



**FULTON
COUNTY**

**CHANGE ORDER #1
FORM TO CONTRACT**

**#21RFP132087K-DB
DESIGN/BUILD SERVICES FOR THE
FULTON COUNTY GOVERNMENT
CENTER COOLING TOWER REPAIR
AND RETROFIT**

**DEPARTMENT OF REAL ESTATE AND ASSET
MANAGEMENT**

CHANGE ORDER NO. 1 TO FORM OF CONTRACT

Contractor: **Mallory & Evans Service Company, Inc.**

Contract No. **21RFP132087K-DB, Design/Build Services for the Fulton County Government Center Cooling Tower Repair and Retrofit**

Address: **646A Kentucky Street**
City, State **Scottdale, Georgia 30079**

Telephone: **(404) 297-5060**

E-mail: [**JCatalfano@malloryevansservice.com**](mailto:JCatalfano@malloryevansservice.com)

Contact: **John Catalfano, Executive Vice President**

W I T N E S S E T H

WHEREAS, Fulton County ("County") entered into a Contract with **Mallory & Evans Service Company, Inc.** to provide/perform Design/Build Services for the Fulton County Government Center Cooling Tower Repair and Retrofit, dated February 16, 2022, on behalf of the Department of Real Estate and Asset Management; and

WHEREAS, the purpose of this change order is required to make modification to the existing Scope of Work to provide additional repairs and replacement of two (2) Fan Assemblies and 29 Fissure Cracks in the concrete wall of the water tank located in the Fulton County Government Center Complex; and

WHEREAS, the Contractor has performed satisfactorily over the period of the contract; and

WHEREAS, this amendment was approved by the Fulton County Board of Commissioners on **October 19, 2022, BOC Item #22-0759**.

NOW, THEREFORE, the County and the Contractor agree as follows:

This Change Order No. 1 to Form of Contract is effective as of the 19th day of October 2022, between the **Mallory & Evans Service Company, Inc.**, who agree that all Services specified will be performed in accordance with this Change Order No. 1 of Form of Contract and the Contract Documents.

SCOPE OF WORK TO BE PERFORMED: Modify the existing Scope of Work to perform additional services to provide repairs and replacement of two (2) Fan Assemblies and 29 Fissure Cracks in the concrete wall of the water tank located in the Fulton County Government Center Complex.

Fan Assemblies and additional Fissure Cracks Costs to Repair/Replace:

Parts	Condition	Completion	Costs
Motors	Damaged and corroded	4 th Qtr. 2022	\$4,738.86
Gearboxes	Leaking oil. Interior corrosion. Damaged impeller and shaft from bearing failure.	4 th Qtr. 2022	\$9,797.90
Omega Couplings/Bushing	Deteriorated and ill-filling.	4 th Qtr. 2022	\$2,538.21
Vibration & oil Level Switches	Worn and non-functioning	4 th Qtr. 2022	\$2,298.53
Fans	Heavily corroded. Protective coating deteriorated.	4 th Qtr. 2022	\$20,747.38
Labor, Freight & Taxes	N/A	4 th Qtr. 2022	\$12,501.12
Markup	N/A	N/A	\$6,223.00
Fan Assemblies Subtotal	N/A	4 th Qtr. 2022	\$58,845.00
Fissure Cracks Repairs Subtotal	Additional seventeen (17) Fissure Crack Repairs above the twelve (12) in Scope.	4 th Qtr. 2022	\$12,575.00
Contingency (10%)			\$7,142.00
Total Costs			\$78,562.00

This Change Order is necessary coupled with rising construction pricing, scarcity of replacement parts, and scheduling impacts, we believe this Change Request #1 is merited.

We also request as part of this Change Order No. 1, to extend the existing contract term for an **additional four (4) months period, to complete the work through December 31, 2022**. This extension is solely attributable to the availability and delivery of necessary replacements parts which can be up to sixteen (16) weeks in today's marketplace. Monies for this Change Order will be provided by the FCURA Urban Redevelopment Bonds fund.

2. **COMPENSATION:** The services described under Scope of Work herein shall be performed by Contractor for a total amount not to exceed **\$78,562.00** (Seventy-Eight Thousand Five Hundred Sixty-Two Dollars and No Cents).
3. **LIABILITY OF COUNTY:** This Change Order No. 1 to Form of Contract shall not become binding on the County and the County shall incur no liability upon same until such agreement has been executed by the Chair to the Commission, attested to by the Clerk to the Commission and delivered to Contractor.

4. **EFFECT OF CHANGE ORDER NO. 1 TO FORM OF CONTRACT:**
Except as modified by this Change Order No. 1 to Form of Contract, the Contract, and all Contract Documents, remain in full force and effect.

[INTENTIONALLY LEFT BLANK]

IN WITNESS THEREOF, the Parties hereto have caused this Contract to be executed by their duly authorized representatives as attested and witnessed and their corporate seals to be hereunto affixed as of the day and year date first above written.

OWNER:

FULTON COUNTY, GEORGIA

CONSULTANT:

**MALLORY & EVANS SERVICE
COMPANY, INC.**

DocuSigned by:

Robert L. Pitts

Robert L. Pitts, Chairman
Fulton County Board of Commissioners

DocuSigned by:

John Catalfano

John Catalfano,
Executive Vice President

ATTEST:

ATTEST:

DocuSigned by:

Tonya R. Grier

Tonya R. Grier,
Clerk to the Commission

(Affix County Seal)



Jennifer Catucci

Notary Public

County: Dekalb

Commission Expires: January 19, 2025
DocuSigned by:

(Affix Notary Seal)



APPROVED AS TO FORM:

DocuSigned by:

Dennal Stewart

Dennal Stewart
Office of the County Attorney

APPROVED AS TO CONTENT:

DocuSigned by:

Joseph N. Davis

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

2022-0759	10/19/2022	ITEM#: _____	RM: _____
RECESS MEETING	RCS: _____	REGULAR MEETING	



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/30/2022

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).

PRODUCER Yates, LLC 2800 Century Parkway NE Suite 300 Atlanta GA 30345-	CONTACT NAME: PHONE (A/C, No, Ext): 404-633-4321 FAX (A/C, No): 404-633-1312 E-MAIL ADDRESS: certs@yatesins.com														
INSURED Mallory & Evans Service Company, Inc. 625 Kentucky Street Scottdale GA 30079	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A : Amerisure Insurance Company</td> <td style="text-align: center;">19488</td> </tr> <tr> <td>INSURER B : Amerisure Mutual Insurance Company</td> <td style="text-align: center;">23396</td> </tr> <tr> <td>INSURER C : Federal Insurance Company</td> <td style="text-align: center;">20281</td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Amerisure Insurance Company	19488	INSURER B : Amerisure Mutual Insurance Company	23396	INSURER C : Federal Insurance Company	20281	INSURER D :		INSURER E :		INSURER F :	
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COVERAGES**CERTIFICATE NUMBER:** 26544610**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 checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		CPP21148740201	7/1/2022	7/1/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 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 checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y		CA21148730202	7/1/2022	7/1/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ -0-	Y		CU21148750202	7/1/2022	7/1/2023	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WC21148760202	7/1/2022	7/1/2023	<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
A A C	Builders Risk/Installation (incl Stored Mtls) Crime - 3rd Party - Client Cvg			CPP21148740201 CPP21148740201 6804-3737	7/1/2022 7/1/2022 7/1/2022	7/1/2023 7/1/2023 7/1/2023	Jobsite (spec form) \$2,000,000 Temp Loc/Transit \$1,000,000 Ded \$25,000 \$1,500,000

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

Subject to policy terms, conditions, forms and exclusions, the insurance coverages afforded by the policies above include the following when required by written contract for the certificate holder and/or entities listed below: Blanket Additional Insured in regards to General Liability for ongoing and completed operations, Automobile Liability, and Umbrella Liability; Blanket Primary and Non-Contributory in regards to General Liability, Automobile Liability, and Umbrella Liability; Blanket Waiver of Subrogation in regards to General Liability, Automobile Liability, Umbrella Liability, and Workers Compensation; 30 day Notice of Cancellation (10 day for non payment); Per Project Aggregate applies to the General Liability.

See Attached...

CERTIFICATE HOLDER**CANCELLATION**

Fulton County Government
 Attn: Purchasing 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

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ADDITIONAL REMARKS SCHEDULE

AGENCY Yates, LLC		NAMED INSURED Mallory & Evans Service Company, Inc. 625 Kentucky Street Scottdale GA 30079	
POLICY NUMBER			
CARRIER	NAIC CODE		
		EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

- FORMS:
- CG7048 1015 - Contractor's Blanket Additional Insured Endorsement - Form A
 - CG7049 0417 - Contractors General Liability Extension Endorsement
 - CA7115 1109 - Advantage Commercial Automobile Broad Form Endorsement
 - CA7165 0911 - Designated Insured - Primary Non-Contributory Coverage When Required by Insured Contract or Certificate
 - CU001 0413 - Commercial Liability Umbrella Coverage Form
 - CU7467 0810 - Additional Insured - Primary/Non-Contributory Coverage When Required By Written Contract, Written Agreement, or Certificate of Insurance
 - CU2403 0900 - Waiver of Transfer of Rights of Recovery Against Others to Us
 - CUDS7102 0414 - Schedule of Underlying Insurance
 - WC000313 - Waiver of Our Right to Recover from Others Endorsement
 - WC990645 0714 - Blanket Notice of Cancellation or Nonrenewal - Third Party
 - IL7066 0714 - Blanket Notice of Cancellation, Nonrenewal or Material Change - Third Party

Entities: Fulton County Government, Its Officials, Officers and Employees