



**DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE**

**CONTRACT RENEWAL AGREEMENT**

**DEPARTMENT: Senior Services**

**BID/RFP NUMBER: 21RFQ000007A-CJC**

**BID/RFP TITLE: Senior In-Home Services**

**ORIGINAL APPROVAL DATE: August 4, 2021**

**RENEWAL EFFECTIVE DATES: January 1, 2025 – December 31, 2025**

**RENEWAL OPTION #: 4 OF 4**

**NUMBER OF RENEWAL OPTIONS: 4**

**RENEWAL AMOUNT: \$157,243.73**

**COMPANY'S NAME: Trusted Hands Senior Care**

**ADDRESS: 600 Houze Way STE D5**

**CITY: Roswell**

**STATE: GA**

**ZIP: 30076**

**This Renewal Agreement No. 4 was approved by the Fulton County Board of**

**Commissioners on BOC DATE: 11/6/2024 BOC NUMBER: 24-0741(D)**

**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

Trusted Hands Senior Care

Robert L. Pitts, Chairman  
Fulton County Board of Commissioners

DocuSigned by:  
*Monique Collins*  
Monique Collins  
President

ATTEST:

ATTEST:

Tonya R. Grier  
Clerk to the Commission

Secretary/  
Assistant Secretary

(Affix County Seal)

(Affix Corporate Seal)

AUTHORIZATION OF RENEWAL:

ATTEST:

Ladisa Onyiliogwu, Director  
Department of Senior Services

Notary Public

County: \_\_\_\_\_

Commission Expires: \_\_\_\_\_

(Affix Notary Seal)



Certificate of Insurance

ITEM#: _____ RM: _____	ITEM#: _____ 2 <sup>nd</sup> RM: _____
REGULAR MEETING	SECOND REGULAR MEETING

## **CERTIFICATE OF INSURANCE**



Partners Risk Services

Insurance Proposal for:

Trusted Hands Senior Care LLC

Presented by:

Shane Whitten

10692 Medlock Bridge Road  
Suite 200

Johns Creek, Georgia 30097

Phone (770) 609-2700

[www.partnersrs.com](http://www.partnersrs.com)

# About Us

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Partners Risk Services, LLC is a privately held insurance brokerage that specializes in Property & Casualty Insurance and Risk Management Consulting. Our headquarters is in Atlanta, GA and we have a branch in Golden, CO to serve the Denver area.

We are currently the broker and consultant of choice for over 1,000 companies and over 2,000 personal clients. Our staff of Certified Insurance Counselors and Certified Workers Compensation Advisors has experience in all areas of insurance.

## Partners with our clients

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Our mission is to be Partners with our clients. We want to be their trusted Risk Management and Insurance Consultant; not just a better vendor. Our commitment goes well beyond the delivery of an insurance policy. Striving to become part of our client's trusted advisor team; we offer an extensive list of value-added services that are designed to reduce premiums and exposure to loss, while improving our clients risk management program over the long term

## Partners with our employees

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We want to recruit and retain the most highly skilled group of business Partners in our industry. Every employee is a stakeholder in the success of our firm. We will honor exceptional performance and reward those who earn it.

## Partners with our service providers

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We will be discerning and align with the best Service Partners in their respective industry. We will strive to continually develop mutually beneficial and long-term relationships between our clients, providers, and firm.

Since 2004, we have been entrusted to professionally handle the business insurance for municipalities, construction, technology, manufacturing, wholesale, retail, property management and professional service industries. We are authorized to place coverage in all 50 states and handle the international exposures of our clients. Representing over 40 regional, national, and international insurance carriers with an A.M. Best rating of "A" or better, PRS is among the elite and most capable brokerage firms in the Southeast. There simply is not an exposure that we cannot handle.



# Your Service Team

## Our Commitment to You

As our client, you will have a team of highly qualified professionals working for you to provide you with the best coverage for you, your family, or your business. Building a long-lasting relationship with our clients is our number one priority.

Shane Whitten Phone: (770)609-2720 Email: <a href="mailto:swhitten@partnersrs.com">swhitten@partnersrs.com</a>  Commercial Insurance Account Executive	Your Risk Advisor accountable for development of insurance and surety program structure and provide Risk Management consultation
Rhonda Neubert Phone: (770)609-2716 Email: <a href="mailto:rneubert@partnersrs.com">rneubert@partnersrs.com</a>  Commercial Insurance Account Manager	Your day to day contact for all service needs. Please contact for policy changes, billing inquiries, automobile identification cards. Your primary contact for questions.

Requests for Certificates of Insurance can be emailed to [coi@partnersrs.com](mailto:coi@partnersrs.com)

You can also access certificates of insurance on our client portal. If interested, please inquire for access.

Our client service team is responsible for meeting the service expectations of our clients. Business hours are 8:30 a.m. to 5:00 p.m., Monday through Friday.

Johns Creek Office	Jesup Office
10692 Medlock Bridge Road, Suite 200	212 S. Brunswick Street
Johns Creek, Georgia 30097	Jesup, Georgia 31546
Fax: (770) 609-2749	Phone: (912) 588-1760



# Account Overview

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Named Insured
Trusted Hands Senior Care LLC



# Locations

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## Locations

Location	Address	City	State	Zip
1	600 Houze Way	Roswell	GA	30076





# Property

Coverage Provided By	Effective Dates
Massachusetts Bay Insurance Company	11/28/2024 - 11/28/2025

## Premise Information

Loc #	Bldg #	Description	Address	City	State	Zip
1			600 Houze Way, Suite D5 & D6	Roswell	GA	30076

## Subjects of Insurance

Loc #	Bldg #	Address	Subject of Insurance	Limit	Coins. %	Valuation	Cause of Loss	Deductible
1		600 Houze Way Suite D5 & D6, Roswell, GA 30076	Business Personal Property	\$26,530	80	Replacement Cost	Special	\$500
1		600 Houze Way Suite D5 & D6, Roswell, GA 30076	Business Income - Direct Damage	ALS			Special	72
1		600 Houze Way Suite D5 & D6, Roswell, GA 30076	Building	\$144,324	80	Replacement Cost	Special	\$500

## Additional Interests

Loc #	Bldg #	Interest	Name	Address	City	State
		Mortgagee	Truist Bank	PO Box 200047	Kennesaw	GA



# Crime

Carrier	Policy Term
Massachusetts Bay Insurance Company	11/28/2024 - 11/28/2025

## Coverage Table

Coverage Description	Limit	Deductible
Form A - Employee Dishonesty	\$25,000	\$500

## Additional Coverage Table

Coverage	Limit 1	Deductible
Theft of clients property	\$25,000	n/a



# General Liability

Coverage Provided By	Effective Dates
Massachusetts Bay Insurance Company	11/28/2024 - 11/28/2025

## Coverage Forms Used

Coverage Type	Coverage Basis
Commercial General Liability	Occurrence

## Limits of Liability

Coverage	Limit	Aggregate	Deductible	Deductible Type	Basis	Retro Date
General Aggregate	\$3,000,000					
Products/Completed Ops Aggregate	\$3,000,000					
Personal & Advertising Injury	\$1,000,000					
Each Occurrence	\$1,000,000					
Fire Damage	\$1,000,000					
Medical Expense	\$10,000					
Professional Liability	\$1,000,000	\$3,000,000				
Sexual Abuse Coverage	\$1,000,000	\$1,000,000				
Cyber Liability	\$25,000		\$1,000	Dollars		

Covers the Following:	
Premises and Operations	Host Liquor Liability
Products and Completed Operations	Broad Form Property Damage
Independent Contractors	Incidental Medical Malpractice
Personal Injury	Non-Owned Watercraft (under 26 feet)
Advertising Injury	Limited Worldwide Products
Fire Damage Liability (Rented Premises)	Medical Expenses Incurred By Others
Blanket Contractual Liability	Employees as Additional Insureds



# Business Auto

Carrier	Policy Term
Massachusetts Bay Insurance Company	11/28/2024 - 11/28/2025

## Coverages/Limits

Coverage	Limits	Symbol
Combined single limit	\$1,000,000	8,9

## Covered Auto Symbols:

- 1 - Any Auto
- 2 - Owned Autos Only
- 3 - Owned Private Passenger Vehicles
- 4 - Owned Autos, Not Private Passenger
- 5 - All owned Autos Which Require No-Fault Coverage

- 6 - Owned Autos Subject to Compulsory UM Laws
- 7 -Autos Specified on Schedule
- 8 - Hired Autos
- 9 - Non-Owned Autos

## Hired/Non Owned

Coverage	Limit	#of
Hired/borrowed	\$1,000,000	



# Workers Compensation

Carrier	Policy Term
Employers Preferred Ins Co	11/29/2024 - 11/29/2025

## Employers Liability Information

Coverage	WC & Employer's liability
Each Accident	\$1,000,000
Disease Policy Limit	\$1,000,000
Disease Ea. Emp.	\$1,000,000
Deductible	
Deductible Type	
NCCI Experience Modification Rate	.90

## Worker's Comp Rating Basis

Loc #	Class Code	Classification	Rate	Rating Basis	Exposure
1	8742	Salesperson	0.16	Remuneration	\$0
1	8810	Clerical	0.08	Remuneration	\$0
1	8835	Caregivers	1.65	Remuneration	\$634,700

## Individuals Included/Excluded

Name	Include/Exclude
Monique Collins	Exclude

## States

State
GA



# Coverage Definitions

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**ACTUAL CASH VALUE VALUATION**-This valuation method pays for the cost to repair or replace damaged property with like kind and quality, less reasonable deductions for wear and tear, deterioration, and economic obsolescence.

**ADDITIONAL INSURED**-This endorsement automatically adds individuals or organizations to your General Liability Policy as an additional insured when required under a written contract or agreement. Please note, that coverage is only provided for liability that is caused in whole or in part by you or those acting on your behalf while engaging in ongoing operations for the additional insured. In addition, if coverage provided to an additional insured is required by a contract or agreement, the most that will be paid on behalf of the additional insured will be the lesser of the amount of insurance required by the contract or agreement or the limits of insurance as shown in your policy.

**AGREED VALUE VALUATION**-This coverage removes the coinsurance requirement from your property policy. With it, your company agrees that the limits of insurance purchased by you are adequate, and any coinsurance requirements will be waived in the event of a covered loss.

**AUDIT PREMIUM**-The proposed premium is based on the following estimates of annual exposures. They are subject to audit after the expiration of the policy.

**COINSURANCE**-A policy may contain a coinsurance provision requiring that the limits of insurance be a minimum percentage of the insurable value of your property. If the limits of your policy are less than what is required by this provision, then any claim payment made to you may be reduced by the same percentage as the deficiency. For example, covered property worth \$100,000 may require a minimum of 80%, or \$80,000, of coverage for compliance with the policy's coinsurance requirement. If only \$60,000 of coverage is carried (25% less than the required \$80,000), then any loss payment would be reduced by 25%.

**DEDUCTIBLE**-The deductible provision specifies the amount that will be deducted from any payment made to you because of a covered loss.

**PRODUCTS/COMPLETED OPERATIONS COVERAGE**-This coverage insures against claims arising out of bodily injury and property damage that result from products you have sold, manufactured, handled, distributed or disposed of; or for work you have performed, provided the accident occurs away from a premises you own or rent.

**PREMISES/OPERATIONS COVERAGE**-This coverage insures against claims arising out of your ownership, maintenance or use of premises including any operations that are in progress.

**REPLACEMENT COST VALUATION**-This loss valuation method pays for the cost to repair or replace damaged items with like kind and quality without deduction for depreciation. This is important since you could face a substantial loss if you must replace property at today's prices but receive only the depreciated value of the property that was destroyed.

**UNINSURED/UNDERINSURED MOTORIST**-Uninsured and Underinsured Motorist coverage protects you and your passengers against bodily injury expenses if you are hit by another driver who has no automobile liability insurance or has less than the minimum limits required by your state.

**WAIVER OF SUBROGATION**-This endorsement specifies that your insurance company waives their rights of subrogated recovery against the person(s) or organization(s) shown in the schedule. This waiver applies to injury or damage arising out of your ongoing and completed operations done under contract with the scheduled person or organization.



# Premium Summary

Named Insured: Trusted Hands Senior Care LLC

Description of Coverage	Current Premium	Renewal Premium
Property	\$1,487	\$1,563
Crime	Included	Included
General / Professional Liability	\$2,558	\$2,674
Auto	\$750	\$750
Workers Compensation	\$9,674	\$9,472
Total Estimated Annual Premium	\$14,469	\$14,459

## Payment Plans

Insurance Company	Coverage	Payment Plan	Down Payment	Installment Amount
Hanover	Package	10 pay		\$498.70

## Subjectivities / Items required to bind coverage:

Insurance Carrier/Policy	Underwriting Requirement



# Authorization To Bind Coverage

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I authorize the binding of the specific insurance coverage listed in this insurance proposal and also agree to remit premiums as invoiced by the insurance carrier or Partners Risk Services, LLC. Such coverage shall be placed into effect 11/28/2024.

\_\_\_\_ Bind coverage with a payment plan.

\_\_\_\_ Bind coverage with the following changes:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please bind the above coverage as quoted for the 2024-2025 policy year.

Named Insured: Trusted Hands Senior Care LLC

Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*This presentation is designed to give you an overview of the insurance coverages we are offering for your company. It is meant only as a general understanding of your insurance needs and should not be construed as a legal interpretation of the insurance policies that will be written for you. Please refer to your specific insurance contracts for details on coverages, conditions, and exclusions. This proposal is provided as an overview of your policy. You must refer to the provisions found in your policy for the details of your coverage, terms, conditions, and exclusions that apply.*





# Important Disclosures

## Important Disclosures

The coverage and limits presented in this proposal are a simplified outline of the insurance policies for the proposed policy terms with the presented insurance carriers. The policies issued by the writing Insurance Company provide and state the actual coverage provided. You, as the named insured, should read each policy purchased for coverage terms, limits of liability, definitions and conditions pertaining to set forth by each policy.

This proposal is based on rating exposures and other underwriting information provided by you and made known to Partners Risk Services, LLC and to the presenting insurance carriers for underwriting purposes. You must report all additions, modifications, and/or corrections to these exposures so we may amend the coverage presented.

All property values used in this proposal were provided by the client and should be carefully reviewed and/or appraised for accuracy. Higher limits and additional coverages may be available upon request.



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Select Stamp to stamp

NEXT

Signed by:

*Robert L. Pitts*

**Robert L. Pitts, Chairman  
Fulton County Board of Commissioners**

ATTEST:

DocuSigned by:

*Tonya R. Grier*

**Tonya R. Grier  
Clerk to the Commission**

(Affix County Seal)

Signed by:



AUTHORIZATION OF RENEWAL:

DocuSigned by:

*Ladisa Onyiliogwu*

**Ladisa Onyiliogwu, Director  
Department of Senior Services**

DocuSigned by:

*Monique Collins*

**Monique Collins  
President**

ATTEST:



Monique Collins (1)

**Secretary/  
Assistant Secretary**

(Affix Corporate Seal)



ATTEST:

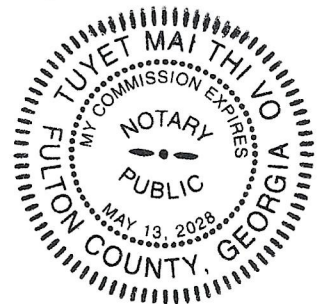


*Tuyet Mai Thi Vo*  
**Notary Public**

County: Fulton

Commission Expires: May 13, 2028

(Affix Notary Seal)



Certificate of Insurance

RCS

X RM

ITEM#: \_\_\_\_\_ RM: \_\_\_\_\_

REGULAR MEETING

ITEM#: 24-0741D 2<sup>nd</sup> RM: 11/6/2024

SECOND REGULAR MEETING


Certificate Of Completion

Envelope Id: 9878531D-AB8A-4BE2-BB37-FA548CA7C48A		Status: Completed
Subject: 21RFQ000007A-CJC(D), Senior In-Home Services		
Parcel ID:		
Employee Name:		
Source Envelope:		
Document Pages: 18	Signatures: 4	Envelope Originator:
Certificate Pages: 6	Initials: 0	Brian Jones
AutoNav: Enabled	Stamps: 1	141 Pryor Street
Envelopeld Stamping: Enabled		Purchasing & Contract Compliance, Suite 1168
Time Zone: (UTC-05:00) Eastern Time (US & Canada)		Atlanta, GA 30303
		brian.jones@fultoncountyga.gov
		IP Address: 74.174.59.4

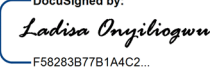
Record Tracking

Status: Original	Holder: Brian Jones	Location: DocuSign
11/20/2024 4:43:13 PM	brian.jones@fultoncountyga.gov	
Security Appliance Status: Connected	Pool: StateLocal	
Storage Appliance Status: Connected	Pool: Fulton County Government	Location: DocuSign

Signer Events

Signer Events	Signature	Timestamp
Monique Collins info@trustedhandscare.com CEO Security Level: Email, Account Authentication (None)	<div>DocuSigned by:  7B4C81A7E6494F3...</div> <div>Signature Adoption: Pre-selected Style Using IP Address: 75.138.66.160</div>	<div>Sent: 11/20/2024 4:46:34 PM Resent: 12/3/2024 12:08:18 PM Resent: 12/11/2024 2:10:24 PM Resent: 1/7/2025 3:18:18 PM Viewed: 1/15/2025 8:24:03 AM Signed: 1/15/2025 8:26:31 AM</div>

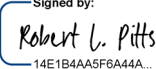
Electronic Record and Signature Disclosure:  
Accepted: 1/15/2025 8:24:03 AM  
ID: 4c99ea42-6bbb-4f23-989f-bee959eda106


Ladisa Onyiliogwu Ladisa.Onyiliogwu@fultoncountyga.gov Security Level: Email, Account Authentication (None)	<div>DocuSigned by:  F58283B77B1A4C2...</div> <div>Signature Adoption: Pre-selected Style Using IP Address: 172.56.65.249</div>	<div>Sent: 1/15/2025 1:29:33 PM Viewed: 1/16/2025 9:26:44 AM Signed: 1/16/2025 9:26:52 AM</div>
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Electronic Record and Signature Disclosure:  
Not Offered via DocuSign

Nikki Peterson nikki.peterson@fultoncountyga.gov Chief Deputy Clerk to the Board of Commissioners Fulton County Government Security Level: Email, Account Authentication (None)	<div>Completed</div> <div>Using IP Address: 73.82.17.227</div>	<div>Sent: 1/16/2025 9:26:54 AM Viewed: 1/21/2025 1:16:14 PM Signed: 1/21/2025 1:19:48 PM</div>
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Electronic Record and Signature Disclosure:  
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ID: b7ce88ee-0c66-4f3a-bfee-705e0af602d8

Robert L. Pitts harriet.thomas@fultoncountyga.gov Chairman Security Level: Email, Account Authentication (None)	<div>Signed by:  14E1B4AA5F6A44A...</div> <div>Signature Adoption: Pre-selected Style Using IP Address: 68.208.197.4</div>	<div>Sent: 1/21/2025 1:19:50 PM Viewed: 1/21/2025 1:53:01 PM Signed: 1/21/2025 1:53:10 PM</div>
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Signer Events	Signature	Timestamp
<b>Electronic Record and Signature Disclosure:</b> Accepted: 1/21/2025 1:53:01 PM ID: 4e85b1cf-bcab-4243-9e44-9a21a84006bc		
Tonya R. Grier tonya.grier@fultoncountyga.gov Clerk to the Commission Fulton County Security Level: Email, Account Authentication (None)	<div> <div>DocuSigned by:</div> <div>Tonya R. Grier</div> <div>EEC476C4837648D...</div> </div>  <p>Signature Adoption: Pre-selected Style            Using IP Address: 166.137.19.24            Signed using mobile</p>	Sent: 1/21/2025 1:53:12 PM Viewed: 1/23/2025 12:28:02 AM Signed: 1/23/2025 12:28:19 AM
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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
Brian Jones brian.jones@fultoncountyga.gov President-Elect Fulton County Government Security Level: Email, Account Authentication (None)	<div>VIEWED</div> <p>Using IP Address: 104.58.104.204</p>	Sent: 1/15/2025 1:29:20 PM Viewed: 1/15/2025 1:29:32 PM
<b>Electronic Record and Signature Disclosure:</b> Not Offered via DocuSign		
Brian Jones brian.jones@fultoncountyga.gov President-Elect Fulton County Government Security Level: Email, Account Authentication (None)	<div>VIEWED</div> <p>Using IP Address: 104.58.104.204</p>	Sent: 1/23/2025 12:28:22 AM Viewed: 1/23/2025 11:15:34 AM
<b>Electronic Record and Signature Disclosure:</b> Not Offered via DocuSign		
Carbon Copy Events	Status	Timestamp
Dian DeVaughn dian.devaughn@fultoncountyga.gov Security Level: Email, Account Authentication (None)	<div>COPIED</div>	Sent: 1/23/2025 11:15:34 AM Viewed: 1/23/2025 11:41:32 AM
<b>Electronic Record and Signature Disclosure:</b> Not Offered via DocuSign		
Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps

Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	11/20/2024 4:46:34 PM
Envelope Updated	Security Checked	1/15/2025 1:29:19 PM
Envelope Updated	Security Checked	1/15/2025 1:29:19 PM
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Envelope Updated	Security Checked	1/15/2025 1:29:20 PM
Envelope Updated	Security Checked	1/15/2025 1:29:20 PM
Certified Delivered	Security Checked	1/23/2025 11:15:34 AM
Signing Complete	Security Checked	1/23/2025 12:28:19 AM
Completed	Security Checked	1/23/2025 11:15:34 AM
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](mailto:glenn.king@fultoncountyga.gov)

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

To let us know of a change in your e-mail address where we should send notices and disclosures electronically to you, you must send an email message to us at [glenn.king@fultoncountyga.gov](mailto:glenn.king@fultoncountyga.gov) and in the body of such request you must state: your previous e-mail address, your new e-mail address. We do not require any other information from you to change your email address..

In addition, you must notify DocuSign, Inc. to arrange for your new email address to be reflected in your DocuSign account by following the process for changing e-mail in the DocuSign system.

**To request paper copies from Carahsoft OBO Fulton County, Georgia**

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an e-mail to [glenn.king@fultoncountyga.gov](mailto:glenn.king@fultoncountyga.gov) and in the body of such request you must state your e-mail address, full name, US Postal address, and telephone number. We will bill you for any fees at that time, if any.

**To withdraw your consent with Carahsoft OBO Fulton County, Georgia**

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