

**EXTENSION NO. 1 TO FORM OF CONTRACT**

Contractor: Baker & Taylor, Inc.

Contract No. 16ITB102199B-TR Non-book Materials

Address: 2550 West Tyvola Road

City, State Charlotte, NC 28217

Telephone: 800-775-7930 ext. 3245

E-mail: [queenl@baker-taylor.com](mailto:queenl@baker-taylor.com)

Contact: Lee Ann Queen  
Director, Pricing Services

**W I T N E S S E T H**

WHEREAS, Fulton County ("County") entered into a Contract with Brodart Company, Inc. to provide high demand/bestselling titles for all library locations, dated December 21, 2016, on behalf of the Fulton-Public Library; and

WHEREAS, the County wishes to extend the subject contract, with all terms and conditions unchanged, for an additional one year period.

WHEREAS, this extension is for a period of one year.

WHEREAS, the Contractor has performed satisfactorily over the period of the contract; and

WHEREAS, this Extension was approved by the Fulton County Board of Commissioners on December 18, 2019 Item # 19-1156.

**NOW, THEREFORE,** the County and the Contractor agree as follows:

This Extension No. 1 to Form of Contract is effective as of the 1 day of January, 2020, between the County and Brodart Company, Inc., who agree that all Services specified will be performed by in accordance with this Extension No. 1 to Form of Contract and the Contract Documents for an additional one year period with the contract ending as of 31st day of December, 2020.

1. **COMPENSATION:** The services herein shall be performed by Contractor for a total amount not to exceed \$327,773.92.
3. **LIABILITY OF COUNTY:** This Extension No. 1 to Form of Contract shall not

become binding on the County and the County shall incur no liability upon same until such agreement has been executed by the Chair to the Commission, attested to by the Clerk to the Commission and delivered to Contractor.

4. **EFFECT OF EXTENSION NO. 1 TO FORM OF CONTRACT:** Except as modified by this Extension No. 1 to Form of Contract, the Contract, and all Contract Documents, remain in full force and effect.

**[INTENTIONALLY LEFT BLANK]**

**IN WITNESS THEREOF**, the Parties hereto have caused this Contract to be executed by their duly authorized representatives as attested and witnessed and their corporate seals to be hereunto affixed as of the day and year date first above written.

OWNER:

**FULTON COUNTY, GEORGIA**

DocuSigned by:  
*Robert L. Pitts*  
14E1B4AA5F6A44A...

Robert L. Pitts, Chairman  
Fulton County Board of Commissioners

Please select Attest or Notary from checkbox

ATTEST:

DocuSigned by:  
*Tonya R. Grier*  
EEC476C4037640D...

Tonya R. Grier  
Interim Clerk to the Board of  
Commission

(Affix County Seal)



APPROVED AS TO FORM:

DocuSigned by:  
*Dominique Martinez*  
D7D420790114462...

Office of the County Attorney

APPROVED AS TO CONTENT:

DocuSigned by:  
*Gayle Holloman*  
8B8C10FA7F0A401...

Gayle Holloman

Library Department

Executive Director

CONTRACTOR:

Company Name

DocuSigned by:  
*Lee Ann Queen*  
A88E24D586924BA...

Lee Ann Queen

Director-Pricing Services

Attest ☒ Notary

ATTEST:

Secretary/  
Assistant Secretary

(Affix Corporate Seal)

ATTEST:

Jennifer B. Rhyne

Notary Public

County: Gaston County NC

Commission Expires: 11-15-2022 DocuSigned by:

(Affix Notary Seal)



Please select RCS or RM from the checkbox

☒ RCS

☐ RM

ITEM#: <u>2019-1156</u>	RCS: <u>12/18/2019</u>	ITEM#: _____	RM: _____
<b>RECESS MEETING</b>		<b>REGULAR MEETING</b>	

Insurance Certificate to be attached





# CERTIFICATE OF LIABILITY INSURANCE

 DATE(MM/DD/YYYY)  
01/23/2020

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 rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Aon Risk Services Central, Inc. Chicago IL Office 200 East Randolph Chicago IL 60601 USA	<b>CONTACT NAME:</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">PHONE (A/C, No, Ext): (866) 283-7122</td> <td style="width: 40%;">FAX (A/C, No.): 800-363-0105</td> </tr> <tr> <td colspan="2">E-MAIL ADDRESS:</td> </tr> </table>	PHONE (A/C, No, Ext): (866) 283-7122	FAX (A/C, No.): 800-363-0105	E-MAIL ADDRESS:											
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E-MAIL ADDRESS:															
<b>INSURED</b> Baker & Taylor LLC 2550 West Tyvola Road - Ste. 300 Charlotte NC 28217 USA	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> <tr> <td>INSURER A: Hartford Fire Insurance Co.</td> <td>19682</td> </tr> <tr> <td>INSURER B: Trumbull Insurance Company</td> <td>27120</td> </tr> <tr> <td>INSURER C: Twin City Fire Insurance Company</td> <td>29459</td> </tr> <tr> <td>INSURER D: ACE Property &amp; Casualty Insurance Co.</td> <td>20699</td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Hartford Fire Insurance Co.	19682	INSURER B: Trumbull Insurance Company	27120	INSURER C: Twin City Fire Insurance Company	29459	INSURER D: ACE Property & Casualty Insurance Co.	20699	INSURER E:		INSURER F:	
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INSURER E:															
INSURER F:															

**COVERAGES**
**CERTIFICATE NUMBER:** 570080288468

**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.

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												
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <div style="margin-left: 20px;"> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  <input checked="" type="checkbox"/> Gen Agg Cap Limit \$25M            GEN'L AGGREGATE LIMIT APPLIES PER:  <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC            OTHER:         </div>	Y		83CSES26402	04/01/2019	04/01/2020	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td>\$1,000,000</td></tr> <tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$1,000,000</td></tr> <tr><td>MED EXP (Any one person)</td><td>\$10,000</td></tr> <tr><td>PERSONAL &amp; ADV INJURY</td><td>\$1,000,000</td></tr> <tr><td>GENERAL AGGREGATE</td><td>\$2,000,000</td></tr> <tr><td>PRODUCTS - COMP/OP AGG</td><td>\$2,000,000</td></tr> </table>	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
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GENERAL AGGREGATE	\$2,000,000																		
PRODUCTS - COMP/OP AGG	\$2,000,000																		
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <div style="margin-left: 20px;"> <input checked="" type="checkbox"/> ANY AUTO  <input type="checkbox"/> OWNED AUTOS ONLY  <input type="checkbox"/> HIRED AUTOS ONLY  <input type="checkbox"/> SCHEDULED AUTOS  <input type="checkbox"/> NON-OWNED AUTOS ONLY         </div>	Y		83 CSE S26403	04/01/2019	04/01/2020	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$2,000,000</td></tr> <tr><td>BODILY INJURY (Per person)</td><td></td></tr> <tr><td>BODILY INJURY (Per accident)</td><td></td></tr> <tr><td>PROPERTY DAMAGE (Per accident)</td><td></td></tr> </table>	COMBINED SINGLE LIMIT (Ea accident)	\$2,000,000	BODILY INJURY (Per person)		BODILY INJURY (Per accident)		PROPERTY DAMAGE (Per accident)					
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BODILY INJURY (Per accident)																			
PROPERTY DAMAGE (Per accident)																			
D	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <div style="margin-left: 20px;"> <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE  <input checked="" type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$10,000         </div>	Y		XOOG2796736A004	04/01/2019	04/01/2020	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td>\$1,000,000</td></tr> <tr><td>AGGREGATE</td><td>\$1,000,000</td></tr> </table>	EACH OCCURRENCE	\$1,000,000	AGGREGATE	\$1,000,000								
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AGGREGATE	\$1,000,000																		
B	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <div style="margin-left: 20px;"> <input type="checkbox"/> ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER (Mandatory in NH)            If yes, describe under DESCRIPTION OF OPERATIONS below         </div>	Y/N		83WNS26400	04/01/2019	04/01/2020	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> PER STATUTE</td> <td><input type="checkbox"/> OTH-ER</td> <td></td> </tr> </table>	<input checked="" type="checkbox"/> PER STATUTE	<input type="checkbox"/> OTH-ER										
<input checked="" type="checkbox"/> PER STATUTE	<input type="checkbox"/> OTH-ER																		
C	<input checked="" type="checkbox"/> AOS <input checked="" type="checkbox"/> 83WBRS26401 <input checked="" type="checkbox"/> WI	N	N/A		04/01/2019	04/01/2020	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>E.L. EACH ACCIDENT</td><td>\$1,000,000</td></tr> <tr><td>E.L. DISEASE-EA EMPLOYEE</td><td>\$1,000,000</td></tr> <tr><td>E.L. DISEASE-POLICY LIMIT</td><td>\$1,000,000</td></tr> </table>	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-EA EMPLOYEE	\$1,000,000																		
E.L. DISEASE-POLICY LIMIT	\$1,000,000																		

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

Fulton County, its agents, directors and officers are included as Additional Insured in accordance with the policy provisions of the General Liability, Automobile Liability and Umbrella Liability policies. General Liability policy evidenced herein is Primary and Non-Contributory to other insurance available to Additional Insured, but only in accordance with the policy's provisions.

**CERTIFICATE HOLDER**
**CANCELLATION**

Dept. of Purchasing & Contract Compliance Fulton County Government 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  <div style="text-align: center;"> </div>
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Holder Identifier :

Certificate No : 570080288468

POLICY NUMBER: 83 CSE S26402

COMMERCIAL GENERAL LIABILITY  
CG 20 10 04 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED - OWNERS, LESSEES OR  
CONTRACTORS - SCHEDULED PERSON OR  
ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE**

Name Of Additional Insured Person(s) Or Organization(s)	Location(s) Of Covered Operations
ALL OWNERS, LESSEES OR CONTRACTORS WHEN REQUIRED BY WRITTEN CONTRACT	ALL LOCATIONS WHERE REQUIRED BY WRITTEN CONTRACT
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

**A. Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**B.** With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

**C. 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.



Designation of Signing Authority

Pursuant to authority duly delegated by the sole member of Baker & Taylor, LLC, the undersigned Executive Vice President of Baker & Taylor, LLC hereby designates those certain employees of Baker & Taylor, LLC listed in Schedule A attached hereto and made a part hereof by reference ("Schedule A") as having the requisite authority to execute on behalf of Baker & Taylor, LLC all bids, bid bonds, performance bonds, contracts and other documents relating to the supply of Baker & Taylor, LLC's products to libraries, schools, and/or other institutional customers of Baker & Taylor, LLC (the "Designation of Signing Authority").

This Designation of Signing Authority is effective as of September 11, 2019 and shall remain in effect until modified or revoked by the Chief Executive Officer, President, Chief Financial Officer or sole member of Baker & Taylor, LLC. The employees listed in Schedule A shall be the only persons authorized to bind Baker & Taylor, LLC for the purposes stated herein and any previous designations of authority are of no further effect as of the date hereof.

This as of September 11, 2019.

BAKER & TAYLOR, LLC

By: \_\_\_\_\_

Amandeep Kochar  
Executive Vice President



**SCHEDULE A  
TO  
DESIGNATION OF SIGNING AUTHORITY**

For purposes of the foregoing Designation of Signing Authority, the following employees of Baker & Taylor, LLC have the requisite authority to execute on behalf of Baker & Taylor, LLC all bids, bid bonds, performance bonds, contracts and other documents relating to the supply of Baker & Taylor, LLC's products to libraries, schools, and other institutional customers of Baker & Taylor, LLC.

Peter Chepul  
Amandeep Kochar  
Stefanie Kremer  
Lee Ann Queen  
Robert Rotello  
Jennifer B. Rhyne  
L. Scott Schuster  
Kelly Tarlton