



DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE

CONTRACT RENEWAL

DEPARTMENT: Water Resources

BID/RFP# DESCRIPTION: Laboratory Testing Services

BID/RFP# NUMBER: 14ITB88597A-CJC

ORIGINAL APPROVAL DATE: 12/18/2013

RENEWAL PERIOD: FROM: January 1, 2015 to December 31, 2015

RENEWAL OPTION # 1 OF 2

NUMBER OF RENEWAL OPTIONS: 2

RENEWAL AMOUNT: \$100,000.00

COMPANY'S NAME: Analytical Environmental Services

ADDRESS: 3785 Presidential Parkway

CITY: Atlanta

STATE: GA

ZIP: 30340

SIGNATURES: SEE NEXT PAGE

SIGNATURES:

Vendor agrees to accept the renewal option and abide by the terms and conditions set forth in the contract and specifications for Bid/RFP# 14ITB88597A-CJC (Person signing must have signature authority for the company/corporation)

NAME: Andria Yildirim (Print)
(CEO, President, Vice President)

VENDOR'S SIGNATURE: *Andria Yildirim* DATE 1/21/15

ATTEST:

Mehmet Yildirim NOTARY PUBLIC: *Elizabeth A. Waddell*
TITLE: CORPORATE SECRETARY COUNTY: DeKalb

SEAL (Affix)

MY COMMISSION EXPIRES: MARCH 2, 2016

ATTEST:

FULTON COUNTY, GEORGIA

J.H.E.
JOHN H. EAVES, CHAIRMAN
BOARD OF COMMISSIONERS

DATE: 1/26/2015

Mark Massey
MARK MASSEY
CLERK TO THE COMMISSION

DATE: 1/26/2015

DEPARTMENT AUTHORIZES RENEWAL OPTION ON THE AFOREMENTIONED
BID/RFP:

INTERIM DEPARTMENT HEAD: KUN SUWANARPA

INTERIM DEPARTMENT HEAD SIGNATURE: *Kun Suwanarpa* DATE 01/23/15

- BOC Chairperson's signature required on renewals \$ 50,000.00 or more or any Bid/RFP previously approved by the Board of Commissioners of Fulton County.
- Renewed/Current Insurance Certificate attached (if required) []
- Current Performance and Payment Bonds attached (If required) []
- Minimum of four (4) signature pages required



ANAENVI-02 ORLANDOA

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/22/2015

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 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 Insurance Office of America, Inc. 2839 Paces Ferry Road Suite 1200 Atlanta, GA 30339		CONTACT NAME: PHONE (A/C, No. Ex): (678) 919-1150 FAX (A/C, No.): (678) 919-1151 E-MAIL ADDRESS:		
INSURED Analytical Environmental Services, Inc. 3080 Presidential Dr Atlanta, GA 30340-3906		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A: Evanston Insurance Company		35378
		INSURER B: Ohio Security Insurance Company		24082
		INSURER C: Rochdale Insurance Company		12491
		INSURER D:		
		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 INSD	SUBR 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 <input checked="" type="checkbox"/> *See Below for <input checked="" type="checkbox"/> Coverages & Ded's GENTL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO. <input type="checkbox"/> JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER:	X		14PKGSE20040	06/18/2014	06/18/2015	EACH OCCURRENCE \$ 3,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 3,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COM/OP AGG \$ 3,000,000 Environ/Pollutl \$ 3,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			BAS1555629441	06/18/2014	06/18/2015	COMB NED S NGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
C	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	RWC3327734	06/18/2014	06/18/2015	<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

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

For Project #14ITB88597A-CJC, Laboratory Testing Services

*(CGL) Commercial General Liability/(PL) Pollution Liability/Professional/(EIL) Environmental Impairment Liability; and Transportation Pollution Coverage
Information continued*

TRIA is excluded on the CGL/PL/EIL policy.

Blanket Waiver of Subrogation Endorsement applies for both the CGL/PL/EIL and Workers' Compensation policies as required by written contract.

Blanket Additional Insured Primary and Non-Contributory endorsement applies to the CGL/PL/EIL policy as required by written contract.

SEE ATTACHED ACORD 101

CERTIFICATE HOLDER

CANCELLATION

Fulton County Laboratory Testing Services,
Charlie Crockett, Assistant Purch. Agent
Dept of Purchasing & Contract Finance
130 Peachtree St., Suite #1168

AUTHORIZED REPRESENTATIVE

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

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ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Insurance Office of America, Inc.		NAMED INSURED Analytical Environmental Services, Inc. 3080 Presidential Dr Atlanta, GA 30340-3906	
POLICY NUMBER SEE PAGE 1		EFFECTIVE DATE SEE PAGE 1	
CARRIER SEE PAGE 1	NAIC CODE SEE P 1		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles:

Blanket Additional Insured endorsement applies to the Auto Liability policy as required by written contract.
Environmental Professional Liability \$3,000,000 is Claims Made with a 6-18-92 retroactive date and a \$10,000 deductible.
Contractors Pollution Liability \$3,000,000 is Claims Made with a 6-18-92 retroactive date and a \$10,000 deductible.
Environmental Impairment Liability \$1,000,000 is claims made with a 6-18-06 retro date and a \$5,000 deductible.
Contingent Transportation Pollution Liability \$1,000,000 is claims made with a 6-18-08 retroactive date; \$10,000 deductible.

TRIA is included on the Auto and Workers' Compensation policies.

Fulton County Government is Additional Insured with respect to General Liability only when required by written contract, and per attached form MEGL 1543 04 11.



EVANSTON INSURANCE COMPANY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED WITH PRIMARY AND NON-CONTRIBUTORY WORDING OWNERS, LESSEES OR CONTRACTORS (FORM C)

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

SCHEDULE

Name of Person or Organization:

Any person(s) or organization(s) to whom the insured agrees to provide Additional Insured with Primary and Non-Contributory status in a written contract signed by both parties and executed prior to the commencement of operations.

- A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule above, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused in whole or in part by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf, in the performance of your ongoing operations for the additional insured(s) scheduled above.

- B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury", "property damage", or "personal and advertising injury" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

- C. It is further agreed that coverage provided for the Additional Insured shown above shall be primary insurance and any other insurance maintained by the Additional Insured shall be excess and non-contributory, but only as respects any claim, loss or liability arising out of your operations, and only if such claim, loss or liability is determined to be solely your negligence or responsibility.

All other terms and conditions remain the same.