

November 16, 2021

SENT VIA EMAIL: [andrea@cornerstoneh2o.com](mailto:andrea@cornerstoneh2o.com)

Cornerstone H2O, LLC  
21 Eastbrook Bend, Suite 118  
Peachtree City, GA 30269

Attn: Andrea Schmid

**RE: Notice of Award – Request for Quotation (RFQ) No. 21-3003759 Gravity Filter Sand Installation at Pole Bridge (One-Time Buy)**

Dear Andrea Schmid,

This letter confirms that Cornerstone H2O, LLC has been selected for award to provide the Gravity Filter Sand Installation at Pole Bridge (One-Time Buy) for DeKalb County Department of Watershed Management. For an amount not to exceed \$39,809.00. Please have your insurance carrier forward a Certificate of Insurance in accordance with the Insurance Requirements provided in the RFQ to Sharice Feagins-Bailey, Procurement Technician, via email to [sfbailey@dekalbcountyga.gov](mailto:sfbailey@dekalbcountyga.gov).

Sincerely,

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Sharice Feagins-Bailey  
Procurement Technician  
Department of Purchasing and Contracting

CC/SFB

cc: David Hayes, Director, Department of Watershed Management (DWM)

## **Attachment F**

### **INSURANCE REQUIREMENTS**

#### **IMPORTANT NOTICE**

**IMPORTANT — PLEASE READ CAREFULLY & FOLLOW INSTRUCTIONS LISTED HEREIN**

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1. If the County sends to you notice of award on this quote, take this form to your insurance agent as this form contains requirements that may be non-standard in the insurance industry.
2. Instruct your insurance agent that the County's requirements are listed in Section III, and that you *must* comply with these requirements before you may proceed with the work.
3. Before the starting of any work, the successful contractor must furnish to DeKalb County certificates of insurance from companies doing business in Georgia and acceptable to the County as follows:
  1. Certificates must cover:
    - **Statutory Workers Compensation**
      - (1) Employer's liability insurance by accident, each accident \$1,000,000.
      - (2) Employer's liability insurance by disease, policy limit \$1,000,000.
      - (3) Employer's liability insurance by disease, each employee \$1,000,000.
    - **Business Auto Liability Insurance** with a minimum \$500,000 Combined Single Limit/Each Occurrence (Including operation of non-owned, owned, and hired automobiles).
    - **Commercial General Liability Insurance**
      - (1) Each Occurrence - \$1,000,000
      - (2) Fire Damage - \$250,000
      - (3) Medical Expense - \$10,000
      - (4) Personal & Advertising Injury - \$1,000,000
      - (5) General Aggregate - \$2,000,000
      - (6) Products & Completed Operations - \$1,500,000
      - (7) Contractual Liability where applicable
  2. DeKalb County, GA shall be named as Additional Insured under any General Liability, Business Auto and Umbrella Policies. Coverage shall apply as Primary and non-contributory with Waiver of Subrogation in favor of DeKalb County, Georgia. Such additional insured coverage shall be endorsed to Contractor's policy by attachment of ISO Additional Insured Endorsement forms CG 20 10 10 01 (ongoing operations) and CG 20 37 10 01 (products-

completed operations), or form(s) providing equivalent coverage.

3. This insurance for the County as the additional insured shall be as broad as the coverage provided for the named-insured Contractor. It shall apply as primary insurance before any other insurance or self-insurance, including any deductible, non-contributory, and waiver of subrogation provided to the County as the additional insured.
4. Contractor agrees to waive all rights of subrogation and other rights of recovery against the County and its elected officials, officers, employees or agents, and shall cause each Subcontractor to waive all rights of subrogation for all coverages.
5. Certificates shall state that the policy or policies shall not expire, be cancelled or altered without at least sixty (60) days prior written notice to the County.
6. Contractor understands and agrees that the purchase of insurance in no way limits the liability of the Contractor.
7. The insurance carrier must have a minimum A.M. Best rating of not less than "A" (Excellent) with a Financial Size Category of VII or better.
8. Certificates to contain policy number, policy limits and policy expiration date of all policies issued in accordance with this contract.
9. Certificates to contain the location and operations to which the insurance applies.
10. Certificates to contain successful contractor's protective coverage for any subcontractor's operations. If this coverage is included in General Liability, please indicate on the Certificate of Insurance.
11. Certificates to contain successful contractor's contractual insurance coverage. If this coverage is included in the General Liability, please indicate this on the Certificate of Insurance.
12. The successful contractor shall be wholly responsible for securing certificates of insurance coverage as set forth above from all subcontractors who are engaged in this work.
13. Certificates shall be issued and delivered to the County and must identify the "Certificate Holder" as follows:

DeKalb County, Georgia  
Director of Purchasing and  
Contracting  
Maloof Administration Building  
1300 Commerce Drive, 2nd Floor  
Decatur, Georgia 30030