



**DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE**

**CONTRACT RENEWAL**

**DEPARTMENT:** Animal Services

**BID/RFP# DESCRIPTION:** Animal Control Services

**BID/RFP# NUMBER:** 17RFP08092017C-BKJ

**ORIGINAL APPROVAL DATE:** July 11, 2018

**RENEWAL PERIOD: FROM:** January 1, 2020 **THROUGH** December 31, 2020

**RENEWAL OPTION #:** 2 of 4

**NUMBER OF RENEWAL OPTIONS:** 4

**RENEWAL AMOUNT:** \$3,600,000.00

**COMPANY'S NAME:** Lifeline Animal Project, Inc.

**ADDRESS:** 129 Lake Street

**CITY:** Avondale Estates, Georgia

**STATE:** Georgia

**ZIP:** 30002

**This Renewal Agreement No. 2 was approved by the Fulton County Board of Commissioners on BOC DATE: 12/4/2019 BOC NUMBER: 19-1003**

**SIGNATURES: SEE NEXT PAGE**



# DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE

## 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 #17RFP08092017C-BKJ**  
(Person signing must have signature authority for the company/corporation)

**NAME:** Rebecca Guinn (Print)

(CEO, President, Vice President)

**VENDOR'S SIGNATURE:** Rebecca Guinn **DATE** 01/06/2020

Please select Attest or Notary from checkbox

**ATTEST:** ☒ Attest

☐ Notary

Carolyn Bibb

**NOTARY PUBLIC:** \_\_\_\_\_

**TITLE:** Board Secretary

**COUNTY:** \_\_\_\_\_

**SEAL (Affix)** 

**MY COMMISSION EXPIRES:** \_\_\_\_\_

**FULTON COUNTY, GEORGIA**

**DATE:** \_\_\_\_\_

**ROBERT L. PITTS, CHAIRMAN**  
**FULTON COUNTY BOARD OF COMMISSIONERS**

**ATTEST:**

**DATE:** \_\_\_\_\_

**TONYA R. GRIER**  
**CHIEF DEPUTY CLERK TO THE COMMISSION**

**SEAL (Affix)**

**DEPARTMENT AUTHORIZES RENEWAL OPTION ON THE AFOREMENTIONED BID/RFP:**

**DEPARTMENT HEAD:** Matthew Kallmyer (Print)

**DEPARTMENT HEAD SIGNATURE:** Matthew Kallmyer **DATE** 01/07/2020

Please select RCS or RM from the checkbox

☐ RCS

☒ RM

**ITEM#:** 0 **RCS:** 0

**ITEM#:** 19-1003 **RM:** 12/4/2019

**RECESS MEETING**

**REGULAR MEETING**





LIFEANI-01

ADAMSC

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/6/2020

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

<b>PRODUCER</b> License # 0E67768 <b>Insurance Office of America, Inc.</b> 100 Galleria Parkway Suite 600 Atlanta, GA 30339	<b>CONTACT NAME:</b> Donna Marshall <b>PHONE (A/C, No, Ext):</b> (770) 308-2397 32024 <b>FAX (A/C, No):</b> (678) 919-1151 <b>E-MAIL ADDRESS:</b> Donna.Marshall@ioausa.com	
	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> United Specialty Insurance Company <b>NAIC #</b> 12537 <b>INSURER B:</b> Home-Owners Insurance Company <b>26638</b> <b>INSURER C:</b> Acceptance Indemnity Insurance Company <b>20010</b> <b>INSURER D:</b> Carolina Casualty Insurance Company <b>10510</b> <b>INSURER E:</b> Navigators Insurance Company <b>42307</b> <b>INSURER F:</b> Lloyd's	
<b>INSURED</b>  <b>Lifeline Animal Project Inc</b> <b>P.O. Box 15466</b> <b>Atlanta, GA 30333</b>		

## 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
<b>A</b>	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EBL 1 M Each Emp/Agg</b> <input checked="" type="checkbox"/> <b>EBL Ded 1000 each Em</b> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			ATN-ATL1914371	4/16/2019	4/16/2020	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>300,000</b> MED EXP (Any one person) \$ <b>5,000</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>Deductible</b> \$ <b>10,000</b>
<b>B</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			5172179300	4/16/2019	4/16/2020	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
<b>C</b>	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ <b>0</b>			XOL4200182-00	4/16/2019	4/16/2020	EACH OCCURRENCE \$ <b>5,000,000</b> AGGREGATE \$ <b>5,000,000</b> \$
<b>D</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	KEY0138753	4/16/2019	4/16/2020	<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>E</b>	<b>Directors &amp; Officers</b>			NY19DOLV00364NV	4/16/2019	4/16/2020	<b>Per Claim</b> <b>1,000,000</b>
<b>F</b>	<b>Professional Liabili</b>			MEO2223400.19	4/16/2019	4/16/2020	<b>Aggregate</b> <b>3,000,000</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Blanket Additional Insured applies as respects to General Liability per form #'s CG2011 0413-Managers or Lessors of Premises, CG2018 0413 Mortgagee, Assignee or Receiver, CG2012 0413-Public Entities-State or Governmental Agency, CG2034 0413-Lessor of Leaded Equipment and Automobile Liability per form# 58504 01/15 when required by written contract. Primary Non Contributory applies as respects to General Liability per form # VEN 051 00 0115.  
 A Blanket Waiver of Subrogation applies as respects to General Liability per form # CG2404 0509 and Automobile per form# 58583 01/15 when required by written contract.

## CERTIFICATE HOLDER

## CANCELLATION

<b>Fulton County Government</b> 130 Peachtree Street SW #1168 Atlanta, GA 30303	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 
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58504 (1-15)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## DESIGNATED INSURED FOR COVERED AUTOS LIABILITY COVERAGE - BLANKET COVERAGE

This endorsement modifies insurance provided under the following:

### COMMERCIAL AUTO POLICY

**SECTION II - COVERED AUTOS LIABILITY COVERAGE** is amended. The following provision is added. Any person or organization is an **insured** for Covered Autos Liability Coverage, but only to the extent that

person or organization qualifies as an **insured** under **SECTION II - COVERED AUTOS LIABILITY COVERAGE, A. COVERAGE, 1. Who Is An Insured.**

All other policy terms and conditions apply.

58504 (1-15)

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58583 (1-15)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## WAIVER OF OUR RIGHT TO RECOVER PAYMENTS (WAIVER OF SUBROGATION) - BLANKET

This endorsement modifies insurance provided under the following:

### COMMERCIAL AUTO POLICY

**SECTION V CONDITIONS, A. LOSS CONDITIONS** is amended. **5. Our Right to Recover Payments** is deleted and replaced by the following condition.

#### **5. Our Right to Recover Payments**

If **we** make a payment under this policy and the person to or for whom payment is made has a right to recover damages from another, **we** will be entitled to that right. That person shall do everything necessary to transfer that right to **us** and do nothing to prejudice it.

However, **we** waive **our** right to recover payments made for **bodily injury** or **property damage**:

- a.** Covered by the policy; and
- b.** Arising out of the operation of **autos** covered by the policy, in accordance with the terms and conditions of a written contract between **you** and such person or entity

only if such rights have been waived by the written contract prior to the **accident** or **loss** which caused the **bodily injury** or **property damage**.

All other policy terms and conditions apply.

58583 (1-15)

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