# **CONTRACT RENEWAL AGREEMENT**

**DEPARTMENT:** Real Estate and Asset Management

BID/RFP# NUMBER: 22RFP135756C-GS

**BID/RFP# TITLE:** Janitorial Services for Fulton County Government Center Complex (Group A)

and Justice Center Facilities (Group B)

**ORIGINAL APPROVAL DATE:** 5/3/2023

RENEWAL EFFECTIVE DATES: 1/1/2024 THROUGH 12/31/2024

**RENEWAL OPTION #**: 1 **OF** 2

**NUMBER OF RENEWAL OPTIONS: 2** 

**RENEWAL AMOUNT: \$885,528.00** 

COMPANY'S NAME: ABM Industry Group, LLC

ADDRESS: 4151 Ashford Dunwoody Rd, Suite 600

**CITY**: Atlanta

STATE: GA

**ZIP:** 30319

This Renewal Agreement No. 1 was approved by the Fulton County Board of Commissioners on BOC DATE: 11/01/2023 BOC NUMBER: 23-0758

# **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: <u>Bid #22RFP135756C-GS</u>

FULTON COUNTY, GEORGIA	ABM INDUSTRY GROUP, LLC
Policyt L. Pitts BA715B1A26544E7	Docusigned by:  Matt Pastore  Pastore Pastore  Pastore
Robert L. Pitts, Chairman	Matt Pastore
Fulton County Board of Commissioners	Vice President
ATTEST:	ATTEST:
Docusigned by:  Tonya K. Gricr  EEC476048376489  Docusigned by:	
Tonya R. Grier	Secretary/
Clerk to the Commission	Assistant Secretary
(Affix County Seal)	(Affix Corporate Seal)
AUTHORIZATION OF RENEWAL:	ATTEST:
Joseph N. Davis  E45C5C5E17EB417	Netan Dublic
Joseph N. Davis, Director Department of Real Estate and Asset Management	Notary Public County:
	Commission Expires: 4-10-24  (Affix Notary Seal)
ITEM#: RM: _ REGULAR MEETING	11/1/2023

# 23-0758 Real Estate and Asset Management

Request approval to renew existing contracts - Department of Real Estate and Asset Management, 22RFP135756C-GS, Janitorial Services for Fulton County's Government Center Complex (Group A) and Justice Center Facilities (Group B) in a total amount not to exceed \$2,251,772.00 with (A) ABM Industry Groups, LLC (Atlanta, GA) in an amount not to exceed \$885,528.00; and (B) American Facility Services, Inc. (Alpharetta, GA) in an amount not to exceed \$1,366,244.00, to provide the highest quality janitorial services for Government Center Complex and Justice Center Facilities for Fulton County. This action exercises first of two renewal options. One renewal option remains. Effective dates: January 1, 2024, through December 31, 2024.

### **Health and Human Services**

# 23-0759 Public Works

Request approval to renew an existing contract - Department of Public Works, 21ITB000019A-CJC, Water Meter Reading in an amount not to exceed \$404,270.88 with Bermex, Inc. (Stow, OH) to provide water meter reading services. This action exercises the second of two renewal options. No renewal options remain. Effective dates: January 1, 2024, through December 31, 2024.

## 23-0760 Public Works

Request approval to renew an existing contract - Department of Public Works, 21ITB000014A-CJC, Sanitary Sewer Easement Maintenance in the amount of \$871,732.29 with Opterra Solutions, Inc., (Conyers, GA) to provide sanitary sewer easement maintenance in both North and South Fulton service areas. This action exercises the second of two renewal options. No renewal options remain. Effective dates: January 1, 2024, through December 31, 2024.

# 23-0761 Public Works

Request approval to renew an existing contract - Department of Public Works, 23ITB137397A-KM, Sewer System Cleaning, and Manhole Camera Inspection Services in an amount not to exceed \$550,000.00 with Woolpert, Inc. (Atlanta, GA) to provide sewer system cleaning and manhole camera inspection services. This action exercises the first of two renewal options. One renewal option remains. Effective dates: January 1, 2024, through December 31, 2024.

### 23-0762 Public Works

Request approval to renew an existing contract - Department of Public Works, 22ITBC074A-JWT, Corporation Stops and Brass Fittings in the amount of \$412,683.51 Delta Municipal Supply Company (Lawrenceville, GA) to provide corporation stops and brass fittings. This action exercises the first of two renewal options. One renewal option remains. Effective dates: January 1, 2024, through December 31, 2024.



### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/17/2023

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).

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PRODUCER	CONTACT Willis Towers Watson Certificate Center	
Willis Towers Watson Southeast, Inc.	PHONE (A/C, No, Ext): 1-877-945-7378 FAX (A/C, No): 1-888-	-467-2378
c/o 26 Century Blvd P.O. Box 305191	E-MAIL ADDRESS: certificates@willis.com	
1.0. Box 303191	ADDRESS.	
Nashville, TN 372305191 USA	INSURER(S) AFFORDING COVERAGE	NAIC#
	INSURER A: ACE American Insurance Company	22667
INSURED	INSURER B: ACE Property & Casualty Insurance Company	20699
ABM Industry Groups, LLC	- 1	
an ABM Industries Incorporated Company	INSURER C: Indemnity Insurance Company of North Ameri	43575
4151 Ashford Dunwoody Road, Suite 600	INSURER D: Federal Insurance Company	20281
Atlanta, GA 30319	INSURER E: AIG Specialty Insurance Company	26883
	INSURER F: American Home Assurance Company	19380

### COVERAGES CERTIFICATE NUMBER: W31104636 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	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
	COMMERCIAL GENERAL LIABILITY	IIIOD			(,	(	EACH OCCURRENCE	\$ 2,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 2,000,000
A	X \$1,000,000 SIR						MED EXP (Any one person)	\$ Excluded
	XCU	Y	Y	XSL G47298301	11/01/2023	11/01/2024	PERSONAL & ADV INJURY	\$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 6,000,000
	X POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 5,000,000
	X ANY AUTO						BODILY INJURY (Per person)	\$
A	X OWNED SCHEDULED AUTOS	Y	Y	ISA H10688966	11/01/2023	11/01/2024	BODILY INJURY (Per accident)	\$
	X HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
В	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$ 10,000,000
-	EXCESS LIAB CLAIMS-MADE	Y	Y	XEU G27910865 009	11/01/2023	11/01/2024	AGGREGATE	\$ 10,000,000
	DED X RETENTION \$ 0							\$
	WORKERS COMPENSATION						X PER OTH-	
С	ANYPROPRIETOR/PARTNER/EXECUTIVE T/N	N/A	Y	WLR C50669439	11/01/2023	11 /01 /2024	E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH)	11, 7		WLR C50669439	11/01/2023	11/01/2024	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
A	Professional LIability			MPB G23645233 017	07/01/2023	07/01/2024	Each Claim/Aggregate	\$5,000,000
							Aggregate	\$5,000,000
							Retention	\$1,000,000

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

SEE ATTACHED

CERTIFICATE HOLDER	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.
Fulton County Government Purchasing Department	AUTHORIZED REPRESENTATIVE
130 Peachtree Street, S.W.	Iessica Graham
Atlanta, GA 30303-3459	

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AGENCY CUSTOMER ID:	
LOC #:	



# ADDITIONAL REMARKS SCHEDULE

Page	2	of	3
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NAIC#: 22667

AGENCY Willis Towers Watson Southeast, Inc.		NAMED INSURED ABM Industry Groups, LLC an ABM Industries Incorporated Company
POLICY NUMBER		4151 Ashford Dunwoody Road, Suite 600
See Page 1		Atlanta, GA 30319
CARRIER	NAIC CODE	
See Page 1	See Page 1	EFFECTIVE DATE: See Page 1

### ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Re: 17RFP103949C-CL: Janitorial Services for Fulton County's Government Center Complex (Group A) and Justice Center Facilities (Group B).

Fulton County Government, Officials, Officers and Its Employees are included as Additional Insured as respects General Liability and Automobile Liability (Umbrella follows Form) as required by written contract with the Named Insured. If required by the written contract or agreement with said Additional Insured, this insurance shall be primary insurance to any other insurance available to said insured covering the same loss. Such other insurance available to said Additional Insured shall be excess to and non-contributing to this insurance. Waiver of subrogation applies in favor of Additional Insured as respects General Liability, Automobile Liability and Workers Compensation, where allowed by law, (Umbrella follows form) as required by written contract with the Named Insured. Umbrella/Excess policy applies excess of General Liability, Auto Liability and Employers Liability Policies.

INSURER AFFORDING COVERAGE: ACE American Insurance Company

SUBROGATION WAIVED: Y

TYPE OF INSURANCE: LIMIT DESCRIPTION: LIMIT AMOUNT:
Excess Workers Compensation EL Each Accident \$1,000,000
WC-Statutory/CA-\$1M SIR EL Disease-Pol Limit \$1,000,000
OH, WA, OR, IL, MI - \$500K SIR EL Disease-Each Empl \$1,000,000

ADDITIONAL REMARKS:

ANY PROPRIETOR/PARTNER/EXECUTIVE/ OFFICER/MEMBER are included under Excess Workers Compensation policy #WCU C50669324

INSURER AFFORDING COVERAGE: Federal Insurance Company NAIC#: 20281

TYPE OF INSURANCE: LIMIT DESCRIPTION: LIMIT AMOUNT:
Employee Dishonesty/Fidelity Each Occurrence \$5,000,000
Deductible \$350,000

ACORD 101 (2008/01)

SR ID: 24979445

BATCH: 3215975

CERT: W31104636

AGENCY CUSTOMER ID:	
LOC #:	



# ADDITIONAL REMARKS SCHEDULE

Page 3 of 3

NAIC#: 26883

AGENCY Willis Towers Watson Southeast, Inc.		NAMED INSURED ABM Industry Groups, LLC an ABM Industries Incorporated Company
POLICY NUMBER		4151 Ashford Dunwoody Road, Suite 600
See Page 1		Atlanta, GA 30319
CARRIER	NAIC CODE	
See Page 1	See Page 1	EFFECTIVE DATE: See Page 1

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

INSURER AFFORDING COVERAGE: AIG Specialty Insurance Company

TYPE OF INSURANCE: LIMIT DESCRIPTION: LIMIT AMOUNT: Contractors Pollution Liab. \$5,000,000 Each Loss \$5,000,000 Aggregate SIR \$500,000

INSURER AFFORDING COVERAGE: American Home Assurance Company NAIC#: 19380

LIMIT DESCRIPTION: LIMIT AMOUNT: TYPE OF INSURANCE: Per Policy \$5,000,000 Property Coverage

ADDITIONAL REMARKS:

All Risk of Physical Damage at any location including customer's premises, subject to policy terms.

INSURER AFFORDING COVERAGE: ACE American Insurance Company NAIC#: 22667

LIMIT AMOUNT: TYPE OF INSURANCE: LIMIT DESCRIPTION: Garage Keepers Legal Liability Limit \$2,000,000

ADDITIONAL REMARKS:

Automobile Liability includes Excess Garage Keepers Liability.

ACORD 101 (2008/01)

CERT: W31104636

SR ID: 24979445 BATCH: 3215975

### **BLANKET ADDITIONAL INSURED**

Named Insured ABM Industries Incorporated			Endorsement Number 26		
Policy Symbol XSL	Policy Number G47298301	Effective Date of Endorsement			
, ,	XSL G47298301 11/01/2023 TO 11/01/2024  Issued By (Name of Insurance Company)  ACE American Insurance Company				

### THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

### THIS ENDORSEMENT MODIFIES INSURANCE PROVIDED UNDER THE FOLLOWING:

### **EXCESS COMMERCIAL GENERAL LIABILITY POLICY**

Any person or organization whom you have agreed to include as an additional insured in a written contract is included as an additional insured under this policy, but only to the extent required by and in accordance with the terms of such written contract executed prior to loss, provided that written contract does not specify an ISO endorsement or other specific wording, and only with respect to liability for "bodily injury", "property damage", or "personal and advertising injury" arising out of your ongoing or completed operations.

Workers' Compensation and Employers' Liability Policy

Named Insured ABM Industries Incorporated One Liberty Plaza, 7th Floor New York, NY 10006	Endorsement Number  Policy Number Symbol: WI.#WWNumber: C50669439
Policy Period 11-01-2024	Effective Date of Endorsement 11-01-2023
Issued By (Name of Insurance Company) INDEMNITY INS. CO. OF NORTH AMERICA Insert the policy number. The remainder of the information is to be complete	d only when this endorsement is issued subsequent to the preparation of the policy.

### 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 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.

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 classifications.

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.

Authorized Representative

### NON-CONTRIBUTORY ENDORSEMENT FOR ADDITIONAL INSUREDS

Named Insured ABM Indus	stries Incorporate	d	Endorsement Number 8
Policy Symbol XSL	Policy Number G47298301	Policy Period 11/01/2024	Effective Date of Endorsement
	e of Insurance Company can Insurance Co		'

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

### THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

# This endorsement modifies insurance provided under the following: EXCESS COMMERCIAL GENERAL LIABILITY POLICY

# **Schedule**

# <u>Organization</u> <u>Additional Insured Endorsement</u>

Any additional insured with whom you have agreed to provide such noncontributory insurance, pursuant to and as required under a written contract executed prior to the date of loss.

(If no information is filled in, the schedule shall read: "All persons or entities added as additional insureds through an endorsement with the term "Additional Insured" in the title)

For organizations that are listed in the Schedule above that are also an Additional Insured under an endorsement attached to this policy, the following is added to Section IV.4:

If other insurance is available to an insured we cover under any of the endorsements listed or described above (the "Additional Insured") for a loss we cover under this policy, this insurance will apply to such loss and is primary (subject to satisfaction of the "retained limit"), meaning that we will not seek contribution from the other insurance available to the Additional Insured. Your "retained limit" still applies to such loss, and we will only pay the Additional Insured for the "ultimate net loss" in excess of the "retained limit" shown in the Declarations of this policy.

Authorized Representative	

1

### WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

Named Insured ABM Indus	tries Incorporated		Endorsement Number 5
Policy Symbol XSL	Policy Number G47298301	Policy Period 11/01/2023 to 11/01/2024	Effective Date of Endorsement
Issued By (Name of Insurance Company) ACE American Insurance Company			

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

### THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

# This endorsement modifies insurance provided under the following: EXCESS COMMERCIAL GENERAL LIABILITY POLICY

### **SCHEDULE**

**Name of Person or Organization:** 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.

The following is added to Paragraph 8. Transfer Of Rights Of Recovery Against Others To Us of Section IV - Conditions:

We waive any right of recovery against the person(s) or organization(s) shown in the Schedule above because of payments we make under this policy. Such waiver by us applies only to the extent that the insured has waived its right of recovery against such person(s) or organization(s) prior to loss. This endorsement applies only to the person(s) or organization(s) shown in the Schedule above.

All Other Terms And Conditions Remain Unchanged.	
	Authorized Representative

XS-6W34a (02/20) Page 1 of 1

# ADDITIONAL INSURED – DESIGNATED PERSONS OR ORGANIZATIONS

Named Insured ABM Industries Incorporated			Endorsement Number
		1	
Policy Symbol	Policy Number	Policy Period	Effective Date of Endorsement
ISA	H10688966	11/01/2023 TO 11/01/2024	
Issued By (Name	e of Insurance Company)		
ACE America	in Insurance Company		

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

### THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

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

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

- A. For a covered "auto," Who Is Insured is amended to include as an "insured," the persons or organizations named in this endorsement. However, these persons or organizations are an "insured" only for "bodily injury" or "property damage" resulting from acts or omissions of:
  - 1. You.
  - 2. Any of your "employees" or agents.
  - 3. Any person operating a covered "auto" with permission from you, any of your "employees" or agents.
- B. The persons or organizations named in this endorsement are not liable for payment of your premium.

DA-9U74c (03/16) Page 1 of 1

# NON-CONTRIBUTORY ENDORSEMENT FOR ADDITIONAL INSUREDS

Named Insured ABM Industries Incorporated		Endorsement Number	
Policy Symbol ISA	Policy Number H10688966	Policy Period 11/01/2023 TO 11/01/2024	Effective Date of Endorsement
, ,	e of Insurance Company) an Insurance Compan	y	

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

### THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

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

### **Schedule**

### Organization

Additional Insured Endorsement

Any additional insured with whom you have agreed to provide such non-contributory insurance, pursuant to and as required under a written contract executed prior to the date of loss

(If no information is filled in, the schedule shall read: "All persons or entities added as additional insureds through an endorsement with the term "Additional Insured" in the title)

For organizations that are listed in the Schedule above that are also an Additional Insured under an endorsement attached to this policy, the following is added to the Other Insurance Condition under General Conditions:

If other insurance is available to an insured we cover under any of the endorsements listed or described above (the "Additional Insured") for a loss we cover under this policy, this insurance will apply to such loss on a primary basis and we will not seek contribution from the other insurance available to the Additional Insured.

Authorized Represe	entative

DA-21886b (06/14) Page 1 of 1

### WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS

Named Insured ABM Industries Incorporated			Endorsement Number
			11
Policy Symbol	Policy Number	Policy Period	Effective Date of Endorsement
ISA	H10688966	11/01/2023 TO 11/01/2024	
Issued By (Nam	e of Insurance Company)		·
ACE American Insurance Company			

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

### THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This Endorsement modifies insurance provided under the following:

# BUSINESS AUTO COVERAGE FORM MOTOR CARRIERS COVERAGE FORM AUTO DEALERS COVERAGE FORM

We waive any right of recovery we may have against the person or organization shown in the Schedule below because of payments we make for injury or damage arising out of the use of a covered auto. The waiver applies only to the person or organization shown 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.

Authorized Representative	

DA-13115a (06/14) Page 1 of 1

### **RECOVERY FROM OTHERS**

Named Insured ABM Indust	ries Incorporated		Endorsement Number 2
Policy Symbol WCU	Policy Number C50669324	Policy Period 11/01/2024	Effective Date of Endorsement
ACE American Insurance Company			

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

### THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

### Specific Excess Workers Compensation and Employer's Liability Policy

Solely with respect to a written contract with the organization named in the Schedule below, the final paragraph of **I. Recovery From Others** in **PART SIX - CONDITIONS** is deleted and replaced with the following:

In the event of any payment under this policy for a Loss for which you have waived the right of recovery in a written contract entered into prior to the Loss, we hereby agree to also waive our right of recovery but only with respect to such Loss and only for the organization named in the Schedule below.

### **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.

This endorsement does not apply to policies in Missouri where the employer is in the construction group of classifications.

Authorized Representative

WC 99 04 91 (10/08) Page 1 of 1

# WILLIS TOWERS WATSON CANCELLATION NOTICE

NAMED INSURED	POLICY NO.
ABM Industry Groups, LLC	All policies listed on the enclosed certificate
	EFFECTIVE DATE SEE PAGE 1

### **Holder Name:**

Fulton County Government Purchasing Department 130 Peachtree Street, S.W. Atlanta, GA 30303-3459

### **Project:**

See Page 1

### **Cancellation Terms:**

IN ADDITION TO THE NOTICE PROVISIONS IN THE POLICY, WILLIS TOWERS WATSON HAS AGREED WITH THE CARRIER THAT SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, WILLIS TOWERS WATSON WILL SEND WRITTEN NOTICE TO THE CERTIFICATE HOLDER WITHIN 30 DAYS EXCEPT FOR NONPAYMENT OF PREMIUM. WILLIS TOWERS WATSON WILL MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED.

### **Cancellation Terms Apply to the Following Coverages:**

All policies listed on the enclosed certificate



### **DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE**

## CONTRACT RENEWAL AGREEMENT

**DEPARTMENT:** Real Estate and Asset Management

BID/RFP# NUMBER: 22RFP135756C-GS

**BID/RFP# TITLE:** Janitorial Services for Fulton County Government Center Complex (Group A)

and Justice Center Facilities (Group B)

**ORIGINAL APPROVAL DATE:** 5/3/2023

RENEWAL EFFECTIVE DATES: 1/1/2024 THROUGH 12/31/2024

**RENEWAL OPTION #**: 1 **OF** 2

**NUMBER OF RENEWAL OPTIONS: 2** 

RENEWAL AMOUNT: \$1,366,244.00

**COMPANY'S NAME:** American Facility Services, Inc.

ADDRESS: 1325 Union Hill Industrial Court, Suite A

**CITY:** Alpharetta

**STATE**: GA

**ZIP:** 30004

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

Commissioners on BOC DATE: 11/01/2023 BOC NUMBER: 23-0758

**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: <u>Bid #22RFP135756C-GS</u>

FULTON COUNTY, GEORGIA	AMERICAN FACILITY SERVICES, INC.
DocuSigned by:	DocuSigned by:
Robert L. Pitts	kevin McCann
Robert L. Pitts, Chairman	Kevin McCann
Fulton County Board of Commissioners	President
ATTEST:  —DocuSigned by:	ATTEST:
Tonya R. Grier	
	Constant
Tonya R. Grier	Secretary/
Clerk to the Commission	Assistant Secretary
(Affix County Seal)	(Affix Corporate Seal)
AUTHORIZATION OF RENEWAL:	ATTEST:
DocuSigned by:	DocuSigned by:
Joseph N. Davis	Andrea Corraine Mugent
Joseph N. Davis, Director	Notary Public
Department of Real Estate and Asset	•
Management	Forsyth
_	County:
	9/10/27
	Commission Expires: DocuSigned by:
	million,
	(Affix Notary Seal)
22.0750	44 (4 (2022
ITEM#: RM:	11/1/2023

**REGULAR MEETING** 

# 23-0758 Real Estate and Asset Management

Request approval to renew existing contracts - Department of Real Estate and Asset Management, 22RFP135756C-GS, Janitorial Services for Fulton County's Government Center Complex (Group A) and Justice Center Facilities (Group B) in a total amount not to exceed \$2,251,772.00 with (A) ABM Industry Groups, LLC (Atlanta, GA) in an amount not to exceed \$885,528.00; and (B) American Facility Services, Inc. (Alpharetta, GA) in an amount not to exceed \$1,366,244.00, to provide the highest quality janitorial services for Government Center Complex and Justice Center Facilities for Fulton County. This action exercises first of two renewal options. One renewal option remains. Effective dates: January 1, 2024, through December 31, 2024.

### **Health and Human Services**

# 23-0759 Public Works

Request approval to renew an existing contract - Department of Public Works, 21ITB000019A-CJC, Water Meter Reading in an amount not to exceed \$404,270.88 with Bermex, Inc. (Stow, OH) to provide water meter reading services. This action exercises the second of two renewal options. No renewal options remain. Effective dates: January 1, 2024, through December 31, 2024.

## 23-0760 Public Works

Request approval to renew an existing contract - Department of Public Works, 21ITB000014A-CJC, Sanitary Sewer Easement Maintenance in the amount of \$871,732.29 with Opterra Solutions, Inc., (Conyers, GA) to provide sanitary sewer easement maintenance in both North and South Fulton service areas. This action exercises the second of two renewal options. No renewal options remain. Effective dates: January 1, 2024, through December 31, 2024.

# 23-0761 Public Works

Request approval to renew an existing contract - Department of Public Works, 23ITB137397A-KM, Sewer System Cleaning, and Manhole Camera Inspection Services in an amount not to exceed \$550,000.00 with Woolpert, Inc. (Atlanta, GA) to provide sewer system cleaning and manhole camera inspection services. This action exercises the first of two renewal options. One renewal option remains. Effective dates: January 1, 2024, through December 31, 2024.

### 23-0762 Public Works

Request approval to renew an existing contract - Department of Public Works, 22ITBC074A-JWT, Corporation Stops and Brass Fittings in the amount of \$412,683.51 Delta Municipal Supply Company (Lawrenceville, GA) to provide corporation stops and brass fittings. This action exercises the first of two renewal options. One renewal option remains. Effective dates: January 1, 2024, through December 31, 2024.



# **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 05/19/2023

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.

If	SUE	RTANT: If the certificate holder is BROGATION IS WAIVED, subject ertificate does not confer rights to	to th	ne te	rms and conditions of th	ne polic ich end	y, certain po orsement(s)	olicies may			
	DUCE					CONTAC	T Vera Neville	;			
McGriff Insurance Services, LLC 3400 Overton Park Drive SE					NAME: PHONE (A/C, No, Ext):  FAX (A/C, No):						
	e 300					E-MAIL ADDRESS: vneville@mcgriff.com					
Atla	nta, C	GA 30339				7.22.1.20			RDING COVERAGE		NAIC#
						INSURER A :Amerisure Insurance Company					19488
INSU		n Facility Services, Inc.				INSURER B :Amerisure Mutual Insurance Company				23396	
		on Hill Ind Court				INSURER C:					
Suit		a. GA 30004			INSURER D:						
, "bı	ui ott	a, 5, 10000 i				INSURER E :					
						INSURE	RF:				
CO	۷ER	AGES CER	TIFIC	CATE	NUMBER:WQDN9U2R				REVISION NUMBER:		
IN C	DIC/ ERTI	S TO CERTIFY THAT THE POLICIES ATED. NOTWITHSTANDING ANY RE FICATE MAY BE ISSUED OR MAY F JSIONS AND CONDITIONS OF SUCH	QUIR PERT/	REME AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF ANY ED BY T BEEN RE	CONTRACT HE POLICIES EDUCED BY F	OR OTHER I	DOCUMENT WITH RESPE	CT TO	WHICH THIS
INSR LTR		TYPE OF INSURANCE	ADDL SUBR INSD WVD POLICY NUMBER		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α					CPP21145910301		05/19/2023	05/19/2024	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
									MED EXP (Any one person)	\$	10,000
			Х	Х					PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:								\$	
Α	AUT	OMOBILE LIABILITY			CA21145900302		05/19/2023	05/19/2024	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	Χ	ANY AUTO							BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY	Х	Х					BODILY INJURY (Per accident)	\$	
		HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
										\$	
В	Х	UMBRELLA LIAB X OCCUR			CU21145920302		05/19/2023	05/19/2024	EACH OCCURRENCE	\$	9,000,000
		EXCESS LIAB CLAIMS-MADE	X	Х					AGGREGATE	\$	9,000,000
_		DED X RETENTION \$0			NACO 4 4 4 500000 4				DED TOTAL	\$	
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC21145890301	05/1	05/19/2023	05/19/2024	X PER STATUTE OTH-		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE Y FICER/MEMBER EXCLUDED?	N/A	Х					E.L. EACH ACCIDENT	\$	1,000,000
	(Mai	ndatory in NH) ss, describe under							E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	DES	SCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000
										\$ \$	
										\$ \$	
										\$	
RFF The	22R Certi	TION OF OPERATIONS / LOCATIONS / VEHICL IFP135756C-GS ificate Holder is included as Additional f Subrogation is in favor of the Addition	Insur	ed fo	r General Liability, as require	ed by wri	tten contract.		,		
CE	OTIF	SICATE HOLDER				CANC	ELLATION				
CERTIFICATE HOLDER					CANC	ELLATION					
									ESCRIBED POLICIES BE CA		

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ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

130 Peachtree Street, S.W.

Suite 1168 Atlanta, GA 30303

Dept. of Purchasing and Contract Compliance

AGENCY CUSTOMER ID:	
1.00 #.	



# ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

PRODUCER McGriff Insurance Services, LLC	INSURED American Facility	y Services, Inc.	
POLICY NUMBER			
CARRIER	NAIC CODE		
		ISSUE DATE:	05/19/2023

ADDITIONAL REMARKS						
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,						
FORM NUMBER:	FORM TITLE:					
CRIME Policy Number: 8237 Carrier: Federal In Effective Dates: 05						
Limits of Liability	·:					
Employee Theft Cove	erage: \$250,000					
Client Theft: \$250,	000					
Premises Coverage:	\$250,000					
In Transit Coverage	: \$250,000					
Forgery Coverage: \$	250,000					
Computer Fraud Cove	rage: \$250,000					
Funds Transfer Frau	d Coverage: \$250,000					
Money Order and Cou	nterfeit Currency Fra	ud Coverage: \$250	),000			
Credit Card Fraud C	overage: \$250,000					
Retentions: \$100,00	0					