

## **CONTRACT RENEWAL AGREEMENT**

**DEPARTMENT:** Public Works

BID/RFP# NUMBER: 22ITBC079A-KM

BID/RFP# TITLE: Colilert Reagent 24 and Colilert 18 Reagent Supplies

ORIGINAL APPROVAL DATE: January 11, 2023

RENEWAL EFFECTIVE DATES: January 11, 2024 to December 31, 2024

**RENEWAL OPTION #: 1 of 2** 

**NUMBER OF RENEWAL OPTIONS:** 1 renewal option remains

**RENEWAL AMOUNT:** \$90,669.40

COMPANY'S NAME: IDEXX Distribution, Inc.

**ADDRESS:** One IDEXX Drive

CITY: Westbrook

STATE: ME

ZIP: 04092

This Renewal Agreement No. 1 was approved by the Fulton County Board of

Commissioners on BOC DATE: 3/6/2024 BOC NUMBER: 24-0146

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 as referenced herein:

FULTON COUNTY, GEORGIA	IDEXX DISTRIBUTION, INC.
DocuSigned by:	DocuSigned by:
Robert L. Pitts	Chun-Ming Chen (Ba)
Robert L. Pitts, Chairman	Chun-Ming Chen
Fulton County Board of Commissioners	Vice President
ATTEST:	ATTEST:
DocuSigned by:	
Tonya R. Grier	
Tonya R. Grier	Secretary/
Clerk to the Commission	Assistant Secretary
(Affix County Seal)	(Affix Corporate Seal)
AUTHORIZATION OF RENEWAL:	ATTEST:
DocuSigned by:	0
David Clark	
David Clark, Director Public Works	Notary Public
I dollo works	
	County: Cumberland
	EMILY SCHELLHORN
	Notary Public  Commission Expires: Maine
	My Commission Expires January 17, 2031
	(Affix Notary Seal)
ITEM#:RCS:	ITEM#: 24-0146 RM: 3/6/2024
RECESS MEETING	REGULAR MEETING

ACORD

## CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 03/25/2024

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).

this certificate does not confer rights to the certificate holder in lieu of such endorse	ement(s).				
PRODUCER AON Risk Services Northeast. Inc.	CONTACT NAME:				
Boston MA Office	PHONE (A/C. No. Ext):	.05			
53 State Street Suite 2201	E-MAIL ADDRESS:				
Boston MA 02109 USA		INSURER(S) AFFORDING COVE	NAIC#		
INSURED  IDEXX Laboratories, Inc. One IDEXX Drive	INSURER A:	Travelers Property Cas	25674		
	INSURER B;	NSURER B: Travelers Casualty & Surety Company			
Westbrook ME 04092-2041 USA	INSURER C:	The Phoenix Insurance	25623		
	INSURER D:				
	INSURER E:				
	INSURER F:				

COVERAGES CERTIFICATE NUMBER:	570104548480	REVISION NUMBER:
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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,

10165	Limits shown are as requested							
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
С	X COMMERCIAL GENERAL LIABILITY			H6600L073918PHX23	06/30/2023	06/30/2024	EACH OCCURRENCE	\$2,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
							MED EXP (Any one person)	\$10,000
							PERSONAL & ADV INJURY	\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER						GENERAL AGGREGATE	\$2,000,000
	POLICY X PRO-						PRODUCTS - COMP/OP AGG	Excluded
	OTHER:							
Α	AUTOMOBILE LIABILITY			TC2JCAP-4296L226-TIL-23	06/30/2023	06/30/2024	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	X ANY AUTO						BODILY INJURY ( Per person)	
	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	
	AUTOS ONLY HIRED AUTOS ONLY ONLY AUTOS NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	
	GNET -							
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	
İ	EXCESS LIAB CLAIMS-MADE						AGGREGATE	
	DED RETENTION	1						
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			UB6P3197972351K	06/30/2023	06/30/2024	X PER STATUTE OTH-	
A	ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER	N/A		(AOS) UB6P4201932351R	06/30/2023	06/30/2024	E.L. EACH ACCIDENT	\$1,000,000
	(Mandatory in NH)	ł		(MA,WI)	1,	, ,	E.L. DISEASE-EA EMPLOYEE	\$1,000,000
$ldsymbol{ld}}}}}}$	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE-POLICY LIMIT	\$1,000,000
1								
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Project 22ITBC079A-KM

## CERTIFICATE HOLDER CANCELLATION

Fulton County Government Purchasing and Contract Compliance Department 130 Peachtree Street, SW Ste. 1168 Atlanta GA 30303-3459 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

Son Rish Services Northeast, Inc.