**DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE** 



## CONTRACT RENEWAL AGREEMENT

**DEPARTMENT: INFORMATION TECHNOLOGY** 

BID/RFP# NUMBER: #19RFP114474B-BR

BID/RFP# TITLE: Digital Multi-functional Devices & Support Services

ORIGINAL APPROVAL DATE: April 10, 2019

RENEWAL PERIOD: FROM: 1-1-2022 THROUGH 12-31-2022

**RENEWAL OPTION #:** 3 OF 4

NUMBER OF RENEWAL OPTIONS: Four (4)

**RENEWAL AMOUNT:** \$1,224,193.08

**COMPANY'S NAME:** Standard Office Systems of Atlanta Inc.

ADDRESS: 2475 Meadowbrook Parkway

CITY: Duluth, GA 30097

STATE: GA

**ZIP:** 30097

This Renewal Agreement No. 3 was approved by the Fulton County Board of Commissioners on BOC DATE: November 17, 2021 BOC NUMBER: 21-0904

### SIGNATURES: SEE NEXT PAGE

**RECESS MEETING** 

#### SIGNATURES:

Vendor agrees to accept the renewal option and abide by the terms and conditions set forth in the contract and specifications as referenced herein:

FULTON COUNTY, GEORGIA	STANDARD OFFICE SYSTEMS OF ATLANTA, INC.
DocuSigned by:	DocuSigned by:
Robert L. Pitts	BERMESCHOM
Robert L. Pitts, Chairman	Bernie Schom
Fulton County Board of	Vice President Sales
Commissioners	
ATTEST:	ATTEST:
DocuSigned by: Tonya K. Grier	
Tonya R. Grier	Secretary/
Clerk to the Commission OccuSigned by:	Assistant Secretary
(Affix County Seal)	(Affix Corporate Seal)
AUTHORIZATION OF RENEWAL:	ATTEST:
DocuSigned by:	DocuSigned by:
Glenn Melendez	Delabie Cook
Glenn Melendez, CIO	Notary Public
Department of Information	
Technology	County: Gwinnett
	Commission Expires: 02/17/2024
	(Affix Notary Seal) DocuSigned by:
ITEM#:2021-0904 RCS:11/17/2	2021 ITEM#:RM:

**REGULAR MEETING** 

# ACORD. CERTIFICATE OF LIABILITY INSURANCE

**STANDOFFIC** 

DATE (MM/DD/YYYY)

11/23/2021 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). CONTACT Robin A Connell PRODUCER Marsh & McLennan Agency LLC PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: P. O. Box 71429 Robin.Connell@MarshMMA.com 47 Postal Parkway INSURER(S) AFFORDING COVERAGE NAIC # Newnan, GA 30271-1429 INSURER A : Firstline Insurance Company 40100 INSURED **INSURER B** : Standard Office Systems INSURER C 2475 Meadowbrook Parkway INSURER D Duluth, GA 30096 **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. ADDL SUBR POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) TYPE OF INSURANCE LIMITS POLICY NUMBER X COMMERCIAL GENERAL LIABILITY Α CP9207250 09/30/2021 09/30/2022 EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence CLAIMS-MADE X OCCUR \$100,000 MED EXP (Any one person) \$10,000 \$1,000,000 PERSONAL & ADV INJURY GEN'L AGGREGATE LIMIT APPLIES PER: \$2,000,000 GENERAL AGGREGATE PRO-JECT \$2,000,000 POLICY LOC PRODUCTS - COMP/OP AGG OTHER \$ 09/30/2021 09/30/2022 COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY Α CA10476482 \$1,000,000 Х BODILY INJURY (Per person) \$ ANY AUTO SCHEDULED OWNED AUTOS ONLY BODILY INJURY (Per accident) \$ AUTOS NON-OWNED PROPERTY DAMAGE HIRED AUTOS ONLY Х Х \$ AUTOS ONLY (Per accident) \$ X UMBRELLA LIAB Α Х CU104737410 09/30/2021 09/30/2022 EACH OCCURRENCE \$10,000,000 OCCUR EXCESS LIAB \$10,000,000 CLAIMS-MADE AGGREGATE X RETENTION \$10000 DED 09/30/2021 09/30/2022 X PER STATUTE WORKERS COMPENSATION OTH-ER Α WC10476406 AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? \$500,000 E.L. EACH ACCIDENT Ν N/A E.L. DISEASE - EA EMPLOYEE \$500,000 (Mandatory in NH) If yes, describe under \$500,000 E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS below DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) (GL) Blanket Additional Insured (Completed Operations) as per form CG2037(04/13 (GL) Blanket Additional Insured - Owners, Lessees or Contractors as per form CG2033(04/13) (GL) Primary and Non Contributory as per form CGHG29(04/13) (GL) Per Location Aggregate as per form CGHG29(04/13) (GL) Blanket Waiver of Subrogation as per form CG2404 (05/09) (See Attached Descriptions) **CERTIFICATE HOLDER** CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE **Fulton County Schools** THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN Attn: Contracting Dept. ACCORDANCE WITH THE POLICY PROVISIONS. 6201 Powers Ferry Road NW AUTHORIZED REPRESENTATIVE Atlanta, GA 30339 PETER J. KRAUSE © 1988-2015 ACORD CORPORATION. All rights reserved.

## **DESCRIPTIONS (Continued from Page 1)**

(Auto) Blanket Additional Insured, Primary and Non Contributory, and Waiver of Subrogation as per form CAHG17(10/15)

(Auto) Waiver of Subrogation as per form CA0444(10/13)

(Auto) Additional Insured and Lessor/Loss Payee as per form CA2001(10/13)

(WC) Waiver of Subrogation as per form WC000313

Project: Proposal No. 110-20 Multifunctional Digital Copiers and Digital Duplicators Full certificate holder: Fulton County Schools, officials, directors, officers, employees, agents and volunteers.