



DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE

CONTRACT RENEWAL AGREEMENT

DEPARTMENT: Police

BID/RFP NUMBER: 23RFP139745B-EC

BID/RFP TITLE: Armed and Unarmed Security Services

ORIGINAL APPROVAL DATE: November 15, 2023

RENEWAL EFFECTIVE DATES: January 1, 2025 to December 31, 2025

RENEWAL OPTION #: 1 OF 2

NUMBER OF RENEWAL OPTIONS: 2

RENEWAL AMOUNT: \$11,039,243.00

COMPANY'S NAME: Universal Protection Service, LLC dba Allied Universal Security Services

ADDRESS: 3355 Lenox Road NE, Suite #300

CITY: Atlanta

STATE: GA

ZIP: 30326

This Renewal Agreement No. 1 was approved by the Fulton County Board of Commissioners on
BOC DATE: November 20, 2024 BOC NUMBER: 24-0791

CERTIFICATE OF INSURANCE: The Contractor is required to maintain insurance during the entire term of this Agreement, including any contract renewals. Upon request, the Contractor must furnish the County a Certificate of Insurance showing the required coverage as specified in the Contract Agreement and any renewals. A current COI must be provided before the commencement of work on this project under this Contract Renewal. 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.

SIGNATURES: SEE NEXT PAGE

SIGNATURES:

Contractor/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

**UNIVERSAL PROTECTION SERVICE,
LLC dba ALLIED UNIVERSAL
SECURITY SERVICES**

Signed by:

Robert L. Pitts

14E1B4AA5F6A44A...

**Robert L. Pitts, Chairman
Fulton County Board of Commissioners**

DocuSigned by:

Kyle Smith

AA079005108A48D...

**Kyle Smith
General Manager**

ATTEST:

DocuSigned by:

Tonya R. Grier

EEC476C4837648D...

**Tonya R. Grier
Clerk to the Commission**

Signed by:



(Affix County Seal)

AUTHORIZATION OF RENEWAL:

Signed by:

W. Wade Yates

AFB5B1F6433B4FB...

**W. Wade Yates, Chief of Police
Fulton County Police Department**

ATTEST:

**Secretary/
Assistant Secretary**

(Affix Corporate Seal)

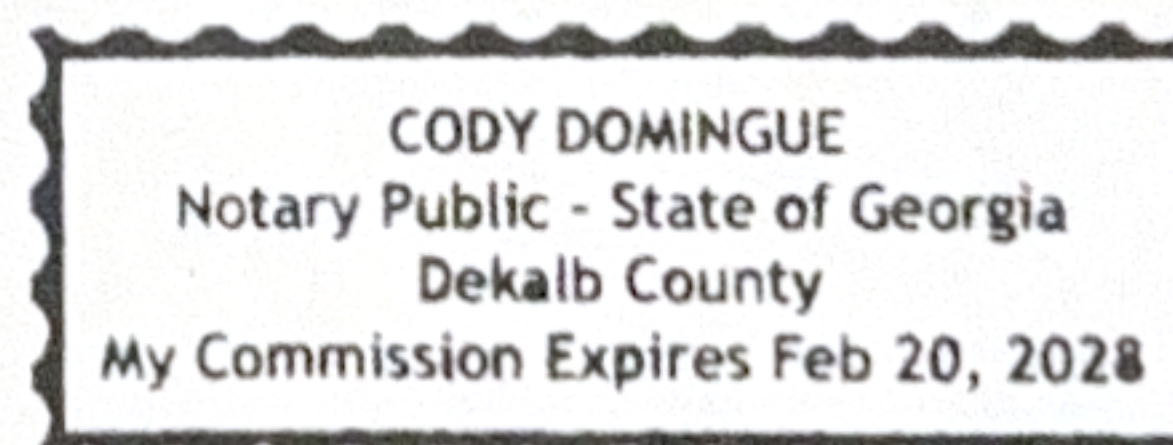
ATTEST:

Cody Domingue
Notary Public

County: Dekalb

Commission Expires: Feb 20, 2028

(Affix Notary Seal)



ITEM#: _____ RCS: _____
REGULAR MEETING

ITEM#: 24-0791 RM: 11/20/2024
SECOND REGULAR MEETING

CERTIFICATE OF INSURANCE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/13/2024

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 MARSH USA LLC 1717 Arch Street Philadelphia, PA 19103 Attn: Philadelphia.certs@marsh.com / Fax: (212) 948-0360 CN118025105-ALL-STAND-24-25	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">CONTACT NAME: Marsh U.S. Operations</td> </tr> <tr> <td>PHONE (A/C, No, Ext): 866-966-4664</td> <td>FAX (A/C, No):</td> </tr> <tr> <td colspan="2">E-MAIL ADDRESS: Philadelphia.Certs@marsh.com</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A : Indian Harbor Insurance Company</td> <td>36940</td> </tr> <tr> <td>INSURER B : Greenwich Insurance Company</td> <td>22322</td> </tr> <tr> <td>INSURER C : XL Insurance America</td> <td>24554</td> </tr> <tr> <td>INSURER D : Indemnity Insurance Company of North America</td> <td>43575</td> </tr> <tr> <td>INSURER E : XL Specialty Insurance Company</td> <td>37885</td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	CONTACT NAME: Marsh U.S. Operations		PHONE (A/C, No, Ext): 866-966-4664	FAX (A/C, No):	E-MAIL ADDRESS: Philadelphia.Certs@marsh.com		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Indian Harbor Insurance Company	36940	INSURER B : Greenwich Insurance Company	22322	INSURER C : XL Insurance America	24554	INSURER D : Indemnity Insurance Company of North America	43575	INSURER E : XL Specialty Insurance Company	37885	INSURER F :	
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INSURER F :																					

COVERAGES **CERTIFICATE NUMBER:** CLE-006641031-15 **REVISION NUMBER:** 7

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	X COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR X CONTRACTUAL LIABILITY X SIR \$1,750,000 GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			RES943799404	01/01/2024	01/01/2025	EACH OCCURRENCE \$ 30,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 30,000,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 30,000,000 GENERAL AGGREGATE \$ 55,000,000 PRODUCTS - COMP/OP AGG \$ 55,000,000 \$
B	AUTOMOBILE LIABILITY X 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 <input type="checkbox"/> OTHER:			RAD943781807	01/01/2024	01/01/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
D	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR X EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$			XSM G72500027 004 Excess of General Liability, Auto Liability, and Workers' Comp	01/01/2024	01/01/2025	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	RWD300120308 (AOS) RWR300120408 (WI) RWE943548208 (CA, OH)	01/01/2024	01/01/2025	X <input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Professional Liability			RES943799404 SIR: \$1,750,000	01/01/2024	01/01/2025	Claim 2,000,000 Aggregate 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Fulton County Government is included as additional insured (except workers' compensation and crime) where required by written contract. Liability coverage shall be primary and non-contributory where required by written contract. Waiver of subrogation is applicable where required by written contract.

CERTIFICATE HOLDER

Fulton County Government
 Attn: Charlie Crockett
 141 Pryor St
 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

Marsh USA LLC

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ADDITIONAL REMARKS SCHEDULE

AGENCY MARSH USA LLC		NAMED INSURED Allied Universal Topco, LLC (See Attached for Additional Named Insureds) 161 Washington Street, Suite 600 Conshohocken, PA 19428
POLICY NUMBER		
CARRIER	NAIC CODE	
EFFECTIVE DATE:		

ADDITIONAL REMARKS

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

Excess Workers' Compensation
Policy No.: RWE943548208
Insurer: XL Specialty Insurance Company
Effective Dates: 1/1/2024 - 1/1/2025
Limit:
Employers Liability Each Accident: \$1,000,000
Employers Liability Disease-Policy Limit: \$1,000,000
Employers Liability Disease-Each Employee: \$1,000,000
SIR: \$1,000,000

Crime
Policy No.: 03-824-02-02
Insurer: National Union Fire Insurance Co.
Effective Dates: 08/15/2023 - 08/15/2024
Limit:
Employee Theft or Dishonesty: \$2,000,000
Clients' Property: \$2,000,000
Deductible: \$750,000

Contractors Pollution Liability
Policy No.: CPO13303734
Insurer: Commerce and Industry Insurance Company
Effective Dates: 01/01/2023 - 01/01/2025
Limit: 5,000,000
Deductible: \$250,000

The General Liability and Professional Liability policies evidenced above share in the limits shown. The limits do not apply separately to the individual coverages

Named Insured:

Allied Universal Topco LLC

Additional Named Insured:

Adesta LLC
Advent Systems, LLC
Advent Systems, LLC, dba Allied Universal Technology Services
Allied Universal Compliance and Investigations, Inc.
Allied Universal Compliance and Investigations, Inc., fka G4S Compliance & Investigations, Inc.
Allied Universal Event Services, Inc.
Allied Universal Executive Protection and Intelligence Services, Inc.
Allied Universal Executive Protection and Intelligence Services, Inc. f/k/a AS Solution North America, Inc.
Allied Universal Finance Corporation
Allied Universal Holdco LLC
Allied Universal Risk Advisory and Consulting Services, Inc.
Allied Universal Risk Advisory and Consulting Services, Inc. f/k/a Andrews International Government Services, Inc.
Allied Universal Sideco, Inc.
AlliedBarton (NC) LLC
AlliedBarton (NC) LLC, dba Allied Universal Security Services
AMAG Technology, Inc.
American Security Programs, Inc.
Clean Sweep Building Services, LLC
FJC Security Services, Inc.
FJC Security Services, Inc., dba Allied Universal Security Services
G4S Holding One LLC
G4S Retail Solutions (Canada) Inc.
G4S Retail Solutions (Canada) Inc. dba Deposita, an Allied Universal Company
G4S Retail Solutions (USA) Inc.
G4S Retail Solutions (USA) Inc., dba Deposita, an Allied Universal Company
G4S Secure Integration LLC
G4S Secure Integration LLC dba Allied Universal Technology Services
G4S Secure Solutions International Inc.
G4S Secure Solutions (Puerto Rico) Inc.
G4S Secure Solutions (USA) Inc.
G4S Secure Solutions (USA) Inc., dba Allied Universal
G4S Technology Software LLC
Guardsmark (Puerto Rico), LLC

Guardsmark (Puerto Rico), LLC, dba Allied Universal Security Services, LLC
Guardsmark (Puerto Rico), LLC, dba Universal Protection Service, LLC
Intelligent Access Systems of North Carolina, LLC
Intelligent Access Systems of North Carolina, LLC, dba Allied Universal Technology Services
Michael Stapleton Associates, Ltd.
Michael Stapleton Associates, Ltd., dba MSA Security
MSA Investigations, Inc.
MSA Security Canada Limited
MSA Security Limited
MSAS Parent Inc.
Naki Cleaning Services, LLC
Peoplemark, Inc.
RONCO Consulting Corporation
Securadyne Systems Intermediate LLC
Securadyne Systems Intermediate LLC, dba Allied Universal Technology Services
Securadyne Systems Texas LLC
Securadyne Systems Texas LLC, dba Allied Universal Technology Services
SFI Electronics, LLC
SFI Electronics, LLC, dba Allied Universal Security Systems
SFI Electronics, LLC, dba Allied Universal Technology Services
SFI Electronics, LLC, dba Universal Protection Security Systems
SOS Security LLC
SOS Security LLC, dba Allied Universal Risk Advisory and Consulting Services
SOS Security LLC, dba Allied Universal Security Services
Spectaguard Acquisition LLC
Staff Pro Inc.
Staff Pro Inc., dba Allied Universal Event Services

Titania Insurance Co. of America
U.S. Security Associates Holding Corp.
Universal Building Maintenance, LLC
Universal Building Maintenance, LLC, dba Allied Universal Janitorial Services
Universal Building Maintenance, LLC, dba Allied Universal Landscaping Services
Universal Group Holdings LLC
Universal Protection GP, Inc.
Universal Protection Security Systems, LP

Universal Protection Security Systems, LP, dba
Allied Universal Security Systems
Universal Protection Security Systems, LP, dba
Allied Universal Technology Services
Universal Protection Service of Canada
Corporation
Universal Protection Service of Canada
Corporation, dba Allied Universal Security
Services of Canada
Universal Protection Service of Canada
Corporation, dba Allied Universal Technology
Services
Universal Protection Service, LLC
Universal Protection Service, LLC, dba Allied
Universal Risk Advisory and Consulting Services
Universal Protection Service, LLC, dba Allied
Universal Security Services
Universal Protection Service, LLC, dba Allied
Universal Security Services, LLC
Universal Protection Service, LP
Universal Protection Service, LP, dba Allied
Universal Risk Advisory and Consulting Services
Universal Protection Service, LP, dba Allied
Universal Security Services
Universal Protection Service, LP, dba Allied
Universal Security Services, LP
Universal Services of America, LP
Universal Services of America, LP, dba Allied
Universal
Universal Thrive Technologies, LLC
Universal Thrive Technologies, LLC, dba Allied
Universal Monitoring and Response Center
Universal Thrive Technologies, LLC, dba Allied
Universal Technology Services
Universal Thrive Technologies, LLC, dba Thrive
Intelligence
UPSH Inc.
USA GP Sub LLC
USA Intermediate, Inc.
USAGM Acquisition, LLC
Vance Executive Protection, Inc.
Vance International Consulting, Inc.

POLICY NUMBER: RAD943781807

XIC 414 1013

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**ADDITIONAL INSURED**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
AUTO DEALERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

Schedule

Additional Insured(s)	Work
Any person or organization you have agreed to include as an additional insured under written contract, provided such contract was executed prior to the date of loss.	All Operations

COVERED AUTOS LIABILITY COVERAGE, Who Is An Insured, is amended to include as an "insured" the person or organization listed in the Schedule above, but only with respect to liability for "bodily injury" or "property damage" otherwise covered under this policy caused, in whole or in part, by the negligent acts or omissions of:

1. You, while using a covered "auto"; or
2. Any other person, except the additional insured or any employee or agent of the additional insured, operating a covered "auto" with your permission;

in the performance of your work as described in the Schedule above.

In no event shall any person or organization listed in the Schedule become an "insured" pursuant to this Endorsement if such person or organization is solely negligent.

IT IS FURTHER AGREED THAT IN NO EVENT SHALL ANY CONTRACT OR AGREEMENT ALTER THE CONDITIONS, COVERAGES OR EXCLUSIONS SET FORTH IN THIS POLICY.

All other terms and conditions of this policy remain unchanged.

POLICY NUMBER: RAD943781807

COMMERCIAL AUTO
CA 04 44 10 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**WAIVER OF TRANSFER OF RIGHTS OF RECOVERY
AGAINST OTHERS TO US (WAIVER OF SUBROGATION)**

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM
BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured: ALLIED UNIVERSAL TOPCO, LLC
Endorsement Effective Date: January 1, 2024

SCHEDULE

Name(s) Of Person(s) Or Organization(s): Any person or organization where waiver of our right to recover is required by written contract with such person or organization provided such contract was executed prior to the date of loss.
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The **Transfer Of Rights Of Recovery Against Others To Us** condition does not apply to the person(s) or organization(s) shown in the Schedule, but only to the extent that subrogation is waived prior to the "accident" or the "loss" under a contract with that person or organization.

ENDORSEMENT #050

This endorsement, effective on 01/01/2024 at 12:01 A.M. standard time, forms a part of
Policy No. RES943799404 of the INDIAN HARBOR INSURANCE COMPANY
Issued to ALLIED UNIVERSAL TOPCO, LLC

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided by the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

A. SECTION II - Who Is an Insured is amended to include as an additional insured a person(s) or organization(s) who is required to be added by written contract or written agreement which does not require that a specific form number be used.

B. The insurance provided to additional insureds applies only to "bodily injury", "property damage", "professional liability" 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; or "your work" performed for that

additional insured and included in the "products-completed operations hazard"

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.

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.

D. The additional insured must see to it that:

1. We are notified as soon as practicable of an "occurrence" or offense that may result in a claim.
2. We receive written notice of a claim or "suit" as soon as practicable; and
3. A request for defense and indemnity of the claim or "suit" will promptly be brought against any policy issued by another insurer under which the additional insured also has rights an insured or additional insured.

E. This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

1. The additional insured is a Named Insured under such other insurance; and
2. You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.

All other terms and conditions remain as written.

ENDORSEMENT #024

This endorsement, effective on 01/01/2024 at 12:01 A.M. standard time, forms a part of
Policy No. RES943799404 of the INDIAN HARBOR INSURANCE COMPANY
Issued to ALLIED UNIVERSAL TOPCO, LLC

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

SCHEDULE

Name of person or Organization:

Where required by written contract.

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement)

The TRANSFER OF RECOVERY AGAINST OTHERS TO US Condition (Section IV – CONDITIONS) is amended by the addition of the following:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or “your work” done under a contract with that person or organization and included in the “products-completed operations hazard.” This waived applies only to the person or organization shown in the Schedule above.

All other terms and conditions remain as written.

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

WC 00 03 13

(Ed. 4-84)

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 or indirectly to benefit anyone not named in the Schedule.

Schedule

Any person or organization where waiver of our right to recover is required by written contract with such person or organization provided such contract was executed prior to the date of loss.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective 01-01-2024

Policy No. RWD3001203-08

Endorsement No.

Insured Allied Universal Topco, LLC

Insurance Company
XL Insurance America, Inc.

Countersigned by  _____

WC 00 03 13
(Ed. 4-84)



Fulton County

Legislation Details

File #: 24-0791 **Version:** 1 **Name:**
Type: CM Action Item - Justice and Safety **Status:** Passed
File created: 9/8/2024 **In control:** Board of Commissioners
On agenda: 11/20/2024 **Final action:** 11/20/2024
Title: Request approval to renew existing contracts - Police, 23RFP139745B-EC, Armed and Unarmed Security Services in the amount of \$8,390,000.00 with Universal Protection Services dba Allied Universal Services (Atlanta, GA) to provide armed and unarmed security services for various County departments. This action exercises the first of two renewal options. One renewal option remains. Effective dates: January 1, 2025 through December 31, 2025.

Sponsors:

Indexes:

Code sections:

Attachments: 1. Exhibit 1 - Contract Renewal Agreement No.pdf, 2. Exhibit 2 - Performance Evaluation Allied Universal Security, 3. Contract Evaluation Form-Allied Universal, 4. Registration and Elections FY2025 Security Proposed Budget, 5. Allied Universal FY25 Cost Proposal 3% Increase and R & E

Date	Ver.	Action By	Action	Result
11/20/2024	1	Board of Commissioners		

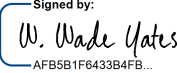
Certificate Of Completion

Envelope Id: 1F0BB285-6E2B-4DCF-BF73-64D79E6829DC		Status: Completed
Subject: 23RFP139745B-EC, Armed and Unarmed Security Services-Renewal No. 1		
Parcel ID:		
Employee Name:		
Source Envelope:		
Document Pages: 14	Signatures: 3	Envelope Originator:
Certificate Pages: 6	Initials: 0	Elsa D. Castro
AutoNav: Enabled	Stamps: 1	141 Pryor Street
Envelopeld Stamping: Enabled		Purchasing & Contract Compliance, Suite 1168
Time Zone: (UTC-08:00) Pacific Time (US & Canada)		Atlanta, GA 30303
		elsa.castro@fultoncountyga.gov
		IP Address: 172.56.70.206

Record Tracking

Status: Original	Holder: Elsa D. Castro	Location: DocuSign
12/30/2024 2:46:16 PM	elsa.castro@fultoncountyga.gov	
Security Appliance Status: Connected	Pool: StateLocal	
Storage Appliance Status: Connected	Pool: Fulton County Government	Location: DocuSign

Signer Events

Signer Events	Signature	Timestamp
W. Wade Yates william.yates@fultoncountyga.gov Chief of Police Security Level: Email, Account Authentication (None)	<div>Signed by:  AFB5B1F6433B4FB...</div> <div>Signature Adoption: Pre-selected Style Using IP Address: 68.208.197.20</div>	Sent: 12/30/2024 3:06:17 PM Viewed: 12/31/2024 7:14:58 AM Signed: 12/31/2024 7:15:39 AM

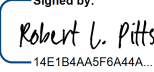
Electronic Record and Signature Disclosure:

Accepted: 12/31/2024 7:14:58 AM
ID: 56bcc839-3d5e-40fb-96d8-c63dd8c0639f

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	Sent: 12/31/2024 7:15:42 AM Viewed: 1/2/2025 9:46:26 AM Signed: 1/2/2025 9:47:47 AM
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Electronic Record and Signature Disclosure:

Accepted: 11/27/2017 10:39:37 AM
ID: b7ce88ee-0c66-4f3a-bfee-705e0af602d8

Robert L. Pitts harriet.thomas@fultoncountyga.gov Chairman Security Level: Email, Account Authentication (None)	<div>Signed by:  14E1B4AA5F6A44A...</div> <div>Signature Adoption: Pre-selected Style Using IP Address: 68.208.197.4</div>	Sent: 1/2/2025 9:47:50 AM Viewed: 1/2/2025 12:30:36 PM Signed: 1/2/2025 12:30:48 PM
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Electronic Record and Signature Disclosure:

Accepted: 1/2/2025 12:30:36 PM
ID: b69115b5-30be-46c6-888c-7c61ae55ea29

Signer Events	Signature	Timestamp
<p>Tonya R. Grier</p> <p>tonya.grier@fultoncountytga.gov</p> <p>Clerk to the Commission</p> <p>Fulton County</p> <p>Security Level: Email, Account Authentication (None)</p>	<p>DocuSigned by:</p> <p><i>Tonya R. Grier</i></p> <p>EEC476C4837648D...</p> 	<p>Sent: 1/2/2025 12:30:51 PM</p> <p>Viewed: 1/3/2025 3:43:13 AM</p> <p>Signed: 1/3/2025 3:43:47 AM</p>

Signature Adoption: Pre-selected Style
Using IP Address: 99.96.24.191
Signed using mobile

Electronic Record and Signature Disclosure:
Accepted: 3/16/2018 7:54:59 AM
ID: f3f241e8-3027-4447-9476-6cf20ae25dd4

In Person Signer Events	Signature	Timestamp
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Editor Delivery Events	Status	Timestamp
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Agent Delivery Events	Status	Timestamp
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Intermediary Delivery Events	Status	Timestamp
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Certified Delivery Events	Status	Timestamp
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Carbon Copy Events	Status	Timestamp
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<p>Dian DeV Vaughn</p> <p>dian.devaughn@fultoncountytga.gov</p> <p>Security Level: Email, Account Authentication (None)</p>	<div>COPIED</div>	<p>Sent: 1/3/2025 3:43:55 AM</p> <p>Viewed: 1/3/2025 7:42:37 AM</p>
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Electronic Record and Signature Disclosure:
Not Offered via DocuSign

<p>Delia Dickerson</p> <p>Delia.Dickerson@fultoncountytga.gov</p> <p>Security Level: Email, Account Authentication (None)</p>	<div>COPIED</div>	<p>Sent: 1/3/2025 3:43:56 AM</p> <p>Viewed: 1/3/2025 5:58:59 AM</p>
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Electronic Record and Signature Disclosure:
Accepted: 8/23/2021 8:41:28 AM
ID: 13ef99c6-a2aa-4947-a9d4-2fae81d04d59

<p>Cody Domingue</p> <p>cody.domingue@aus.com</p> <p>Security Level: Email, Account Authentication (None)</p>	<div>COPIED</div>	<p>Sent: 1/3/2025 3:43:58 AM</p>
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Electronic Record and Signature Disclosure:
Accepted: 12/17/2024 1:04:44 PM
ID: 596736a5-ffa3-40a0-bbf6-ee9696529745

<p>Kyle Smith</p> <p>kyle.smith@aus.com</p> <p>Director of Operations</p> <p>Security Level: Email, Account Authentication (None)</p>	<div>COPIED</div>	<p>Sent: 1/3/2025 3:43:59 AM</p>
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Electronic Record and Signature Disclosure:
Accepted: 1/10/2024 12:27:45 PM
ID: bbd068e3-ef4f-4b70-a2d9-d74980f02ee4

Witness Events	Signature	Timestamp
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Notary Events	Signature	Timestamp
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Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	12/30/2024 3:06:17 PM
Envelope Updated	Security Checked	12/30/2024 3:09:02 PM
Envelope Updated	Security Checked	12/30/2024 3:09:02 PM
Certified Delivered	Security Checked	1/3/2025 3:43:13 AM
Signing Complete	Security Checked	1/3/2025 3:43:47 AM
Completed	Security Checked	1/3/2025 3:43:59 AM

Payment Events	Status	Timestamps
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