



DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE

CONTRACT RENEWAL AGREEMENT

DEPARTMENT: Public Works

BID/RFP NUMBER: 23ITB458876A-KM

BID/RFP TITLE: Small Water Meter Installation

ORIGINAL APPROVAL DATE: February 21, 2024

RENEWAL EFFECTIVE DATES: January 1, 2026, through December 31, 2026

RENEWAL OPTION #: 2 OF 2

NUMBER OF RENEWAL OPTIONS: No renewal remains

RENEWAL AMOUNT: \$300,000.00

COMPANY'S NAME: Jewel of the South, Inc.

ADDRESS: 1540 Hwy 138 SE, Ste. 4B

CITY: Conyers

STATE: GA

ZIP: 30013

**This Renewal Agreement No. x was approved by the Fulton County Board of
Commissioners on BOC DATE: 10/15/2025 BOC NUMBER: 25-0775**

CERTIFICATE OF INSURANCE: The Contractor/Vendor is required to maintain insurance during the entire term of this Agreement, including any contract renewals. Upon request, the Contractor/Vendor must furnish the County a Certificate of Insurance showing the required coverage as specified in the Contract Agreement and any renewals. A current COI must be provided before the commencement of work on this project under this Contract Renewal. The cancellation of any policy of insurance required by this Agreement shall meet the requirements of notice under the laws of the State of Georgia as presently set forth in the Georgia Code.

SIGNATURES: SEE NEXT PAGE

SIGNATURES:

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

FULTON COUNTY, GEORGIA

JEWEL OF THE SOUTH, INC.

Robert L. Pitts

Robert L. Pitts, Chairman
Fulton County Board of Commissioners

Valisa Shannon

Valisa Shannon
CEO

ATTEST:

Tonya R. Grier

Tonya R. Grier
Clerk to the Commission

(Affix County Seal)

AUTHORIZATION OF RENEWAL:

David Clark

David, Clark, Director
Public Works

ITEM#: 25-0775 RM: 10/15/2025

REGULAR MEETING

ITEM#: _____ 2nd RM: _____

SECOND REGULAR MEETING

CERTIFICATE OF INSURANCE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/10/2025

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 be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER		CONTACT	
Viking Insurance Services 7824 Hickory Flat Hwy Suite 160		NAME: Jenmarie Mondejar PHONE (A/C, No, Ext): 888-208-7227 FAX (A/C, No): 888-778-8117 E-MAIL ADDRESS: shane@visvcs.com	
Woodstock GA 30188		INSURER(S) AFFORDING COVERAGE	
INSURED		INSURER A: Evanston Insurance Co, Insurance Company	
Jewel Of The South 1540 Highway 138 Se Ste 4B		INSURER B: Great American Insurance Group	
Conyers GA 30013		INSURER C: Mt. Hawley Ins. Co.	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** **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 INSD	SUBR INSD	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY				3AA860992	1/24/2025	1/24/2026	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE <input type="checkbox"/> OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000
				MED EXP (Any one person)				\$ 5,000	
				PERSONAL & ADV INJURY				\$ 1,000,000	
		GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
		POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:				\$				
A	AUTOMOBILE LIABILITY				EZXS3187279	1/24/2025	1/24/2026	COMBINED SINGLE LIMIT (Ea accident)	\$
	ANY AUTO <input type="checkbox"/>	ALL OWNED AUTOS <input type="checkbox"/>	SCHEDULED AUTOS <input type="checkbox"/>	NON-OWNED AUTOS <input type="checkbox"/>				BODILY INJURY (Per person)	\$
				BODILY INJURY (Per accident)				\$	
		HIRED AUTOS <input type="checkbox"/>		PROPERTY DAMAGE (Per accident)				\$	
								\$	
		UMBRELLA LIAB <input type="checkbox"/> OCCUR		EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					EACH OCCURRENCE
A	DED <input type="checkbox"/> RETENTION \$				AGGREGATE	\$ 2,000,000			
						\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<input type="checkbox"/> Y / N		N / A	PER STATUTE	OTHE- R			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		E.L. EACH ACCIDENT		\$				
		E.L. DISEASE - EA EMPLOYEE	\$						
		E.L. DISEASE - POLICY LIMIT	\$						
B	Commercial Inland Marine - Rental Equipment	Y		IMP E925033 02	12/30/2024	12/30/2025	Limit: \$\$150,000		
C	Commercial Property			GPD0015223	6/19/2025	6/19/2026			

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

Request for Bid/Proposal #23ITB08142023A-JWT Large Meter Installation Services

CERTIFICATE HOLDER

CANCELLATION

Fulton County Government Purchasing and Contract Compliance Department 130 Peachtree St SW Suite 1168 Atlanta GA 30303	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p> <p><i>Shane McGinley</i></p>
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ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/07/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS 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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER McGriff, a MMA LLC Company 736 Market St., 10th Floor Chattanooga, TN 37402 423 756-0711	CONTACT NAME: Lisa Rader CISR	
	PHONE \A/C, No, Ext) 423-648-7285	FAX \A/C, No):
INSURED Jewel of the South Inc. 1540 Highway 138 SE Suite 45 Conyers, GA 30013-1297	E-MAIL ADDRESS: Lisa.Rader@mcgriff.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Bridgefield Casualty Insurance Company	10335
	INSURER B :	
	INSURER C :	
	INSURER D :	
INSURER E :		
INSURER F :		

COVERAGES		CERTIFICATE NUMBER:		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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF \MM/DD/YYYY	POLICY EXP \MM/DD/YYYY	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$
	CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>						DAMAGE TO RENTED PREMISES \Ea occurrence)	\$
							MED EXP \Any one person)	\$
							PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$
							PRODUCTS - COMP/OP AGG	\$
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT \Ea accident)	\$	
	ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/>					BODILY INJURY \Per person)	\$	
						BODILY INJURY \Per accident)	\$	
						PROPERTY DAMAGE \Per accident)	\$	
							\$	
							\$	
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE	\$	
	OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/>					AGGREGATE	\$	
							\$	
							\$	
							\$	
							\$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N <input type="checkbox"/> Y (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A	19655884	08/24/2025	08/24/2026	X PER STATUTE	OTH-ER	
	E.L. EACH ACCIDENT					\$1,000,000		
	E.L. DISEASE - EA EMPLOYEE					\$1,000,000		
	E.L. DISEASE - POLICY LIMIT					\$1,000,000		

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

Request for Bid/Proposal # 23ITB08142023A-JWT Large Water Meter Installation Services.

CERTIFICATE HOLDER

CANCELLATION

Fulton County Government Purchasing and Contract Compliance Department 130 Peachtree Street, SW Suite 1168 Atlanta, GA 30303-3459	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE <i>M. Scott Ferguson</i>

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/10/2025

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PRODUCER	CONTACT NAME:	MM
	PHONE (A/C, No. Ext):	404-820-5983
INSURED	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Progressive Mountain Insurance Co.	35190
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES		CERTIFICATE NUMBER:		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	ADD'L SUB INSD	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY) POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR	N	N	954034018	12/3/2024 12/3/2025	EACH OCCURRENCE
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					DAMAGE TO RENTED PREMISES (Ex occurrence)
	OTHER:					MED EXP (Any one person)
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					PERSONAL & ADV INJURY
A	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE	N	N		EACH OCCURRENCE	
	DED <input type="checkbox"/> RETENTION \$				AGGREGATE	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below				PER STATUTE	
A	Uninsured Motorist ADDED ON Uninsured Motorist Property Dmg	Y Y	954034018	12/3/2024 12/3/2025	OTH-ER	
	E.L. EACH ACCIDENT				25,000	
	E.L. DISEASE - EA EMPLOYEE				50,000	
	E.L. DISEASE - POLICY LIMIT	250 DED				

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

VEHICLES LISTED ON ATTACHED ACORD 101

Bid/Proposal #: 23ITB08142023A-JWT LARGE METER INSTALLATION SERVICES. Certificate holder is listed as an Additional Insured & Waivers of Subrogation.

CERTIFICATE HOLDER	CANCELLATION
ADDITIONAL INSURED Fulton County Gov.t Purchasing & Contract Compliance Dept. 130 Peachtree Street SW Suite 1168 Atlanta, GA 30303	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE

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AGENCY CUSTOMER ID: _____
 LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

AGENCY NORTHWOODS FINANCIAL 404-820-5983	NAMED INSURED JEWEL OF THE SOUTH INC 143 Hillsborough Road Eatonton, GA 31024
POLICY NUMBER 954034018	
CARRIER Progressive Mountain Insurance Co.	NAIC CODE 35190

EFFECTIVE DATE: 12/03/2024

ADDITIONAL REMARKS

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

Additional Coverages

Insurance coverage(s)	Limits
.....

Description of Location/Vehicles/Special Items

Schedule autos only	*	Stated Amount
.....	*
.....	*
.....	*

*Liability coverage does not apply to this scheduled vehicle.

Additional Information

2019 FORD TRANSIT	1FTYR1YM7KKB01727	Comprehensive 1000 DED / Collision 2500 DED MEDICAL PAYMENTS 1000/pp RENTAL 30DAY/900MAX
2019 FORD TRANSIT	1FTYR1ZM4KKB36644	Comprehensive 1000 DED / Collision 2500 DED MEDICAL PAYMENTS 1000/pp RENTAL 30DAY/900MAX
2024 GMC SIERRA	1GD48PEY2RF147864	Comprehensive 1000 DED / Collision 2500 DED MEDICAL PAYMENTS 1000/pp RENTAL 30DAY/900MAX
2024 GMC SIERRA	1GD49SEY4RF186794	Comprehensive 1000 DED / Collision 2500 DED MEDICAL PAYMENTS 1000/pp
2017 MACK 700	1M2AX04C4HM034446	Comprehensive 1000 DED / Collision 2500 DED MEDICAL PAYMENTS 1000/pp
2024 GMC SIERRA	1GD49SEY8RF230974	Comprehensive 1000 DED / Collision 2500 DED MEDICAL PAYMENTS 1000/pp
2018 KW CONSTR	1XKDD49X9JJ174971	Comprehensive 1000 DED / Collision 2500 DED MEDICAL PAYMENTS 1000/pp
2024 GMC SIERRA	1GD49SEY9RF296403	Comprehensive 1000 DED / Collision 2500 DED MEDICAL PAYMENTS 1000/pp
2024 BIG TEX	16V1C2322R3343705	Comprehensive 1000 DED / Collision 2500 DED
1995 CHALLENGER	4URA11E39TS061037	Comprehensive 1000 DED / Collision 2500 DED
2024 GMC SIERRA	1GD49SEY7RF236794	Comprehensive 1000 DED / Collision 2500 DED MEDICAL PAYMENTS 1000/pp
2024 GMC SIERRA	1GD49SEY7RF231226	Comprehensive 1000 DED / Collision 2500 DED
2025 GATOR MADE	4Z1BP212SS003482	Comprehensive 1000 DED / Collision 2500 DED

Certificate Of Completion

Envelope Id: 82C47F27-BE51-403E-A3B9-17D49FA76D74

Status: Completed

Subject: 23ITB458876A-KM, Jewel of the South, Renewal

Parcel ID:

Employee Name:

Source Envelope:

Document Pages: 8

Signatures: 4

Envelope Originator:

Certificate Pages: 6

Initials: 0

Keisha Massey

AutoNav: Enabled

141 Pryor Street

Enveloped Stamping: Enabled

Purchasing & Contract Compliance, Suite 1168

Time Zone: (UTC-05:00) Eastern Time (US & Canada)

Atlanta, GA 30303

keisha.massey@fultoncountyga.gov

IP Address: 134.231.232.249

Record Tracking

Status: Original

11/26/2025 11:55:50 AM

Holder: Keisha Massey

Location: DocuSign

Security Appliance Status: Connected

Pool: StateLocal

Storage Appliance Status: Connected

Pool: Fulton County Government

Location: Docusign

Signer Events

Signature

Timestamp

Valisa Shannon



Sent: 11/26/2025 12:01:23 PM

valisa@jewelofthesouth.us

CEO

Security Level: Email, Account Authentication
(None)

Signature Adoption: Drawn on Device

Viewed: 11/26/2025 12:05:20 PM

Using IP Address:

Signed: 11/26/2025 12:06:20 PM

2603:3001:3102:1f00:609b:cbab:f27a:70c

Electronic Record and Signature Disclosure:

Accepted: 11/26/2025 12:05:20 PM

ID: 5c4115ee-b5c4-4896-8356-d00005e246a8

David Clark



Sent: 11/26/2025 12:06:21 PM

david.clark@fultoncountyga.gov

Director

Public Works

Security Level: Email, Account Authentication
(None)

Signature Adoption: Pre-selected Style

Viewed: 11/26/2025 12:13:53 PM

Using IP Address: 74.174.59.10

Signed: 11/26/2025 12:14:33 PM

Electronic Record and Signature Disclosure:

Accepted: 11/13/2017 1:07:14 PM

ID: 62e0a41e-60ea-4640-a1cb-69bfc2cfa732

Completed

Sent: 11/26/2025 12:14:34 PM

Nikki Peterson

nikki.peterson@fultoncountyga.gov

Chief Deputy Clerk to the Board of Commissioners

Fulton County Government

Security Level: Email, Account Authentication
(None)

Using IP Address: 74.174.59.10

Resent: 11/26/2025 4:31:54 PM

Resent: 11/27/2025 1:44:02 AM

Viewed: 12/1/2025 10:36:36 AM

Signed: 12/1/2025 10:37:03 AM

Electronic Record and Signature Disclosure:

Accepted: 11/27/2017 1:39:37 PM

ID: b7ce88ee-0c66-4f3a-bfee-705e0af602d8

Signer Events	Signature	Timestamp
Robert L. Pitts harriet.thomas@fultoncountyga.gov Chairman Fulton County Security Level: Email, Account Authentication (None)		Sent: 12/1/2025 10:37:05 AM Viewed: 12/1/2025 11:57:51 AM Signed: 12/1/2025 11:58:04 AM
Electronic Record and Signature Disclosure:		
Accepted: 12/1/2025 11:57:51 AM ID: 25d4036a-ee43-4206-bfb7-c1696f6e297a		
Tonya Grier tonya.grier@fultoncountyga.gov Clerk to the Commission Fulton County Government Security Level: Email, Account Authentication (None)		Sent: 12/1/2025 11:58:06 AM Viewed: 12/1/2025 1:28:51 PM Signed: 12/1/2025 1:29:00 PM
Electronic Record and Signature Disclosure:		
Accepted: 10/27/2025 11:21:47 AM ID: 4889b84d-8ea3-4ba9-bf87-bf4c309e21ab		
In Person Signer Events	Signature	Timestamp
Editor Delivery Events	Status	Timestamp
Agent Delivery Events	Status	Timestamp
Intermediary Delivery Events	Status	Timestamp
Certified Delivery Events	Status	Timestamp
Carbon Copy Events	Status	Timestamp
Keisha Massey keisha.massey@fultoncountyga.gov Procurement Officer Cintas Corporation Security Level: Email, Account Authentication (None)		Sent: 12/1/2025 1:29:01 PM Resent: 12/1/2025 1:29:09 PM
Electronic Record and Signature Disclosure:		
Not Offered via DocuSign		
Brian Jones brian.jones@fultoncountyga.gov President-Elect Fulton County Government Security Level: Email, Account Authentication (None)		Sent: 12/1/2025 1:29:02 PM Viewed: 12/1/2025 4:10:06 PM
Electronic Record and Signature Disclosure:		
Not Offered via DocuSign		
Dian DeVaughn Dian.DeVaughn@fultoncountyga.gov Security Level: Email, Account Authentication (None)		Sent: 12/1/2025 1:29:03 PM Viewed: 12/1/2025 4:14:50 PM
Electronic Record and Signature Disclosure:		
Not Offered via DocuSign		

Carbon Copy Events	Status	Timestamp
Andrenette Whitlow Andrenette.Whitlow@fultoncountyga.gov Security Level: Email, Account Authentication (None)	COPIED	Sent: 12/1/2025 1:29:04 PM
Electronic Record and Signature Disclosure: Not Offered via DocuSign		
Shandha Read shandha.read@fultoncountyga.gov Security Level: Email, Account Authentication (None)	COPIED	Sent: 12/1/2025 1:29:05 PM
Electronic Record and Signature Disclosure: Not Offered via DocuSign		
Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	11/26/2025 12:01:23 PM
Envelope Updated	Security Checked	11/26/2025 4:35:04 PM
Certified Delivered	Security Checked	12/1/2025 1:28:51 PM
Signing Complete	Security Checked	12/1/2025 1:29:00 PM
Completed	Security Checked	12/1/2025 1:29:05 PM
Payment Events	Status	Timestamps
Electronic Record and Signature Disclosure		

CONSUMER DISCLOSURE

From time to time, Carahsoft OBO Fulton County, Georgia (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through the DocuSign, Inc. (DocuSign) electronic signing system. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to these terms and conditions, please confirm your agreement by clicking the 'I agree' button at the bottom of this document.

Getting paper copies

At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. You will have the ability to download and print documents we send to you through the DocuSign system during and immediately after signing session and, if you elect to create a DocuSign signer account, you may access them for a limited period of time (usually 30 days) after such documents are first sent to you. You may request delivery of such paper copies from us by following the procedure described below.

Withdrawing your consent

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

Consequences of changing your mind

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. To indicate to us that you are changing your mind, you must withdraw your consent using the DocuSign 'Withdraw Consent' form on the signing page of a DocuSign envelope instead of signing it. This will indicate to us that you have withdrawn your consent to receive required notices and disclosures electronically from us and you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

All notices and disclosures will be sent to you electronically

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

How to contact Carahsoft OBO Fulton County, Georgia:

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: glenn.king@fultoncountyga.gov

To advise Carahsoft OBO Fulton County, Georgia of your new e-mail address

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PDF Reader:	Acrobat® or similar software may be required to view and print PDF files
Screen Resolution:	800 x 600 minimum
Enabled Security Settings:	Allow per session cookies

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