



**DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE**

**CONTRACT RENEWAL AGREEMENT**

**DEPARTMENT:** Real Estate and Asset Management

**BID/RFP# NUMBER:** 17ITB108183C-GS

**BID/RFP# TITLE:** Therapeutic Pool Maintenance Services

**ORIGINAL APPROVAL DATE:** 11/15/2017

**RENEWAL PERIOD: FROM:** 01/01/2020 **THROUGH** 12/31/2020

**RENEWAL OPTION #:** 2 OF 2

**NUMBER OF RENEWAL OPTIONS:** None

**RENEWAL AMOUNT:** \$ 130,000.00

**COMPANY'S NAME:** United Pool Maintenance, LLC

**ADDRESS:** 570 Colonial Park Drive, Suite 306

**CITY:** Roswell

**STATE:** Georgia

**ZIP:** 30075

**This Renewal Agreement No. \_\_\_\_ was approved by the Fulton County Board of Commissioners on BOC DATE: BOC NUMBER:**

**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#** 17ITB108183C-GS

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

**NAME:** Sean Legg (Print)  
(CEO, President, Vice President)

**VENDOR'S SIGNATURE:** Sean Legg **DATE:** 12/06/2019

**ATTEST:** Attest ☒ Notary

**NOTARY PUBLIC:** Jordan Moore

**TITLE:** \_\_\_\_\_ **COUNTY:** Cherokee

**SEAL (Affix)** **MY COMMISSION EXPIRES:** \_\_\_\_\_ Date

**FULTON COUNTY, GEORGIA**

**DocuSigned by:** Robert L. Pitts **DATE:** 12/09/2019

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

**ATTEST:** Tonya R. Grier **DATE:** 12/09/2019

**TONYA R. GRIER**  
**CHIEF DEPUTY CLERK TO THE BOARD OF COMMISSIONERS**

**SEAL (Affix)**



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

**DEPARTMENT HEAD:** Joseph N. Davis (Print)

**DEPARTMENT HEAD SIGNATURE:** Joseph N. Davis **DATE:** 12/06/2019

Please select RCS or RM from the checkbox  
RCS ☒ RM

<b>ITEM#:</b> _____ <b>RCS:</b> _____	<b>ITEM#:</b> <u>19-0993</u> <b>RM:</b> <u>12/4/19</u>
<b>RECESS MEETING</b>	<b>REGULAR MEETING</b>





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/6/2019

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).

<b>PRODUCER</b> Doherty Duggan Hart & Tiernan Insurors P.O. Box 71628 Albany GA 31708-1628		<b>CONTACT NAME:</b> PHONE (A/C, No. Ext): 229-888-2040 E-MAIL ADDRESS: ServiceCenter@ddhtins.com FAX (A/C, No): 229-435-3036	
		<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
<b>INSURED</b> United Pool Maintenance, LLC 7421 Douglas Blvd Ste N-213 Douglasville GA 30135		<b>INSURER A:</b> Scottsdale Insurance <b>INSURER B:</b> Berkley Net Underwriters, LLC <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	

## COVERAGES

CERTIFICATE NUMBER: 248339178

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	Y	Y	CPS3307022	9/28/2019	9/15/2020	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N	N / A	BNUWC0149155	9/15/2019	9/15/2020	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
							E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

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

## CERTIFICATE HOLDER

## CANCELLATION

Fulton County Government  
 Department of Purchasing & Contract Compliance  
 130 Peachtree Street, S.W., Suite 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

© 1988-2010 ACORD CORPORATION. All rights reserved.