



**DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE**

**CONTRACT RENEWAL AGREEMENT**

**DEPARTMENT:** Real Estate and Asset Management

**BID/RFP# NUMBER:** 18ITB116051C-GS

**BID/RFP# TITLE:** General Landscaping & Lawn Care Countywide Facilities

**ORIGINAL APPROVAL DATE:** 4/17/2019

**RENEWAL PERIOD: FROM:** 1/1/2020 **THROUGH:** 12/31/2020

**RENEWAL OPTION #:** 1 OF 2

**NUMBER OF RENEWAL OPTIONS:** 2

**RENEWAL AMOUNT:** \$ 105,500.00

**COMPANY'S NAME:** Georgia Green Landscaping

**ADDRESS:** 3605 Sandy Plains Rd, Suite 240-102

**CITY:** Marietta

**STATE:** GA

**ZIP:** 30066

**This Renewal Agreement No. \_\_\_\_ was approved by the Fulton County Board of Commissioners on BOC DATE: BOC NUMBER:**

**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 for Bid/RFP#** 18ITB116051C-GS

(Person signing must have signature authority for the company/corporation)

**NAME:** Mark Gregory (Print)  
(CEO, President, Vice President)

**VENDOR'S SIGNATURE:** Mark Gregory **DATE:** 01/13/2020

**ATTEST:** Attest ☒ Notary

**NOTARY PUBLIC:** S. Loggains

**TITLE:** \_\_\_\_\_ **COUNTY:** Cobb

**SEAL (Affix)** **MY COMMISSION EXPIRES:** 10\27\2022

**FULTON COUNTY, GEORGIA**

**ATTEST:** Robert L. Pitts **DATE:** 01/29/2020

**ROBERT L. PITTS, CHAIRMAN**  
**FULTON COUNTY BOARD OF COMMISSIONERS**

**ATTEST:** Tonya R. Grier **DATE:** 01/29/2020

**TONYA R. GRIER**  
**INTERIM CLERK TO THE BOARD OF COMMISSION**

**SEAL (Affix)**



**DEPARTMENT AUTHORIZES RENEWAL OPTION ON THE AFOREMENTIONED BID/RFP:**

**DEPARTMENT HEAD:** Joseph N. Davis (Print)

**DEPARTMENT HEAD SIGNATURE:** Joseph N. Davis **DATE:** 01/15/2020

Please select RCS or RM from the checkbox  
☒ RCS ☐ RM

<b>ITEM#:</b> <u>19-1121</u> <b>RCS:</b> <u>12/18/2019</u>	<b>ITEM#:</b> _____ <b>RM:</b> _____
<b>RECESS MEETING</b>	<b>REGULAR MEETING</b>





*S. Loggains*



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/15/2020

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).

<b>PRODUCER</b> <b>Mallory Agency</b> <b>P.O. Box 1209</b> <b>LaGrange, GA 30241</b> <b>Tammie Caldwell-Sheppard</b>		<b>706-884-3339</b>		<b>CONTACT NAME:</b> Tammie Caldwell-Sheppard <b>PHONE (A/C, No, Ext):</b> 706-884-3339 <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> tammies@malloryagency.com	
<b>INSURED</b> <b>Georgia Green Landscaping LLC</b> <b>Vendor ID 644017</b> <b>Ste 240-102</b> <b>3605 Sandy Plains Rd</b> <b>Marietta, GA 30066</b>		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Grange Mutual <b>INSURER B:</b> Wesco Insurance Company <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>		<b>NAIC #</b> <b>25011</b>	

## 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 WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		CT 2716550	07/28/2019	07/28/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	X		CA 2716509	07/28/2019	07/28/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$			CUP2716623	07/28/2019	07/28/2020	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WWC3441464	12/10/2019	12/10/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> 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)

181TB116051C-GS, General Landscaping & Lawn Care Countywide

## CERTIFICATE HOLDER

## CANCELLATION

<b>Fulton County Government-</b> <b>Purchasing and Contract</b> <b>Compliance Department</b> <b>130 Peachtree St SW Ste 1168</b> <b>Atlanta, GA 30303-3459</b>	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>Elizabeth A. Willingham</i>
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