stone Mountain, GA 30083	Company Affording Coverage Liberty Insurance Underwriters, Inc.
--	---

This is to certify that the Certificate listed below has 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 memorandum may be issued or may pertain, the insurance afforded by the Certificate described herein is subject to all the terms, exclusions and conditions of such Certificate. The limits shown may have been reduced by paid claims. The Memorandum of Insurance and verification of payment are your evidence of coverage. No coverage is afforded unless the premium is successfully paid in full.

Type of Insurance	Certificate Number	Effective Date	Expiration Date	Limits	
Professional Liability SpeechLangH Fm Speech Language Pathologist	AHY-985454007	11/19/2025	11/19/2026	Per Incident/ Occurrence	\$1,000,000
				Annual Aggregate	\$3,000,000

PROOF OF INSURANCE

Memorandum Holder: PROOF OF COVERAGE ONLY	<p>Should the above describe Certificate be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the Memorandum Holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.</p>
	Authorized Representative Stephen Miller
	

MEMORANDUM OF INSURANCE	Date Issued 11/12/2025
--------------------------------	-------------------------------

Producer AMBA In CA dba Assn Member Benefits & Insurance Agency P.O. Box 14554 Des Moines, IA 50306 1-800-375-2764	This memorandum is issued as a matter of information only and confers no rights upon the holder. This memorandum does not amend, extend or alter the coverages afforded by the Certificate listed below.
--	---

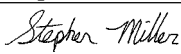
	Company Affording Coverage Liberty Insurance Underwriters, Inc.
--	--

Insured Verbal Expressions, Inc. Suite 126 5300 Memorial Drive Stone Mountain, GA 30083	
--	--

This is to certify that the Certificate listed below has 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 memorandum may be issued or may pertain, the insurance afforded by the Certificate described herein is subject to all the terms, exclusions and conditions of such Certificate. The limits shown may have been reduced by paid claims.
 The Memorandum of Insurance and verification of payment are your evidence of coverage. No coverage is afforded unless the premium is successfully paid in full.

Type of Insurance	Certificate Number	Effective Date	Expiration Date	Limits	
Professional Liability SpeechLangH Fm Speech Language Pathologist	AHY-985454007	11/19/2025	11/19/2026	Per Incident/ Occurrence	\$1,000,000
				Annual Aggregate	\$3,000,000

Corey Evans, Speech Language Pathologist is/are covered under the provisions of the policy.

Memorandum Holder: PROOF OF COVERAGE ONLY	Should the above describe Certificate be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the Memorandum Holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.
	Authorized Representative Stephen Miller
	

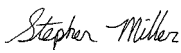
MEMORANDUM OF INSURANCE	Date Issued 11/12/2025
--------------------------------	-------------------------------

Producer AMBA P.O. Box 14554 Des Moines, IA 50306	This memorandum is issued as a matter of information only and confers no rights upon the holder. This memorandum does not amend, extend or alter the coverages afforded by the Certificate listed below.
Insured Verbal Expressions, Inc. Suite 126 5300 Memorial Drive Stone Mountain, GA 30083	Company Affording Coverage Liberty Insurance Underwriters, Inc.

This is to certify that the Certificate listed below has 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 memorandum may be issued or may pertain, the insurance afforded by the Certificate described herein is subject to all the terms, exclusions and conditions of such Certificate. The limits shown may have been reduced by paid claims.
 The Memorandum of Insurance and verification of payment are your evidence of coverage. No coverage is afforded unless the premium is successfully paid in full.

Type of Insurance	Certificate Number	Effective Date	Expiration Date	Limits	
Professional Liability SpeechLangH Fm Speech Language Pathologist	AHY-985454007	11/19/2025	11/19/2026	Per Incident/ Occurrence	\$1,000,000
				Annual Aggregate	\$3,000,000

Memorandum Holder is added as an Additional Insured but only as respects to claims arising out of the sole negligence of the named insured subject to the terms and provisions of the policy.

Memorandum Holder: Tempe School District # 3 3205 South Rural Road Tempe AZ 85282	Should the above described Certificate be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the Memorandum Holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.
	Authorized Representative Stephen Miller
	

MEMORANDUM OF INSURANCE	Date Issued 11/12/2025
--------------------------------	-------------------------------

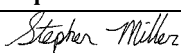
Producer AMBA P.O. Box 14554 Des Moines IA 50306 1-800-375-2764	This memorandum is issued as a matter of information only and confers no rights upon the holder. This memorandum does not amend, extend or alter the coverages afforded by the Certificate listed below.
--	---

Insured Verbal Expressions, Inc. Suite 126 5300 Memorial Drive Stone Mountain, GA 30083	Company Affording Coverage Liberty Insurance Underwriters, Inc.
--	---

This is to certify that the Certificate listed below has 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 memorandum may be issued or may pertain, the insurance afforded by the Certificate described herein is subject to all the terms, exclusions and conditions of such Certificate. The limits shown may have been reduced by paid claims.
 The Memorandum of Insurance and verification of payment are your evidence of coverage. No coverage is afforded unless the premium is successfully paid in full.

Type of Insurance	Certificate Number	Effective Date	Expiration Date	Limits	
Professional Liability SpeechLangH Fm Speech Language Pathologist	AHY-985454007	11/19/2025	11/19/2026	Per Incident/ Occurrence	\$1,000,000
				Annual Aggregate	\$3,000,000
General Liability	AHY-985454007	11/19/2025	11/19/2026	Per Incident/ Occurrence	\$1,000,000
				Annual Aggregate	\$3,000,000

Coverage includes General Liability occurrences at Suite 126 5300 Memorial Drive Stone Mountain, GA 30083 but only as respects to claims arising out of the sole negligence of the Persons Insured under the provisions of this policy.

Memorandum Holder: PROOF OF COVERAGE ONLY	Should the above describe Certificate be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the Memorandum Holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.
	Authorized Representative Stephen Miller
	

MEMORANDUM OF INSURANCE

Date Issued 11/12/2025

Producer

AMBA
In CA dba Assn Member Benefits & Insurance Agency
P.O. Box 14554
Des Moines, IA 50306
1-800-375-2764

This memorandum is issued as a matter of information only and confers no rights upon the holder. This memorandum does not amend, extend or alter ~~the~~ coverages afforded by the Certificate listed below.

Company Affording Coverage

Liberty Insurance Underwriters, Inc.

Insured

Verbal Expressions, Inc.
Suite 126
5300 Memorial Drive
Stone Mountain, GA 30083

This is to certify that the Certificate listed below has 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 memorandum may be issued or may pertain, the insurance afforded by the Certificate described herein is subject to all the terms, exclusions and conditions of such Certificate. The limits shown may have been reduced by paid claims.

The Memorandum of Insurance and verification of payment are your evidence of coverage. No coverage is afforded unless the premium is successfully paid in full.

Type of Insurance	Certificate Number	Effective Date	Expiration Date	Limits	
Professional Liability SpeechLangH Fm Speech Language Pathologist	AHY-985454007	11/19/2025	11/19/2026	Per Incident/ Occurrence	\$1,000,000
				Annual Aggregate	\$3,000,000
General Liability SpeechLangH Fm Speech Language Pathologist	AHY-985454007	11/19/2025	11/19/2026	Per Incident/ Occurrence	\$1,000,000
				Annual Aggregate	\$3,000,000

PROOF OF INSURANCE**Memorandum Holder:**

Riviera Finance
Building 300 Suite 340
1000 Mansell Exchange West
Alpharetta, GA 30022

Should the above describe Certificate be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the Memorandum Holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

Authorized Representative

Stephen Miller



LIBERTY INSURANCE UNDERWRITERS INC.

(A Stock Insurance Company, hereinafter the "Company")

MEDICAL PROFESSIONAL LIABILITY OCCURRENCE INSURANCE POLICY

THIS IS AN OCCURRENCE POLICY. PLEASE REVIEW THE POLICY CAREFULLY.

The Company agrees with the **Named Insured**, in consideration of the payment of the premium, and in reliance upon the statements in the Declarations and in the Application and subject to the Limit of Liability, exclusions, conditions and other terms of this policy, as follows:

I. COVERAGES

A. COVERAGE A, PROFESSIONAL LIABILITY COVERAGE

If indicated by a specific premium in the Declarations, the Company will pay on behalf of the **Insured** all sums which the **Insured** shall become legally obligated to pay as **Damages** because of **Bodily Injury** or **Property Damage** caused by an **Incident** or **Personal and Advertising Injury** offense, to which this insurance applies in the operation of the business or conduct of the profession of the **Named Insured** as specified in the Declarations; which occurs during the **Policy Period**.

B. COVERAGE B, GENERAL LIABILITY COVERAGE

If indicated by a specific premium in the Declarations, the Company will pay on behalf of the **Insured** all sums which the **Insured** shall become legally obligated to pay as **Damages** because of **Bodily Injury**, **Property Damage** or **Personal and Advertising Injury** to which this insurance applies in the operation of the business or conduct of the profession of the **Named Insured** as specified in the Declarations, caused by an **Occurrence** during the **Policy Period**. This coverage specifically includes the following extensions:

1. Contractual Liability: **Bodily Injury** or **Property Damage** resulting from any **Incidental Contract** relating to the operation of the **Named Insured's** business, except if such injury or damage occurred prior to the execution of the **Incidental Contract**;
2. Host Liquor Liability: **Bodily Injury** or **Property Damage** arising out of the giving or serving of alcoholic beverages at functions incidental to the **Named Insured's** business;
3. Damage To Premises Rented To You: **Property Damage** to structures or portions thereof rented to or leased to the **Named Insured**, including fixtures permanently attached thereto, if such **Property Damage** arises out of fire. Solely as respects Damage To Premises Rented To You coverage, all of the exclusions of the policy, other than Exclusions 6, 12 and 13 and the Nuclear Energy Liability Exclusion (Broad Form) are deleted;

As respects coverage(s) provided by this insurance, the Company shall have the right and duty to defend any **Suit** against the **Insured** seeking **Damages** on account of such **Bodily Injury**, **Property Damage**, **Personal and Advertising Injury**, even if any of the allegations of the **Suit** are groundless, false or fraudulent, but the Company shall not be obligated to pay any claim or judgment or continue to defend any **Suit** after the applicable limit of the Company's liability has been exhausted by payment of **Damages**.

The Company, at its option, shall select and assign defense counsel; however, the **Named Insured** may engage additional counsel, solely at their expense, to associate in the defense of any claim covered hereunder. **Claims Expenses** incurred by the Company shall be paid in addition to the applicable Limits of Liability. The Company shall also have the right to investigate any claim and/or negotiate the settlement thereof, as it deems expedient, but the Company shall not commit to any settlement without the **Named Insured's** written consent. If the **Named Insured** refuses to consent to any settlement recommended in writing by the Company and elects to contest the claim or continue any legal proceedings in connection with such claim, then the Company shall be relieved of any

Healthcare Professional Liability

claim or continue any legal proceedings in connection with such claim, then the Company shall be relieved of any further duty to defend the claim, and the liability of the Company for **Damages** and **Claims Expenses** shall not exceed the amount for which the claim could have been settled as well as the **Claims Expenses** incurred by the Company or with the Company's consent up to the date of such refusal. The **Insured** shall not admit liability, nor assume any obligations, incur any costs, charges, or expenses or enter into any settlement without the Company's written consent.

II. PERSONS INSURED

Each of the following is an **Insured** under this policy to the extent set forth below:

- A. If the **Named Insured** is an individual, the **Named Insured** so designated in the Declarations;
- B. If the **Named Insured** is a sole proprietorship, the **Named Insured** so designated in the Declarations;
- C. If the **Named Insured** is a partnership, the partnership so designated in the Declarations and any partner thereof;
- D. If the **Named Insured** is other than an individual, sole proprietorship or partnership, the organization so designated in the Declarations, and any owner, officer, director, principal, trustee or stockholder thereof;
- E. Any employee of the **Named Insured**, but only while such employee was acting on behalf of the **Named Insured** and within the scope of the employee's duties as such or for acts performed by such employee as a Good Samaritan or unpaid volunteer during the employee's term of employment with the **Named Insured**;
- F. Any volunteer, but solely while such person was acting within the scope of the volunteer's duties for, and on behalf of, the **Named Insured**;
- G. Any professional serving as a temporary replacement or substitute for an **Insured**, but solely while such person was acting within their duties for, and on behalf of, the **Named Insured**. During the term of such replacement, the person who is replaced by, or substituted for, shall not be an **Insured** under this policy, as respects COVERAGES A. and B.

III. LIMITS OF LIABILITY

Regardless of the number of Coverage Parts that apply, the number of **Insureds** under this insurance, the number of persons and/or organizations who sustain **Bodily Injury, Property Damage, Personal Injury** and/or **Advertising Injury**, or the number of claims made or **Suits** brought, the Company's liability is limited as follows:

- A. The Limit of Liability stated in the Declarations as applicable to "each **Incident**" or "each **Occurrence**" is the total limit of the Company's liability for all Damages for "each **Incident**" and/or "each **Occurrence**" covered by the policy. All claims arising from the same or related **Incident, Occurrence** and/or **Personal Injury** shall be considered a single claim for the purpose of this insurance and shall be subject to the same Limit of Liability.
- B. The Limit of Liability stated in the Declarations as "Aggregate" is, subject to the above provisions involving "each **Incident**" and/or "each **Occurrence**," the total limit of the Company's liability under this policy for all **Damages**. However, the Limit of Liability stated in the Declarations as "Aggregate" shall apply separately to any individual defined as an **Insured** under Section II, PERSONS INSURED, Subsections A, B, C or E, or any organization defined as an **Insured** under Subsection D.

IV. POLICY TERRITORY

This insurance applies to **Bodily Injury, Property Damage, Personal Injury, or Advertising Injury** which occurs anywhere in the world, provided that claim is made or **Suit** is brought within the United States of America, its territories or possessions, or Canada.

V. SUPPLEMENTARY PAYMENTS

The Company will pay, in addition to the applicable Limit of Liability:

Healthcare Professional Liability

A. FIRST PARTY ASSAULT:

Up to \$10,000, for:

1. medical expenses incurred as a result of **Bodily Injury** to the **Insured**; and
2. repair or replacement of personal property owned by the **Insured**;

caused by any one **Assault** by, or at the direction of, a person other than an **Insured** during the **Policy Period**, which happens on the **Insured's** workplace premises, including the ways immediately adjoining such workplace premises, while away from such workplace premises while conducting an authorized work activity, or while travelling to or from such workplace premises.

Subject to the foregoing, the total amounts payable under this extension shall not exceed \$25,000 for all **Assaults** which happen during the **Policy Period**.

This coverage does not apply to damage to any mode of transportation used by the **Insured** to go to and from the **Insured's** workplace premises, or damage to any business or personal property owned, leased or rented by any other person or business enterprise while in the **Insured's** possession.

This coverage applies as excess over any other available insurance covering such loss;

B. LICENSING BOARD REIMBURSEMENT:

Up to \$10,000 for attorney fees, and other costs, expenses or fees resulting from the investigation or defense of all proceedings before any entity responsible for regulating the **Insured's** professional conduct, arising out of an **Incident**, incurred as a result of notice or notices of proceedings first received by the **Insured** during the **Policy Period**. This payment, however, does not apply to any expenses or fees resulting from criminal proceedings.

All such proceedings arising out of the same or related Incident shall be:

1. considered first made during the **Policy Period** in which the earliest complaint arising out of such same or related **Incident** was made; and
2. subject to a single limit as stated above.

Subject to the foregoing, the total amounts payable under this extension shall not exceed \$25,000 for all **Incidents** of which notice or notices are first received by all **Insureds** during the **Policy Period**.

C. WAGE LOSS AND EXPENSE:

For lost wages, costs and expenses, caused by the **Insured's** attendance at the Company's request at any trial(s), hearing(s) or arbitration proceedings(s) involving a civil **Suit(s)** against such **Insured** for covered **Damages** the Company will pay up to \$500 per Insured per day for the Insured's lost wages, costs and expenses. Regardless of the number of **Insureds**, trials, hearings or arbitration proceedings, the amount so payable for any one series of trials, hearings or arbitration proceedings arising out of the same **Incident** and/or **Occurrence** shall not exceed \$10,000. The maximum amount the Company will pay for all Incidents and/or Occurrences during the Policy Period shall not exceed \$25,000.

D. DEPOSITION EXPENSE:

Up to \$10,000, for all reasonable fees, costs and expenses necessary to represent the **Insured** at all depositions, which the **Insured** is required to attend, arising out of the profession indicated in the Declarations, of which notice or notices of required attendance are first received by the **Insured** during the **Policy Period**. This payment does not apply to any deposition where the **Insured** is acting as a paid expert.

Healthcare Professional Liability

E. FIRST AID REIMBURSEMENT:

Up to \$10,000, for all medical related expenses for which the **Insured** has voluntarily made payment or incurred, for first aid rendered to others because of any **Bodily Injury** covered by this policy. For purposes of this Supplementary Payment, first aid is the provision of initial care for an illness or injury until definitive medical treatment can be accessed.

This provision does not apply to **Bodily Injury** to any person defined as an **Insured** in this policy.

F. MEDICAL PAYMENTS:

The Company will pay, in addition to the applicable Limit of Liability, up to \$10,000 per person, to or for each person who sustains **Bodily Injury** caused by an **Occurrence** during the **Policy Period**:

1. while on the premises owned by or rented to the **Insured** with the permission of the **Insured**;
or
2. while elsewhere if such **Bodily Injury**:
 - a. arises out of the premises owned by or rented to the **Insured** or a condition in the ways immediately adjoining; or
 - b. is caused by the activities of the **Insured**; or
 - c. is caused by the activities of, or is sustained by, a residence employee while engaged in activities as a lawful employee of the **Insured**;

the reasonable expense of necessary medical, surgical, ambulance, hospital, professional nursing and funeral services, all incurred within four (4) years from the date of **Occurrence**.

Subject to the foregoing, the total amounts payable under this extension shall not exceed \$100,000 for all persons who sustain **Bodily Injury**.

G. DAMAGE TO PROPERTY OF OTHERS:

The Company will pay, in addition to the applicable Limit of Liability, up to \$10,000 for all damage to the property of others that is caused by the **Insured** during the **Policy Period**. The Company will not pay for damage to the property of others if such damage arises out of:

1. any act or omission with regard to any premises, other than your residence premises, which is owned, rented or controlled by an **Insured**; or
2. the **Insured's** ownership, use, care, or entrustment to others of an **Automobile, Mobile Equipment**, watercraft or aircraft.

Within sixty (60) days from the date of loss, the **Insured** must submit a sworn statement of such loss to the Company. The **Insured** must also exhibit the damaged property if such property is in the **Insured's** possession and/or control.

Subject to the foregoing, the total amounts payable under this extension shall not exceed \$10,000 during the **Policy Period**.

VI. EXCLUSIONS

This insurance does not apply:

1. with respect to **Advertising Injury**:
 - a. to any **Insured** in the business of advertising, broadcasting, publishing or telecasting; or

Healthcare Professional Liability

- b. to any injury arising out of any act committed by any **Insured** with actual malice;
- 2. to **Advertising Injury** arising out of:
 - a. failure of performance of contract, but this exclusion does not apply to the unauthorized appropriation of ideas based upon alleged breach of implied contract; or
 - b. infringement of trademark, service mark or trade name, other than titles or slogans, by use thereof on or in connection with goods, products or services sold, offered for sale or advertised; or
 - c. incorrect description or mistake in advertised price of goods, products or services sold, offered for sale or advertised;
- 3. to any obligation for which the **Insured**, or any carrier as his/her insurer, may be held liable under any workers' compensation, unemployment compensation or disability benefits law, or under any similar law;
- 4. to **Bodily Injury** or **Personal Injury** to any employee of the **Insured** arising out of and in the course of his/her employment by the **Insured** or to any obligation of the **Insured** to indemnify another because of **Damages** arising out of such injury;
- 5. to **Bodily Injury** or **Property Damage** arising out of the ownership, maintenance, operation, use, loading or unloading of:
 - a. any watercraft owned or operated by or rented or loaned to any **Insured**; or
 - b. any other watercraft operated by any person in the course of his/her employment by any **Insured**.

This exclusion does not apply to any watercraft under 26 feet in length provided such watercraft is neither owned by the **Named Insured** nor being used to carry persons or property for a charge. Irrespective of this coverage, where the **Insured** is covered or protected by other insurance against any loss or claim which would otherwise have been paid by the Company under this policy there shall be no contribution or participation by this Company on the basis of excess, contributing, deficiency, concurrent, or double insurance or otherwise;

- 6. to any claim, action, judgement, liability, settlement, loss, defense, cost or expense in anyway arising out of actual, alleged or threatened pollution, contamination or any environmental impairment resulting from seepage, discharge, dispersal, release or escape of any solid, liquid, gaseous or radioactive matter including, but not limited to, smoke, vapors, soots, fumes, acids, alkalis, chemicals or toxic matter; or waste material (including materials to be recycled, reconditioned or reclaimed); or oil or other petroleum substances or derivatives (including oil refuse or oil mixed with waste), or thermal or vibratory effect including, but not limited to, sound or noise, heat or cold, into or upon land, the atmosphere or any water course or body of water, underground water or water table supplies, whether such results directly, indirectly or in concurrence or in any sequence from the **Insured's** activities or the activities of others and whether or not such is sudden, gradual, accidental, intended, foreseeable, expected, fortuitous or inevitable and wherever or however such occurs.

But this exclusion shall not apply to **Bodily Injury** or **Property Damage** caused by heat, smoke or fumes from a **Hostile Fire** unless such fire involves:

- a. materials which are or were at any time used for the handling, storage, disposal, processing or treatment of waste; or
- b. any premises, site or location:
 - i. which is or was at any time used for handling, storage, disposal, processing or treatment of waste; or
 - ii. on which any **Insured** or contractors or subcontractors working directly or indirectly on any **Insured's** behalf are performing operations to test for, monitor, cleanup, remove, contain, treat, detoxify or neutralize, or in any way respond to, or assess the effects of, pollutants;
- 7. to **Bodily Injury** or **Property Damage** due to war, whether or not declared, civil war, insurrection, rebellion or revolution or to any act or condition **Incident** to any of the foregoing;

Healthcare Professional Liability

8. to **Bodily Injury** or **Property Damage** for which the **Insured** or the **Insured's** indemnitee may be liable:
 - a. as a person or organization engaged in the business of manufacturing, distributing, selling or serving alcoholic beverages; or
 - b. if not so engaged, as an owner or lessor of premises used for such purposes, if such liability is imposed by, or because of, the violation of any statute, ordinance or regulation pertaining to the sale, gift, distribution or use of any alcoholic beverage, including the selling, serving or giving of any alcoholic beverage to a minor;
9. to **Property Damage** included within:
 - a. the **Explosion Hazard**;
 - b. the **Collapse Hazard**;
 - c. the **Underground Property Damage Hazard**;
10. to any dishonest, fraudulent, criminal or malicious act or omission of any **Insured**;
11. to any claim made by an employer against an **Insured** if the **Insured** is a salaried employee of such employer;
12. to acts or omissions by any **Insured** expected or intended to cause **Bodily Injury** or **Property Damage** regardless or whether or not such act or omission was intended to cause the specific **Bodily Injury** or **Property Damage** sustained. This exclusion shall not apply to any intentional act by or at the direction of the **Insured** which results in **Bodily Injury**, if such **Bodily Injury** arises solely from the use of reasonable force for the purpose of protecting persons or property;
13. to liability assumed by any **Insured** under any contract or agreement except to the extent:
 - a. such **Insured** would be liable in the absence of such contract or agreement, including liability assumed by any **Insured** under a contract or agreement with a Health Maintenance Organization, Preferred Provider Organization, Independent Practice Association, or any other similar organization;
 - b. the contract or agreement is an **Incidental Contract** and COVERAGE B, GENERAL LIABILITY COVERAGE has been purchased;
14. to **Bodily Injury** or **Property Damage** arising out of the ownership, maintenance, operation, use, loading or unloading of:
 - a. any **Automobile** or aircraft owned or operated by or rented or loaned to any **Insured**; or
 - b. any other **Automobile** or aircraft operated by any person in the course of his or her employment by any **Insured**; but this exclusion does not apply to the parking of an **Automobile** on premises owned by, rented to or controlled by the **Named Insured** or the ways immediately adjoining, if such **Automobile** is not owned by or rented or loaned to any **Insured**;
15. to **Bodily Injury** or **Property Damage** arising out of:
 - a. the ownership, maintenance, operation, use, loading or unloading of any **Mobile Equipment** while being used in any prearranged or organized racing, speed or demolition contest or in any stunting activity or in practice or preparation for any such contest or activity; or
 - b. the operation or use of any snowmobile or trailer designed for use therewith;
16. to **Bodily Injury** or **Property Damage** arising out of and in the course of the transportation of **Mobile Equipment** by an **Automobile** owned or operated by or rented or loaned to any **Insured**;
17. to **Property Damage** to:
 - a. property owned, rented or occupied by, the **Named Insured**; or
 - b. personal property in the care, custody or control of the **Insured**;

Healthcare Professional Liability

18. to **Property Damage** to premises alienated by the **Named Insured** arising out of such premises or any part thereof;
19. to loss of use of tangible property which has not been physically injured or destroyed resulting from:
 - a. a delay in or lack of performance by or on behalf of the **Named Insured** or any contract or agreement; or
 - b. the failure of the **Named Insured's Products** or work performed by or on behalf of the **Named Insured** to meet with the level of performance, quality, fitness or durability warranted or represented by the **Named Insured**;but this exclusion does not apply to loss of use of other tangible property resulting from the sudden and accidental physical injury to or destruction of the **Named Insured's Product** or work performed by or on behalf of the **Named Insured** after such products or work have been put to use by any person or organization other than an **Insured**;
20. to **Property Damage** to the **Named Insured's Products** arising out of the use of such products or any part of such products;
21. to claims brought for the withdrawal, inspection, repair, replacement, or loss of use of the **Named Insured's Products** or work completed by or for the **Named Insured** or any property of which such products or work form a part, if such products, work or property are withdrawn from the market or from use because of any known or suspected defect or deficiency therein;
22. to claims brought against any **Insured** as a proprietor, owner, partner, manager, superintendent, or officer of any hospital, sanitarium, medical clinic, health maintenance organization, managed care facility, foster care agency, adoption agency or any other facility not specified in the Declarations or any endorsement thereto;
23. to claims arising out of the services performed by any **Insured** as a physician, surgeon, dentist, nurse midwife, chiropractor, podiatrist, osteopath, psychiatrist, cytotechnologist, or perfusionist, except for services performed as an optometric physician, or to claims brought against the **Insured** arising out of any trade, business, employment, profession or occupation other than as specified in the Declarations or any endorsement thereto;
24. to claims based on or arising out of the practice of the **Named Insured's** business or professional occupation as stated in the Declarations unless the **Insured** is properly licensed or certified by the laws of the state(s) in which the **Insured** practices or conducts business or is otherwise qualified to practice the **Named Insured's** business or professional occupation in the absence of such law;
25. to claims based on or arising out of services provided by any **Insured**, to the extent such services are not authorized or permitted by the laws of the state(s) in which such **Insured** practices or conducts business;
26. to any claims based on or arising out of any act or omission by an **Insured** with respect to hiring, termination, harassment, compensation, or the tenure, term, condition, benefits or privilege of employment of any such person;
27. to any claims made or **Suits** brought against any **Insured** alleging in whole or part:
 - a. physical assault, abuse, molestation, or habitual neglect, or licentious, immoral, amoral or other behavior that was committed or alleged to have been committed, by the **Insured** or by any person for whom the **Insured** is legally responsible; and/or
 - b. sexual assault, abuse, or molestation, or licentious, immoral, amoral or other behavior which was threatened, intended to, lead to or culminated in, any sexual act whether committed intentionally, negligently, inadvertently or with the belief, erroneous or otherwise, that the other party is consenting and has the legal and mental capacity to consent thereto, that was committed, or alleged to have been committed by the **Insured** or by any person for whom the **Insured** is legally responsible.

This exclusion applies regardless of the legal theory or basis upon which the **Insured** is alleged to be legally liable or responsible in whole or in part, for any **Damages** arising out of sexual and/or physical abuse,

Healthcare Professional Liability

including but not limited to assertions of improper or negligent hiring, employment or supervision, failure to protect or warn the other party, failure to prevent the sexual abuse and/or physical abuse, failure to prevent assault and battery, failure to discharge the employee.

However, notwithstanding the foregoing exclusion, the **Insured** shall be entitled to a defense as provided under the terms of the policy as to any claim upon which **Suit** is brought for any such alleged behavior, unless a judgment or final adjudication adverse to any **Insured** or an admission by any **Insured**, shall establish that such behavior caused, in whole or part, the injury claimed in such claim or **Suit**. The Company shall not be required to appeal a judgment or final adjudication adverse to the **Insured**. This duty to defend will not apply to claims brought alleging conduct specified in Exclusion 26, above;

28. to **Bodily Injury** and **Property Damage** included within the **Products Hazard** or **Completed Operations Hazard**;
29. to **Personal Injury** or **Advertising Injury** arising out of:
 - a. the willful violation of a penal statute or ordinance committed by or with the knowledge or consent of the **Insured**;
 - b. a publication or utterance of a libel or slander, or a publication or utterance in violation of an individual's right of privacy if the first injurious publication or utterance of the same or similar material by or on behalf of the **Named Insured** was made prior to the effective date of this insurance;
 - c. libel or slander or the publication or utterance of defamatory or disparaging material concerning any person or organization or goods, products or services, or in violation of an individual's right of privacy, made by or at the direction of the **Insured** with knowledge of falsity thereof;
30. to any claim brought by, or on behalf of, any **Insured** under this policy against any other **Insured** under this policy, except if such claim results from services rendered in a patient or client relationship;

VII. DEFINITIONS

When used in this policy (including endorsements forming a part hereof):

“**Advertising Injury**” means injury arising out of an offense committed during the **Policy Period** occurring in the course of the **Named Insured's** advertising activities, if such injury arises out of libel, slander, defamation, violation or right of privacy, piracy, or infringement of copyright, title or slogan;

“**Assault**” means any willful attempt or threat to inflict injury upon the person of another, when coupled with an apparent present ability to do so, and any intentional display of force such as would give the victim reason to fear or expect immediate bodily harm;

“**Automobile**” means any land motor vehicle, tractor, trailer or semi-trailer designed for travel on public roads (including any machinery or apparatus attached thereto), but does not include **Mobile Equipment**;

“**Bodily Injury**” means bodily injury, sickness or disease, mental anguish, psychological injury or emotional distress sustained by any person which occurs during the **Policy Period** including death at any time resulting therefrom;

“**Claims Expenses**” means:

- A. fees charged by an attorney(s) and/or independent adjustor(s) designated by the Company and all other fees, costs and expenses resulting from the investigation, adjustment, defense and appeal of a claim, **Suit** or proceedings arising in connection therewith, if incurred by the Company, or by the **Insured** with written consent of the Company, but does not include salary charges or expenses of regular employees or officials of the Company;
- B. all costs taxed against the **Insured** in such **Suits** and all interest on the entire amount of any judgment therein which accrues after entry of the judgement and before the Company has paid, tendered or deposited, whether in court or otherwise, the part of the judgement which does not exceed the limit of the Company's liability;

Healthcare Professional Liability

- C. premiums on appeal bonds and premiums on bonds to release attachments in such **Suits**, but not for bond amounts in excess of the applicable Limit of Liability of this policy, but the Company shall have no obligation to apply for or furnish any such bond;

“**Collapse Hazard**” includes “**Structural Property Damage**” as defined herein and **Property Damage** to any other property at any time resulting therefrom. “**Structural Property Damage**” means the collapse of or structural injury to any building or structure due to:

- A. grading of land, excavating, burrowing, filling, back-filling, tunneling, pile driving, cofferdam work or caisson work; or
- B. moving, shoring, underpinning, razing or demolition of any building or structure or removal or rebuilding of any structural support thereof.

The **Collapse Hazard** does not include **Property Damage**:

- A. arising out of operations performed for the **Named Insured** by independent contractors; or
- B. included within the **Completed Operations Hazard** or the **Underground Property Damage Hazard**; or
- C. for which liability is assumed by the **Insured** under an **Incidental Contract**;

“**Completed Operations Hazard**” includes **Bodily Injury** and **Property Damage** arising out of operations or reliance upon a representation or warranty made at any time with respect thereto, but only if the **Bodily Injury** or **Property Damage** occurs after such operations have been completed or abandoned and occurs away from premises owned by or rented to the **Named Insured**. “Operations” includes materials, parts or equipment furnished in connection therewith. Operations shall be deemed completed at the earliest of the following times:

- A. when all operations to be performed by or on behalf of the **Named Insured** under the contract have been completed; or
- B. when all operations to be performed by or on behalf of the **Named Insured** at the site of the operations have been completed; or
- C. when the portion of the work of which the **Bodily Injury** or **Property Damage** arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as part of the same project.

Operations which may require further service, maintenance work, correction, repair or replacement because of any defect or deficiency, but which are otherwise complete, shall be deemed completed.

The **Completed Operations Hazard** does not include **Bodily Injury** or **Property Damage** arising out of:

- A. operations in connection with the transportation of property, unless the **Bodily Injury** or **Property Damage** arises out of a condition in or on a vehicle created by the loading or unloading thereof; or
- B. the existence of tools, installed equipment or abandoned or unused material; or
- C. operations for which the classification stated in the policy or in the Company’s manual specifies “including completed operations”;

“**Damages**” means compensatory judgments, settlements or awards but does not include punitive or exemplary **Damages**, fines or penalties, the return of fees or other consideration paid to the **Insured**, or the portion of any award or judgment caused by the multiplication of actual **Damages** under federal or state law. However, if a **Suit** is brought against the **Insured** with respect to a claim for alleged acts or omissions falling within the scope of coverage afforded by this insurance seeking both compensatory and punitive or exemplary **Damages**, then the Company will afford a defense to such action, without liability however, for payment of such punitive or exemplary **Damages**;

“**Explosion Hazard**” includes **Property Damage** arising out of blasting or explosion. The **Explosion Hazard** does not include **Property Damage**:

Healthcare Professional Liability

- A. arising out of the explosion of air or steam vessels, piping under pressure, prime movers, machinery or power transmitting equipment; or
- B. arising out of operations performed for the **Named Insured** by independent contractors; or
- C. included within the **Completed Operations Hazard** or the **Underground Property Damage Hazard**; or
- D. for which liability is assumed by the **Insured** under an **Incidental Contract**;

“**Hostile Fire**” means one which becomes uncontrollable or breaks out from where it was intended to be;

“**Incident**” means any act or omission:

- A. in the rendering of or failure to render services by the **Insured**, or by any person for whom the **Insured** is legally responsible; including but not limited to services as a Good Samaritan; or
- B. in the performance of services by the **Insured** as a member of a formal accreditation, ethics, peer review, licensing board, standards review or similar professional board or committee of a professional organization; in the conduct of the business or professional occupation specified in the Declarations.

Any such act or omission together with all related acts or omissions shall be considered one **Incident** and be subject to the same Limit of Liability;

“**Incidental Contract**” means any oral or written contract or agreement relating to the operation of the **Named Insured’s** business, except as respects Fire Legal Liability;

“**Insured**” means any person or organization qualifying as an **Insured** in Section II, PERSONS INSURED. The insurance afforded applies separately to each **Insured** against whom claim is made or **Suit** is brought, except with respect to the Company’s “Each **Incident**” or “Each **Occurrence**” Limit of Liability, but this provision does not expand or alter the coverage under this policy;

“**Mobile Equipment**” means a land vehicle (including any machinery or apparatus attached thereto), whether or not self-propelled:

- A. not subject to motor vehicle registration; or
- B. maintained for use exclusively on premises owned by or rented to the **Named Insured**, including the ways immediately adjoining; or
- C. designed for use principally off public roads; or
- D. designed or maintained for the sole purpose of affording mobility to equipment of the following types forming an integral part of or permanently attached to such vehicle: power cranes, shovels, loaders, diggers and drills; concrete mixers (other than the mix-in-transit type); graders, scrapers, rollers and other road construction or repair equipment; air-compressors, pumps and generators, including spraying, welding and building cleaning equipment; and geophysical exploration and well servicing equipment;

“**Named Insured**” means the organization named in Item 1 of the Declarations of this policy. “**Named Insured**” also shall include any organization which is acquired or formed by the **Named Insured** and over which the **Named Insured** maintains ownership or majority interest, other than a joint venture, but this insurance shall not apply if such new organization is also an Insured under any other similar liability or indemnity policy or would be insured under any such policy but for exhaustion of its limits of liability. Unless written notice is given to the Company, this coverage shall terminate ninety (90) days from the date any such organization is acquired or formed by the **Named Insured**, or the end of the **Policy Period** whichever is earlier, and shall only apply to claims brought against the **Insured** arising out of the business or professional occupation specified in the Declarations;

“**Named Insured’s Products**” means goods or products manufactured by the **Named Insured** or by others trading under the name of the **Named Insured**, including any container thereof;

Healthcare Professional Liability

“**Occurrence**” means an accident, including continuous or repeated exposure to substantially the same general conditions, which results in **Bodily Injury** or **Property Damage**, neither expected nor intended from the standpoint of any **Insured** or **Advertising Injury**;

“**Personal Injury**” means injury arising out of an offense committed during the **Policy Period**, if such injury result from:

- A. false arrest, detention or imprisonment, or malicious prosecution; or
- B. the publication or utterance of a libel or slander or of other defamatory or disparaging material, or a publication or utterance in violation of an individual’s right of privacy; except publications or utterances in the course of or related to advertising, broadcasting or telecasting activities conducted by or on behalf of the **Named Insured**; or
- C. wrongful entry or eviction, or other invasion of the right of private occupancy;

Any such act, described in A, B or C above, together with all related acts described in A, B or C above shall be considered one **Personal Injury** and be subject to the same Limit of Liability.

“**Policy Period**” means, whenever used in this policy, the period from the inception date of this policy to the policy expiration date as set forth in the Declarations or its earlier termination date, if any;

“**Products Hazard**” includes **Bodily Injury** and **Property Damage** arising out of the **Named Insured’s Products** or reliance upon a representation or warranty made at any time with respect thereto, but only if the **Bodily Injury** or **Property Damage** occurs away from the premises owned by or rented to the **Named Insured** and after physical possession of such products has been relinquished to others. Equipment specifically designed, made or altered by the **Insured** for a patient or client in the performance of the **Insured’s** profession or operation of business, shall not be included in the “**Products Hazard**”;

“**Property Damage**” means:

- A. physical injury to or destruction of tangible property which occurs during the **Policy Period**, including the loss of use thereof at any time resulting therefrom; or
- B. loss of use of tangible property which has not been physically injured or destroyed provided such loss of use is caused by an **Occurrence** during the **Policy Period**; or
- C. economic loss, whether or not resulting from physical injury or damage to person or property, except if such loss was caused, or alleged to have been caused, in whole or part, by anti-trust, breach of contract, price-fixing, restraint of trade or unfair business practices by any **Insured**;

“**Suit**” includes lawsuit and/or arbitration proceedings to which the **Insured** is required to submit to or to which the **Insured** has submitted with the Company’s consent;

“**Underground Property Damage Hazard**” includes **Underground Property Damage** as defined herein and **Property Damage** to any other property at any time resulting therefrom. “**Underground Property Damage**” means **Property Damage** to wires, conduits, pipes, mains, sewers, tanks, tunnels, any similar property, and any apparatus in connection therewith, beneath the surface of the ground or water, caused by and occurring during the use of mechanical equipment for the purpose of grading land, paving, excavating, drilling, burrowing, filling, back-filling or pile driving. The **Underground Property Damage Hazard** does not include **Property Damage**:

- A. arising out of operations performed for the **Named Insured** by independent contractors; or
- B. included within the **Completed Operations Hazard**; or
- C. of which liability is assumed by the **Insured** under an **Incidental Contract**.

VIII. CONDITIONS

A. LEGAL ACTION AGAINST THE COMPANY

Healthcare Professional Liability

A person or organization may bring **Suit** against the Company including, but not limited to, a **Suit** to recover on an agreed settlement or on a final judgement against an **Insured**; but the Company will not be liable for **Damages** that are not payable under the terms of this policy or that are in excess of the applicable limit of insurance. An agreed settlement means a settlement and release of liability signed by the Company, the **Insured** and the claimant or the claimant's legal representative.

However, no action by an **Insured** shall lie against the Company unless there has been full compliance with all of the terms of this policy.

B. ASSIGNMENT

Assignment of interest under this policy shall not bind the Company until its consent is endorsed herein; if, however, the **Named Insured** shall die, such insurance as afforded by this policy shall apply (1) to the **Named Insured's** legal representative as the **Named Insured**, but only while acting within the scope of his/her duties as such, and (2) with respect to the property of the **Named Insured**, to the person having proper temporary custody thereof, as **Insured**, but only until the appointment and qualification of the legal representative.

C. ASSISTANCE AND COOPERATION OF INSURED

The **Insured** shall give written notice to the Company as soon as practicable of any claim made against the **Insured** or of any specific circumstances involving a particular person likely to result in a claim. The notice shall identify the **Insured** and contain reasonably obtainable information with respect to the time, place and circumstances of the injury, including the names and addresses of the injured and of available witnesses and the extent of the type of claim anticipated. If a claim is made or **Suit** is brought against the **Insured**, the **Insured** shall immediately forward to the Company every demand, notice, summons or other process received by the **Insured** or the **Insured's** representative.

The **Insured** and each of its employees shall cooperate with the Company and, upon the Company's request, assist in making settlements, in the conduct of **Suits** and enforcing any right of contribution or indemnity against any person or organization who may be liable to the **Insured** because of injury or **Damage** with respect to which this insurance is afforded under this policy; and the **Insured**, and any of its members, partners, officers, directors, stockholders and employees that the Company deems necessary shall attend hearings and trials and assist in securing and giving evidence and obtaining the attendance of witnesses. The **Insured** shall not, except at the **Insured's** own cost, voluntarily make any payments, assume any obligations or incur any expense.

D. BANKRUPTCY OR INSOLVENCY

Bankruptcy or insolvency of the **Insured** or of the **Insured's** estate shall not relieve the Company of any of its obligations hereunder.

E. CANCELLATION AND NONRENEWAL

1. CANCELLATION

This insurance may be canceled on the customary short-rate basis by the **Named Insured** at any time by written notice or by surrender of this insurance to the Company or its authorized representative and the Company shall refund the paid premium less the earned portion thereof within thirty (30) days of the latter of the effective date of cancellation or the date of delivery of the **Insured's** notice of intent to cancel, subject always to the retention by the Company of any minimum premium stipulated herein (or proportion thereof previously agreed upon).

The earned portion of the premium shall be computed on the customary short-rate basis unless any state law or regulation of the state shown in the mailing address of the **Named Insured** in the Declarations requires that return premium be computed on a pro-rata basis, even in the event of cancellation by the **Named Insured**.



Healthcare Professional Liability

This insurance may also be canceled, with or without the return or tender of the unearned premium, by the Company or by its authorized representative on its behalf, by sending to the **Named Insured**, by first-class registered or certified mail, at the **Named Insured's** address last known to the Company or its authorized agent, not less than ninety (90) days written notice stating the specific reason for such cancellation and when the cancellation shall be effective. In such case, the Company shall refund the paid premium less the earned portion thereof within ten (10) business days after the effective date of cancellation, subject always to the retention by the Company of any minimum premium stipulated herein (or proportion thereof previously agreed upon) in the event of cancellation either by the Company or the **Named Insured**. In case of nonpayment of premium, only thirty (30) days written notice of cancellation must be given by the Company. Minimum premium shall not apply to the return of unearned premium if cancellation is by the Company.

Cancellation by the Company shall only be effective if based on one or more of the following reasons:

- a. nonpayment of premium;
- b. the policy was obtained through material misrepresentation that was relied on by the Company, and such policy would not have been issued by the Company under the same terms and conditions if correct information had been disclosed;
- c. material failure to comply with any policy term, condition or contractual duty;
- d. the risk originally accepted has measurably increased; or
- e. loss by the Company of reinsurance which provided coverage for all or a substantial part of the risk insured.

2. NONRENEWAL

The Company will renew this policy unless written notice of the Company's intent not to renew, stating the specific reasons for nonrenewal, is mailed to the **Named Insured** not less than ninety (90) days before the policy expires. "Nonrenewal" shall include the failure of the Company to offer a renewal policy which provides types and limits of coverage substantially equivalent to those contained in the expiring policy.

Any notice of cancellation or nonrenewal will be mailed by first-class registered or certified mail to the **Named Insured** at the last mailing address known to the Company. Proof of mailing will be sufficient proof of notice.

F. CHANGES

The terms of this policy shall not be waived or changed, except by endorsement issued to form a part of this policy.

G. DECLARATIONS

By acceptance of this policy, the **Insured** agrees that the statements in the Declarations are the **Insured's** agreements and representations, that this policy is issued in reliance upon the truth of such representations and that this policy embodies all agreements existing between the **Insured** and the Company or any of its agents relating to this insurance.

H. OTHER INSURANCE

If there is other valid insurance (whether primary, excess, contingent or self-insurance) which may apply against a loss or claim covered by this policy, the insurance provided hereunder shall be deemed excess insurance over and above the applicable limit of all other insurance or self-insurance. When this insurance is excess, the Company shall have no duty under this policy to defend any claim or **Suit** that any other insurer or self-insurer has a duty to defend. If such other insurer or self-insurer refuses to defend such claim or **Suit**, the Company shall be entitled to the **Insured's** rights against all such other insurers or self-insurers for any **Claims Expenses** incurred by the Company.

When both this insurance and other insurance or self-insurance apply to the loss on the same basis, whether primary, excess or contingent, the Company shall not be liable under this policy for a greater proportion of the loss or defense costs than the applicable Limit of Liability under this policy for such loss bears to the total

Healthcare Professional Liability

applicable limit of liability of all valid and collectible insurance against such loss. Subject to the foregoing, if a loss occurs involving two or more policies, each of which provides that its insurance shall be excess, each will contribute pro-rata.

I. REIMBURSEMENT

While the Company has no duty to do so, if the Company pays **Damages** or **Claims Expenses**:

- a. within the amount of the applicable Deductible;
- b. in excess of the applicable Limit of Liability,

all **Insureds** shall be jointly and severally liable to the Company for such amounts. Upon written demand, the **Insured** shall repay such amounts to the Company within thirty (30) days thereof. Failure to pay any amount indicated may lead to policy cancellation.

J. SUBROGATION

To the extent of any payment under this policy, the Company shall be subrogated to all the **Insured's** rights of recovery therefore against any person, organization or entity and the **Insured** shall execute and deliver instruments and papers and do whatever else is necessary to secure such rights. The **Insured** shall do nothing after any loss to prejudice such rights.

K. PREMIUM

All premiums for this policy shall be computed in accordance with the Company's rules, rates, rating plans, premiums and minimum premiums applicable to the insurance afforded herein.

Premium designated in this policy is a deposit premium only which shall be credited to the amount of the earned premium due at the end of the **Policy Period**. At the close of each period (or part thereof terminating with the end of the **Policy Period**) designated in the Declarations as the audit period the earned premium shall be computed for such period, and upon notice thereof to the **Named Insured**, shall become due and payable. If the total earned premium for the **Policy Period** is less than the premium previously paid, the Company shall return to the **Named Insured** the unearned portion paid by the **Named Insured**.

The **Named Insured** shall maintain records of such information as is necessary for premium computation, and shall send copies of such records to the Company at the end of the **Policy Period** and at such times during the **Policy Period** as the Company may direct.

L. INSPECTION AND AUDIT

The Company shall be permitted but not obligated to inspect the **Named Insured's** property and operations at any time. Neither the Company's rights to make inspections, nor the making thereof, nor any report thereon shall constitute an undertaking, on behalf of or for the benefit of the **Named Insured** or others, to determine or warrant that such property or operations are safe or healthful, or are in compliance with any law, rule or regulation.

The Company may examine and audit the **Named Insured's** books and records at any time during the **Policy Period** and extensions thereof and within three years after the final termination of this policy as far as they relate to the subject matter of this insurance.

M. AUTHORIZATION

The first **Named Insured** listed in the Declarations or in any amendment thereto, agrees to act on behalf of all other **Insureds** with respect to the giving and receiving of all notices to the Company as may be required by the terms of this policy and in the receiving of any return premiums that may become due hereunder.

All **Insureds** agree that the first **Named Insured** listed in the Declarations or in any amendment thereto, is hereby designated to so act on their behalf.

Healthcare Professional Liability



N. LIBERALIZATION

If the Company adopts a revision, at any time during the **Policy Period**, which would broaden the coverage under this policy without additional premium, the broadened coverage will immediately apply to this policy.

IN WITNESS WHEREOF, the Company has caused this policy to be signed by its President and Secretary.

A handwritten signature in black ink, appearing to read "Matthew P. Dolan".

PRESIDENT
Matthew P. Dolan

A handwritten signature in black ink, appearing to read "Damon Hart".

SECRETARY
Damon Hart



Healthcare Professional Liability

LIBERTY INSURANCE UNDERWRITERS INC.

(A Stock Insurance Company, hereinafter the "Company")

ENDORSEMENT NO. []

Effective Date: 11/19/2025

Policy Number: AHY-985454007

Issued To: Verbal Expressions, Inc.

Return Premium \$

Additional Premium

SCHEDULE

Information Privacy Aggregate Limit of Liability	<u>\$25,000</u>
---	-----------------

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

INFORMATION PRIVACY SUPPLEMENTARY PAYMENT ENDORSEMENT HIPAA FINES AND PENALTIES AND NOTIFICATION COSTS

In consideration of the premium charged, it is hereby understood and agreed that this endorsement amends the following:

I. The following is added to the SUPPLEMENTARY PAYMENTS section:

HEALTH INFORMATION PRIVACY AND NOTIFICATION COSTS

Subject to the Information Privacy Aggregate Limit of Liability shown in the Schedule above, the Company will:

1. pay **HIPAA Fines and Penalties** pursuant to the Health Insurance Portability and Accountability Act ("HIPAA"), which the **Insured** becomes legally obligated to pay arising from a **HIPAA Proceeding** with respect to the management and transmission of **Confidential Health Information**;
2. reimburse the insured for notification costs related to the disclosure of **Confidential Personal Information** provided that the insured obtain the Company's prior approval before incurring such costs; and
3. pay **Claims Expenses** related to 1. and 2. above.

II. With respect to the coverage provided by this endorsement, the following are added to the DEFINITIONS section of the policy:

Confidential Health Information means information pertaining to a patient or a client that has been received or created by **the Insured** or provided by **the Insured** to another, subject to protection pursuant to HIPAA, including, but not limited to, an individual's health information, healthcare treatment information and the fact that the such individual has been treated by any provider.

Confidential Personal Information means information not available to the general public from which an individual may be identified, including, without limitation, an individual's name, address, telephone number, social security number, account relationship, account number(s), account balance(s) and account history(ies).

1	2
---	---

Healthcare Professional Liability

HIPAA Fines and Penalties means fines and penalties for failure to comply with the requirements and standards of HIPAA, including fines and penalties imposed by the Department of Health and Human Services or its designees. HIPAA fines and penalties do not include fines and penalties imposed for a knowing wrongful disclosure of individually identifiable health information.

HIPAA Proceeding means an administrative proceeding, including a complaint, investigation or hearing instituted against the **Insured** by the Department of Health and Human Services or its designee alleging a violation of responsibilities or duties imposed upon the Insured under HIPAA or any rules or regulations promulgated thereunder, with respect to the management of **confidential health information**, but solely to the extent that:

1. such proceeding is commenced during the policy period; and
2. reported to the **Insured** within sixty (60) days after the Insured receive notice of such proceeding.

ALL OTHER TERMS AND CONDITIONS OF THE POLICY REMAIN UNCHANGED.



Healthcare Professional Liability

LIBERTY INSURANCE UNDERWRITERS INC.

(A Stock Insurance Company, hereinafter the "Company")

ENDORSEMENT NO. []

Effective Date: 11/19/2025

Policy Number: AHY-985454007

Issued To: Verbal Expressions, Inc.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT BROAD FORM

It is agreed that:

- I. The policy does not apply:
 - A. Under any Liability Coverage, to **Bodily Injury** or **Property Damage**:
 - (1) with respect to which an **Insured** under the policy is also an **Insured** under a Nuclear Energy Liability Policy issued by Nuclear Energy Liability Insurance Association, Mutual Atomic Energy Liability Underwriters or Nuclear Insurance Association of Canada, or would be an **Insured** under any such policy but for its termination upon the exhaustion of its Limit of Liability; or
 - (2) resulting from the **Hazardous Properties of Nuclear Material** and with respect to which (a) any person or organization is required to maintain financial protection pursuant to the Atomic Energy Act of 1954, or any law mandatory thereof, or (b) the **Insured** is, or had this policy not been issued would be entitled to indemnity from the United States of America or any agency thereof, under any agreement entered into by the United States of America, or any agency thereof, with any person or organization.
 - B. Under any Medical Payments Coverage, or under any Supplementary Payments or Claims Expenses provision relating to first aid, to expenses incurred with respect **Bodily Injury** resulting from the **Hazardous Properties of Nuclear Material** and arising out of the operation of a **Nuclear Facility** by any person or organization.
 - C. Under any Liability Coverage, to **Bodily Injury** or **Property Damage** resulting from the **Hazardous Properties of Nuclear Material**; if
 - (1) the **Nuclear Material**: (a) is at any **Nuclear Facility** owned by, or operated by or operated on behalf of, any **Insured** or (b) has been discharged or dispersed therefrom;
 - (2) the **Nuclear Material** is contained in **Spent Fuel** or **Waste** at any time possessed, handled, used, processed, stored, transported or disposed of by or on behalf of an **Insured**; or

Healthcare Professional Liability

- (3) the **Bodily Injury or Property Damage** arises out of the furnishing by an **Insured** of services, materials, parts or equipment in connection with the planning, construction, maintenance, operation or use of any **Nuclear Facility**, but if such facility is located within the United States of America, its territories or possession or Canada, this exclusion (3) applies only to **Property Damage** to such **Nuclear Facility** and any property thereof.

II. As used in this endorsement:

"**Hazardous Properties**" include radioactive, toxic or explosive properties;

"**Nuclear Material**" means **Source Material, Special Nuclear Material or By-product Material**;

"**Source Material**" "**Special Nuclear Material**" and "**By-product Material**" have the meanings given them in the Atomic Energy Act of 1954 or in any law amendatory thereof;

"**Spent Fuel**" means any fuel element or fuel component, solid or liquid, which has been used or exposed to radiation in a **Nuclear Reactor**;

"**Waste**" means any waste material:

- (a) containing **By-product Material** other than the tailings or **Wastes** produced by the extraction or concentration of uranium or thorium from any ore processed primarily for its source material content; and
- (b) resulting from the operation by any person or organization of any **Nuclear Facility** included under the first two paragraphs of the definition of **Nuclear Facility**;

"**Nuclear Facility**" means:

- (a) any **Nuclear Reactor**;
- (b) any equipment or device designed or used for (1) separating the isotopes of uranium or plutonium, (2) processing or utilizing **Spent Fuel**, or (3) handling, processing or packaging **Waste**;
- (c) any equipment or device used for the processing, fabricating or alloying of **Special Nuclear Material** if at any time the total amount of such material in the custody of the **Insured** at the premises where such equipment or device is located consists of or contains more than 25 grams of plutonium or uranium 233 or any combination thereof, or more than 250 grams of uranium 235;
- (d) any structure, basis, excavation, premises or place prepared or used for the storage of disposal of **Waste**, and includes the site on which any of the foregoing is located, all operations conducted on such site and all premises used for such operations;

"**Nuclear Reactor**" means any apparatus designed or used to sustain nuclear fission in self-supporting chain reaction or to contains critical mass of fissionable material;

"**Property Damage**" includes all forms of radioactive contamination of property.



Healthcare Professional Liability

New York - It is agreed that the provisions of the "Nuclear Energy Liability Exclusion Endorsement-Board Form" printed above, do not apply in New York with respect to any Non-Owned Auto Liability Coverage afforded by this policy.

ALL OTHER TERMS AND CONDITIONS OF THE POLICY REMAIN UNCHANGED.



Healthcare Professional Liability

LIBERTY INSURANCE UNDERWRITERS, INC.

(A Stock Insurance Company, hereinafter the "Company")

ENDORSEMENT NO. []

Effective Date: 11/19/2025

Policy Number: AHY-985454007

Issued To: Verbal Expressions, Inc.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

GEORGIA AMENDATORY ENDORSEMENT

- I. In consideration of the premium paid, it is hereby agreed and understood that the term "Damages" of Part VII., DEFINITIONS, of the above referenced policy is hereby amended by the addition of the following:

However, and notwithstanding the foregoing, with regard to any matter where Georgia state law is deemed to govern the interpretation of this policy, punitive damages are insurable.

- II. In addition, it is hereby agreed and understood that Paragraph 1. of Part VIII.E., CONDITIONS, of the above referenced policy is hereby deleted in its entirety and replaced with the following:

1. CANCELLATION

This insurance may be canceled on the customary short-rate basis by the **Named Insured** at any time by written notice or by surrender of this insurance to the Company or its authorized representative and the Company shall refund the paid premium less the earned portion thereof within thirty (30) days of the latter of the effective date of cancellation or the date of delivery of the **Insured's** notice of intent to cancel, subject always to the retention by the Company of any minimum premium stipulated herein (or proportion thereof previously agreed upon).

The earned portion of the premium shall be computed on the customary short-rate basis unless any state law or regulation of the state shown in the mailing address of the **Named Insured** in the Declarations requires that return premium be computed on a pro-rata basis, even in the event of cancellation by the **Named Insured**.

This insurance may also be canceled, with or without the return or tender of the unearned premium, by the Company or by its authorized representative on its behalf, by sending to the **Named Insured**, by first-class registered or certified mail, at the **Named Insured's** address last known to the Company or its authorized agent, not less than ninety (90) days written notice stating the specific reason for such cancellation and when the cancellation shall be effective. In such case, the Company shall refund the paid premium less the earned portion thereof within ten (10) business days after the effective date of cancellation. In case of nonpayment of premium, only thirty (30) days written notice of cancellation must be given by the Company. Minimum premium shall not apply to the return of unearned premium if cancellation is by the Company.

If the policy has been in effect for less than sixty (60) days, the policy may be cancelled by the Company for any reason.



Healthcare Professional Liability

If the policy has been in effect for sixty (60) days or more, cancellation by the Company shall only be effective if based on one or more of the following reasons:

- a. nonpayment of premium;
- b. the policy was obtained through material misrepresentation that was relied on by the Company, and such policy would not have been issued by the Company under the same terms and conditions if correct information had been disclosed;
- c. material failure to comply with any policy term, condition or contractual duty;
- d. the risk originally accepted has measurably increased; or
- e. loss by the Company of reinsurance which provided coverage for all or a substantial part of the risk insured.

III In addition, it is hereby agreed and understood that the third paragraph of Part VIII.H., CONDITIONS, of the above referenced policy is hereby deleted in its entirety and replaced with the following:

When both this insurance and other insurance or self-insurance apply to the loss on the same basis, whether primary, excess or contingent, the Company shall not be liable under this policy for a greater proportion of the loss or defense costs than the applicable Limit of Liability under this policy for such loss bears to the total applicable Limit of Liability of all valid and collectible insurance against such loss. Subject to the foregoing, if a loss occurs involving two or more policies, the Company shall not be liable under this policy for a greater proportion of the loss than as follows:

1. If all other valid and collectible insurance provides for contribution by equal shares, the Company shall not be liable for a greater proportion of such loss than would be payable if each company contributes an equal share until the share of each company equals the lowest applicable limit of liability under any one policy of the full amount of the loss is paid, and with respect to any amount of loss not so paid the remaining companies then continue to contribute equal shares of the remaining amount of the loss until each such company has paid its applicable limit of liability in full or the full amount of the loss is paid.
2. If any other valid and collectible insurance does not provide for contribution by equal shares, the Company shall not be liable for a greater proportion of such loss than the applicable Limit of Liability under this policy for such loss bears to the total applicable Limit of Liability of all valid and collectible insurance against such loss.

ALL OTHER TERMS, CONDITIONS AND EXCLUSIONS REMAIN UNCHANGED.



LIBERTY INSURANCE UNDERWRITERS INC.

(A Stock Insurance Company, hereinafter the "[Insurer/Company]")

ENDORSEMENT NO. []

Effective Date: 11/19/2025
Policy Number: AHY-985454007
Issued To: Verbal Expressions, Inc.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

SANCTION LIMITATION AND EXCLUSION CLAUSE

No Insurer shall be deemed to provide cover and no Insurer shall be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose that Insurer to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.

ALL OTHER TERMS, CONDITIONS AND EXCLUSIONS OF THIS POLICY REMAIN UNCHANGED.



Healthcare Professional Liability

LIBERTY INSURANCE UNDERWRITERS INC.

(A Stock Insurance Company, hereinafter the "Company")

ENDORSEMENT NO. []

Effective Date: 11/19/2025

Policy Number: AHY-985454007

Issued To: Verbal Expressions, Inc.

Return Premium \$

Additional Premium

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

MEDICAL PROFESSIONAL LIABILITY OCCURRENCE INSURANCE POLICY

MEDICAL PROFESSIONAL LIABILITY OCCURRENCE INSURANCE POLICY – INDIVIDUAL

INTRAOPERATIVE NEUROPHYSIOLOGICAL MONITORING PROCEDURE EXCLUSION ENDORSEMENT

In consideration of the premium charged, the following is added to SECTION VI, EXCLUSIONS:

to **Bodily Injury** arising out of any:

- a. intraoperative neurophysiological monitoring services; or
- b. supervision of intraoperative neurophysiological monitoring services provided by the **Insured**.

ALL OTHER TERMS AND CONDITIONS OF THE POLICY REMAIN UNCHANGED.



Healthcare Professional Liability

LIBERTY INSURANCE UNDERWRITERS INC.

(A Stock Insurance Company, hereinafter the "Company")

ENDORSEMENT NO. []

Effective Date: 11/19/2025

Policy Number: AHY-985454007

Issued To: Verbal Expressions, Inc.

Return Premium \$

Additional Premium

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

STUDENT PROFESSIONAL LIABILITY OCCURRENCE INSURANCE POLICY

SPECIFIED MEDICAL PROFESSIONAL LIABILITY OCCURRENCE INSURANCE POLICY –

STUDENT INDIVIDUAL

MEDICAL PROFESSIONAL LIABILITY OCCURRENCE INSURANCE POLICY

MEDICAL PROFESSIONAL LIABILITY OCCURRENCE INSURANCE POLICY – INDIVIDUAL

EXCLUSION OF SPECIFIED ACTIVITIES – REUSE OF PARENTERAL DEVICES AND SUPPLIES

In consideration of the premium charged, this policy shall not apply to **Bodily Injury** or **Property Damage for**, based upon, arising out of or related to any acts, errors or omissions involving **Reuse** of:

1. needles or syringes;
2. catheters or ports, including implanted ports;
3. intravenous solution, whether intended for direct intravenous administration or as a source of diluent for medication or any other substance to be administered parenterally;
4. intravenous medications intended for direct intravenous administration, including heparin or sodium chloride used for flushing venous access devices;
5. lines, including intravenous lines, tubing and any connectors thereto; or
6. any other types of parenteral device or supply used to inject medications, administer parenteral substances or withdraw blood samples;

in contravention of the instructions, warnings or recommendations of the manufacturer of such parenteral device or supply, or any standards regarding safe injection practices, intravenous therapy guidelines, infection control or any other pertinent recommendations or guidelines promulgated by

Healthcare Professional Liability

the Center for Disease Control and Prevention or any other state or federal agency or governmental authority regulating the use of such parenteral device or supply.

Reuse includes:

1. the use of any catheter, line or tubing, including any connectors thereto, on any person after its removal from a person, or after its use for any other purpose wherein it may have become contaminated or is otherwise no longer sterile; or
2. the introduction of any syringe, needle, or other parenteral device or supply into a multi-dose vial or intravenous solution after such syringe's, needle's, device's or supply's initial use.

Reuse does not include more than one parenteral access of a single patient by means of an implanted port or an indwelling various-access device intended to be used for multiple parenteral access, including but not limited to peripheral various devices, arterial devices and central venous devices, including tunneled and non-tunneled devices, or a PICC (peripherally inserted central catheter) line provided that any such procedure comports with:

1. the instructions, warnings and recommendations of the manufacturer of such parenteral device or supply; and
2. any standards regarding safe injection practices, intravenous therapy guidelines, infection control or any other pertinent recommendations or guidelines promulgated by the Center for Disease Control and Prevention or any other state or federal agency or governmental authority regulating the use of such parenteral device or supply, including any protocol prohibiting reuse of any syringe, needle or other parenteral device or supply to access such port or device.

ALL OTHER TERMS AND CONDITIONS OF THE POLICY REMAIN UNCHANGED.



Healthcare Professional Liability

LIBERTY INSURANCE UNDERWRITERS INC.

(A Stock Insurance Company, hereinafter the "Company")

ENDORSEMENT NO. []

Effective Date: 11/19/2025

Policy Number: AHY-985454007

Issued To: Verbal Expressions, Inc.

Return Premium \$

Additional Premium

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

MEDICAL PROFESSIONAL LIABILITY OCCURRENCE INSURANCE POLICY

MEDICAL PROFESSIONAL LIABILITY OCCURRENCE INSURANCE POLICY – INDIVIDUAL

SEXUAL MISCONDUCT ENDORSEMENT

SEXUAL MISCONDUCT AGGREGATE SUBLIMIT OF LIABILITY:

\$25,000

In consideration of the premium charged, the following changes are made to the policy:

- I. Solely with respect to coverage provided under this endorsement, SECTION I, COVERAGES, COVERAGE A, PROFESSIONAL LIABILITY COVERAGE is amended to include the following:

With respect to **Incidents** alleging **Sexual Misconduct** on behalf of the **Insured**, the Company will pay **Covered Sexual Misconduct Damages** because of **Bodily Injury** or **Personal and Advertising Injury** to which this insurance applies, subject to the **Sexual Misconduct** Aggregate Sublimit of Liability stated above. Such **Sexual Misconduct** must actually or allegedly occur:

1. in the operation of the business or conduct of the profession of the **Named Insured** as specified in the Declarations; and
2. during the **Policy Period**.

Healthcare Professional Liability

II. Solely with respect to COVERAGE A. PROFESSIONAL LIABILITY COVERAGE, the following is added to SECTION III, LIMITS OF LIABILITY:

The **Sexual Misconduct** Aggregate Sublimit of Liability indicated above is the limit of the Company's liability for the sum of all amounts the **Insured** is legally obligated to pay as a result of **Claims** involving any act of **Sexual Misconduct** arising out of or related to the operation of the business or conduct of the profession of the **Named Insured** as specified in the Declarations, provided that **Sexual Misconduct** has not been determined to have occurred by any civil or criminal trial verdict, court ruling, regulatory ruling or legal admission, whether appealed or not.

This **Sexual Misconduct** Aggregate Sublimit of Liability shall apply:

1. in the event that **Sexual Misconduct** is alleged, whether in a complaint, during discovery at trial or otherwise, regardless of the legal or factual theory of recovery advanced, including but not limited to assertions of improper or negligent hiring or employment, or failure to investigate or supervise; and
2. to any and all such **Claims** arising out of the same or related acts or omissions.

The **Sexual Misconduct** Aggregate Sublimit of Liability shall be the only source of payment of **Covered Sexual Misconduct Damages**, and shall be included within, and not in addition to, the Aggregate Limit of Liability specified in the Declarations.

III. SECTION VI, EXCLUSIONS, paragraph 27. is replaced by the following:

27. to any **Claims** made or **Suits** brought against any **Insured** alleging, in whole or part, **Sexual Misconduct**, and/or physical abuse of a non-sexual nature.

This exclusion applies to any **Damages** arising out of **Sexual Misconduct** other than **Covered Sexual Misconduct Damages**, and/or physical abuse of a non-sexual nature, regardless of the legal theory or basis upon which the **Insured** is alleged to be legally liable or responsible in whole or in part, including but not limited to assertions of improper or negligent hiring, employment or supervision, failure to protect or warn the other party, failure to prevent the **Sexual Misconduct** and/or physical abuse of a non-sexual nature, and failure to discharge the employee.

However, notwithstanding the foregoing exclusion, with respect to COVERAGE A, PROFESSIONAL LIABILITY COVERAGE only, the **Insured** shall be entitled to a defense as provided under the terms of the policy as to any **Claim** upon which **Suit** is brought for any such alleged behavior, unless the behavior has been determined to have occurred by any civil or criminal trial verdict, court ruling, regulatory ruling or admission, whether appealed or not. The Company shall not be required to appeal a judgment or final

Healthcare Professional Liability

adjudication adverse to the **Insured**. This duty to defend will not apply to **Claims** brought alleging conduct specified in Exclusion 26. above;

IV. The following is added to SECTION VII, DEFINITIONS:

“Covered Sexual Misconduct Damages” means that portion of any settlement falling within the **Sexual Misconduct** Aggregate Sublimit of Liability pertaining to any **Claim** for, based on, alleging in whole or in part, or arising out of **Sexual Misconduct**;

“Sexual Misconduct” means:

- a. physical sexual assault, abuse of a sexual nature, molestation, or licentious, immoral, amoral or other behavior that was committed or alleged to have been committed by, and/or
- b. sexual assault, abuse of a sexual nature, or molestation, or licentious, immoral, amoral or other behavior which was threatened, intended to, lead to or culminated in, any sexual act whether committed intentionally, negligently, inadvertently or with the belief, erroneous or otherwise, that the other party is consenting and has the legal and mental capacity to consent thereto, that was committed, or alleged to have been committed by,

an **Insured**, two or more **Insureds** acting together, or any person(s) for whom the **Insured** is legally responsible. Multiple, continuous or sporadic or related acts by an **Insured**, or person(s) for whom the **Insured** is legally responsible, shall be deemed one **Incident of Sexual Misconduct**.

ALL OTHER TERMS AND CONDITIONS OF THE POLICY REMAIN UNCHANGED.



Healthcare Professional Liability

LIBERTY INSURANCE UNDERWRITERS INC.

(A Stock Insurance Company, hereinafter the "Company")

ENDORSEMENT NO. []

Effective Date: 11/19/2025

Policy Number: AHY-985454007

Issued To: Verbal Expressions, Inc.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DEFINITION OF CLAIM

In consideration of the premium charged:

I. The following is added to the DEFINITIONS Section of the policy:

"Claim" means any written demand, **suit**, and/or any proceeding as described in Section V., Supplementary Payments, Item B, Licensing Board Reimbursement based on or arising out of an **Incident** or **Occurrence**.

II. Further, wherever the word "claim" appears as a noun in the policy, it shall be replaced by **"Claim"**.

ALL OTHER TERMS AND CONDITIONS OF THE POLICY REMAIN UNCHANGED.



Healthcare Professional Liability

LIBERTY INSURANCE UNDERWRITERS INC.

(A Stock Insurance Company, hereinafter the "Company")

ENDORSEMENT NO. []

Effective Date: 11/19/2025

Policy Number: AHY-985454007

Issued To: Verbal Expressions, Inc.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED ENDORSEMENT

This endorsement applies to:

- _____ Professional Liability Coverage Part Only \$ _____ Additional Premium
- _____ General Liability Coverage Part Only \$ _____ Additional Premium
- _____ Professional Liability and General Liability Coverage Parts \$ _____ Additional Premium

In consideration of the premium charged, any Designated Entity shown below shall be included as an additional Insured, but only as respects claims arising out of the sole negligence of the individual or entity specified in the PERSONS INSURED Section of the policy.

Designated Entity Schedule

Tempe School District # 3 (PL Coverage Only)	3205 South Rural Road
_____	_____
NAME	ADDRESS
_____	_____
NAME	ADDRESS
_____	_____
NAME	ADDRESS
_____	_____
NAME	ADDRESS

ALL OTHER TERMS AND CONDITIONS OF THE POLICY REMAIN UNCHANGED.



LIBERTY INSURANCE UNDERWRITERS INC.

(A Stock Insurance Company, hereinafter the "[Insurer/Company]")

ENDORSEMENT NO.

Effective Date: 11/19/2025
Policy Number: AHY-985454007
Issued To: Verbal Expressions, Inc.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM

This endorsement modifies insurance provided under the above captioned policy.

A. Cap on Certified Act of Terrorism Losses

“Certified act of terrorism” means an act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security and the Attorney General of the United States, to be an act of terrorism pursuant to the federal Terrorism Risk Insurance Act. The criteria contained in the Terrorism Risk Insurance Act for a “certified act of terrorism” include the following:

1. The act resulted in insured losses in excess of \$5 million in the aggregate, attributable to all types of insurance subject to the Terrorism Risk Insurance Act; and
2. The act is a violent act or an act that is dangerous to human life, property or infrastructure and is committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed

\$100 billion in a calendar year and we have met our insurer deductible under the Terrorism Risk Insurance Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

B. Application of Exclusions

The terms and limitations of any terrorism exclusion, or the inapplicability or omission of a terrorism exclusion, do not serve to create coverage for any loss which would otherwise be excluded under this Coverage Part or Policy.



Healthcare Professional Liability

LIBERTY INSURANCE UNDERWRITERS INC.

[[A Stock Insurance Company, hereinafter the “[Insurer/Company]”]]

ENDORSEMENT NO.

Effective Date: 11/19/2025
Policy Number: AHY-985454007
Issued To: Verbal Expressions, Inc.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

POLICYHOLDER DISCLOSURE – TERRORISM INSURANCE PREMIUM NOTICE

This notice contains important information about the Terrorism Risk Insurance Act and its effect on your policy. Please read it carefully.

THE TERRORISM RISK INSURANCE ACT

The Terrorism Risk Insurance Act, including all amendments (“TRIA” or the “Act”), establishes a program to spread the risk of catastrophic losses from certain acts of terrorism between insurers and the federal government. If an individual insurer’s losses from “certified acts of terrorism” exceed a specified deductible amount, the government will reimburse the insurer for a percentage of losses (the “Federal Share”) paid in excess of the deductible, but only if aggregate industry losses from such acts exceed the “Program Trigger”. An insurer that has met its insurer deductible is not liable for any portion of losses in excess of \$100 billion per year. Similarly, the federal government is not liable for any losses covered by the Act that exceed this amount. If aggregate insured losses exceed \$100 billion, losses up to that amount may be pro-rated, as determined by the Secretary of the Treasury.

Beginning calendar year 2020, the Federal Share is 80% and the Program Trigger is \$200,000,000.

MANDATORY OFFER OF COVERAGE FOR “CERTIFIED ACTS OF TERRORISM” AND DISCLOSURE OF PREMIUM

TRIA requires insurers to make coverage available for any loss that occurs within the United States (or outside of the U.S. in the case of U.S. missions and certain air carriers and vessels), results from a “certified act of terrorism” AND that is otherwise covered under your policy.

A “certified act of terrorism” means:

[A]ny act that is certified by the Secretary [of the Treasury], in consultation with the Secretary of Homeland Security, and the Attorney General of the United States

- (i) to be an act of terrorism;
- (ii) to be a violent act or an act that is dangerous to—
 - (I) human life;
 - (II) property; or
 - (III) infrastructure;
- (iii) to have resulted in damage within the United States, or outside of the United States in the case of—
 - (I) an air carrier (as defined in section 40102 of title 49, United States Code) or United States flag vessel (or a vessel based principally in the United States, on which United States income tax is paid and whose insurance coverage is subject to regulation in the United States); or
 - (II) the premises of a United States mission; and

- (iv) to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

MANDATORY PREMIUM DISCLOSURE STATEMENT

Your policy does not contain an exclusion for losses resulting from “certified acts of terrorism.” Coverage for such losses is still subject to, and may be limited by, all other terms, conditions and exclusions in your policy.

The premium charge for this coverage for the policy period is \$0.

YOU NEED NOT DO ANYTHING FURTHER AT THIS TIME.

The summary of the Act and the coverage under your policy contained in this notice is necessarily general in nature. Your policy contains specific terms, definitions, exclusions and conditions. In case of any conflict, your policy language will control the resolution of all coverage questions. Please read your policy.

If you have any questions regarding this notice please contact your sales representative or agent.



Healthcare Professional Liability

LIBERTY INSURANCE UNDERWRITERS INC.

[(A Stock Insurance Company, hereinafter the "[Insurer/Company]")]

ENDORSEMENT NO. [...]

Effective Date: 11/19/2025
Policy Number: AHY-985454007
Issued To: Verbal Expressions, Inc.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM

This endorsement modifies insurance provided under the following: [Management Liability and Professional Liability Follow Form Excess]

A. Cap on Certified Act of Terrorism Losses

“Certified act of terrorism” means an act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security and the Attorney General of the United States, to be an act of terrorism pursuant to the federal Terrorism Risk Insurance Act. The criteria contained in the Terrorism Risk Insurance Act for a “certified act of terrorism” include the following:

1. The act resulted in insured losses in excess of \$5 million in the aggregate, attributable to all types of insurance subject to the Terrorism Risk Insurance Act; and
2. The act is a violent act or an act that is dangerous to human life, property or infrastructure and is committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed

\$100 billion in a calendar year and we have met our insurer deductible under the Terrorism Risk Insurance Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

B. Application of Exclusions

The terms and limitations of any terrorism exclusion, or the inapplicability or omission of a terrorism exclusion, do not serve to create coverage for any loss which would otherwise be excluded under this Coverage Part or Policy..



November 18, 2025

VIA EMAIL erodriguez@senseabilities.net

Senseabilities, Inc.
905 Arrowhead Trail
Warner Robins, GA 31088
ATTN: Elias Rodriguez

Reference: RFP 24-187 Speech Language, Occupational Therapy and Physical Therapy Services

Greetings:

The DeKalb County School District ("DCSD") desires to renew the award of RFP 24-187 Speech Language, Occupational Therapy and Physical Therapy Services, for one (1) year on the same terms, conditions and pricing as set forth in the Agreement between DCSD and **Senseabilities, Inc.** The purpose of this letter is to obtain **Senseabilities, 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 March 29, 2026, through March 28, 2027. Of course, we will notify you once the Board has approved the renewal. DCSD appreciates **Senseabilities, Inc's** consideration of this offer to renew the award of RFP 24-187.

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 Tuesday, November 25, 2025 to Sharmaine Greenland at sharmaine.greenland@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: Dr. Deborah Mitchell
Ms. Kiana King

ACKNOWLEDGMENT

Senseabilities, Inc hereby accepts DeKalb County School District's offer to renew the award of RFP 24-187 Speech Language, Occupational Therapy and Physical Therapy Services, as set forth in the Agreement until **March 28, 2027**. **Senseabilities, Inc** understands that this acceptance is subject to the approval of the DeKalb County Board of Education.


Authorized Signatory

Elias C. Rodriguez
Name (Typed or Printed)

12-15-2025
Date

President
Title of Authorized Signatory



November 18, 2025

VIA EMAIL joanne.hughes@sunbeltstaffing.com

Sunbelt Staffing LLC
501 Brooker Creek Blvd Suite A 400
Oldsmar, FL 34677
ATTN: Joanne Hughes

Reference: RFP 24-187 Speech Language, Occupational Therapy and Physical Therapy Services

Greetings:

The DeKalb County School District (“DCSD”) desires to renew the award of RFP 24-187 Speech Language, Occupational Therapy and Physical Therapy Services, for one (1) year on the same terms, conditions and pricing as set forth in the Agreement between DCSD and **Sunbelt Staffing LLC**. The purpose of this letter is to obtain **Sunbelt Staffing LLC’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 March 29, 2026, through March 28, 2027. Of course, we will notify you once the Board has approved the renewal. DCSD appreciates **Sunbelt Staffing LLC’s** consideration of this offer to renew the award of RFP 24-187.

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 Tuesday, November 25, 2025 to Sharmaine Greenland at sharmaine_greenland@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: Dr. Deborah Mitchell
Ms. Kiana King

ACKNOWLEDGMENT

Sunbelt Staffing LLC hereby accepts DeKalb County School District’s offer to renew the award of RFP 24-187 Speech Language, Occupational Therapy and Physical Therapy Services, as set forth in the Agreement until **March 28, 2027**. **Sunbelt Staffing LLC** understands that this acceptance is subject to the approval of the DeKalb County Board of Education.

Kelly Raftery

January 14, 2026 12:36 UTC

Date

Kelly Raftery
Name (Typed or Printed)

Division Director
Title of Authorized Signatory



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/22/2025

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 Marsh & McLennan Agency LLC P. O. Box 71429 47 Postal Parkway Newnan GA 30271-1429	CONTACT NAME: Jessie Battles PHONE (A/C. No. Ext): 706-881-5675 E-MAIL ADDRESS: Jessie.Battles@MarshMMA.com		FAX (A/C. No): 770-683-1010													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Philadelphia Indemnity Insurance Co.</td> <td>18058</td> </tr> <tr> <td>INSURER B : Tokio Marine Specialty Insurance Compan</td> <td>23850</td> </tr> <tr> <td>INSURER C : Zurich American Insurance Company</td> <td>16535</td> </tr> <tr> <td>INSURER D : TDC Specialty Insurance Company</td> <td>34487</td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>			INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Philadelphia Indemnity Insurance Co.	18058	INSURER B : Tokio Marine Specialty Insurance Compan	23850	INSURER C : Zurich American Insurance Company	16535	INSURER D : TDC Specialty Insurance Company	34487	INSURER E :		INSURER F :
INSURER(S) AFFORDING COVERAGE	NAIC #															
INSURER A : Philadelphia Indemnity Insurance Co.	18058															
INSURER B : Tokio Marine Specialty Insurance Compan	23850															
INSURER C : Zurich American Insurance Company	16535															
INSURER D : TDC Specialty Insurance Company	34487															
INSURER E :																
INSURER F :																

COVERAGES **CERTIFICATE NUMBER:** 1129808151 **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 <input checked="" type="checkbox"/> 1,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	PHPK2703111002	1/1/2026	1/1/2027	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$20,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$4,000,000 PRODUCTS - COMP/OP AGG \$4,000,000 \$
B	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	PPK2700367002	1/1/2026	1/1/2027	COMBINED SINGLE LIMIT (Ea accident) \$5,000,000 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 <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	Y	Y	PHUB894214003	1/1/2026	1/1/2027	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	Y N/A	WC112614306	1/1/2026	1/1/2027	<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
D	Medical Pro	Y	Y	MFP011882606	1/1/2026	1/1/2027	\$1MM/\$3MM
A	Staffing E&O	Y	Y	PHPK2703111002	1/1/2026	1/1/2027	\$1MM/\$2MM
A	3rd Party Pro	Y	Y	PHPK2703111002	1/1/2026	1/1/2027	\$3MM/\$25,000 DED

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

(GL) Blanket Additional Insured per form CG2026 0413 Addl Ins - Designated Person or Organization.
 (GL) Waiver of Transfer of Rights of Recovery Against Others to Us per form CG2404 0509
 (GL) Blanket Additional Insured - Primary & Non-contributory per form CG2048 1013.
 (GL) Separation of Insureds applies per form CG 00 01 04 13.
 (Auto) Blanket Additional Insured with Primary & Non-Contributory per form PITS045.
 (Auto) Primary Non-Contributory sublimit: \$1,000,000 per form PITS045.
 (Auto) Waiver of Subrogation per form TMSIC-SOS-GA 911/12).

See Attached...

CERTIFICATE HOLDER

CANCELLATION

Dekalb County School District
 3770 N Decatur Rd
 Decatur GA 30032-0000

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

PETER J. KAULSE

© 1988-2015 ACORD CORPORATION. All rights reserved.



ADDITIONAL REMARKS SCHEDULE

AGENCY Marsh & McLennan Agency LLC		NAMED INSURED Sunbelt Staffing, LLC 501 Brooker Creek Blvd., Ste A-400 Oldsmar, FL 34677	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

(WC) Blanket Alternate Employer per form WC0003 01A

(Crime) Loss Payee per form Crime Protection Plus form PI-LOSSPAY-SCH.

(UMB) follows form for General Liability, Auto Liability, Employers Liability and Professional Liability per forms: PI-CXL-041-0516 General Liability Follow Form Endorsement, PI-CXL-092 Automobile Liability (Sublimit), PI-CXL-005 Employer's Liability (Stop Gap) Follow Form Endorsement and PI-CXL-085 Professional Liability Coverage Sublimit

(Professional Liability) Professional Liability Virginia Statutory Limits Endorsement applies per Form HPE 000063-06-20. Current limits effective July 1, 2025: \$2,700,000 each claim/\$8,100,000 Aggregate.
 (Professional Liability) Blanket Additional Insured Primary and Non-contributory per form HPE-000007 0418
 (Professional Liability) Blanket Waiver of Subrogation per form HPE-000048 0716
 (Professional Liability) Separation of Insureds per form HPE-010032-0517
 (Professional Liability) Medical Professional Liability Policy is claims made and has a retroactive date of 01/01/2020 per form HPD-010001-09-16.
 (Professional Liability) Separation of Insureds applies per form HPE-010032-05-17.

(GL,PROLI, CRIME, IM, PROP, AUTO) 10 Days Notice for Nonpayment Cancellations and 30 Days Notice for all other Cancellations per form PI-CANXICH-002.

EXCESS MEDICAL PROFESSIONAL LIABILITY
 Policy Number: 6798437
 Carrier (B): Lexington Insurance Company
 Policy Period: 01/01/2026 - 01/01/2027
 LIMIT: \$5,000,000 EACH CLAIM / \$5,000,000 AGGREGATE
 SEXUAL ABUSE/ MOLESATION SUBLIMIT OF \$4,000,000 EACH CLAIM / \$4,000,000 AGGREGATE
 Excess Medical Professional Liability Policy has a retroactive date of 01/01/2020 per form 113464.
 Excess Medical Professional Liability Policy is claims made per form 113466.
 Excess Medical Professional Liability Policy additional insured endorsement per Form HC0943.

EXCESS MEDICAL PROFESSIONAL LIABILITY
 Policy Number: P03HC0000074981
 Carrier: Vantage Risk Specialty Insurance
 Policy Period: 01/01/2026 - 01/01/27
 Limit: \$4,000,000 EACH CLAIM / \$4,000,000 AGGREGATE

Reference No: 39035 DeKalb County School Board, the DeKalb County School District, DCSD, and their officials, officers, employees, agents, volunteers, and assigns (all of whom may collectively be referred to as "Indemnitees" throughout this RFP) are named Additional Insured with regard to the liability policies of the insured, but only with respect to and to the extent of the liabilities assumed by the Named Insured under written contract, agreement or permit and subject to the provisions and limitations of the policy. Liability Policies are written on a primary and non-contributory basis when required by written contract, agreement or permit and subject to the provisions and limitations of the policy. Waiver of subrogation applies when required by written contract, agreement or permit and subject to the provisions and limitations of the policy.



December 19, 2024

Revised

VIA EMAIL rfp@invohealthcare.com

Progressus Therapy
4200 West Cypress Street, Unit 550
Tampa, FL 33607
ATTN: Lauryn Hagel

Reference: RFP 24-187 Speech Language, Occupational Therapy and Physical Therapy Services

Greetings:

The DeKalb County School District (“DCSD”) desires to renew the award of RFP 24-187 Speech Language, Occupational Therapy and Physical Therapy Services, for one (1) year on the same terms, conditions and pricing as set forth in the Agreement between DCSD and Progressus Therapy. The purpose of this letter is to obtain Progressus Therapy’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 March 27, 2025, through March 28, 2026. Of course, we will notify you once the Board has approved the renewal. DCSD appreciates Progressus Therapy’s consideration of this offer to renew the award of RFP 24-187.

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 Sharmaine Greenland at sharmaine_greenland@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: Dr. Deborah Mitchell
Ms. Kiana King

ACKNOWLEDGMENT

Progressus Therapy hereby accepts DeKalb County School District’s offer to renew the award of RFP 24-187 Speech Language, Occupational Therapy and Physical Therapy Services, as set forth in the Agreement until March 28, 2026. Progressus Therapy understands that this acceptance is subject to the approval of the DeKalb County Board of Education.



Authorized Signatory

Matt Stringer
Name (Typed or Printed)

12/19/24

Date

Chief Executive Officer
Title of Authorized Signatory



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
07/04/2024

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 Aon Risk Services Central, Inc. Philadelphia PA Office 100 North 18th Street 15th Floor Philadelphia PA 19103 USA	CONTACT NAME: PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800) 363-0105		
	E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE		NAIC #	
INSURED Progressus Therapy, LLC 4200 West Cypress Street, Suite 550 Tampa FL 33607 USA	INSURER A: Everest National Insurance Co		10120
	INSURER B: Arch Specialty Insurance Company		21199
	INSURER C: Zurich American Ins Co		16535
	INSURER D: Lloyd's Syndicate No. 2623		AA1128623
	INSURER E:		
	INSURER F:		

Holder Identifier :

COVERAGES **CERTIFICATE NUMBER: 570107137126** **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. **Limits shown are as requested**

INSR LTR	TYPE OF INSURANCE	ADDITIONAL INSURED	SUBROGATION WAIVED	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
B	<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"/> PROJECT <input type="checkbox"/> LOC OTHER:			FLP006021507	07/01/2024	07/01/2025	EACH OCCURRENCE	\$1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$500,000
							MED EXP (Any one person)	\$10,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	\$3,000,000
							PRODUCTS - COMP/OP AGG	\$3,000,000
C	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			PRA 6427775 - 01	07/01/2024	07/01/2025	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
							BODILY INJURY (Per person)	
							BODILY INJURY (Per accident)	
							PROPERTY DAMAGE (Per accident)	
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION			FLP006021507	07/01/2024	07/01/2025	EACH OCCURRENCE	\$8,000,000
							AGGREGATE	\$8,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			WC642778301	07/01/2024	07/01/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT	\$1,000,000
							E.L. DISEASE-EA EMPLOYEE	\$1,000,000
							E.L. DISEASE-POLICY LIMIT	\$1,000,000
D	E&O - Professional Liability - Primary			CSHLC2401669 Abuse or Molestation SIR applies per policy terms & conditions	07/01/2024	07/01/2025	Aggregate Limit	\$5,000,000
							Each Claim	\$5,000,000

Certificate No : 570107137126

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

DeKalb County School District and DeKalb County Board of Education, to the extent required by written contract, are an additional insured with respect to General Liability, Auto Liability, and Umbrella Liability on a primary and non-contributory basis. Umbrella is follow form over the General Liability, and Auto Liability. A waiver of subrogation applies in favor of the additional insured to the extent required by written contract as allowed by applicable law with respect to General Liability, Auto Liability, Umbrella Liability, and Workers Compensation. 30 days notice of cancellation, except 10 days for non-payment of premium applies to the extent required by written contract.

CERTIFICATE HOLDER **CANCELLATION**

DeKalb County School District 1701 Mountain Industrial Blvd Stone Mountain GA 30083 USA	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>Aon Risk Services Central, Inc.</i>





ADDITIONAL REMARKS SCHEDULE

AGENCY Aon Risk Services Central, Inc.		NAMED INSURED Progressus Therapy, LLC	
POLICY NUMBER See Certificate Number: 570107137126			
CARRIER See Certificate Number: 570107137126	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**

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER	
INSURER	
INSURER	
INSURER	

ADDITIONAL POLICIES If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
	OTHER							
A	Cyber Liability			CYBP000321231 SIR applies per policy terms & conditions	10/24/2023	10/24/2024	Aggregate Limit	\$5,000,000