



**CONTRACT DOCUMENTS FOR**  
**SWC99999-SPD0000136-003A**  
**2024 TEMPORARY STAFFING SERVICES**  
**For**  
**DEPARTMENT OF SENIOR SERVICES**

## **Contract Agreement**

This Agreement for Temporary Staffing Services for the Department of Senior Services is made and entered into by and between Fulton County, Georgia, a political subdivision of the State of Georgia, hereinafter referred to as "County" or "Owner," and New World Employment, LLC d/b/a Snelling of Tucker, GA hereinafter referred to as "Agency."

### **Contract Documents**

County and Agency agrees that the Agreement consists of the following contract documents:

- I. Form of this Contract Agreement;
- II. SWC99999-SPD0000136-003A, Temporary Staffing Services, incorporated herein by reference and made a part of this agreement;
- III. Scope of Services;
- IV. Compensation;
- V. Exhibit A: Fulton County Holiday and Payroll Calendar;
- VI. Exhibit B: Certificate of Insurance

This Agreement was approved by the Fulton County Board of Commissioners on June 26, 2024, BOC Item #24-0439.

### **Contract Term**

The term of the agreement will be effective upon issuance of the Notice to Proceed through December 31, 2024.

### **Compensation**

Services shall be compensated on an hourly rate basis for a total not to exceed amount of \$134,288.98 (One Hundred Thirty Four Thousand Two Hundred Eighty Eight Dollars and Ninety Eight Cents) The services provided shall be compensated on an hourly rate basis as detailed in Exhibit 2, Compensation.

### **Modifications**

If during the course of performing the Project, County and Agency agree that it is necessary to make changes in the Project as described herein and referenced exhibits, such changes will be incorporated by written amendments in the form of Change Orders to this Agreement. Any such Change Order and/or supplemental agreement shall not become effective or binding unless approved by the Board of Commissioners and entered on the minutes. Such modifications shall conform to the requirements of Fulton County Purchasing Code §102-

420 which is incorporated by reference herein.

### **Indemnification**

Agency shall, to the fullest extent permit by law, indemnify the County and protect, defend, indemnify and hold harmless the County, its officers, officials, employees and volunteers from and against all claims, actions, liabilities, losses (including economic losses), or costs arising out of any actual or alleged:

- a) Bodily injury, sickness, disease, or death; or injury to or destruction of tangible property including the loss of use resulting therefrom; or any other damage or loss or claims arising out of or resulting in whole or part from any actual or alleged act or omission of the Agency, sub-consultants/subcontractors, anyone directly or indirectly employed by any firm or sub-consultant/subcontractors; or anyone for whose acts any of them may be liable in the performance of the Contract Services;
- b) Violation of any law, statute, ordinance, governmental administrative order, rule, regulation, or infringements of patent rights or other intellectual property rights by the Agency in the performance of Contract services; or
- c) Liens, claims or actions made by the Agency or other party performing the Contract Services, as approved by the County. The indemnification obligations herein shall not be limited by any limitation on the amount, type of damages, compensation, or benefits payable by or for the Agency, or its sub-consultant(s), as approved by the County, under workers' compensation acts, disability benefits acts, other employee benefit actor, or any statutory bar or insurance. The agreement to hold the County, its officer's, agents, and employees harmless shall not be limited to the limits of liability insurance requirements specified in this agreement.

### **Insurance**

Agency agrees to obtain and maintain insurance coverage pursuant to and based upon the Terms and Conditions of the SWC99999-SPD0000136-003A, Temporary Staffing Services. Agency agrees to maintain insurance coverage during the entire term of this Agreement. The cancellation of any policy of insurance required by this Agreement shall meet the requirements of notice under the laws of the State of Georgia as presently set forth in the Georgia Code.

### **Notices**

Notices concerning the termination of this Agreement, notices of alleged or actual violations of the terms or conditions of this Agreement, and other notices of similar importance shall be made:

By Agency to: Director  
Department of Senior Services  
137 Peachtree Street  
Atlanta, Georgia 30303  
Attn: Ladisa Onyiliogwu  
Email: [ladisa.onyiliogwu@fultoncountyga.gov](mailto:ladisa.onyiliogwu@fultoncountyga.gov)

With a copy to: Chief Purchasing Agent  
Department of Purchasing & Contract Compliance  
130 Peachtree Street, S.W., Suite 1168  
Atlanta, Georgia 30303  
Attn: Felicia Strong-Whitaker  
Email: [felicia.strong-whitaker@fultoncountyga.gov](mailto:felicia.strong-whitaker@fultoncountyga.gov)

And by the County to: Principal  
New World Employment, LLC d/b/a Snelling  
4333 Lynburn Drive  
Tucker, GA 30084  
Attn: Michael Hairston  
Email: [mhairston@happyfaces.net](mailto:mhairston@happyfaces.net)

The parties to this service agreement agree to the above referenced conditions:

OWNER:

**FULTON COUNTY, GEORGIA**

DocuSigned by:

*Robert L. Pitts*

14E1B4AA5E6A44A...

Robert L. Pitts, Chairman  
Fulton County Board of Commissioners

AGENCY:

**NEW WORLD EMPLOYMENT,  
LLC D/B/A SNELLING**

DocuSigned by:

*Michael Hairston*

1FA6B511452B4F1...

Michael Hairston  
Principal

ATTEST:

DocuSigned by:

*Tonya R. Grier*

EEC476C4B37648D...

Tonya R. Grier  
Clerk to the Commission

(Affix County Seal)

ATTEST:

Secretary/  
Assistant Secretary

(Affix Corporate Seal)

APPROVED AS TO FORM:

DocuSigned by:

*David Lowman*

DEC92EDADEFB4B8...

Office of the County Attorney

APPROVED AS TO CONTENT:

DocuSigned by:

*Ladisa Onyiliogwu*

F5B283B77B1A4C2...

Ladisa Onyiliogwu,  
Director

DocuSigned by:

*Eva R Simonetti*

EC5AD53652114DC...

Notary Public

County: Gwinnett

Commission Expires: 04/11/2027



ITEM#: \_\_\_\_\_ RCS: \_\_\_\_\_ ITEM#: 24-0439 RCS: 6/26/2024 Second Regular Meeting  
RECESS MEETING REGULAR MEETING

# **SCOPE OF SERVICES**

## **Scope of Services**

The Agency shall provide temporary staffing services to support the operations of the Department of Senior Services facilities:

A. Agency shall provide the temporary staffing positions detailed in Exhibit 2.

B. Normal Hours of Work

Normal business hours are 8:30 AM to 5:00 PM, Monday through Friday. Completed. Exceptions to these hours (including holidays, Saturdays and Sundays) must have prior written approval of the County.

C. Observed Holidays

The County observes the following holidays (see Exhibit 4):

New Year's Day

Labor Day

Martin Luther King, Jr. Day

Veteran's Day

Memorial Day

Thanksgiving

Juneteenth Day

Christmas

Independence Day

New Year's Eve

D. Pay Period

The Agency's pay periods shall coincide with the County's pay periods (See Exhibit 5).

E. Automated Time and Attendance System

The Agency must utilize an automated time and attendance system in order to document employees' time and attendance.

F. Dashboard

Agency shall provide the County with access to the Dashboard in order to track recruitment and on-boarding efforts.

G. Reporting Responsibility

The Agency will report directly to the Director of the Department of Senior Services or designated representative.

## H. Work Locations

Temporary Staff positions identified will report to the following work locations as directed by the County:

Dorothy C. Benson Senior Multipurpose Complex  
6500 Vernon Woods Dr.  
Sandy Springs, GA 30328

J.C. Bowden Senior Multipurpose Facility  
2885 Church St.  
East Point, GA 30344

Harriett G. Darnell Senior Multipurpose Facility  
677 Fairburn Rd., NW  
Atlanta, GA 30331

Helene S. Mills Senior Multipurpose Facility  
515 John Wesley Dobbs Ave., SE  
Atlanta, GA 30312



# COMPENSATION

### **COMPENSATION**

Services shall be compensated on an hourly rate established by the Statewide Contract for a total not exceeding \$134,288.98 (One Hundred Thirty Four Thousand Two Hundred Eighty Eight Dollars and Ninety Eight Cents) as shown below:

<b><u>Position Title</u></b>	<b><u>Category</u></b>	<b><u># of Positions</u></b>	<b><u>Employee Hourly Rates</u></b>	<b><u>Snelling Hourly Rates</u></b>
Aquatic Instructor	Professional	As Needed	\$ 17.65	\$ 24.32
Art Instructor	Professional	As Needed	\$ 17.65	\$ 23.79
Computer Instructor	Professional	As Needed	\$ 17.65	\$ 23.79
Land Fitness Instructor	Professional	As Needed	\$ 17.65	\$ 23.79
Piano Instructor	Professional	As Needed	\$ 17.65	\$ 23.79
Yoga Instructor	Professional	As Needed	\$ 17.65	\$ 23.79
Lifeguard	Professional	As Needed	\$ 13.63	\$ 18.78
Rental Coordinator	Professional	As Needed	\$ 22.70	\$ 30.65

### **INVOICING AND PAYMENT**

Contractor shall submit weekly invoices for work performed during the previous week, in a form acceptable to the County and accompanied by all support documentation requested by the County, for payment and for services that were completed during the preceding phase. The County shall review for approval of said invoices. The County shall have the right not to pay any invoice or part thereof if not properly supported, or if the costs requested or a part thereof, as determined by the County, are reasonably in excess of the actual stage of completion.

**Time of Payment:** The County shall make payments to Agency within ten (10) days after receipt of a proper invoice. Parties hereto expressly agree that the above contract term shall supersede the rates of interest, payment periods, and contract and subcontract terms provided for under the Georgia Prompt Pay Act, O.C.G.A. 13-11-1 et seq., pursuant to 13-11-7(b), and the rates of interest, payment periods, and contract and subcontract terms provided for under the Prompt Pay Act shall have no application to this Agreement; parties further agree that the County shall not be liable for any interest or penalty arising from late payments.

**Submittal of Invoices:** Invoices shall be submitted as follows:

**Via Mail:**

Fulton County Government  
141 Pryor Street, SW  
Suite 7001  
Atlanta, Georgia 30303  
Attn: Finance Department – Accounts Payable

**OR**

**Via Email:**

Email: [Accounts.Payable@fultoncountyga.gov](mailto:Accounts.Payable@fultoncountyga.gov)

At minimum, original invoices must reference all of the following information:

- 1) Vendor Information
  - a. Vendor Name
  - b. Vendor Address
  - c. Vendor Code
  - d. Vendor Contact Information
  - e. Remittance Address
- 2) Invoice Details
  - a. Invoice Date
  - b. Invoice Number (uniquely numbered, no duplicates)
  - c. Purchase Order Reference Number
  - d. Date(s) of Services Performed
  - e. Itemization of Services Provided/Commodity Units
- 3) Fulton County Department Information (needed for invoice approval)
  - a. Department Name
  - b. Department Representative Name

Agency's cumulative invoices shall not exceed the total not-to-exceed fee established for this Agreement.

# **EXHIBIT A**

## **FULTON COUNTY HOLIDAY AND PAYROLL CALENDAR**

FULTON COUNTY 2024 PAY AND HOLIDAY OBSERVANCES CALENDAR

PAY DAY

HOLIDAY

PAY PERIOD ENDING

FULTON COUNTY

JANUARY						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

FEBRUARY						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29		

MARCH						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

APRIL						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

MAY						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

JUNE						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

JULY						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

AUGUST						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

SEPTEMBER						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

OCTOBER						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

NOVEMBER						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

DECEMBER						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				



New Year's Day  
Monday  
January 1



MLK Jr. Day  
Monday  
January 15



President's Day  
Monday  
February 19



Memorial Day  
Monday  
May 27



Juneteenth  
Wednesday  
June 19



Independence Day  
Thursday  
July 4



Labor Day  
Monday  
September 2



Veterans Day  
Monday  
November 11



Thanksgiving  
Thursday & Friday  
November 28 & 29



Christmas Eve & Day  
Tuesday & Wednesday  
December 24 & 25



New Year's Eve  
Tuesday  
December 31

# **EXHIBIT B**

## **CERTIFICATE OF INSURANCE**





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/16/2024

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> Jackson Agency Inc DBA Allied Risk Partners Corp 6971 W Sunrise Blvd #206  Sunrise FL 33313	<b>CONTACT NAME:</b> Maria Benitez <b>PHONE (A/C, No, Ext):</b> (305) 824-3464 <b>FAX (A/C, No):</b> (954) 473-3705 <b>E-MAIL ADDRESS:</b> mbenitez@jacksonagency.com <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td><b>INSURER A:</b> Tokio Marine Specialty Insurance Company</td> <td>23850</td> </tr> <tr> <td><b>INSURER B:</b> Lloyds Of London</td> <td>524210</td> </tr> <tr> <td><b>INSURER C:</b></td> <td></td> </tr> <tr> <td><b>INSURER D:</b></td> <td></td> </tr> <tr> <td><b>INSURER E:</b></td> <td></td> </tr> <tr> <td><b>INSURER F:</b></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	<b>INSURER A:</b> Tokio Marine Specialty Insurance Company	23850	<b>INSURER B:</b> Lloyds Of London	524210	<b>INSURER C:</b>		<b>INSURER D:</b>		<b>INSURER E:</b>		<b>INSURER F:</b>	
INSURER(S) AFFORDING COVERAGE	NAIC #														
<b>INSURER A:</b> Tokio Marine Specialty Insurance Company	23850														
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<b>INSURER C:</b>															
<b>INSURER D:</b>															
<b>INSURER E:</b>															
<b>INSURER F:</b>															
<b>INSURED</b>  Hire Quest LLC dba Snelling (New World Employment)  Tucker GA 30084 Goose Creek SC 29445															

**COVERAGES****CERTIFICATE NUMBER:** 2024-2025 AI COI**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
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>	Y		PPK2525920	03/02/2024	03/02/2025	EACH OCCURRENCE
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						\$ 1,000,000
	<input checked="" type="checkbox"/> Professional Liability Inc MedMal						\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						\$ 10,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						\$ 1,000,000
	OTHER:						\$ 2,000,000
							\$ 2,000,000
							\$ 2,000,000
							\$ 2000000/1000000
A	<b>AUTOMOBILE LIABILITY</b>	Y		PPK2525920	03/02/2024	03/02/2025	COMBINED SINGLE LIMIT (Ea accident)
	<input type="checkbox"/> ANY AUTO						\$ 1,000,000
	<input type="checkbox"/> OWNED AUTOS ONLY						\$
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY						\$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY						\$
							\$
							\$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b>	Y		PUB854005	03/02/2024	03/02/2025	EACH OCCURRENCE
	<input checked="" type="checkbox"/> EXCESS LIAB						\$ 10,000,000
	<input type="checkbox"/> CLAIMS-MADE						\$ 10,000,000
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	N/A					PER STATUTE
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT
							E.L. DISEASE - EA EMPLOYEE
							E.L. DISEASE - POLICY LIMIT
B	Crime			See in Limits Section	03/02/2024	03/02/2025	Crime PPK2525920
	Professional Coverage						1,000,000
							EPLI PPK2525920
							1,000,000
							5,000,000

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

Fulton County Government, Officers, Employees & Agents are listed as additional insured with respects to General Liability, Automobile Liability, Professional Liability, and Umbrella/Excess Liability when required by contract subject to the terms, conditions, and exclusions of the policy.

**CERTIFICATE HOLDER****CANCELLATION**

Fulton County Government 141 Pryor Street Suite 7001 Atlanta GA 30303	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p><b>AUTHORIZED REPRESENTATIVE</b></p>
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ACORD 25 (2016/03)

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
02/19/2024

**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).**

**PRODUCER**  
McGriff Insurance Services, LLC  
3400 Overton Park Drive SE  
Suite 300  
Atlanta, GA 30339

**CONTACT NAME:** Mica Johnson

**PHONE (A/C, No, Ext):** 404 497-7500

**FAX (A/C, No):**

**E-MAIL ADDRESS:** mica.johnson@mcgriff.com

**INSURER(S) AFFORDING COVERAGE**

**NAIC #**

**INSURER A :** ACE American Insurance Company

22667

**INSURER B :** ACE Fire Underwriters Insurance Company

20702

**INSURER C :**

**INSURER D :**

**INSURER E :**

**INSURER F :**

**INSURED**

Hire Quest, LLC dba Snelling (New World Employment, LLC)  
4333 Lynburn Drive, Tucker, GA 30084  
111 Springhill Dr, Goose Creek, SC 29445

**COVERAGES**

**CERTIFICATE NUMBER:** WKMSMH9W

**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>COMMERCIAL GENERAL LIABILITY</b>						EACH OCCURRENCE
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)
							MED EXP (Any one person)
							PERSONAL & ADV INJURY
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMPI/OP AGG
	OTHER:						
	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident)
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)
	<input type="checkbox"/> OWNED AUTOS ONLY						BODILY INJURY (Per accident)
	<input type="checkbox"/> HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident)
	<input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY						
	<b>UMBRELLA LIAB</b>						EACH OCCURRENCE
	<b>EXCESS LIAB</b>						AGGREGATE
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE						
	DED <input type="checkbox"/> RETENTION \$						
A B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>			WLRC50680095 (AOS) SCFC50680150 (WI)	03/01/2024	03/01/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y / N	N / A				E.L. EACH ACCIDENT
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE
							E.L. DISEASE - POLICY LIMIT
							\$
							\$
							\$
							\$
							\$

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

A Waiver of Subrogation is in favor of the Certificate Holder for the Workers' Compensation policy referenced herein as required by written contract.

**CERTIFICATE HOLDER**

Fulton County Government its Officers, Employees & Agents  
141 Pryor Street  
Ste. 7001  
Atlanta, GA 30303

**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**



AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_



ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

PRODUCER McGriff Insurance Services, LLC		INSURED Hire Quest, LLC dba Snelling, (New World Employment, LLC)	
POLICY NUMBER			
CARRIER	NAIC CODE	ISSUE DATE: 02/19/2024	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: \_\_\_\_\_ FORM TITLE: \_\_\_\_\_

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

WC 00 03 13  
(Ed. 11-05)

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.

This agreement shall not operate directly to benefit any one not named in the Schedule

SCHEDULE

Any Person or Organization against whom you have agreed to waive your right of recovery in a written contract, provided such contract was executed prior to the date of loss.  
C6892284 (WI)

For the States of CA, UT, TX, refer to State specific endorsements.  
This endorsement is not applicable in KY, NH, and NJ.

The endorsement does not apply to policies in Missouri where the employer is in the construction group of code classifications. According to Section 287.150(6) of the Missouri statutes, a contractual provision purporting to waive subrogation rights against public policy and void where one party to the contract is an employer in the construction group of code classification.

For Kansas, use of this endorsement is limited by the Kansas Fairness in Private Construction Contract Act (K.S.A., 16-1801 Through 16-1807 and any amendments thereto) and the Kansas Fairness in Public Construction Contract Act (K.S.A 16-1901 through 16-1908 and any amendments thereto). According to the Acts a provision in a contract for private or public construction purporting to waive subrogation rights for losses or claims covered or paid by liability or workers compensation insurance shall be against public policy and shall be void and unenforceable except that, subject to the Acts, a contract may require waiver of subrogation for losses or claims paid by a consolidated or wrap-up insurance program.

WC 00 03 13 (1)

Endorsement Effective: 03/01/2024

Endorsement No.: n/a

Policy No.: WLR C50680095 (AOS); SCF50680150 1/05) Ptd. U.S.A  
Council on Compensation Insurance

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Certificate Of Completion

Envelope Id: 959B891F4F9D47A083A36CE6269520F8		Status: Completed
Subject: Complete with DocuSign: NEW WORLD EMPLOYMENT DBA SNELLING -CONTRACT		
Parcel ID:		
Employee Name:		
Source Envelope:		
Document Pages: 17	Signatures: 6	Envelope Originator:
Certificate Pages: 6	Initials: 0	Janelle Walker
AutoNav: Enabled	Stamps: 1	141 Pryor Street
Envelopeld Stamping: Enabled		Purchasing & Contract Compliance, Suite 1168
Time Zone: (UTC-05:00) Eastern Time (US & Canada)		Atlanta, GA 30303
		janelle.walker@fultoncountyga.gov
		IP Address: 73.184.132.220


Record Tracking

Status: Original	Holder: Janelle Walker	Location: DocuSign
6/27/2024 5:24:15 PM	janelle.walker@fultoncountyga.gov	
Security Appliance Status: Connected	Pool: StateLocal	
Storage Appliance Status: Connected	Pool: Fulton County Government	Location: DocuSign

Signer Events

Signer Events	Signature	Timestamp
Michael Hairston	DocuSigned by: Michael Hairston 1FA6B511452B4F1...	Sent: 6/27/2024 6:05:08 PM
michaelh@snellinggeorgia.com		Resent: 7/9/2024 10:38:51 AM
Security Level: Email, Account Authentication (None)	Signature Adoption: Pre-selected Style	Viewed: 7/22/2024 3:36:47 PM
	Using IP Address: 65.242.53.2	Signed: 7/22/2024 3:38:48 PM

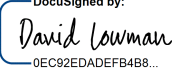
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Accepted: 7/22/2024 3:36:47 PM  
ID: 667c575b-d98a-4ba6-9c56-4c613f65a2e7

Eva R Simonetti	DocuSigned by: Eva R Simonetti EC5AD53652114DC...	Sent: 7/22/2024 3:38:50 PM
eva@latoria.com		Viewed: 7/22/2024 4:27:08 PM
Security Level: Email, Account Authentication (None)		Signed: 7/22/2024 4:34:18 PM
	 7406007-66a0-442b-8372-9318a6af1c2	
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Ladisa Onyiliogwu	DocuSigned by: Ladisa Onyiliogwu F58283B77B1A4C2...	Sent: 7/22/2024 4:34:27 PM
ladisa.onyiliogwu@fultoncountyga.gov		Viewed: 7/22/2024 4:39:37 PM
Security Level: Email, Account Authentication (None)	Signature Adoption: Pre-selected Style	Signed: 7/22/2024 4:40:07 PM
	Using IP Address: 174.163.143.197	

Electronic Record and Signature Disclosure:  
Not Offered via DocuSign

Signer Events	Signature	Timestamp
David Lowman david.lowman@fultoncountyga.gov Security Level: Email, Account Authentication (None)	<div>DocuSigned by:  0EC92EDADEFB4B8...</div> <div>Signature Adoption: Pre-selected Style Using IP Address: 73.43.218.125</div>	Sent: 7/22/2024 4:40:18 PM Viewed: 7/22/2024 5:09:52 PM Signed: 7/22/2024 5:13:29 PM

**Electronic Record and Signature Disclosure:**  
Accepted: 7/22/2024 5:09:52 PM  
ID: 31458cad-8941-444e-9a12-e5e199b43dac

Nikki Peterson  
nikki.peterson@fultoncountyga.gov  
Chief Deputy Clerk to the Board of Commissioners  
Fulton County Government  
Security Level: Email, Account Authentication (None)

**Completed**  
  
Using IP Address: 68.208.197.4

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Viewed: 7/23/2024 11:27:47 AM  
Signed: 7/23/2024 11:30:21 AM

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ID: b7ce88ee-0c66-4f3a-bfee-705e0af602d8

Robert L. Pitts  
harriet.thomas@fultoncountyga.gov  
Chairman  
Security Level: Email, Account Authentication (None)

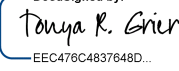
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Signed: 7/23/2024 11:40:02 AM

**Electronic Record and Signature Disclosure:**  
Accepted: 7/23/2024 11:39:50 AM  
ID: 00517ae6-9024-47f7-b24a-d523ff03e551

Tonya R. Grier  
Tonya.Grier@fultoncountyga.gov  
Clerk to the Commission  
Fulton County  
Security Level: Email, Account Authentication (None)

DocuSigned by:  
  
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Signature Adoption: Pre-selected Style  
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Viewed: 7/23/2024 12:45:40 PM  
Signed: 7/23/2024 12:45:49 PM

**Electronic Record and Signature Disclosure:**  
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ID: f3f241e8-3027-4447-9476-6cf20ae25dd4

In Person Signer Events	Signature	Timestamp
Editor Delivery Events	Status	Timestamp
Agent Delivery Events	Status	Timestamp
Intermediary Delivery Events	Status	Timestamp
Certified Delivery Events	Status	Timestamp
Carbon Copy Events	Status	Timestamp

Dian DeVaughn  
Dian.DeVaughn@fultoncountyga.gov  
Security Level: Email, Account Authentication (None)

**COPIED**

Sent: 7/23/2024 12:45:57 PM

**Electronic Record and Signature Disclosure:**  
Not Offered via DocuSign

Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	6/27/2024 6:05:08 PM
Envelope Updated	Security Checked	7/22/2024 4:37:49 PM
Certified Delivered	Security Checked	7/23/2024 12:45:40 PM
Signing Complete	Security Checked	7/23/2024 12:45:49 PM
Completed	Security Checked	7/23/2024 12:45:57 PM
Payment Events	Status	Timestamps
Electronic Record and Signature Disclosure		

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To contact us by email send messages to: [glenn.king@fultoncountyga.gov](mailto:glenn.king@fultoncountyga.gov)

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**Required hardware and software**

Operating Systems:	Windows® 2000, Windows® XP, Windows Vista®; Mac OS® X
Browsers:	Final release versions of Internet Explorer® 6.0 or above (Windows only); Mozilla Firefox 2.0 or above (Windows and Mac); Safari™ 3.0 or above (Mac only)
PDF Reader:	Acrobat® or similar software may be required to view and print PDF files
Screen Resolution:	800 x 600 minimum
Enabled Security Settings:	Allow per session cookies

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