

Exhibit A

RFQ 7763D-D

CONTRACT AMENDMENT #4

This agreement constitutes an Amendment to Contract Number RFQ 7763-D for Arts, Crafts & Classroom Supply services between the **COUNTY OF LOUDOUN, VIRGINIA**, (the "County"), and **S&S WORDWIDE, INC.** (the "Contractor") (collectively (the "parties").

In consideration of the mutual covenants set forth herein, the parties agree to amend and modify the Contract effective June 15, 2022, as follows:

2.2 Term:

The Contract will be renewed to cover the period from June 15, 2022, through June 14, 2023. No additional renewal options remain on this Contract.

In all other respects not specifically mentioned or altered by Amendment, the original Contract will remain in full force and effect.

COUNTY OF LOUDOUN, VIRGINIA**S&S WORDWIDE, INC.**

Division of Procurement

1 Harrison Street, S.E.

Leesburg, VA 20175

Phone: (571) 258-3190

Fax: (703) 771-5097

75 Mill Street

Colchester, CT 06415

Phone: (800) 642-7354

Fax: (800) 432-2842

By: *Diane C. Smith*Name: Diane C. Smith, NIGP-CBBPTitle: Assistant Purchasing AgentDate: June 9, 2022By: *CEO*Name: *Hy Schwartz*Title: *[Signature]*Date: *6/9/2022***APPROVED AS TO FORM:**

Robert J. Sproul

Assistant County Attorney



S&SWORL-CL

SABADJIAN

CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)
 4/14/2022

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 Smith Brothers Insurance, LLC. 68 National Drive Glastonbury, CT 06033		CONTACT NAME: Silva Abadjian PHONE (A/C, No, Ext): (860) 430-3375 E-MAIL ADDRESS: sabadjian@smithbrothersusa.com FAX (A/C, No):	
INSURED S&S Worldwide Inc 75 Mill Street Colchester, CT 06415		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Zurich American Insurance Company	
		INSURER B: Zurich American Insurance Company Of IL	
		INSURER C: American Guarantee And Liability Ins Co	
		INSURER D: MEMIC Indemnity Co.	
		INSURER E: INSURER F:	

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 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"/> PROJECT <input type="checkbox"/> LOC OTHER:	X	CPO0085840-07	12/31/2021	12/31/2022	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 \$ 4,000,000 PRODUCTS - COMPROP AGG \$ 2,000,000 EMPLOYEE BENEFIT \$ 2,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		CPO0085840-07	12/31/2021	12/31/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0		AUC 0085783-07	12/31/2021	12/31/2022	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ agg \$ 10,000,000
D	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 Y N/A	3102803124	12/31/2021	12/31/2022	<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
C	Commercial Property		CPO0085840-07	12/31/2021	12/31/2022	Real & Personal Prop 36,397,424

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Bid Project /Contract Number RFQ 7763-D

The Certificate Holder is included as an Additional Insured for General Liability and a Waiver of Subrogation applies in favor of the Certificate Holder as per policy forms.

CERTIFICATE HOLDER

Loudoun County, Division of Procurement;
 1 Harrison Street, SF 4th Floor;
 Leesburg, VA 20175-0000

CANCELLATION

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