

## **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: Bid #22RFP135756C-GS

**FULTON COUNTY, GEORGIA**

DocuSigned by:

*Robert L. Pitts*

BA715B1A26544E7...

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

**ABM INDUSTRY GROUP, LLC**

DocuSigned by:

*Matt Pastore*

B4E8EB3071E54CF...

**Matt Pastore  
Vice President**

**ATTEST:**

DocuSigned by:

*Tonya R. Grier*

EEC476C4837648D...

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

DocuSigned by:



**(Affix County Seal)**

**ATTEST:**

**Secretary/  
Assistant Secretary**

**(Affix Corporate Seal)**

**AUTHORIZATION OF RENEWAL:**

DocuSigned by:

*Joseph N. Davis*

E45C5C5E17FB417...

**Joseph N. Davis, Director  
Department of Real Estate and Asset  
Management**

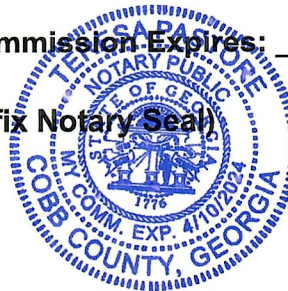
**ATTEST:**

**Notary Public**

County: *Cobb*

Commission Expires: *4-10-24*

**(Affix Notary Seal)**



23-0758 11/1/2023  
ITEM#: \_\_\_\_\_ RM: \_\_\_\_\_  
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.



AGENCY CUSTOMER ID: \_\_\_\_\_  
LOC #: \_\_\_\_\_



### ADDITIONAL REMARKS SCHEDULE

|  |                         |   |  |
|--|-------------------------|---|--|
| AGENCY<br>Willis Towers Watson Southeast, Inc. |                         | NAMED INSURED<br>ABM Industry Groups, LLC<br>an ABM Industries Incorporated Company<br>4151 Ashford Dunwoody Road, Suite 600<br>Atlanta, GA 30319 |  |
| POLICY NUMBER<br>See Page 1                    |                         | EFFECTIVE DATE: See Page 1  |  |
| CARRIER<br>See Page 1                          | NAIC CODE<br>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 NAIC#: 22667  
POLICY NUMBER: WCU C50669324      EFF DATE: 11/01/2023      EXP DATE: 11/01/2024

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  
POLICY NUMBER: J06105798      EFF DATE: 11/01/2023      EXP DATE: 11/01/2024

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

AGENCY CUSTOMER ID: \_\_\_\_\_  
 LOC #: \_\_\_\_\_



**ADDITIONAL REMARKS SCHEDULE**

|  |  |   |  |
|--|--|---|--|
| AGENCY<br>Willis Towers Watson Southeast, Inc. |  | NAMED INSURED<br>ABM Industry Groups, LLC<br>an ABM Industries Incorporated Company<br>4151 Ashford Dunwoody Road, Suite 600<br>Atlanta, GA 30319 |  |
| POLICY NUMBER<br>See Page 1                    |  | NAIC CODE<br>See Page 1   |  |
| CARRIER<br>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 NAIC#: 26883  
 POLICY NUMBER: CPO 16081985 EFF DATE: 05/01/2023 EXP DATE: 05/01/2024

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

INSURER AFFORDING COVERAGE: American Home Assurance Company NAIC#: 19380  
 POLICY NUMBER: 080768613 EFF DATE: 05/01/2023 EXP DATE: 05/01/2024

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

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  
 POLICY NUMBER: ISA H10688966 EFF DATE: 11/01/2023 EXP DATE: 11/01/2024

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

ADDITIONAL REMARKS:  
 Automobile Liability includes Excess Garage Keepers Liability.

**BLANKET ADDITIONAL INSURED**

|   |                            |   |                               |
|---|----------------------------|---|-------------------------------|
| Named Insured ABM Industries Incorporated                               |                            |   | Endorsement Number<br>26      |
| Policy Symbol<br>XSL  | Policy Number<br>G47298301 | Policy Period<br>11/01/2023 TO 11/01/2024 | Effective Date of Endorsement |
| Issued By (Name of Insurance Company)<br>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<br><b>ABM Industries Incorporated</b><br><b>One Liberty Plaza, 7th Floor</b><br><b>New York, NY 10006</b>   | Endorsement Number   |
|   | Policy Number<br>Symbol: <del>WLB</del> Number: <b>C50669439</b> |
| Policy Period<br><del>11-01-2023</del> <b>TO 11-01-2024</b>   | Effective Date of Endorsement<br><b>11-01-2023</b>               |
| Issued By (Name of Insurance Company)<br><b>INDEMNITY INS. CO. OF NORTH AMERICA</b>   |  |
| 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. |  |

**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 INSURED**

|   |                            |   |                               |
|---|----------------------------|---|-------------------------------|
| Named Insured<br>ABM Industries Incorporated                            |                            |   | Endorsement Number<br>8       |
| Policy Symbol<br>XSL  | Policy Number<br>G47298301 | Policy Period<br>11/01/2023 to 11/01/2024 | Effective Date of Endorsement |
| Issued By (Name of Insurance Company)<br>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****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 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.

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Authorized Representative



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

|   |                            |   |                               |
|---|----------------------------|---|-------------------------------|
| Named Insured<br>ABM Industries Incorporated                            |                            |   | Endorsement Number<br>5       |
| Policy Symbol<br>XSL  | Policy Number<br>G47298301 | Policy Period<br>11/01/2023 to 11/01/2024 | Effective Date of Endorsement |
| Issued By (Name of Insurance Company)<br>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

**ADDITIONAL INSURED –  
DESIGNATED PERSONS OR ORGANIZATIONS**

|   |                            |   |                               |
|---|----------------------------|---|-------------------------------|
| Named Insured ABM Industries Incorporated                               |                            |   | Endorsement Number<br>1       |
| Policy Symbol<br>ISA  | Policy Number<br>H10688966 | Policy Period<br>11/01/2023 TO 11/01/2024 | Effective Date of Endorsement |
| Issued By (Name of Insurance Company)<br>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  
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.

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Authorized Representative



**NON-CONTRIBUTORY ENDORSEMENT FOR ADDITIONAL INSURED**

|   |                            |   |                               |
|---|----------------------------|---|-------------------------------|
| Named Insured ABM Industries Incorporated                               |                            |   | Endorsement Number<br>13      |
| Policy Symbol<br>ISA  | Policy Number<br>H10688966 | Policy Period<br>11/01/2023 TO 11/01/2024 | Effective Date of Endorsement |
| Issued By (Name of Insurance Company)<br>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.**

**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.

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Authorized Representative

**WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS**

|   |                            |   |                               |
|---|----------------------------|---|-------------------------------|
| Named Insured ABM Industries Incorporated                               |                            |   | Endorsement Number<br>11      |
| Policy Symbol<br>ISA  | Policy Number<br>H10688966 | Policy Period<br>11/01/2023 TO 11/01/2024 | Effective Date of Endorsement |
| Issued By (Name of Insurance Company)<br>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

**RECOVERY FROM OTHERS**

|   |                            |   |                               |
|---|----------------------------|---|-------------------------------|
| Named Insured<br>ABM Industries Incorporated                            |                            |   | Endorsement Number<br>2       |
| Policy Symbol<br>WCU  | Policy Number<br>C50669324 | Policy Period<br>11/01/2023 to 11/01/2024 | Effective Date of Endorsement |
| Issued By (Name of Insurance Company)<br>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



## WILLIS TOWERS WATSON CANCELLATION NOTICE

|   |   |
|---|---|
| NAMED INSURED<br><br>ABM Industry Groups, LLC | POLICY NO.<br><br>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: **Bid #22RFP135756C-GS**

**FULTON COUNTY, GEORGIA**

**AMERICAN FACILITY SERVICES, INC.**

DocuSigned by:  
*Robert L. Pitts*  
BA715B1A26544E7  
**Robert L. Pitts, Chairman**  
**Fulton County Board of Commissioners**

DocuSigned by:  
*Kevin McCann*  
F75AE4D66E12455...  
**Kevin McCann**  
**President**

**ATTEST:**

**ATTEST:**

DocuSigned by:  
*Tonya R. Grier*  
EEC476C4837648D...  
**Tonya R. Grier**  
**Clerk to the Commission**

DocuSigned by:  


**Secretary/  
Assistant Secretary**

**(Affix County Seal)**

**(Affix Corporate Seal)**

**AUTHORIZATION OF RENEWAL:**

**ATTEST:**

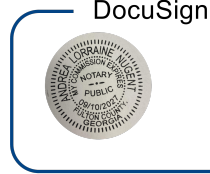
DocuSigned by:  
*Joseph N. Davis*  
E45C5C5E17FB417  
**Joseph N. Davis, Director**  
**Department of Real Estate and Asset Management**

DocuSigned by:  
*Andrea Lorraine Nugent*  
BD8202041727400...  
**Notary Public**

County: Forsyth

Commission Expires: 9/10/27

DocuSigned by:  
**(Affix Notary Seal)**



ITEM#: 23-0758 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.



AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_



## ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

|  |                  |  |  |
|--|------------------|--|--|
| <b>PRODUCER</b><br>McGriff Insurance Services, LLC |                  | <b>INSURED</b><br>American Facility Services, Inc. |  |
| <b>POLICY NUMBER</b>                               |                  | <b>ISSUE DATE:</b> 05/19/2023                      |  |
| <b>CARRIER</b>                                     | <b>NAIC CODE</b> |  |  |

### ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**

**FORM NUMBER:** \_\_\_\_\_ **FORM TITLE:** \_\_\_\_\_

CRIME  
 Policy Number: 8237-5917  
 Carrier: Federal Insurance Company  
 Effective Dates: 05/19/2023 - 05/19/2024

Limits of Liability:

Employee Theft Coverage: \$250,000

Client Theft: \$250,000

Premises Coverage: \$250,000

In Transit Coverage: \$250,000

Forgery Coverage: \$250,000

Computer Fraud Coverage: \$250,000

Funds Transfer Fraud Coverage: \$250,000

Money Order and Counterfeit Currency Fraud Coverage: \$250,000

Credit Card Fraud Coverage: \$250,000

Retentions: \$100,000