



DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE

Fulton County, GA

CONTRACT RENEWAL

DEPARTMENT: SHERIFF'S OFFICE

BID/RFP# DESCRIPTION: 12RFP83455B-BL Inmate Food Services

BID/RFP# NUMBER: 12RFP83455B-BL

ORIGINAL APPROVAL DATE: August 15, 2012

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

RENEWAL OPTION: 2 OF 3

NUMBER OF RENEWAL OPTIONS: 3

RENEWAL AMOUNT: \$3,568,495.50

COMPANY'S NAME: Aramark Correctional Services

ADDRESS: 980 Hammond Drive Ste.1400

CITY: Atlanta

STATE: Georgia

ZIP: 30328

SIGNATURES: SEE NEXT PAGE

SIGNATURES:

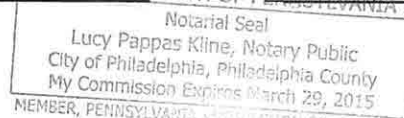
Vendor agrees to accept the renewal option and abide by the terms and conditions set forth in the contract and specifications for Bid/RFP#

(Person signing must have signature authority for the company/corporation)

NAME: Mark R. Adams, Vice President - Finance (Print)
(CEO, President, Vice President)

VENDOR'S SIGNATURE: [Signature] **DATE:** 12/3/14

ATTEST:



NOTARY PUBLIC: [Signature]

TITLE: _____

COUNTY: Philadelphia

SEAL (Affix)

MY COMMISSION EXPIRES: 3/29/2015

ATTEST:

FULTON COUNTY, GEORGIA

[Signature]
**JOHN H. EAVES, CHAIRMAN
BOARD OF COMMISSIONERS**

DATE: 12/5/2014

[Signature]
**MARK MASSEY
CLERK TO THE COMMISSION**

DATE: 12/5/2014

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

DEPARTMENT HEAD: Theodore Jackson (Print)

DEPARTMENT HEAD SIGNATURE: [Signature] **DATE:** 12/4/14

Please indicate if the following are provided:

- ☐ **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.**
- ☐ **A copy of the current Certificate of Insurance must be attached to all renewals.**
- ☐ **Current Performance and Payment Bonds attached (If required)**
- ☐ **Minimum of four (4) signature pages required.**



CERTIFICATE OF LIABILITY INSURANCE

Page 1 of 1

DATE (MM/DD/YYYY)
09/11/2014

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	Willis of Pennsylvania, Inc. c/o 26 Century Blvd. P. O. Box 305191 Nashville, TN 37230-5191	CONTACT NAME:			
		PHONE (A/C, NO, EXT):	877-945-7378	FAX (A/C, NO):	888-467-2378
		E-MAIL ADDRESS:	certificates@willis.com		
		INSURER(S) AFFORDING COVERAGE			NAIC #
		INSURER A: ACE American Insurance Company			22667-003
INSURED	Aramark Correctional Services, LLC Aramark Services, Inc. Its Divisions & Subsidiaries Aramark Tower, 1101 Market Street, 30th Floor Philadelphia, PA 19107	INSURER B: Indemnity Insurance Company of North Amer			43575-001
		INSURER C:			
		INSURER D:			
		INSURER E:			
		INSURER F:			

COVERAGES

CERTIFICATE NUMBER: 22034031

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	ADD'L INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY	Y	Y	HDOG27335457	10/1/2014	10/1/2015	EACH OCCURRENCE \$ 2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ Included
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
	<input checked="" type="checkbox"/> Liquor Law Liability						PERSONAL & ADV INJURY \$ 2,000,000
	<input checked="" type="checkbox"/> Vendors Liability						GENERAL AGGREGATE \$ None
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ None
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						\$
A	AUTOMOBILE LIABILITY			ISAH08827011	10/1/2014	10/1/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> Self-Insured for						\$
	<input checked="" type="checkbox"/> Auto Physical Damage						\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB			(GL) XSLG27335482	10/1/2014	10/1/2015	EACH OCCURRENCE \$ 3,000,000
A	<input type="checkbox"/> EXCESS LIAB			(AL) H0830001A007	10/1/2014	10/1/2015	AGGREGATE \$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			CA & MA WLRC48013569	10/1/2014	10/1/2015	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
A	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WI SCFC48013582	10/1/2014	10/1/2015	E.L. EACH ACCIDENT \$ 2,000,000
B				AOS WLRC48013570	10/1/2014	10/1/2015	E.L. DISEASE - EA EMPLOYEE \$ 2,000,000
							E.L. DISEASE - POLICY LIMIT \$ 2,000,000
A	Excess Umbrella Liability			XOOG27322724	10/1/2014	10/1/2015	\$2,000,000 Limit

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach Acord 101, Additional Remarks Schedule, if more space is required)


ARAMARK's General Liability and Auto Liability policies are noncancellable. Workers' Compensation notices of cancellation are in accordance with each state law. Products/Completed Operations and Contractual Liability are included under General Liability.

Re: Food Management Services for Fulton County Sheriff's Office. Certificate Holder is included as Additional Insured and Waiver of Subrogation applies per policy terms & conditions.

Above coverage is occurrence-based without aggregate limits.

CERTIFICATE HOLDER

CANCELLATION

Fulton County Government Department of Purchasing & Contract Compliance 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 

Coll:4511466 Tpl:1858245 Cert:22034031 © 1988-2010 ACORD CORPORATION. All rights reserved.

Named Insured: Aramark Correctional Services, LLC
Insuring Company: ACE American Insurance Company
Policy Number: HDOG27335457
Policy Effective: 10/1/2014

Endorsement No. 88

ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

This endorsement modifies insurance provided in the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

Schedule

Name of Person or Organization

- 1) Any person, organization or entity for whose protection and benefit the Named Insured has or shall have, by contract or agreement, agreed to procure liability insurance; or
- 2) Any person, organization or entity designated as an additional insured by a Certificate of Insurance.

WHO IS AN INSURED (Section II) is amended to include as an insured the person, organization or entity shown in the Schedule above, but only with respect to liability arising out of the Named Insured's operations or work performed by the Named Insured or others acting on the Named Insured's behalf, or premises owned, managed or controlled by or rented to the Named Insured.

With respect to the insurance afforded to these additional insureds, the following is added to Section III - Limits of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations; whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

Additionally, the coverage provided to the additional insured shall not exceed, and is limited by, the scope of coverage that the Named Insured has agreed by contract or agreement to procure for the Additional Insured.

This endorsement is issued by the Company designated in the Declarations.

All other provisions of the policy remain unchanged.



Authorized Agent