



DEPARTMENT OF FINANCE  
OSCAR KNOTT, CPP, CPPO, VCO  
PURCHASING DIRECTOR

COMMONWEALTH OF VIRGINIA  
COUNTY OF HENRICO

February 14, 2024

Mr. Brian Harris  
DreamBox Learning, Inc.  
777 108<sup>th</sup> Avenue NE 2300  
Bellevue, WA 98004

**RE: Contract # 2142B-Digital Math (PreK-12) Curriculum for Tier I, II, and III**

Dear Mr. Harris:

The annual contract the County has with your company to provide **Digital Math (PreK-12) Curriculum for Tier I, II, and III** is due to expire on **June 30, 2024**. Under the terms of the original agreement, this contract may be renewed for an additional one-year period from **July 1, 2024** through **June 30, 2025**.

The County would like to renew this contract at current contract pricing. Please complete the information requested and return to Angie Woodson at [wool13@henrico.us](mailto:wool13@henrico.us) no later than March 8, 2024.

Following the 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 as additional insured for the contract work.**

If you have any questions, please call me at (804) 501-5693 or email me at [fal51@henrico.us](mailto:fal51@henrico.us). Your cooperation and prompt response will be appreciated.

Sincerely,

*Eileen M. Falcone* /acw

Eileen M. Falcone, CPPB  
Assistant Division Director

EMF/acw

**CONTRACT #2142B – Digital Math (PreK-12) Curriculum for Tier I, II, and III**

**BUYER NAME: Eileen Falcone**

**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:**

  X   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: DreamBox Learning, Inc

Date: 3/6/2024 | 6:18 PM EST

Signature:  \_\_\_\_\_

Title: Head of Global Operations

Telephone#: 800.323.9084

Email: DECommercialOpsTeam@discoveryed.com

SCC#: \_\_\_\_\_

**ACORD**<sup>TM</sup>**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

8/01/2023

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

<b>PRODUCER</b> <b>USI Insurance Services, LLC</b> 8000 Norman Center Drive Suite 400 Bloomington, MN 55437	<b>CONTACT NAME:</b> Priya Conjeevaram Krishnan	
	<b>PHONE (A/C, No, Ext):</b> 612 509-1001	<b>FAX (A/C, No):</b> 610-537-1954
	<b>E-MAIL ADDRESS:</b> priya.conjeevaram@usi.com	
<b>INSURED</b> <b>Discovery Education, Inc.</b> 4350 Congress Street, Suite 700 Charlotte, NC 28209	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A :</b> StarNet Insurance Company	<b>NAIC #</b> 40045
	<b>INSURER B :</b> Berkley National Insurance Company	38911
	<b>INSURER C :</b> ACE American Insurance Company	22667
	<b>INSURER D :</b> Zurich American Life Insurance Company	90557
	<b>INSURER E :</b>	
	<b>INSURER F :</b>	

**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
<b>A</b>	<b>X</b> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER:			<b>TCP701503914</b>	<b>08/01/2023</b>	<b>08/01/2024</b>	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$15,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
<b>A</b>	<b>AUTOMOBILE LIABILITY</b> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/>			<b>TCP701503914</b>	<b>08/01/2023</b>	<b>08/01/2024</b>	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
<b>A</b>	<b>X</b> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$0			<b>TCP701503914</b>	<b>08/01/2023</b>	<b>08/01/2024</b>	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000 \$
<b>B</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	<b>TWC701278216</b>	<b>08/01/2023</b>	<b>08/01/2024</b>	<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
<b>C</b>	<b>Tech E&amp;O/Cyber</b>			<b>D01800243</b>	<b>08/01/2023</b>	<b>08/01/2024</b>	\$5,000,000/Ret-\$100,000
<b>D</b>	<b>Excess E&amp;O/Cyber</b>			<b>EOC732253002</b>	<b>08/01/2023</b>	<b>08/01/2024</b>	\$5,000,000

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

VA\_Henrico County and Henrico County Public Schools\_COI\_8-1-19 RE:  
Contract #9608A-Digital Content Solution-Science Elementary K-5 Henrico County and Henrico County Public Schools and Commonwealth of VA, is Additional Insured as respects General Liability as required by written contract, per the policy provisions. Coverage is Primary Non-contributory (See Attached Descriptions)

**CERTIFICATE HOLDER****CANCELLATION**

Henrico County and Henrico  
County Public Schools  
Commonwealth of VA Dept of Finance  
P O Box 90775  
Richmond, 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



## DESCRIPTIONS (Continued from Page 1)

as respects General & Auto Liability as required by written contract, per the policy provisions.