

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

Atlantic Coast Consulting

DocuSigned by:

Robert L. Pitts

14E1B4AA5E6A44A...

Robert L. Pitts, Chairman
Fulton County Board of Commissioners

Please select Attest or Notary from checkbox

Attest

ATTEST:

DocuSigned by:

Tonya R. Grier

EEC476C4837048D...

Tonya R. Grier
Interim Clerk to the Commission

(Affix County Seal)

**AUTHORIZATION OF RENEWAL:**

DocuSigned by:

Joseph N. Davis

E45C5C5F17FB417...

Joseph Davis

Director

Real Estate and Asset Management

DocuSigned by:

Joel Scott

74561558546248C...

Joel D. Scott

VP - LF Operations

x Notary

ATTEST:

**Secretary/
 Assistant Secretary**

(Affix Corporate Seal)

ATTEST:

Katherine Schlueter

Notary Public

County: Cherokee

Commission Expires: 2/27/2022

DocuSigned by:

(Affix Notary Seal)



Please select RCS or RM from the checkbox

x **RCS**x **RM**

ITEM#: 2020-0646 **RCS: 9/16/2020**
RECESS MEETING

ITEM#: xxx **RM: xxx**
REGULAR MEETING



ACORDTM**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

10/16/2020

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).

PRODUCER McGriff Insurance Services 400 N. Tampa St., 23rd Floor Tampa, FL 33602	CONTACT NAME: Patricia Byrne PHONE (A/C, No, Ext): 813-682-1510 FAX (A/C, No): E-MAIL ADDRESS: Patricia.Byrne@McGriff.com														
INSURED Atlantic Coast Consulting, Inc. ACC of Florida, Inc. 1150 Northmeadow Parkway, Suite 100 Roswell, GA 30076	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Travelers Indemnity Company</td> <td>25658</td> </tr> <tr> <td>INSURER B : Travelers Property Casualty Co of Amer</td> <td>25674</td> </tr> <tr> <td>INSURER C : Charter Oak Fire Insurance Company</td> <td>25615</td> </tr> <tr> <td>INSURER D : Continental Casualty Company</td> <td>20443</td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Travelers Indemnity Company	25658	INSURER B : Travelers Property Casualty Co of Amer	25674	INSURER C : Charter Oak Fire Insurance Company	25615	INSURER D : Continental Casualty Company	20443	INSURER E :		INSURER F :	
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INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
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C	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY	X		BA0R97997A	10/25/2020	10/25/2021	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	X		CUP3P155013	10/25/2020	10/25/2021	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 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		N/A	UB8M789578	10/25/2020	10/25/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
D	Professional Incl. Pollution			EEH288339423	10/25/2020	10/25/2021	\$3,000,000 each claim \$3,000,000 Aggregate

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

Re: 15RFP63658C-MT - Landfill Post Closure Services. Certificate holder included as an Additional Insured on the General Liability Coverage and Auto Liability where required by written contract and subject to policy terms and conditions. A 30 Day notice of cancellation (subject to 10 days for non-payment) apply in favor of the additional insured to the General Liability, Auto Liability policy where required by written contract.

CERTIFICATE HOLDER**CANCELLATION**

Fulton County Government
 Department of Purchasing & Contract Compliance
 130 Peachtree Street, SW; Ste 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

Fernando S. Gonzalez

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DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE

CONTRACT RENEWAL AGREEMENT

DEPARTMENT: Real Estate and Asset Management

BID/RFP# NUMBER: 18RFP113472C-BKJ

BID/RFP# TITLE: Landfill Post Closure Services

ORIGINAL APPROVAL DATE: 1/23/2019

RENEWAL EFFECTIVE DATES: 1/ 1/ 2021 **THROUGH** 12/ 31/2021

RENEWAL OPTION #: 2 OF 2

NUMBER OF RENEWAL OPTIONS: 2

RENEWAL AMOUNT: \$496,700.00

COMPANY'S NAME: Atlantic Coast Consulting, Inc.

ADDRESS: 630 Colonial Park Drive, Suite 100

CITY: Roswell

STATE: GA

ZIP: 30075

This Renewal Agreement No. 2 was approved by the Fulton County Board of Commissioners on BOC DATE: 9/16/2020 BOC NUMBER: 20-0646

SIGNATURES: SEE NEXT PAGE

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