

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

### CONTRACT RENEWAL AGREEMENT

**DEPARTMENT:** Real Estate and Asset Management

BID/RFP# NUMBER: 22ITB132332C-GS (A)

BID/RFP# TITLE: Solid Waste Disposal and Recycling Services Countywide

**ORIGINAL APPROVAL DATE:** 4/13/2022

RENEWAL EFFECTIVE DATES: 1/1/2023 THROUGH 12/31/2023

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

**NUMBER OF RENEWAL OPTIONS: 2** 

**RENEWAL AMOUNT: \$660,000.00** 

**COMPANY'S NAME:** Latham Home Sanitation Company, Inc.

**ADDRESS:** 7756 Hampton Place

**CITY:** Loganville

STATE: GA

**ZIP:** 30052

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

Commissioners on BOC date: 10/19/2022 BOC NUMBER: 22-0773

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: #22ITB132332C-GS (A)

| FULTON COUNTY, GEORGIA   | LATHAM HOME SANITATION COMPANY, INC.  Docusigned by:  Kichard F. Jamis |
|--|--|
|  | Richard F. Jarvis  |
| Robert L. Pitts, Chairman Fulton County Board of Commissioners | Richard F. Jarvis<br>Vice President                                    |
| ATTEST:  | ATTEST:  |
| Tonya R. Grier   | Secretary/   |
| Clerk to the Commission  | Assistant Secretary  |
| (Affix County Seal)  | (Affix Corporate Seal)   |
| AUTHORIZATION OF RENEWAL:                                      | ATTEST:  |
| Joseph N. Davis, Director Department of Real Estate and Asset  | Notary Public  |
| Management   | County:  |
|  | Commission Expires:  |
|  | (Affix Notary Seal)  |
|  |  |
| ITEM#: RCS:<br>RECESS MEETING                                  | ITEM#: RM:<br>REGULAR MEETING  |

# 22-0773 Real Estate and Asset Management

Request approval to renew existing contracts - Department of Real Estate and Asset Management, 22ITB132332C-GS, Solid Waste Disposal and Recycling Services Countywide in the total amount not to exceed \$1,344,000.00 with (A) Latham Home Sanitation Company, Inc. (Loganville, GA) in the amount of \$660,000.00; and (B) Georgia Waste Systems, LLC dba Waste Management of Atlanta South, (Like City, GA) in the amount of \$684,000.00, to provide landfill solid waste disposal and single stream recycling services for County facilities. This action exercises the first of two renewal options. One renewal option remains. Effective dates: January 1, 2023, through December 31, 2023.

#### Health and Human Services

### 22-0774 Senior Services

Request approval to renew an existing contract - Department of Senior Services, 21ITB000028ACJC, Indigent Burial Services in the amount of \$418,750.00 with Mutual Meadows (Peachtree Corners, GA), to provide dignified professional burial services as a last resort for any unclaimed County resident or deceased person declared indigent if the death occurred within Fulton County. This is the first of two renewals options. One renewal option remains. Effective January 1, 2023, through December 31, 2023.

## **Justice and Safety**

### 22-0775 Sheriff

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#### **COUNTY MANAGER'S ITEMS**

### Open & Responsible Government

#### 22-0776 County Manager

Presentation of Fulton County Operational Report.

### 22-0777 Purchasing and Contract Compliance

Request approval of a Resolution to extend emergency purchasing authority of the Chairman and County Manager for COVID-19 related purchases; and for other purposes.

### 22-0778 Finance

Presentation, review and approval of October 19, 2022 Budget Soundings



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/21/2021

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).  |                                      |              |   |                |                    |                           |                            |                                      |                   |                    |          |
|---|--------------------------------------|--------------|---|----------------|--------------------|---------------------------|----------------------------|--------------------------------------|-------------------|--------------------|----------|
| PROD  | UCER                                 |              |   |                | CONTACT<br>NAME:   | Marie Bea                 | arden, CIC, CIS            | SR                                   |                   |                    |          |
| Ster  | ing Seacrest Pritchard               |              |   |                | PHONE<br>(A/C, No, | Ext): (404) 60            | 02-5670                    |                                      | FAX<br>(A/C, No): | (404) 6            | 602-5661 |
| 6525  | The Corners Parkway                  |              |   |                | E-MAIL<br>ADDRESS  | mboordor                  | @sspins.com                |                                      |                   |                    |          |
| Suite   | 500                                  |              |   |                |                    | IN                        | SURER(S) AFFOR             | RDING COVERAGE                       |                   |                    | NAIC #   |
| Pea   | chtree Corners                       |              |   | GA 30092       | INSURER            | A: Berkley                | Specialty Insur            | ance Company                         | (Rating           | : A+)              | 31295    |
| INSU  | RED                                  |              |   |                | INSURER            | B: Insuranc               | e Company of               | the West                             | (Ratin            | g: A)              | 27847    |
| Latham Home Sanitation Company, Inc.  |                                      |              |   |                |                    | C :                       |                            |                                      |                   |                    |          |
|   |                                      |              |   |                |                    | INSURER D:                |                            |                                      |                   |                    |          |
|   | PO Box 515                           |              |   |                | INSURER            | E:                        |                            |                                      |                   |                    |          |
| Loganville GA 30052   |                                      |              |   |                | INSURER F:         |                           |                            |                                      |                   |                    |          |
| COVERAGES CERTIFICATE NUMBER: 2021-2022 Master REVISION NUMBER: 10.23.2021  |                                      |              |   |                |                    | .1                        |                            |                                      |                   |                    |          |
| 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<br>LTR   | TYPE OF INSURANCE                    | ADDL<br>INSD |   | POLICY NUMBER  |                    | POLICY EFF<br>MM/DD/YYYY) | POLICY EXP<br>(MM/DD/YYYY) |                                      | LIMIT             | S                  |          |
|   | COMMERCIAL GENERAL LIABILITY         |              |   |                |                    |                           |                            | EACH OCCURRENC                       |                   | \$ 1,00            | 0,000    |
|   | CLAIMS-MADE X OCCUR                  |              |   |                |                    |                           |                            | DAMAGE TO RENTE<br>PREMISES (Ea occu |                   | <sub>\$</sub> 100, | 000      |
|   | BI/PD Ded Per Claim: \$2,500         |              |   |                |                    |                           |                            | MED EXP (Any one p                   | erson)            | \$ 5,00            | 0        |
| Α   |                                      | Υ            | Υ | CGL 0120433-21 |                    | 11/22/2020                | 11/22/2021                 | PERSONAL & ADV II                    | NJURY             | \$ 1,00            | 0,000    |
|   | GEN'I AGGREGATE I IMIT APRI IES DER: |              |   |                |                    |                           |                            | GENERAL AGGREG                       | ATE               | ¢ 2,00             | 0,000    |

| TYPE OF INSURANCE                                      | INSD   | WVD  | POLICY NUMBER   | (MM/DD/YYYY)   | (MM/DD/YYYY)   | LIMITS   |
|--|--|--|---|--|--|--|
| COMMERCIAL GENERAL LIABILITY                           |  |  |   |  |  | EACH OCCURRENCE \$ 1,000,000   |
| CLAIMS-MADE OCCUR                                      |  |  |   |  |  | DAMAGE TO RENTED \$ 100,000  |
| ➤ BI/PD Ded Per Claim: \$2,500                         |  |  |   |  |  | MED EXP (Any one person) \$ 5,000  |
|  | Υ  | Υ  | CGL 0120433-21  | 11/22/2020   | 11/22/2021   | PERSONAL & ADV INJURY \$ 1,000,000   |
| GEN'L AGGREGATE LIMIT APPLIES PER:                     |  |  |   |  |  | GENERAL AGGREGATE \$ 2,000,000   |
| POLICY PRO-<br>JECT LOC                                |  |  |   |  |  | PRODUCTS - COMP/OP AGG \$ Included   |
| OTHER:   |  |  |   |  |  | Policy Max. Aggregate \$ 5,000,000   |
| AUTOMOBILE LIABILITY                                   |  |  |   |  |  | COMBINED SINGLE LIMIT (Ea accident) \$   |
| ANY AUTO   |  |  |   |  |  | BODILY INJURY (Per person) \$  |
| OWNED SCHEDULED AUTOS ONLY AUTOS                       |  |  |   |  |  | BODILY INJURY (Per accident) \$  |
| HIRED NON-OWNED AUTOS ONLY                             |  |  |   |  |  | PROPERTY DAMAGE (Per accident) \$  |
|  |  |  |   |  |  | \$   |
| UMBRELLA LIAB OCCUR                                    |  |  |   |  |  | EACH OCCURRENCE \$   |
| EXCESS LIAB CLAIMS-MADE                                |  |  |   |  |  | AGGREGATE \$   |
| DED RETENTION \$                                       |  |  |   |  |  | \$   |
| WORKERS COMPENSATION                                   |  |  |   |  |  | ➤ PER STATUTE OTH-ER   |
| ANY PROPRIETOR/PARTNER/EXECUTIVE                       | N/A  | Υ  | WGA 5051517 02  | 10/23/2021   | 10/23/2022   | E.L. EACH ACCIDENT \$ 1,000,000  |
| (Mandatory in NH)                                      | , A  | •  |   | . 5, 25, 2021  | . 5, 25, 2022  | E.L. DISEASE - EA EMPLOYEE \$ 1,000,000  |
| If yes, describe under DESCRIPTION OF OPERATIONS below |  |  |   |  |  | E.L. DISEASE - POLICY LIMIT \$ 1,000,000   |
|  |  |  |   |  |  |  |
|  |  |  |   |  |  |  |
|  |  |  |   |  |  |  |
|  | COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE OCCUR  BI/PD Ded Per Claim: \$2,500  GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- OTHER:  AUTOMOBILE LIABILITY  ANY AUTO  OWNED AUTOS ONLY HIRED AUTOS ONLY HIRED AUTOS ONLY  UMBRELLA LIAB CLAIMS-MADE  DED RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTINER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under | COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE COCCUR  BI/PD Ded Per Claim: \$2,500  GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROJECT LOC OTHER:  AUTOMOBILE LIABILITY  ANY AUTO  OWNED AUTOS ONLY HIRED AUTOS ONLY HIRED AUTOS ONLY HIRED AUTOS ONLY CLAIMS-MADE  DED RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTINER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under | CLAIMS-MADE CCUR  BI/PD Ded Per Claim: \$2,500  GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROJECT LOC OTHER:  AUTOMOBILE LIABILITY  ANY AUTO  OWNED AUTOS ONLY HIRED AUTOS ONLY HIRED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY  UMBRELLA LIAB CLAIMS-MADE  DED RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ((Mandatory in NH)) If yes, describe under | COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE OCCUR  BI/PD Ded Per Claim: \$2,500  GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- OTHER:  AUTOMOBILE LIABILITY  ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY HIRED AUTOS ONLY  UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE  DED RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under | COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE OCCUR BI/PD Ded Per Claim: \$2,500  GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCT OTHER:  AUTOMOBILE LIABILITY  ANY AUTO OWNED AUTOS ONLY HIRED NON-OWNED AUTOS ONLY HIRED NON-OWNED AUTOS ONLY  UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE  DED RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under | COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE COCUR  BI/PD Ded Per Claim: \$2,500  Y Y CGL 0120433-21  11/22/2020  11/22/2021  GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-JECT LOC OTHER:  AUTOMOBILE LIABILITY  ANY AUTO  OWNED AUTOS ONLY HIRED AUTOS ONLY HIRED AUTOS ONLY AUTO |

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

Fulton County Department of Purchasing is included as Additional Insured as respects the General Liability policy referenced herein as required by written contract. A Waiver of Subrogation as respects the General Liability and Workers Compensation policies referenced herein is granted in favor of Fulton County Department of Purchasing as required by written contract but limited to the operations of the Insured under said contract, and always subject to the policy terms, conditions and exclusions.

| CERTIFICAT | E HOLDER   |          | CANCELLATION   |
|------------|--|----------|--|
|            | Fulton County Department of Purchasing 130 Peachtree Street SW |          | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
|            | Suite 1168   |          | AUTHORIZED REPRESENTATIVE  |
|            | Atlanta  | GA 30303 | JOSE -   |

|                       | Additional Named Insureds                         |
|-----------------------|---|
| Other Named Insureds  |   |
| Felton Properties LLC | Additional Named Insured (General Liability Only) |
| Felton Services LLC   | Additional Named Insured                          |
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| OFAPPINF (02/2007)    | COPYRIGHT 2007, AMS SERVICES INC                  |



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

### CONTRACT RENEWAL AGREEMENT

**DEPARTMENT:** Real Estate and Asset Management

**BID/RFP# NUMBER:** 22!TB132332C-GS (A)

BID/RFP# TITLE: Solid Waste Disposal and Recycling Services Countywide

**ORIGINAL APPROVAL DATE:** 4/13/2022

RENEWAL EFFECTIVE DATES: 1/1/2023 THROUGH 12/31/2023

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

**NUMBER OF RENEWAL OPTIONS: 2** 

**RENEWAL AMOUNT: \$660,000.00** 

COMPANY'S NAME: Latham Home Sanitation Company, Inc.

ADDRESS: 7756 Hampton Place

**CITY:** Loganville

STATE: GA

**ZIP:** 30052

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

Commissioners on BOC DATE: 10/19/2022 BOC NUMBER: 22-0773

**SIGNATURES: SEE NEXT PAGE** 

## SIGNATURES:

Vendor agrees to accept the renewal option and abide by the terms and conditions set forth in the contract and specifications as referenced herein:

| FULTON COUNTY, GEORGIA               | LATHAM HOME SANITATION COMPANY, INC.    |
|--------------------------------------|---|
| DocuSigned by:                       |   |
| Robert L. Pitts                      | - Remin                                 |
| Robert L. Pitts, Chairman            | Richard F. Jarvis                       |
| Fulton County Board of Commissioners | Vice President                          |
| ATTEST:                              | ATTEST:                                 |
| DocuSigned by:                       |   |
| Tonya K. Grier<br>                   | Kristin Keeling                         |
|                                      | uSigned by Secretary/                   |
| Clerk to the Commission              | Assistant Secretary                     |
| (Affix County Seal)                  | (Affix Corporate Seal)                  |
| AUTHORIZATION OF RENEWAL:            | ATTEST:                                 |
| DocuSigned by:                       |   |
| Joseph N. Davis                      | Dean Globe                              |
| Joseph N. Davis, Director            | Notary Public                           |
| Department of Real Estate and Asset  |   |
| Management                           | 11.0011                                 |
|                                      | County: Walton                          |
|                                      | Commission Expires: 28 Jan 2024         |
|                                      | Commission Expires: 28541               |
|                                      | Affix Notary Seal                       |
|                                      | NOTAS,                                  |
|                                      | ☐ A                                     |
|                                      | OBLIO DE                                |
|                                      | 28. 28. 28. 28. 28. 28. 28. 28. 28. 28. |
|                                      | WIND NTY WIND                           |
|                                      | 2022-0773 10/19/2022 Recess Meeting     |
| ITEM#: RCS:                          | ITEM#: RM:                              |
| RECESS MEETING                       | REGULAR MEETING                         |



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

## CONTRACT RENEWAL AGREEMENT

**DEPARTMENT:** Real Estate and Asset Management

BID/RFP# NUMBER: 22ITB132332C-GS (B)

BID/RFP# TITLE: Solid Waste Disposal and Recycling Services Countywide

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RENEWAL EFFECTIVE DATES: 1/1/2023 THROUGH 12/31/2023

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

**NUMBER OF RENEWAL OPTIONS: 2** 

**RENEWAL AMOUNT: \$684,000.00** 

COMPANY'S NAME: Georgia Waste Systems, LLC dba Waste Management of Atlanta South

ADDRESS: 1571 Burke Drive

**CITY:** Lake City

**STATE**: GA

**ZIP:** 30260

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

Commissioners on BOC DATE: 10/19/2022 BOC NUMBER: 22-0773

SIGNATURES: SEE NEXT PAGE

# **SIGNATURES:**

**RECESS MEETING** 

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   | GEORGIA WASTE SYSTEMS, LLC<br>DBA WASTE MANAGEMENT OF<br>ATLANTA SOUTH |
|--|--|
| Robert L. Pitts  | DocuSigned by:  Michael Standard                                       |
| Robert L. Pitts, Chairman Fulton County Board of Commissioners | Michael J. Holbrook Director of Public Sector Services                 |
| ATTEST:  Docusigned by:  Tonya R. Grice                        | ATTEST:  |
| Tonya R. Grier Clerk to the Commission                         | Secretary/<br>Assistant Secretary                                      |
| (Affix County Seal)  | (Affix Corporate Seal)   |
| AUTHORIZATION OF RENEWAL:                                      | ATTEST:  |
| Joseph N. Davis  | Janne Foster   |
| Joseph N. Davis, Director Department of Real Estate and Asset  | Notary Public  |
| Management   | Fulton County:   |
|  | Commission Expires: DocuSigned by:                                     |
|  | (Affix Notary Seal)  |
| ITEM#· RCS· ITEM#  | 2022-0773 10/19/2022 Recess Meeting                                    |

**REGULAR MEETING** 

# 22-0773 Real Estate and Asset Management

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Presentation, review and approval of October 19, 2022 Budget Soundings



# CERTIFICATE OF LIABILITY INSURANCE

1/1/2023

DATE (MM/DD/YYYY) 12/9/2021

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| PRODUCER | LOCKTON COMPANIES   | CONTACT<br>NAME:                                   |        |
|----------|---|--|--------|
|          | 3037 BINAIN AIN BINIVE, GOTTE 700   | PHONE   FAX (A/C, No, Ext): (A/C, No):             |        |
|          | HOUSTON TX 77042<br>866-260-3538  | E-MAIL<br>ADDRESS:                                 |        |
|          |   | INSURER(S) AFFORDING COVERAGE                      | NAIC # |
|          |   | INSURER A: ACE American Insurance Company          | 22667  |
| INSURED  | WASTE MANAGEMENT HOLDINGS, INC. & ALL AFFILIATED,   | INSURER B: Indemnity Insurance Co of North America | 43575  |
| 1300299  | 299 RELATED & SUBSIDIARY COMPANIES INCLUDING:<br>WASTE MANAGEMENT - ATLANTA HAULING<br>3001 SOUTH PIONEER DRIVE | INSURER C: ACE Fire Underwriters Insurance Company | 20702  |
|          |   | INSURER D: ACE Property & Casualty Insurance Co    | 20699  |
|          | SMYRNA GA 30082   | INSURER E:   |        |
|          |   | INCLIDED F.  |        |

COVERAGES

CERTIFICATE NUMBER: 17637592

REVISION NUMBER: XXXXXXX

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<br>LTR | TYPE OF INSURANCE  | ADDL<br>INSD | SUBR<br>WVD | POLICY NUMBER  | POLICY EFF<br>(MM/DD/YYYY)         | POLICY EXP<br>(MM/DD/YYYY) | LIMITS   |
|-------------|--|--------------|-------------|--|------------------------------------|----------------------------|--|
| A           | X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR                      | Y            | Y           | HDO G72492365  | 1/1/2022                           |                            | EACH OCCURRENCE \$ 5,000,000  DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 5,000,000   |
|             | X XCU INCLUDED X ISO FORM CG00010413                                     |              |             |  |                                    |                            | MED EXP (Any one person)         \$ XXXXXXX           PERSONAL & ADV INJURY         \$ 5,000,000   |
|             | POLICY X PRO- X LOC  |              |             |  |                                    |                            | GENERAL AGGREGATE \$ 6,000,000  PRODUCTS - COMP/OP AGG \$ 6,000,000  |
| A           | OTHER:  AUTOMOBILE LIABILITY  X ANY AUTO                                 | Y            | Y           | MMT H25550328  | 1/1/2022                           | 1/1/2023                   | \$   \$   \$   \$   \$   \$   \$   \$   \$   \$  |
|             | X OWNED AUTOS ONLY X HIRED AUTOS ONLY AUTOS ONLY X AUTOS ONLY            |              |             |  |                                    |                            | BODILY INJURY (Per accident) \$ XXXXXXX  PROPERTY DAMAGE (Per accident) \$ XXXXXXX   |
| D           | X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE                          | Y            | Y           | XEUG27929242 007   | 1/1/2022                           | 1/1/2023                   | \$ XXXXXXX<br>EACH OCCURRENCE \$ 15,000,000<br>AGGREGATE \$ 15,000,000   |
| B<br>A<br>C | DED   RETENTION \$   WORKERS COMPENSATION AND EMPLOYERS' LIABILITY   Y/N | N/A          | Y           | WLR C68918595 (AOS)<br>WLR C68918558 (AZ,CA & MA<br>SCF C68918637 (WI) | 1/1/2022<br>) 1/1/2022<br>1/1/2022 |                            | \$ XXXXXX  X PER STATUTE   OTH-<br>ELL EACH ACCIDENT   \$ 3,000,000  E.L. DISEASE - EA EMPLOYEE   \$ 3,000,000  E.L. DISEASE - POLICY LIMIT   \$ 3,000,000 |
| A           | EXCESS AUTO<br>LIABILITY   | Y            | Y           | XSA H25550286  | 1/1/2022                           | 1/1/2023                   | COMBINED SINGLE LIMIT \$9,000,000 (EACH ACCIDENT)  |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
BLANKET WAIVER OF SUBROGATION IS GRANTED IN FAVOR OF CERTIFICATE HOLDER ON ALL POLICIES WHERE AND TO THE EXTENT REQUIRED BY WRITTEN CONTRACT WHERE PERMISSIBLE BY LAW. CERTIFICATE HOLDER IS NAMED AS AN ADDITIONAL INSURED ON ALL POLICIES (EXCEPT FOR WORKERS' COMP/EL) WHERE AND TO THE EXTENT REQUIRED BY WRITTEN CONTRACT. RE: PROJECT 21ITB130088C - GS COUNTYWIDE SOLID WASTE DISPOSAL AND RECYCLING SERVICES.

| 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. |
| 17637592   | AUTHORIZED REPRESENTATIVE  |
| FULTON COUNTY GOVERNMENT<br>DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE |  |
| 130 PEACHTREE STREET, S.W., SUITE 1168                                     |  |
| ATLANTA GA 30303-3459  | D-7Kelly   |

ACORD 25 (2016/03)

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