

# THE SCHOOL BOARD OF MARTIN COUNTY, FLORIDA

2845 SE Dixie Highway, Stuart, Florida 34997-5037, Telephone: (772) 219-1255 Ext. 201 Fax: (772) 219-1267



Office Of: Ed Parker, Director of Purchasing & Warehousing

January 14, 2009

All Tel Networking, LLC  
P O Box 1131  
Palm City, FL 34991

Fax to: 772-219-4055

Attention: David Warren

Reference: RENEWAL CONTRACT LETTER ON RFP #5003-0-2008/JC  
COMMUNICATION EQUIPMENT AND SERVICE

Dear Mr. Warren:

The School Board of Martin County, Florida wishes to know if your firm is willing to renew the above referenced Contract/Bid/RFP, for an additional year through 02/18/10 at the same prices, terms and conditions.

We shall appreciate receiving your acceptance to exercise this option for renewal just as soon as possible. You can fax your response to (772) 219-1267 and mail back the original copy of this letter when you receive it. Acceptance of your agreement for renewal is subject to final approval by the Martin County School Board.

You will also have to provide us with a Certificate of Insurance, IF REQUIRED for this bid before you can commence work. IF INSURANCE IS REQUIRED there will be an explanation enclosed on necessary requirements.

Any questions should be directed to Janet Morrow, (772) 219-1255, Ext. #204.

Sincerely,

Jeff Carver, Purchasing Manager

JC/jm

attachments

- c: Kelly Strickland, Supervisor of Accounting
- Steve Weil, Ex. Director of Educational Technology
- Ed Parker, Director of Purchasing

ACCEPTED:

Signature: DAVID W. WARREN

Type Name Above Title: ALL TEL NETWORKING

Company Name: \_\_\_\_\_

Date: 1/14/2009

Purchasing/word/rfp info/renewals/Communication Equip Servs/All Tel Vcn Ren 5003 0 2008JC for 09 10

Nancy Kline, Superintendent

School Board Members: Dr. David L. Anderson - Maura Barry-Sorenson, Laurie Gaylord - Susan J. Hershey - Lorie Shekaido

"An Equal Opportunity Agency"

FEB 17 2009

11-C-1  
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# ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID BS  
ALLTELL

DATE (MM/DD/YYYY)  
01/15/09

**PRODUCER**  
FLORIDA CONSOLIDATED AGY, INC.  
D/B/A NATIONAL CITY INSURANCE  
14145 U.S. Highway One  
Juno Beach FL 33408  
Phone: 561-775-7180 Fax: 561-775-7186

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

**INSURED**  
  
All Tel Networking, LLC  
P.O. Box 1131  
Palm City FL 34991

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A:	First Commercial Ins. Co	
INSURER B:	Auto Owners Ins. Co.	18988
INSURER C:	OWNERS INSURANCE COMPANY	32700
INSURER D:		
INSURER E:		

## COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L TR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
B	X	GENERAL LIABILITY	72673011	08/27/08	08/27/09	EACH OCCURRENCE	
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				\$ 1,000,000	
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
						MED EXP (Any one person)	\$ 10,000
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 2,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMPROP AGG	\$ 2,000,000
		<input type="checkbox"/> POLICY <input type="checkbox"/> PROJ-JECT <input type="checkbox"/> LOC					
C	X	AUTOMOBILE LIABILITY	4649021400	11/28/08	11/28/09	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
		<input checked="" type="checkbox"/> ANY AUTO					
		<input type="checkbox"/> ALL OWNED AUTOS					
		<input type="checkbox"/> SCHEDULED AUTOS					
		<input checked="" type="checkbox"/> HIRER AUTOS					
		<input checked="" type="checkbox"/> NON-OWNED AUTOS					
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
		<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: EA ACC	\$
						AGG	\$
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$
							\$
		DEDUCTIBLE					\$
		RETENTION \$					\$
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	19926-0	12/22/08	12/22/09	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	OTHER
		<input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$ 100,000
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$ 100,000
		OTHER				E.L. DISEASE - POLICY LIMIT	\$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  
Networking Appliances-repair, install, service, adjust without sales

CERTIFICATE HOLDER IS LISTED AS ADDITIONAL INSURED ON GL POLICY

## CERTIFICATE HOLDER

## CANCELLATION

The School Board of  
Martin County  
500 E. Ocean Blvd. Bldg. #24  
Stuart FL 34994-2572

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

*Wendy May*

ACORD 25 (2001/08)

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