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PUBLIC SCHOOLS



Each Child, Every Day

SUPERINTENDENT

Dr. Jon R. Prince

9461 Brandywine Lane
Port St. Lucie, FL 34986
772.429.3600
www.stlucieschools.org



August 22, 2023

Benchmark Education Company, LLC
145 Huguenot Street, 18th Fl
New Rochelle, NY 10801
Attention Mr. Gruber

RE: Renewal Letter for Request for Proposal RFP 23-01 Phonics Curriculum Grades K-12

Dear Mr. Gruber,

The contract for Request for Request for Proposal RFP 23-01 Phonics Curriculum Grades K-12 will expire on September 13 2023. We wish to exercise our option to renew the contract from September 14, 2023 through September 13, 2024 per the conditions and specifications as stipulated in the original Request for Proposal.

If you are interested in renewing this contract, as stated above, please complete and sign the following statement.

I John Gruber agree to renew subject contract through September 13, 2024, with all provisions remaining in full force. If you are not interested in renewing this contract, please complete and sign the following statement.

I _____, of do not agree to renew subject contract. Please return by today.

Please provide an updated Certificate of Liability Insurance per the Insurance Requirements and Hold Harmless Agreement of the original Request for Proposal listed above.

Please e-mail your signed renewal to Pamela.Brown@stlucieschools.org

If you should have any questions, please contact me at 772-429-3993.

Authorized Signature Date John Gruber 8/22/2023

Sincerely,

Pamela Brown

Purchasing Specialist









CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/07/2023

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 914-368-1296 914-355-2451 Meridian Risk Management PO Box 8419 Pelham, NY 10803 INSURED Benchmark Education Company LLC 145 Huguenot Street New Rochelle, NY 10801	CONTACT NAME: Tracy Pufpaff PHONE (A/C, No. Ext): 914-368-1296 FAX (A/C, No): 914-355-2451 E-MAIL ADDRESS: tp@meridianrisk.com <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A: Federal Insurance Company</td> <td>20281</td> </tr> <tr> <td>INSURER B: Capitol Indemnity Corporation</td> <td>10472</td> </tr> <tr> <td>INSURER C: Crum & Forster Specialty Insurance Company</td> <td>44520</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> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Federal Insurance Company	20281	INSURER B: Capitol Indemnity Corporation	10472	INSURER C: Crum & Forster Specialty Insurance Company	44520	INSURER D:		INSURER E:		INSURER F:	
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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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC OTHER:	☒		3606-06-85	07/01/2023	07/01/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ INCLUDED \$
A	AUTOMOBILE LIABILITY ☒ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ NON-OWNED AUTOS ONLY	☒		7361-59-94	07/01/2023	07/01/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☒ RETENTION \$ 10,000	☒		7818-61-87	07/01/2023	07/01/2024	EACH OCCURRENCE \$ 20,000,000 AGGREGATE \$ 20,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	7174-80-64	07/01/2023	07/01/2024	☒ 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
B	MEDIA/PROFESSIONAL E&O			ME20231109-01	07/01/2023	07/01/2024	EA CLAIM/AGGREGATE \$3,000,000
A	ABUSE OR MOLESTATION			3606-06-85	07/01/2023	07/01/2024	EA CLAIM/AGGREGATE \$1,000,000
C	CYBER SECURITY			CYB-104507	07/01/2023	07/01/2024	AGGREGATE \$5,000,000

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

The School District of St. Lucie County is included as additional insured on a primary basis as per policy terms, conditions, exclusions and as required by written contract per CGL Form 80-02-2367. Waiver of Subrogation applies when required by written contract per CGL Form 80-02-2000.

CERTIFICATE HOLDER**CANCELLATION**

The School District of St. Lucie County 501 NW University Blvd Port Saint Lucie, FL 34986	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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