FULTON COUNTY

CONTRACT DOCUMENTS FOR

SWC 99999-SPD-0000136-0008

TEMPORARY STAFFING SERVICES

For

DEPARTMENT OF ARTS AND CULTURE

Contract Agreement

This Agreement for professional temporary staffing to provide the department with approximately 35 part-time staff members to provide services to the County's one Art Center, Community Partnerships and Downtown Main Office for the Arts & Culture department is made and entered into by and between Fulton County, Georgia, a political subdivision of the State of Georgia, hereinafter referred to as "County" or "Owner" and **Corporate Temps** of Norcross, GA, hereinafter referred to as "Consultant" or "Contractor".

Contract Documents

County and Consultant/Contractor agrees that the Agreement consists of the following contract documents:

I. Form of this Contract Agreement
II. Temporary Staffing Services, 99999-SPD-0000136-0008
III. Scope of Services
IV. Compensation
V. Exhibits (if applicable)

This Agreement was approved by the Fulton County Board of Commissioners on 12/3/2025, BOC Item # 25-0932.

Contract Term

The term of the agreement will be effective July 1, 2026 through December 31, 2026.

Modifications

If during the course of performing the Project, County and Consultant/Contractor agree that it is necessary to make changes in the Project as described herein and referenced exhibits, such changes will be incorporated by written amendments in the form of Change Orders to this Agreement. Any such Change Order and/or supplemental agreement shall not become effective or binding unless approved by the Board of Commissioners and entered on the minutes. Such modifications shall conform to the requirements of Fulton County Purchasing Code §102-420 which is incorporated by reference herein.

Indemnification

Consultant/Contractor shall, to the fullest extent permit by law, indemnify the County and protect, defend, indemnity and hold harmless the County, its officers, officials, employees and volunteers from and against all claims, actions, liabilities, losses (including economic losses), or costs arising out of any actual or alleged:

a) Bodily injury, sickness, disease, or death; or injury to or destruction of tangible property including the loss of use resulting therefrom; or any other damage or loss or claims arising out of or resulting in whole or part from any actual or

alleged act or omission of the Consultant/Contractor, sub-consultants/subcontractors, anyone directly or indirectly employed by any firm or sub-consultant/subcontractors; or anyone for whose acts any of them may be liable in the performance of the Contract Services;

b) Violation of any law, statue, ordinance, governmental administrative order, rule, regulation, or infringements of patent rights or other intellectual property rights by the Consultant/Contractor in the performance of Contract services; or

c) Liens, claims or actions made by the Consultant/Contractor or other party performing the Contract Services, as approved by the County. The indemnification obligations herein shall not be limited by any limitation on the amount, type of damages, compensation, or benefits payable by or for the Consultant/Contractor, or its sub-consultant(s), as approved by the County, under workers' compensation acts, disability benefits acts, other employee benefit actor, or any statutory bar or insurance. The agreement to hold the County, its officer's, agents, and employees harmless shall not be limited to the limits of liability insurance requirements specified in this agreement.

Insurance

Consultant/Contractor agrees to obtain and maintain insurance coverage pursuant to and based upon the Terms and Conditions of the 99999-SPD-0000136-0008,Temporary Staffing Services. Consultant/Contractor agrees to maintain insurance coverage during the entire term of this Agreement. 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. . Proof of insurance, Certificate of Insurance ("COI") with policy limits, must be provided prior to the start of any activities/services and attached herein as Exhibit B.

Personnel

Agency agrees that the temporary staff provided to County pursuant to this Agreement shall not be County employees under local, state and federal law. Agency agrees that it is an equal opportunity employer and shall comply with all local, state and federal employment laws including the Americans with Disabilities Act and the Pregnant Worker Fairness Act. Agency shall receive requests for accommodation and complaints of violations of employment laws made by Agency's temporary staff pursuant to local, state and federal law. Agency shall be responsible for providing accommodations and shall bear the costs, if any, of providing such accommodations as necessary under applicable local, state and federal law. Agency shall be responsible for and bear the costs of investigating complaints of violations of employment laws made by Agency temporary staff against Agency under applicable law. Agency shall also take necessary steps to remedy violations of employment laws against Agency temporary staff by Agency. County agrees to forward all requests for accommodation and complaints by Agency temporary staff received by County to Agency.

Reporting Responsibilities

Agency will report directly to the Director of the Department of Arts and Culture, or designated representative.

Notices

Notices concerning the termination of this Agreement, notices of alleged or actual violations of the terms or conditions of this Agreement, and other notices of similar importance shall be made:

By Consultant to:

Director
Arts & Culture
141 Pryor Street,Suite 2030
Atlanta, Georgia 30303
Attn: David Manual
Email: David.Manual@fultoncountyga.gov

With a copy to:

Chief Purchasing Agent
Department of Purchasing & Contract Compliance
130 Peachtree Street, S.W., Suite 1168
Atlanta, Georgia 30303
Attn: Felicia Strong-Whitaker
Email: felicia.strong-whitaker@fultoncountyga.gov

And by the County to:

Shawn Menefee, Director
Corporate Temps
5950 Live Oak Parkway Suite 230
Norcross, GA 30093
Attn: Shawn Menefee
Email: shawn@corporatetemps.com

The parties to this service agreement agree to the above referenced conditions:

OWNER:	CONSULTANT/CONTRACTOR:
FULTON COUNTY, GEORGIA	**CORPORATE TEMPS, INC.**
Robert L. Pitts, Chairman Fulton County Board of Commissioners	Shawn Menefee Director/CEO

ATTEST:

Tonya R. Grier
Clerk to the Commission

(Affix County Seal)

APPROVED AS TO FORM:

Office of the County Attorney

APPROVED AS TO CONTENT:

David Manuel, Director
Department of Arts and Culture

ITEM#:_____ RM:_____	**ITEM#:_____2nd RM:_____**
REGULAR MEETING	**SECOND REGULAR MEETING**

alleged act or omission of the Consultant/Contractor, sub-consultants/subcontractors, anyone directly or indirectly employed by any firm or sub-consultant/subcontractors; or anyone for whose acts any of them may be liable in the performance of the Contract Services;

b) Violation of any law, statue, ordinance, governmental administrative order, rule, regulation, or infringements of patent rights or other intellectual property rights by the Consultant/Contractor in the performance of Contract services; or

c) Liens, claims or actions made by the Consultant/Contractor or other party performing the Contract Services, as approved by the County. The indemnification obligations herein shall not be limited by any limitation on the amount, type of damages, compensation, or benefits payable by or for the Consultant/Contractor, or its sub-consultant(s), as approved by the County, under workers' compensation acts, disability benefits acts, other employee benefit actor, or any statutory bar or insurance. The agreement to hold the County, its officer's, agents, and employees harmless shall not be limited to the limits of liability insurance requirements specified in this agreement.

Insurance

Consultant/Contractor agrees to obtain and maintain insurance coverage pursuant to and based upon the Terms and Conditions of the 99999-SPD-0000136-0008,Temporary Staffing Services. Consultant/Contractor agrees to maintain insurance coverage during the entire term of this Agreement. 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. . Proof of insurance, Certificate of Insurance ("COI") with policy limits, must be provided prior to the start of any activities/services and attached herein as Exhibit B.

Personnel

Agency agrees that the temporary staff provided to County pursuant to this Agreement shall not be County employees under local, state and federal law. Agency agrees that it is an equal opportunity employer and shall comply with all local, state and federal employment laws including the Americans with Disabilities Act and the Pregnant Worker Fairness Act. Agency shall receive requests for accommodation and complaints of violations of employment laws made by Agency's temporary staff pursuant to local, state and federal law. Agency shall be responsible for providing accommodations and shall bear the costs, if any, of providing such accommodations as necessary under applicable local, state and federal law. Agency shall be responsible for and bear the costs of investigating complaints of violations of employment laws made by Agency temporary staff against Agency under applicable law. Agency shall also take necessary steps to remedy violations of employment laws against Agency temporary staff by Agency. County agrees to forward all requests for accommodation and complaints by Agency temporary staff received by County to Agency.

Reporting Responsibilities

Agency will report directly to the Director of the Department of Registration and Elections, or designated representative.

EXHIBIT A
FULTON COUNTY PAY AND HOLIDAY SCHEDULE

FULTON COUNTY 2026 PAY AND HOLIDAY OBSERVANCES CALENDAR

HOLIDAY
PAY PERIOD ENDING
PAY DAY
DEPARTMENT HEAD APPROVAL REQUIRED

FULTON COUNTY

JANUARY

Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

FEBRUARY

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28

MARCH

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

APRIL

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

MAY

Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

JUNE

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

JULY

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

AUGUST

Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

SEPTEMBER

Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

OCTOBER

Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

NOVEMBER

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

DECEMBER

Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

New Year's Day
Thursday
January 1

MLK Jr. Day
Monday
January 19

President's Day
Monday
February 16

Memorial Day
Monday
May 25

Juneteenth
Friday
June 19

Independence Day
Friday
July 3

Labor Day
Monday
September 7

Veterans Day
Wednesday
November 11

Thanksgiving
Thursday & Friday
November 26 & 27

Christmas Eve & Day
Thursday & Friday
December 24 & 25

New Year's Holiday
Thursday & Friday
Dec. 31 & Jan. 1

EXHIBIT B
CERTIFICATE OF INSURANCE

EXHIBIT C
GEORGIA SECURITY AND IMMIGRATION CONTRACTOR AFFIDAVIT AND AGREEMENT

Contractor Affidavit under O.C.G.A. § 13-10-91(b)(l)

The undersigned contractor ("Contractor") executes this Affidavit to comply with O.C.G.A § 13-10-91 related to any contract to which Contractor is a party that is subject to O.C.G.A. § 13-10-91 and hereby verifies its compliance with O.C.G.A. § 13-10-91, attesting as follows:

a) The Contractor has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program;

b) The Contractor will continue to use the federal work authorization program throughout the contract period, including any renewal or extension thereof;

c) The Contractor will notify the public employer in the event the Contractor ceases to utilize the federal work authorization program during the contract period, including renewals or extensions thereof;

d) The Contractor understands that ceasing to utilize the federal work authorization program constitutes a material breach of Contract;

e) The Contractor will contract for the performance of services in satisfaction of such contract only with subcontractors who present an affidavit to the Contractor with the information required by O.C.G.A. § 13-10-91(a), (b), and (c);

f) The Contractor acknowledges and agrees that this Affidavit shall be incorporated into any contract(s) subject to the provisions of O.C.G.A. § 13-10- 91 for the project listed below to which Contractor is a party after the date hereof without further action or consent by Contractor; and

g) Contractor acknowledges its responsibility to submit copies of any affidavits, drivers' licenses, and identification cards required pursuant to O.C.G.A. § 13-10-91 to the public employer within five business days of receipt.

12176 2
Federal Work Authorization User Identification Number

5/2008
Date of Authorization

Corporate Temps, Inc.
Name of Contractor

Temporary Staffing Services
Name of Project

Corporate Temps, Inc.
Name of Public Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on March 8, 2024 in Norcross (city), GA (state).

Renee White
Signature of Authorized Officer or Agent

Renee White, VP, National Accounts
Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE 8th DAY OF March, 2024.

Dominic Austin
NOTARY PUBLIC
My Commission Expires: 9-6-26

STATE OF GEORGIA NOTARY PUBLIC
DOMINIC AUSTIN
GWINNETT County
My Commission Expires
September 6, 2026

SCOPE OF SERVICES

Administrative Assistants are needed to help with the day-to-day administrative tasks of the department. Applicants should have good organizational skills, be detail oriented, and familiar with office-related duties. At least one year of Administrative experience required.

After Camp Coordinators are needed from 2:30 pm to 6:00 pm to supervise campers and to schedule activities after regular programming concludes each day. Applicants should have experience working with and creating engaging activities for children, be well organized, detail oriented, problem solvers, and adaptable.

Camp Assistants are needed to support instructors during class as well as provide supervision of campers before, during, and after camp. Applicants should have experience working with art and children.

Camp Coordinators are responsible for day-to-day camp operations, supervising camp staff, resolving minor issues, and helping to maintain an environment that is conducive for learning. Applicants should have experience working with children, be well organized, detail oriented, problem solvers, and adaptable. Management experience preferred.

Instructors are needed in Dance, Music, Theatre, and Visual Arts, including Painting, Drawing, Printmaking, Mixed Media, Ceramics, Film, Video, and Yoga. STEAM instructors are needed in programming, science, and technology. Applicants should have formal training in one or more artistic discipline; a Bachelor's Degree in Arts or Humanities or equivalent experience; and at least two years professional teaching experience.

Instructors (Computer technology) are needed to teach various computer software, programs, and applications to adults and teens

Instructors (Fiber Arts) are needed to instruct the various processes and technics used to create art using textile such as quilting, sewing, crochet/knitting, bead embroidery.

Instructors (STEAM) are needed to instruct science, technology, computer coding, aerospace/engineering to youth and teens.

Instructors (Yoga) is needed to instruct fitness and wellness through various stretching poses that promote strength and agility in seniors and adults. Must be certified.

Musicians are needed to support instructors during classes that require the use of live music as well as provide musician support during live Summer Camp performances. Must be able to read sheet music is required for specific programs, and perform improvisational pieces as needed. Helps students and Music instructor create original songs as needed. Ability to read sheet music and improvisational skills, two years music performance

experience, and experience working with children.

Program Assistants are needed to support administration and instructors during weekly classes as well as preparing class rooms for instruction, providing supplies for instruction and provide supervision of students before, during, and after classes.

Teen Academy Assistants are needed to support instructors during class as well as to provide supervision of participants. Applicants should be at least 21 years old, majoring in an area of the arts, and have experience working with youth.

Teen Artist Academy Instructors are needed in Creative Writing, Dance, Instrumental Music, Theatre, Voice, Visual Arts, including Painting, Drawing, Printmaking, Mixed Media, and Ceramics, digital media and STEAM. Applicants should have formal training and professional experience in the various discipline they want to teach; a Bachelor's Degree in Arts or Humanities or equivalent experience; and at least two years professional teaching experience.

Theatre Technicians (Lighting & Sound) are needed to support programs and events in the Black Box Theatre. Duties include operating the light and sound board during programs and events. Setting up microphones and other equipment. Troubleshooting and resolving sound and lighting issues. Maintaining the Lighting & Sound Room and equipment. Installing Lights and replacing blown bulbs. Operating Video Projection System. At least 2 years of experience as lead technician for Theatrical Productions and events required.

ATTACHMENT B
COMPENSATION

COMPENSATION

Services provided shall be compensated on an hourly rate basis established by the Statewide Contract. There is no additional cost for this contract.

INVOICING AND PAYMENT

Contractor shall submit weekly invoices for work performed during the previous week, in a form acceptable to the County and accompanied by all support documentation requested by the County, for payment and for services that were completed during the preceding phase. The County shall review for approval of said invoices. The County shall have the right not to pay any invoice or part thereof if not properly supported, or if the costs requested or a part thereof, as determined by the County, are reasonably in excess of the actual stage of completion.

Time of Payment: The County shall make payments to Contractor within ten (10) days after receipt of a proper invoice. Parties hereto expressly agree that the above contract term shall supersede the rates of interest, payment periods, and contract and subcontract terms provided for under the Georgia Prompt Pay Act, O.C.G.A. 13-11-1 et seq., pursuant to 13-11-7(b), and the rates of interest, payment periods, and contract and subcontract terms provided for under the Prompt Pay Act shall have no application to this Agreement; parties further agree that the County shall not be liable for any interest or penalty arising from late payments.

Submittal of Invoices: Invoices shall be submitted as follows:

Via Mail:
Fulton County Department of Finance
141 Pryor Street, SW
Suite 7001
Atlanta, Georgia 30303
Attn: Finance Department – Accounts Payable

OR

Via Email:
Email: Accounts.Payable@fultoncountyga.gov

At minimum, original invoices must reference all of the following information:
1) Vendor Information
    a. Vendor Name
    b. Vendor Address
    c. Vendor Code
    d. Vendor Contact Information
    e. Remittance Address

2) Invoice Details
    a. Invoice Date
    b. Invoice Number (uniquely numbered, no duplicates)
    c. Purchase Order Reference Number
    d. Date(s) of Services Performed

e. Itemization of Services Provided/Commodity Units

3) Fulton County Department Information (needed for invoice approval)
   a. Department Name
   b. Department Representative Name

Contractor's cumulative invoices shall not exceed the total not-to-exceed fee established for this Agreement.

ATTACHMENT C

SERVICE LEVEL AGREEMENT

CONTRACT AMENDMENT # 11
EXTENSION # 5

This amendment by and between the Contractor and State Entity defined below shall be effective as of the date this Amendment is fully executed.

STATE OF GEORGIA CONTRACT	
State Entity's Name:	Department of Administrative Services
Contractor's Full Legal Name:	CORPORATE TEMPS 2000
Contract No.:	99999-001-SPD0000136-0008
Solicitation Title/Event Name:	Temporary Staffing Services
Contract Award Date:	July 1, 2017
Current Contract Term:	July 1, 2025 – June 30, 2026

BACKGROUND AND PURPOSE. The Contract is in effect through the Current Term provided above. The parties hereto now desire to amend the contract to extend for an additional term of twelve months.

For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties do hereby agree as follows:

1. **CONTRACT EXTENSION.** The parties hereby agree that the contract will be extended for an additional period of time as follows:

NEW CONTRACT TERM	
Beginning Date of New Contract Term:	July 1, 2026
End Date of New Contract Term:	June 30, 2027

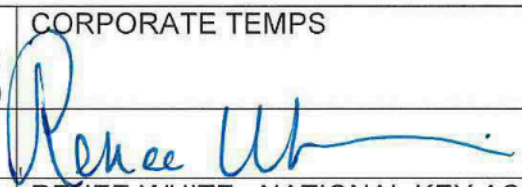
The parties agree the contract will expire at midnight on the date defined as the "End Date of the New Contract Term" unless the parties agree to extend the contract for an additional period of time.

2. **SUCCESSORS AND ASSIGNS.** This Amendment shall be binding upon and inure to the of the successors and permitted assigns of the parties hereto.

3. **ENTIRE AGREEMENT.** Except as expressly modified by this Amendment, the contract shall be and remain in full force and effect in accordance with its terms and shall constitute the legal, valid, binding and enforceable obligations to the parties. This Amendment and the contract (including any written amendments thereto), collectively, are the complete agreement of the parties and supersede any prior agreements or representations, whether oral or written, with respect thereto. Should the State of Georgia (DOAS) enter into a new contract for these products and/or services, during the term of this Extension, the new contract shall supersede this Extension.

IN WITNESS WHEREOF, the parties have caused this Amendment to be duly executed by their authorized representatives.

CONTRACTOR

Contractor's Full Legal Name: (PLEASE TYPE OR PRINT)	CORPORATE TEMPS
Authorized Signature:	
Printed Name and Title of Person Signing:	RENEE WHITE, NATIONAL KEY ACCOUNTS MANAGER
Date:	MARCH 4, 2026
Company Address:	5950 LIVE OAK PARKWAY, STE 230 NORCROSS GA 30093

STATE ENTITY

Authorized Signature:	
Printed Name and Title of Person Signing:	Carrie Steele Deputy Commissioner State Purchasing Division
Date:	6/5/2026
Company Address:	200 Piedmont Avenue, S.E., Suite 1804, West Tower Atlanta, Georgia 30334-9010

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 07/28/2025

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 Hatcher Insurance Agency Inc. P.O. Box 2564 Loganville, Ga. 30052	**CONTACT NAME:** Alfonza Hatcher **PHONE (A/C, No, Ext):** 678-404-8502 **FAX (A/C, No):** 678-404-8505 **E-MAIL ADDRESS:** hatcherins@aol.com
INSURED Corporate Temps, Inc. 5950 Live Oak Pkwy. Suite 230 Norcross, GA. 30093-1743	**INSURER(S) AFFORDING COVERAGE** / **NAIC #** **INSURER A :** Philadelphia Indemnity Insurance Company / 18058 **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	
A	**GENERAL LIABILITY** [X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PRO-JECT [X] LOC	Y		PHPK2579315-011	07/27/2025	07/27/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 2,000,000. $ 100,000. $ 5,000. $ 2,000,000. $ 2,000,000. $ 2,000,000.
A	**AUTOMOBILE LIABILITY** [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS	Y		PHPK2579315-011	07/27/2025	07/27/2026	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000. $ $ $
A	[X] **UMBRELLA LIAB** [ ] OCCUR **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $	Y		PHUB873626-011	07/27/2025	07/27/2026	EACH OCCURRENCE AGGREGATE	$ 3,000,000. $ 3,000,000.
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? Y / N [ ] **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					[ ] WC STATU-TORY LIMITS [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ $ $
A	EMPLOYMENT PRACTICES LIABILITY			PHPK2579315-011	07/27/2025	07/27/2026	Each Incident Limit: Aggregate Limit:	$ 1,000,000. $ 1,000,000.

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

Temporary Personnel Services.

The "State of Georgia, Its officers, Employees and agents" are Included as an Additional Insured under the Commercial General Liability, Automobile, Fidility, Umbrella and Professional Liability Policies - (RFP) Number: 99999-001-SPD0000136-0008

CERTIFICATE HOLDER

Georgia Department of
Administrative Services (DOAS)
200 Piedmont Ave. SW
Atlanta, GA. 30334

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Alfonza Hatcher

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 07/28/2025

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 NAME: Alfonza Hatcher
Hatcher Insurance Agency Inc. P.O. Box 2564 Loganville, Ga. 30052	PHONE (A/C, No, Ext): 678-404-8502 FAX (A/C, No): 678-404-8505 E-MAIL ADDRESS: hatcherins@aol.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Philadelphia Indemnity Insurance Company	18058
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED: Corporate Temps, Inc.
5950 Live Oak Pkwy.
Suite 230
Norcross, GA. 30093-1743

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	
	GENERAL LIABILITY						EACH OCCURRENCE	$
	☐ COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
	☐ CLAIMS-MADE ☐ OCCUR						MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
							GENERAL AGGREGATE	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$
	☐ POLICY ☐ PRO-JECT ☐ LOC							$
A	CYBER LIABILITY			PHSD1811838-006	07/27/2025	07/27/2026	EACH OCCURRENCE	$ 3,000,000
							AGGREGATE	$ 3,000,000.
								$
								$
								$
A	PROFESSIONAL LIABILITY (E & O)	Y		PHPK2579315-011	07/27/2025	07/27/2026	EACH OCCURRENCE	$ 1,000,000.
							AGGREGATE	$ 2,000,000.
								$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? Y / N ☐ (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					WC STATU-TORY LIMITS ☐ OTH-ER	
							E.L. EACH ACCIDENT	$
							E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	EMPLOYEE DISHONESTY (Fidelity Bond)			PHPK2579315-011	07/27/2025	07/27/2026	Each Incident Limit: Aggregate Limit:	$ 3,000,000. $ 3,000,000.

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

Temporary Personnel Services.

The "State of Georgia, Its officers, Employees and agents" are Included as an Additional Insured under the Commercial General Liability, Automobile, Fidility, Umbrella and Professional Liability Policies - (RFP) Number: 99999-001-SPD0000136-0008

CERTIFICATE HOLDER

Georgia Department of
Administrative Services (DOAS)
200 Piedmont Ave. SW
Atlanta, GA. 30334

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Alfonza Hatcher