



**FULTON
COUNTY**

CONTRACT RENEWAL #2

#19ITBC05212019K-DB(A)

**FULTON COUNTY GOVERNMENT
COMPUTER HARDWARE
EQUIPMENT REFRESH**

FOR

**DEPARTMENT OF INFORMATION
TECHNOLOGY**



DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE

CONTRACT RENEWAL AGREEMENT

DEPARTMENT: Information Technology

BID/RFP# NUMBER: 19ITBC05212019K-DB

BID/RFP# TITLE: Fulton County Government Computer Hardware Equipment Refresh

ORIGINAL APPROVAL DATE: September 4, 2019

RENEWAL PERIOD: FROM: January 1, 2022 **THROUGH** December 31, 2022

RENEWAL OPTION #: 2 OF 2

NUMBER OF RENEWAL OPTIONS: 2

RENEWAL AMOUNT: \$1,226,160.00

COMPANY'S NAME: DELL MARKETING, L.P.

ADDRESS: One Dell Way

CITY: Round Rock

STATE: Texas

ZIP: 78682

This Renewal Agreement No. 2 was approved by the Fulton County Board of Commissioners on BOC DATE: 01/19/2022 BOC NUMBER: #22-0056(A)

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# 19ITBC05212019K-DB.

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

NAME: Alyssa Sayles (Print)
(CEO, President, Vice President)

VENDOR'S SIGNATURE: *Alyssa Sayles* **DATE:** January 20, 2022
DocuSigned by: D63F195AB752450...

ATTEST:

DocuSigned by: *Charyne Greenup* **NOTARY PUBLIC:** _____
7C9CE993C2C54A9...

TITLE: Contract Administrator **COUNTY:** _____
DocuSigned by:

SEAL (Affix) **MY COMMISSION EXPIRES:** _____

FULTON COUNTY, GEORGIA

DocuSigned by: *Robert L. Pitts* **DATE:** 1/25/2022
ROBERT L. PITTS, CHAIRMAN
FULTON COUNTY BOARD OF COMMISSIONERS

ATTEST:

DocuSigned by: *Tonya R. Grier* **DATE:** 1/25/2022

TONYA R. GRIER
CHIEF DEPUTY CLERK TO THE COMMISSION

SEAL (Affix)

DEPARTMENT AUTHORIZES RENEWAL OPTION ON THE AFOREMENTIONED BID/RFP:

DEPARTMENT HEAD: Glenn Melendez (Print)

DEPARTMENT HEAD SIGNATURE: *Glenn Melendez* **DATE** 01/21/2022
DocuSigned by: C1D2DAE5D90B488...

ITEM#: <u>2022-0056 A</u> RCS: <u>1/19/2022</u>	ITEM#: _____ RM: _____
RECESS MEETING	REGULAR MEETING



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/07/2022

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 MARSH RISK & INSURANCE SERVICES FOUR EMBARCADERO CENTER, SUITE 1100 CALIFORNIA LICENSE NO. 0437153 SAN FRANCISCO, CA 94111 Attn: SanFrancisco.Certs@marsh.com / FAX 212-948-0398	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">CONTACT NAME:</td> </tr> <tr> <td>PHONE (A/C. No. Ext):</td> <td>FAX (A/C. No):</td> </tr> <tr> <td colspan="2">E-MAIL ADDRESS:</td> </tr> <tr> <td colspan="2" style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> </tr> <tr> <td>INSURER A : National Union Fire Ins Co Pittsburgh PA</td> <td style="text-align: right;">NAIC # 19445</td> </tr> <tr> <td>INSURER B : (See Attached)</td> <td></td> </tr> <tr> <td>INSURER C : Lloyd's of London-Syndicate 2623/623 at Lloyd's</td> <td style="text-align: right;">15792</td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	CONTACT NAME:		PHONE (A/C. No. Ext):	FAX (A/C. No):	E-MAIL ADDRESS:		INSURER(S) AFFORDING COVERAGE		INSURER A : National Union Fire Ins Co Pittsburgh PA	NAIC # 19445	INSURER B : (See Attached)		INSURER C : Lloyd's of London-Syndicate 2623/623 at Lloyd's	15792	INSURER D :		INSURER E :		INSURER F :	
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INSURER E :																					
INSURER F :																					
INSURED Dell Technologies Inc. and all Subsidiaries One Dell Way - RR1-50 Round Rock, TX 78682																					

COVERAGES **CERTIFICATE NUMBER:** SEA-003809292-01 **REVISION NUMBER:** 1

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"/> COMMERCIAL GENERAL LIABILITY <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> CLAIMS-MADE</td> <td><input checked="" type="checkbox"/> OCCUR</td> </tr> </table> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<input type="checkbox"/> CLAIMS-MADE	<input checked="" type="checkbox"/> OCCUR			GL6547039	03/01/2021	03/01/2022	<table border="0" style="width: 100%;"> <tr> <td>EACH OCCURRENCE</td> <td style="text-align: right;">\$ 5,000,000</td> </tr> <tr> <td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td> <td style="text-align: right;">\$ 5,000,000</td> </tr> <tr> <td>MED EXP (Any one person)</td> <td style="text-align: right;">\$ 10,000</td> </tr> <tr> <td>PERSONAL & ADV INJURY</td> <td style="text-align: right;">\$ 5,000,000</td> </tr> <tr> <td>GENERAL AGGREGATE</td> <td style="text-align: right;">\$ 10,000,000</td> </tr> <tr> <td>PRODUCTS - COMP/OP AGG</td> <td style="text-align: right;">\$ 10,000,000</td> </tr> <tr> <td></td> <td style="text-align: right;">\$</td> </tr> </table>	EACH OCCURRENCE	\$ 5,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 5,000,000	MED EXP (Any one person)	\$ 10,000	PERSONAL & ADV INJURY	\$ 5,000,000	GENERAL AGGREGATE	\$ 10,000,000	PRODUCTS - COMP/OP AGG	\$ 10,000,000		\$
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A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> OWNED AUTOS ONLY</td> <td><input type="checkbox"/> SCHEDULED AUTOS</td> </tr> <tr> <td><input checked="" type="checkbox"/> HIRED AUTOS ONLY</td> <td><input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY</td> </tr> </table>	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS	<input checked="" type="checkbox"/> HIRED AUTOS ONLY	<input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			CA6890179 (AOS) CA6890178 (MA)	03/01/2021 03/01/2021	03/01/2022 03/01/2022	<table border="0" style="width: 100%;"> <tr> <td>COMBINED SINGLE LIMIT (Ea accident)</td> <td style="text-align: right;">\$ 5,000,000</td> </tr> <tr> <td>BODILY INJURY (Per person)</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>BODILY INJURY (Per accident)</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>PROPERTY DAMAGE (Per accident)</td> <td style="text-align: right;">\$</td> </tr> <tr> <td></td> <td style="text-align: right;">\$</td> </tr> </table>	COMBINED SINGLE LIMIT (Ea accident)	\$ 5,000,000	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$		\$		
<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS																						
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	\$																						
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED: RETENTION \$			21335551	03/01/2021	03/01/2022	<table border="0" style="width: 100%;"> <tr> <td>EACH OCCURRENCE</td> <td style="text-align: right;">\$ 20,000,000</td> </tr> <tr> <td>AGGREGATE</td> <td style="text-align: right;">\$ 20,000,000</td> </tr> <tr> <td></td> <td style="text-align: right;">\$</td> </tr> </table>	EACH OCCURRENCE	\$ 20,000,000	AGGREGATE	\$ 20,000,000		\$										
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AGGREGATE	\$ 20,000,000																						
	\$																						
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A			SEE FOLLOWING PAGE Workers Compensation excluded in ND, OH & WA	03/01/2021	03/01/2022	<table border="0" style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> PER STATUTE</td> <td><input type="checkbox"/> OTHER</td> <td></td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td style="text-align: right;">\$ 1,000,000</td> <td></td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td style="text-align: right;">\$ 1,000,000</td> <td></td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td style="text-align: right;">\$ 1,000,000</td> <td></td> </tr> </table>	<input checked="" type="checkbox"/> PER STATUTE	<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					
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E.L. DISEASE - POLICY LIMIT	\$ 1,000,000																						
C	Professional/E&O/ Technology Errors & Omissions			B0509FINPT2150026 SIR: \$20,000,000	06/01/2021	06/01/2022	<table border="0" style="width: 100%;"> <tr> <td>Each Claim/Aggregate (Claims Made)</td> <td style="text-align: right;">\$ 15,000,000</td> </tr> </table>	Each Claim/Aggregate (Claims Made)	\$ 15,000,000														
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER **CANCELLATION**

Fulton County Government Attn: Purchasing Department 130 Peachtree Street, S.W. Suite 1168 Atlanta, GA 30303-3459	<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>AUTHORIZED REPRESENTATIVE</p> <p style="text-align: right;"><i>Marsh Risk & Insurance Services</i></p>
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AGENCY CUSTOMER ID: CN101640193

LOC #: San Francisco



ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY MARSH RISK & INSURANCE SERVICES		NAMED INSURED Dell Technologies Inc. and all Subsidiaries One Dell Way - RR1-50 Round Rock, TX 78682	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

DELL INC. - WORKERS COMPENSATION/EMPLOYERS LIABILITY; EFFECTIVE 3/1/2021 - EXPIRATION 3/1/2022

Insurer: New Hampshire Insurance Co. NAIC# 23841

WC058240260 - MA,WI, WY and Stop Gap EL: ND,OH,WA

Insurer: AIU Insurance Company NAIC# 19399

WC058240261 - All Other States

WC058240262 - CA

WC058240263 - FL



**FULTON
COUNTY**

CONTRACT RENEWAL #2

#19ITBC05212019K-DB(B)

**FULTON COUNTY GOVERNMENT
COMPUTER HARDWARE
EQUIPMENT REFRESH**

FOR

**DEPARTMENT OF INFORMATION
TECHNOLOGY**



DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE

CONTRACT RENEWAL AGREEMENT

DEPARTMENT: Information Technology

BID/RFP# NUMBER: 19ITBC05212019K-DB

BID/RFP# TITLE: Fulton County Government Computer Hardware Equipment Refresh

ORIGINAL APPROVAL DATE: September 4, 2019

RENEWAL PERIOD: FROM: January 1, 2022 **THROUGH** December 31, 2022

RENEWAL OPTION #: 2 OF 2

NUMBER OF RENEWAL OPTIONS: 2

RENEWAL AMOUNT: \$350,000.00

COMPANY'S NAME: CDW Government

ADDRESS: 230 N Milwaukee Ave

CITY: Vernon Hills

STATE: Illinois

ZIP: 60061

This Renewal Agreement No. 2 was approved by the Fulton County Board of Commissioners on BOC DATE: 01/19/2022 BOC NUMBER: #22-0056(B)

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# 19ITBC05212019K-DB.

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

NAME: Anup Sreedharan (Print)
(CEO, President, Vice President)

VENDOR'S SIGNATURE *Anup Sreedharan* **DATE:** 1/20/2022
DocuSigned by: 11554A0EA2574F3...

ATTEST:

NOTARY PUBLIC: Carmen Castro

TITLE: _____ **COUNTY:** Fairfield

SEAL (Affix) **MY COMMISSION EXPIRES:** 02/28/2026

FULTON COUNTY, GEORGIA

DocuSigned by:
Robert L. Pitts **DATE:** 02/07/2022
ROBERT L. PITTS, CHAIRMAN
FULTON COUNTY BOARD OF COMMISSIONERS

ATTEST:

DocuSigned by:
Tonya R. Grier **DATE:** 02/07/2022
TONYA R. GRIER
CHIEF DEPUTY CLERK TO THE COMMISSION

SEAL (Affix)



DEPARTMENT AUTHORIZES RENEWAL OPTION ON THE AFOREMENTIONED BID/RFP:

DEPARTMENT HEAD: Glenn Melendez (Print)

DEPARTMENT HEAD SIGNATURE *Glenn Melendez* **DATE** 02/05/2022
DocuSigned by: C1D2DAE5D90B488...

ITEM#: <u>2022-0056</u>	RCS: <u>1/19/2022</u>	ITEM#: _____	RM: _____
RECESS MEETING		REGULAR MEETING	



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
10/04/2021

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 Aon Risk Services Central, Inc. Chicago IL Office 200 East Randolph Chicago IL 60601 USA	CONTACT NAME: PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800) 363-0105	
	E-MAIL ADDRESS:	
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED CDW Government LLC 230 North Milwaukee Ave Vernon Hills IL 60061 USA	INSURER A: Travelers Property Cas Co of America 25674	
	INSURER B: The Travelers Indemnity Co of CT 25682	
	INSURER C: The Travelers Indemnity Co of America 25666	
	INSURER D: The Charter Oak Fire Insurance Company 25615	
	INSURER E: Lloyd's Syndicate No. 2623 AA1128623	
	INSURER F:	

Holder Identifier :

COVERAGES CERTIFICATE NUMBER: 570089729321 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. **Limits shown are as requested**

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
C	<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 checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			6605D53096A see addendum	10/01/2021	10/01/2022	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000
D	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			BA-6N190234	10/01/2021	10/01/2022	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION			CUP6J538679 SIR applies per policy terms & conditions	10/01/2021	10/01/2022	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 Retained Limit \$10,000
B	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			U88P79604A2151K AOS U88P8306872151R AZ, MA, WI	10/01/2021	10/01/2022	<input checked="" type="checkbox"/> PER STATUTE <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
E	E&O-MPL-Primary			W19A8C210701 Cyber Liab & Network Sec. SIR applies per policy terms & conditions	10/01/2021	10/01/2022	Each Loss \$5,000,000 Aggregate \$5,000,000

Certificate No : 570089729321

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

Fulton County Government, its Officials, Officers and Employees are included as Additional Insured in accordance with the policy provisions of the General Liability and Automobile Liability policies. General Liability and Automobile Liability policies evidenced herein are Primary and Non-Contributory to other insurance available to an Additional Insured, but only in accordance with the policy's provisions. A waiver of subrogation is granted in favor of Certificate Holder in accordance with the policy provisions of the General Liability, Automobile Liability and workers' compensation policies. Should General Liability, Automobile Liability and workers' Compensation policies be cancelled before the expiration date thereof, the policy provisions will govern how notice of cancellation may be delivered to Certificate Holder in accordance with the policy

CERTIFICATE HOLDER

CANCELLATION

Fulton County Government
 Attn: Purchasing Department
 130 Peachtree Street, SW
 Suite 1168
 Atlanta GA 30303-3459 USA

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

Aon Risk Services Central, Inc.





ADDITIONAL REMARKS SCHEDULE

AGENCY Aon Risk Services Central, Inc.		NAMED INSURED CDW Government LLC	
POLICY NUMBER See Certificate Number: 570089729321		EFFECTIVE DATE:	
CARRIER See Certificate Number: 570089729321	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

Additional Description of Operations / Locations / Vehicles:
provisions of each policy.



ADDITIONAL REMARKS SCHEDULE

AGENCY Aon Risk Services Central, Inc.		NAMED INSURED CDW Government LLC	
POLICY NUMBER See Certificate Number: 570089729321			
CARRIER See Certificate Number: 570089729321	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance**

Commercial General Liability

Commercial General Liability

Policy# 6605D53096A

State and Insurer(s) Affording Coverage

California Travelers Property Casualty Company of America NAIC# 25674

All Other Travelers Indemnity Company of America NAIC# 25666