



COMMONWEALTH OF VIRGINIA
County of Henrico

DEPARTMENT OF FINANCE
Oscar Knott, CPP, CPPO, VCO
Purchasing Director

April 11, 2025

Mr. Tom Frazier
Blue Bird Bus Sales of Virginia
3535 South Crater Road
Petersburg, VA 23805

**RE: Contract # 2346A - Genuine OEM Repair Services and Parts for Medium Duty Trucks,
Heavy Duty Trucks, and School Buses**

Dear Mr. Frazier:

The annual contract the County has with your company to provide **Genuine OEM Repair Services and Parts for Medium Duty Trucks, Heavy Duty Trucks, and School Buses** is due to expire on **August 17, 2025**. Under the terms of the original agreement, this contract may be renewed for an additional one-year period from **August 18, 2025**, through **August 17, 2026**.

The County would like to renew this contract at current contract pricing. Please complete the information requested and return to Maria Gonzalez at gon036@henrico.gov at your earliest convenience.

Following receipt of this information, the County will determine whether it is in our best interest to renew the contract or re-solicit. In addition, if you agree to renew the contract for an additional one-year period, please instruct your insurance agent to provide to my attention a current copy of a certificate of insurance. **Be sure the certificate lists the County of Henrico as an additional insured for the contract work.**

If you have any questions, please call me at (804) 501-5680 or email me at Her034@henrico.gov. Your cooperation and prompt response will be appreciated.

Sincerely,

Justin M. Herbaugh

Justin M. Herbaugh, VCO, VCA
Procurement Analyst III

**CONTRACT # 2346A - Genuine OEM Repair Services and Parts for Medium Duty Trucks,
Heavy Duty Trucks, and School Buses**

BUYER NAME: Justin M. Herbaugh, VCO, VCA – Procurement Analyst III

Except for the changes provided herein, all other terms and conditions of this contract remain unchanged and in full force and effect. Please check one of the following:

☒ Yes. Renew the contract for an additional one-year period at current contract pricing.

☐ Yes. Renew the contract for an additional one-year period at new contract pricing.
(list below or attach new pricing sheet)

☐ No. Do not wish to renew the contract. If no, please provide reason below.

Company Name: BLUE BIRD BUS SALES OF PITTSBURGH, INC
dba Blue Bird Bus Sales of Virginia Date: 4/22/25

Signature: Thomas J. Dwyer Title: SALES DIRECTOR

Telephone#: 570-502-7429 Email: thrazier@bluebirdpgh.com

SCC#: 57033014



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/12/2024

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 First National Insurance Agency LLC One North Shore Drive 12 Federal Street Pittsburgh PA 15212	CONTACT NAME: Kathy Barrick PHONE (A/C, No, Ext): 412-385-4533 FAX (A/C, No): E-MAIL ADDRESS: barrickk@fmb-corp.com														
INSURED Mark Schmitt Blue Bird Bus Sales of Pittsburgh Inc.; Blue Bird Bus Sales of VA/WV Qualimark Fleet Service System Inc. 5374 William Flynn Highway Gibsonia PA 15044	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A : Travelers Property Casualty Co</td><td>25674</td></tr><tr><td>INSURER B : The Travelers Indemnity Compan</td><td>25666</td></tr><tr><td>INSURER C : The Travelers Indemnity Compan</td><td>25658</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 : Travelers Property Casualty Co	25674	INSURER B : The Travelers Indemnity Compan	25666	INSURER C : The Travelers Indemnity Compan	25658	INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A : Travelers Property Casualty Co	25674														
INSURER B : The Travelers Indemnity Compan	25666														
INSURER C : The Travelers Indemnity Compan	25658														
INSURER D :															
INSURER E :															
INSURER F :															

COVERAGES**CERTIFICATE NUMBER:** 858899954**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 SUBR INSD 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-630-8N948645-TIL-23	5/10/2023	5/10/2024	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 \$ 3,000,000 \$
C	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> Garage Liab <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		AD-9N050280-23-CAG	5/10/2023	5/10/2024	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 <input checked="" type="checkbox"/> RETENTION \$ 0		CUP-6N506731-23-14	5/10/2023	5/10/2024	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
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 type="checkbox"/> N / A	UB-9K668959-23-14G	5/10/2023	5/10/2024	<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	Rented/Leased Equipment Open Lot-Physical Damage		Y-630-8N948645-TIL-23 AD-9N050280-23-CAG	5/10/2023 5/10/2023	5/10/2024 5/10/2024	Limit Blanket Limit Ded. Per Vehicle 150,000 13,000,000 1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The County of Henrico and Henrico Public Schools are listed as additional insured on the General Liability coverage.

CERTIFICATE HOLDER**CANCELLATION**

County of Henrico
Risk Management
PO Box 90775
Henrico VA 23273

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.