

AMENDMENT NO. 2 TO FORM OF CONTRACT

Contractor: ***Mutual Meadows***
Contract No. ***21ITB000028A-CJC***
Address: ***5425 Peachtree Parkway Ste 206***
City, State: ***Peachtree Corners, GA 30092***
Telephone: ***770-577-1364***
E-mail: ***tkeesee13@yahoo.com***
Contact: ***Thomas Keesee***
President

W I T N E S S E T H

WHEREAS, Fulton County (“County”) entered into a Contract with Mutual Meadows to provide Indigent Burial Services, dated January 1, 2022, on behalf of the Department of Senior Services; and

WHEREAS, Amendment No. 1 amended the existing agreement, with all terms and conditions unchanged to increase the spending authority in an amount not to exceed \$21,675 on March 1, 2023, BOC Item 23-0161; and

WHEREAS, the County wishes to amend the existing contract, to increase the spending authority due to increased monthly burial costs in an amount not to exceed \$132,841,35; 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 18, 2023, BOC Item #: 23-0725.

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

This Amendment No. 2 to Form of Contract is effective as of the 18th day of October 2023, between the County and Mutual Meadows, who agree that all Services specified will be performed in accordance with this Amendment No. 2 to Form of Contract and the Contract Documents.

1. **SCOPE OF WORK TO BE PERFORMED:** To provide interment and cremation

services for the indigent to include cemetery plots, furnishing of gravesites, cement vault, opening and closing of grave sites, lowering services, cremation, and interment of cremains and perpetual care. O.C.G.A § 36-12-5, which requires the governing authority of the county wherein indigent deaths occur to make available from county funds a sum sufficient to provide a decent interment or cremation of deceased indigent persons. The gravesites are located at Lakeside Memorial Gardens Cemetery, 7720 Ono Road, Palmetto, GA 30268.

2. **COMPENSATION:** The services described under Scope of Work herein shall be performed by Contractor for a total amount not to exceed \$132,841.35 (One Hundred Thirty Two Thousand Eight Hundred Forty One Dollars and Thirty Five Cents).
3. **LIABILITY OF COUNTY:** This Amendment No. 2 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 AMENDMENT NO. 2 TO FORM OF CONTRACT:** Except as modified by this Amendment No. 2 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:

Contractor:

FULTON COUNTY, GEORGIA

MUTUAL MEADOWS

DocuSigned by:

Robert L. Pitts

DocuSigned by:

Tom Keesee

Robert L. Pitts, Chairman
Fulton County Board of Commissioners

Thomas A. Keesee
President

ATTEST:

Please select Attest or Notary from checkbox Attest Notary

ATTEST:

DocuSigned by:

Tonya R. Grier

Name

Tonya R. Grier
Clerk to the Commission

Secretary/
Assistant Secretary

(Affix County Seal)



(Affix Corporate Seal)

DocuSigned by:



APPROVED AS TO FORM:

ATTEST:

DocuSigned by:

David Lowman

Notary Public

Office of the County Attorney

APPROVED AS TO CONTENT:

County: _____

DocuSigned by:

Ladisa Onyiliogwu

Commission Expires: _____

Ladisa Onyiliogwu, Director
Department of Senior Services

(Affix Notary Seal)

Please select RCS or RM from the checkbox

RCS

RM

ITEM#: 2023-0725	RCS: 10/18/2023	ITEM#: _____	RM: _____
RECESS MEETING		REGULAR MEETING	

Insurance Certificate to be attached





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/07/2023

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 A & A Insurance, Inc. PO Box 923086 Peachtree Corners GA 30010	CONTACT NAME: Louie S Abdou PHONE (A/C, No, Ext): (770) 368-1297 E-MAIL ADDRESS: a_ains@comcast.net FAX (A/C, No): (888) 341-2122														
INSURED Mutual Meadows Inc 5425 Peachtree Pkwy Ste 206 Peachtree Corners GA 30092-6536	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : HARTFORD UNDERWRITERS INS CO</td> <td style="text-align: center;">30104</td> </tr> <tr> <td>INSURER B : PROGRESSIVE</td> <td style="text-align: center;">24260</td> </tr> <tr> <td>INSURER C :</td> <td></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> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : HARTFORD UNDERWRITERS INS CO	30104	INSURER B : PROGRESSIVE	24260	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		20-SBA-AM7DSS	08/21/2022	08/21/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 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 \$
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY	Y	Y	951392418	08/21/2022	08/21/2023	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 checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			20-SBA-AM7DSS	08/21/2022	08/21/2023	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	Y	20-WEC-AM7F3K	10/23/2022	10/23/2023	<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

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

211TB000018A-CJC Indigent Burials

CERTIFICATE HOLDER
CANCELLATION

 Fulton County Government
 Purchasing and Contract Compliance Department
 130 Peachtree St.
 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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