

DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE

CONTRACT RENEWAL AGREEMENT

DEPARTMENT: Finance

BID/RFP# NUMBER: 20RFP0827C-MH

BID/RFP# TITLE: Printing & Mailing of Water and Sewer Bills

ORIGINAL APPROVAL DATE: December 16, 2020 (BOC item 20-0977)

RENEWAL EFFECTIVE DATES: January 1, 2022 through December 31, 2022

RENEWAL OPTION #: 1 OF 2

NUMBER OF RENEWAL OPTIONS: 2

RENEWAL AMOUNT: \$ 279,000

COMPANY'S NAME: Dove Mailing Inc.

ADDRESS: 5601 Fulton Industrial Blvd

CITY: Atlanta

STATE: GA

ZIP: 30336

This Renewal Agreement No. $\frac{x}{x}$ was approved by the Fulton County Board of

Commissioners on BOC DATE: 2021-0950 BOC NUMBER: 12/1/2021

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 as referenced herein: 20RFP0827C-MH

FULTON COUNTY, GEORGIA	Dove Mailing, Inc.
DocuSigned by:	DocuSigned by:
Robert C. Pitts	Renee Newton
Robert L. Pitts, Chairman	Renee Newton Exe VP
Fulton County Board of Commissioners Please select Attest or Notary	Control by the
Please select Attest or Notary	Notes
Attest	X
ATTEST:	ATTEST:
DocuSigned by:	
Tonya R. Grier	
Tonya R. Grier	Secretary/
Interim Clerk to the Commissioned by:	Assistant Secretary
(Affix County Seal)	(Affix Corporate Seal)
AUTHORIZATION OF RENEWAL:	ATTEST:
DocuSigned by:	
Hakeem Oshikoya	Michael Jatta
	Notary Public
Hakeem Oshikoya Finand	ce Directo Notary Public
Finance Department	Clayton County:
	Commission Expires: 11/28/2024 DocuSigned by:
	(Affix Notary Seal)
Please select RCS or RM fr	om the checkbox
x PRÉS	× RM
ITEM#: xxx RCS:xxx	ITEM#: 2021-0950 RM: 12/1/2021
RECESS MEETING	REGIII AR MEETING





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 confor rights to the certificate holder in liquid such and remark(s)

statement on this certifica	ite does not confer rights to the certi	mcate noider in lieu of such endorsement(s).				
PRODUCER		CONTACT NAME: Sentry Customer Service				
PRODUCER Sentry Insurance 1800 North Point Drive Stevens Point, WI 54481 INSURED Dove Mailing Inc 5601 Fulton Industrial Blvd SW Atlanta, GA 30336-2632		PHONE (A/C, No, Ext): 800-473-6879 FAX (A/C, No): 800-514-719				
Stevens Point, WI 54481		EMAIL ADDRESS: businessproducts_direct@sentry.com				
		INSURER(S) AFFORDING COVERAGE		NAIC #		
INCLIDED		INSURER A: Sentry Insurance Company		24988		
PRODUCER Sentry Insurance 1800 North Point Drive Stevens Point, WI 54481 INSURED Dove Mailing Inc 5601 Fulton Industrial Blvd SW Atlanta, GA 30336-2632		INSURER B:				
		INSURER C:				
		INSURER D:				
		INSURER E:				
		INSURER F:	`			
001/504050	OFFICIOATE MUMBER 500040	DEVICION NUMBER	•			

COVERAGES CERTIFICATE NUMBER: 588243 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 INSU	IRANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	Х	COMMERCIAL GENE	RAL LIABILITY						EACH OCCURRENCE	\$ 1,000,000
		CLAIMS-MADE	X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000
									MED EXP (Any one person)	\$ 15,000
Α						2429954002	01/26/2020	01/26/2021	PERSONAL & ADV INJURY	\$ 1,000,000
	X POLICY OTHER: AUTOMOBILE LIAE X ANY AUTO								GENERAL AGGREGATE	\$ 3,000,000
	Х	POLICY PRO-	LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
		AUTOMOBILE LIABILITY								\$
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
	Х		_						BODILY INJURY (Per person)	\$
Α	AUTOS ONLY AUTOS		SCHEDULED AUTOS			2429954003	01/26/2020	01/26/2021	BODILY INJURY (Per accident)	\$
	HIRED AUTOS ONLY AUTOS	NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
	Х	UMBRELLA LIAB	X OCCUR						EACH OCCURRENCE	\$ 5,000,000
Α	A GINDRELLA LIAB A		CLAIMS-MADE			2429954004	01/26/2020	01/26/2021	AGGREGATE	\$ 5,000,000
		DED RETE	ENTION \$						PRODUCTS - COMP/OP AGG	\$ 5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY								PER OTH- STATUTE ER	
	ANY	PROPRIETOR/PARTN	ER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$
	(Ma	ndatory in NH)	DED!						E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below		ΓΙΟΝS below						E.L. DISEASE - POLICY LIMIT	\$
	OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY X EXCESS LIAB DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTI OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under									
				L						

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

CERTIFICATE	HOLDER
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Dove Mailing Inc 5601 Fulton Industrial Blvd SW Atlanta, GA 30336-2632

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.

John Hyland

ACORD 25 (2016/03)

2429954 Sentry Insurance Company Page 1 of 2

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ACORD

AGENCY CUSTOMER ID: XXXXXX4478

LOC #: _____

ADDITIONAL REMARKS SCHEDULE

AGENCY
Nicola Rinaldi

POLICY NUMBER
2429954002

CARRIER
Sentry Insurance Company

ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

NAMED INSURED
Dove Mailing Inc

NAIC CODE
Sentry Insurance Company

EFFECTIVE DATE: 01/26/2020

2429954002					
CARRIER				NAIC CODE	1
Sentry Insurance Con	npany			24988	EFFECTIVE DATE: 01/26/2020
ADDITIONAL RI	EMARKS				
THIS ADDITIONAL	REMARKS F	ORM IS A SCHEDU	JLE TO ACOR	RD FORM,	
FORM NUMBER:	ACORD 25	FORM TITLE:	Certificate of	of Liability Insurand	ce



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/03/2021

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

statement on this certificate	does not confer rights to the cert	ificate holder in lieu of such endorsement	(s).		
statement on this certificate does not confer rights PRODUCER Sentry Insurance 1800 North Point Drive Stevens Point, WI 54481 INSURED Dove Mailing Inc 5601 Fulton Industrial Blvd SW Atlanta, GA 30336-2632		CONTACT NAME: Sentry Customer Service			
		PHONE			
Stevens Point, WI 54481		EMAIL ADDRESS: businessproducts_direct@sentry.com	FAX (A/C, No): 800-514-7191		
wayara		INSURER(S) AFFORDING COVERAGE		NAIC #	
		INSURER A: Sentry Insurance Company		24988	
		INSURER B:			
		INSURER C:			
		INSURER D:			
lanta, GA 30336-2632		INSURER E:			
		INSURER F:	<u> </u>		

COVERAGES CERTIFICATE NUMBER: 588243 REVISION NUMBER:

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INSR LTR	A COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUP AUTOMOBILE LIABILITY X ANY AUTO COWNED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY X UMBRELLA LIAB X OCCUP		JRANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	Х	COMMERCIAL GENE	RAL LIABILITY						EACH OCCURRENCE	\$ 1,000,000
		CLAIMS-MADE	X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000	
									MED EXP (Any one person)	\$ 15,000
Α						2429954002	01/26/2021	01/26/2022	PERSONAL & ADV INJURY	\$ 1,000,000
	GE								GENERAL AGGREGATE	\$ 3,000,000
	Х	POLICY PRO-	LOC					01/26/2022	PRODUCTS - COMP/OP AGG	\$ 2,000,000
		OTHER:								\$
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
	Х								BODILY INJURY (Per person)	\$
Α	AUTOS ONLY AUTOS HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY	SCHEDULED AUTOS			2429954003	01/26/2021	01/26/2022	BODILY INJURY (Per accident)	\$	
		NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
										\$
	X OMBREELA LIAB X		X OCCUR						EACH OCCURRENCE	\$ 5,000,000
Α	Х	A OMBREELA LIAB A				2429954004	01/26/2021	01/26/2022	AGGREGATE	\$ 5,000,000
		DED RETE	ENTION \$						PRODUCTS - COMP/OP AGG	\$ 5,000,000
									PER OTH- STATUTE ER	
			ER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$
	(Ma	ndatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$
			TIONS below						E.L. DISEASE - POLICY LIMIT	\$
	OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY X UMBRELLA LIAB X OCCUR X EXCESS LIAB DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTI OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under									
				l						<u> </u>

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

CERTIFICATE	HOLDER
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Dove Mailing Inc 5601 Fulton Industrial Blvd SW Atlanta, GA 30336-2632 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,

John Hyland

ACORD 25 (2016/03) 2429954 Page 1 of 2

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AGENCY CUSTOMER ID: XXXXXX4478

ACORL	,		ADDITIO	ONAL RE	MARKS SCHEDULE	Page	2	of _	<u>?</u>
AGENCY			7.22	<u> </u>	NAMED INSURED				_
Nicola Rinaldi					Dove Mailing Inc				
POLICY NUMBER									
2429954002									
CARRIER				NAIC CODE					
Sentry Insurance Con	npany			24988	EFFECTIVE DATE: 01/26/2021				_
ADDITIONAL RI				<u> </u>					_
		ORM IS A SCHED	ULE TO ACO	RD FORM,					_
FORM NUMBER:	ACORD 25	FORM TITLE:	Certificate of	of Liability Insura	nce				