



**FULTON  
COUNTY**

**CHANGE ORDER #2  
FORM TO CONTRACT**

**#19RFP072419K-DJ**

**WAYFINDING STATIC SIGNAGE  
AND SERVICES**

**DEPARTMENT OF REAL ESTATE AND ASSET  
MANAGEMENT**

**CHANGE ORDER NO. 2 TO FORM OF CONTRACT**

Contractor: **DeNyse Companies, Inc.**

Contract No. **19RFP072419K-DJ, Wayfinding Static Signage and Services**

Address: **4521 Industrial Access Road**  
City, State **Douglasville, Georgia 30134**

Telephone: **(770) 235-7288**

Email: [aschmitt@DeNyseco.com](mailto:aschmitt@DeNyseco.com)

Contact: **Ashley Schmitt, Senior  
Sales & Project Manager**

**W I T N E S S E T H**

WHEREAS, Fulton County ("County") entered into a Contract with **DeNyse Companies, Inc.** to provide/perform Wayfinding Static Signage and Services, dated September 4, 2019, on behalf of the Department of Real Estate and Asset Management; and

WHEREAS, the purpose for this Change Order is required to make modification to the existing Scope of Work to incorporate the additional exterior entrance signage, monuments signs and plaques to the Fulton County Government Center/Public Safety Building Complex, located at 141 Pryor Street & 130 Peachtree Street SW Atlanta, Georgia 30303.

WHEREAS, the Contractor has performed satisfactorily over the period of the contract; and

WHEREAS, this Change Order 2 was approved by the Fulton County Board of Commissioners on **April 14, 2021, BOC Item #21-0248.**

**NOW, THEREFORE,** the County and the Contractor agree as follows:

This Change Order No. 2 to Form of Contract is effective as of the 14<sup>th</sup> day of April, 2021, between the County and **DeNyse Companies, Inc.**, who agree that all Services specified will be performed by in accordance with this Change Order No. 2 to Form of Contract and the Contract Documents.

1. **SCOPE OF WORK TO BE PERFORMED:** Furnish all materials, labor, tools and equipment to provide additional exterior entrance signage, monument signs and plaques to the Fulton County Government Center/Public Safety Building Complex, located at 141 Pryor Street & 130 Peachtree Street SW Atlanta,

Georgia 30303. In addition, it will address new signage for the Government Center Top and Ground Level Floors of the Assembly Hall.

This change is necessary to address the required additions to the existing Wayfinding Design Scope of Work plus Assembly Hall.

Detailed Costs for Change Order No. 2:

1. Entrance ID G1- Pryor:	\$8,245.00
2. Entrance ID Peachtree- North	\$3,454.71
3. Entrance ID Peachtree- South	\$1,708.77
4. Loading Dock	\$1,076.64
5. Government Center Plaque	\$3,872.05
6. J1-Tower Cabinet	\$11,126.35
7. Installation cost:	\$8,940.00
8. Assembly Hall Signage/Installation 1 <sup>st</sup> and 2 <sup>nd</sup> Floors	<u>\$5,870.41</u>
<b>Sub Total- 1 Cost:</b>	<b>\$44,293.93</b>

Additional Services Charges (Engineering Fees, Permitting Services, Project Mgt. Fees & Equipment Rental):	<u>\$4,050.00</u>
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<b>Sub Total- 2 Cost:</b>	<b>\$48,343.93</b>
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+ 10% Contingency	<u>\$4,734.78</u>
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<b>Grand Total Cost (Change Order No. 2):</b>	<b>\$53,078.71</b>
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2. **COMPENSATION:** The services described under Scope of Work herein shall be performed by Contractor for a total amount not to exceed **\$53,078.71** (Fifty Three Thousand Seventy Eight Dollars and Seventy One Cents).
3. **LIABILITY OF COUNTY:** This Change Order No. 2 to Form of Contract shall not become binding on the County and the County shall incur no liability upon same until such agreement has been executed by the County Manager, attested to by the Clerk to the Commission and delivered to Contractor.
4. **EFFECT OF CHANGE ORDER NO. 2 TO FORM OF CONTRACT:** Except as modified by this Change Order No. 2 to Form of Contract, the Contract, and all Contract Documents, remain in full force and effect.

**[INTENTIONALLY LEFT BLANK]**

**IN WITNESS THEREOF**, the Parties hereto have caused this Contract to be executed by their duly authorized representatives as attested and witnessed and their corporate seals to be hereunto affixed as of the day and year date first above written.

OWNER:

**FULTON COUNTY, GEORGIA**

DocuSigned by:

*Robert L. Pitts*

Robert L. Pitts, Chairman  
Fulton County Board of Commissioners

ATTEST:

DocuSigned by:

*Tonya R. Grier*

Tonya R. Grier  
Clerk to the Commission

(Affix County Seal)

APPROVED AS TO FORM:

DocuSigned by:

*Dennal Stewart*

Dennal Stewart  
Office of the County Attorney

APPROVED AS TO CONTENT:

DocuSigned by:

*Joseph N. Davis*

Joseph N. Davis, Director  
Department of Real Estate and Asset  
Management

CONTRACTOR:

**DENYSE COMPANIES, INC.**

DocuSigned by:

*Ashley Schmitt*

Ashley Schmitt, Senior  
Sales & Project Manager

ATTEST:

DocuSigned by:

*Debra Hatfield*

Debra Hatfield  
Secretary/  
Assistant Secretary

(Affix Corporate Seal)

ATTEST:

Lauren Johnson

Notary Public

County: Douglas

Commission Expires: December 1, 2022

(Affix Notary Seal)

ITEM#: _____ RCS: _____	ITEM#: 2021-0248 RM: 4/14/2021
RECESS MEETING	REGULAR MEETING

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

DATE (MM/DD/YYYY)

7/14/2020

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>J Smith Lanier &amp; Co Carrollton</b> <b>P. O. Box 507</b> <b>1330 N. Park Street</b> <b>Carrollton, GA 30112</b>	<b>CONTACT NAME:</b> <b>Mindy Aguiar</b> <b>PHONE (A/C, No, Ext):</b> <b>770-834-4476</b> <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> <b>maguiar@jsmithlanier.com</b>														
<b>INSURED</b> <b>DeNyse Companies Inc.</b> <b>dba DeNyse Signs Installations Inc.</b> <b>4521 Industrial Access Rd</b> <b>Douglasville, GA 30134-3950</b>	<table border="1"> <thead> <tr> <th data-bbox="815 426 1437 451">INSURER(S) AFFORDING COVERAGE</th> <th data-bbox="1437 426 1563 451">NAIC #</th> </tr> </thead> <tbody> <tr> <td data-bbox="815 451 1437 478"><b>INSURER A : Selective Way Insurance Co.</b></td> <td data-bbox="1437 451 1563 478"><b>26301</b></td> </tr> <tr> <td data-bbox="815 478 1437 506"><b>INSURER B : Bridgefield Casualty Ins. Company</b></td> <td data-bbox="1437 478 1563 506"><b>10335</b></td> </tr> <tr> <td data-bbox="815 506 1437 533"><b>INSURER C :</b></td> <td data-bbox="1437 506 1563 533"></td> </tr> <tr> <td data-bbox="815 533 1437 560"><b>INSURER D :</b></td> <td data-bbox="1437 533 1563 560"></td> </tr> <tr> <td data-bbox="815 560 1437 588"><b>INSURER E :</b></td> <td data-bbox="1437 560 1563 588"></td> </tr> <tr> <td data-bbox="815 588 1437 615"><b>INSURER F :</b></td> <td data-bbox="1437 588 1563 615"></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	<b>INSURER A : Selective Way Insurance Co.</b>	<b>26301</b>	<b>INSURER B : Bridgefield Casualty Ins. Company</b>	<b>10335</b>	<b>INSURER C :</b>		<b>INSURER D :</b>		<b>INSURER E :</b>		<b>INSURER F :</b>	
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**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>	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<b>X</b>		<b>S2258665</b>	<b>06/12/2020</b>	<b>06/12/2021</b>	EACH OCCURRENCE <b>\$1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) <b>\$500,000</b> MED EXP (Any one person) <b>\$15,000</b> PERSONAL & ADV INJURY <b>\$1,000,000</b> GENERAL AGGREGATE <b>\$2,000,000</b> PRODUCTS - COMP/OP AGG <b>\$2,000,000</b> \$
<b>A</b>	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	<b>X</b>		<b>S2258665</b>	<b>06/12/2020</b>	<b>06/12/2021</b>	COMBINED SINGLE LIMIT (Ea accident) <b>\$1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
<b>A</b>	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	<b>X</b>		<b>S2258665</b>	<b>06/12/2020</b>	<b>06/12/2021</b>	EACH OCCURRENCE <b>\$9,000,000</b> AGGREGATE <b>\$9,000,000</b> \$
<b>B</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		<b>N/A</b>	<b>19643315</b>	<b>06/12/2020</b>	<b>06/12/2021</b>	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT <b>\$1,000,000</b> E.L. DISEASE - EA EMPLOYEE <b>\$1,000,000</b> E.L. DISEASE - POLICY LIMIT <b>\$1,000,000</b>
<b>A</b>	<b>Leased/Rented Equipment</b>			<b>S2258665</b>	<b>06/12/2020</b>	<b>06/12/2021</b>	<b>Limit-\$200,000</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**(GL) Additional insured, Primary Noncontributory, Waiver of Subrogation per form CG798801 & CG73000116**  
**(Auto) Additional insured, Primary Noncontributory, Waiver of Subrogation per form CA78090116**  
**(WC) Waiver of Subrogation per form WC 00 03 13**

**CERTIFICATE HOLDER****CANCELLATION**

**Fulton County Government**  
**Attn: Purchasing Department**  
**#19RFP072419K-DJ; WAYFINDING STATIC SIGNAGE & SERVICES**  
**130 Peachtree Street, S.W. Suite 1168**  
**Atlanta, GA 30303-3459**

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

*PETER J. KRAUSE*

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