



DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE

CONTRACT RENEWAL AGREEMENT

DEPARTMENT: Public Works

BID/RFP NUMBER: 23ITB08142023A-JWT

BID/RFP TITLE: Large Water Meter Installation Service

ORIGINAL APPROVAL DATE: December 20, 2023

RENEWAL EFFECTIVE DATES: January 1, 2026

RENEWAL OPTION #: 2 OF 2

NUMBER OF RENEWAL OPTIONS: Zero Renewal Options Remain

RENEWAL AMOUNT: \$500,000.00

COMPANY'S NAME: Jewel of the South, Inc.

ADDRESS: 1540 Hwy 138 SE, Ste. 4B

CITY: Conyers

STATE: GA

ZIP: 30013

This Renewal Agreement No. 2 was approved by the Fulton County Board of Commissioners on BOC DATE: November 5, 2025 BOC NUMBER: 25-0820

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

Jewel of the South, Inc.

Signed by:

14F1B4AA5F6A4A...
Robert L. Pitts, Chairman
Fulton County Board of Commissioners

DocuSigned by:

9573E327F9F84B6...
Valisa Shannon
CEO

ATTEST:

Signed by:

EEC476C4887648D...
Tonya R. Grier
Clerk to the Commission

(Affix County Seal)

AUTHORIZATION OF RENEWAL:

DocuSigned by:

85CE1C9F1D834B8...
David Clark, Director
Public Works

| | |
|-------------------------------|----------------------------|
| ITEM#: 25-0820 RM: 11/05/2025 | ITEM#: 2 nd RM: |
| REGULAR MEETING | SECOND REGULAR MEETING |

CERTIFICATE OF INSURANCE





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/10/2025

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 Viking Insurance Services 7824 Hickory Flat Hwy Suite 160 Woodstock GA 30188 | CONTACT NAME: Jenmarie Mondejar PHONE (A/C, No, Ext): 888-208-7227 FAX (A/C, No): 888-778-8117 E-MAIL ADDRESS: shane@visvcs.com <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 : Evanston Insurance Co, Insurance Company</td> <td></td> </tr> <tr> <td>INSURER B : Great American Insurance Group</td> <td></td> </tr> <tr> <td>INSURER C : Mt. Hawley Ins. Co.</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> </table> | INSURER(S) AFFORDING COVERAGE | NAIC # | INSURER A : Evanston Insurance Co, Insurance Company | | INSURER B : Great American Insurance Group | | INSURER C : Mt. Hawley Ins. Co. | | INSURER D : | | INSURER E : | | INSURER F : | |
|---|--|-------------------------------|--------|---|--|---|--|--|--|--------------------|--|--------------------|--|--------------------|--|
| INSURER(S) AFFORDING COVERAGE | NAIC # | | | | | | | | | | | | | | |
| INSURER A : Evanston Insurance Co, Insurance Company | | | | | | | | | | | | | | | |
| INSURER B : Great American Insurance Group | | | | | | | | | | | | | | | |
| INSURER C : Mt. Hawley Ins. Co. | | | | | | | | | | | | | | | |
| INSURER D : | | | | | | | | | | | | | | | |
| INSURER E : | | | | | | | | | | | | | | | |
| INSURER F : | | | | | | | | | | | | | | | |
| INSURED Jewel Of The South 1540 Highway 138 Se Ste 4B Conyers GA 30013 | | | | | | | | | | | | | | | |

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 | | | 3AA860992 | 1/24/2025 | 1/24/2026 | EACH OCCURRENCE | \$ 1,000,000 | |
| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | Y | Y | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 500,000 | |
| | | | | | | | MED EXP (Any one person) | \$ 5,000 | |
| | | | | | | | PERSONAL & ADV INJURY | \$ 1,000,000 | |
| GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGREGATE | \$ 2,000,000 | |
| | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | | | PRODUCTS - COMP/OP AGG | \$ 2,000,000 | |
| | OTHER: | | | | | | | \$ | |
| | AUTOMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ | |
| | <input type="checkbox"/> ANY AUTO | <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | BODILY INJURY (Per person) | | | | \$ | | |
| | <input type="checkbox"/> ALL OWNED AUTOS | | BODILY INJURY (Per accident) | | | | \$ | | |
| | <input type="checkbox"/> HIRED AUTOS | | PROPERTY DAMAGE (Per accident) | | | | \$ | | |
| | | | | | | | \$ | | |
| A | UMBRELLA LIAB | <input checked="" type="checkbox"/> OCCUR | Y | Y | EZXS3187279 | 1/24/2025 | 1/24/2026 | EACH OCCURRENCE | \$ 1,000,000 |
| | <input checked="" type="checkbox"/> EXCESS LIAB | <input type="checkbox"/> CLAIMS-MADE | | | | | | AGGREGATE | \$ 2,000,000 |
| | <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ | | | | | | | \$ | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | <input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER | | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | <input type="checkbox"/> Y / <input type="checkbox"/> N | N / A | | | | E.L. EACH ACCIDENT | \$ | |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ | |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ | |
| B | Commercial Inland Marine - Rental Equipmen | Y | | IMP E925033 02 | 12/30/2024 | 12/30/2025 | Limit: \$\$150,000 | | |
| C | Commercial Property | | | GPD0015223 | 6/19/2025 | 6/19/2026 | | | |

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

Request for Bid/Proposal #23ITB08142023A-JWT Large Meter Installation Services

CERTIFICATE HOLDER**CANCELLATION**

| | |
|---|--|
| Fulton County Government Purchasing and Contract Compliance Department 130 Peachtree St SW Suite 1168 Atlanta GA 30303 | <p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p> <p style="font-family: cursive; font-size: 1.2em;">Shane McGinley</p> |
|---|--|

© 1988-2014 ACORD CORPORATION. All rights reserved.

ACORDTM**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

11/07/2025

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 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 any rights to the certificate holder in lieu of such endorsement(s).

| | |
|--|---|
| PRODUCER McGriff, a MMA LLC Company 736 Market St., 10th Floor Chattanooga, TN 37402 423 756-0711 | CONTACT NAME: Lisa Rader CISR PHONE (A/C, No, Ext): 423-648-7285 FAX (A/C, No): E-MAIL ADDRESS: Lisa.Rader@mcgriff.com INSURER(S) AFFORDING COVERAGE INSURER A : Bridgefield Casualty Insurance Company NAIC # 10335 |
| INSURED Jewel of the South Inc. 1540 Highway 138 SE Suite 45 Conyers, GA 30013-1297 | 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 |
|----------|---|-----------|----------|-----------------|-------------------------|-------------------------|--|
| | COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | | | | | EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$ |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| | UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$ | | | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ |
| 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 | | | 19655884 | 08/24/2025 | 08/24/2026 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.I. EACH ACCIDENT \$ 1,000,000 E.I. DISEASE - EA EMPLOYEE \$ 1,000,000 E.I. DISEASE - POLICY LIMIT \$ 1,000,000 |

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

Request for Bid/Proposal # 23ITB08142023A-JWT Large Water Meter Installation Services.

CERTIFICATE HOLDER**CANCELLATION**

Fulton County Government
Purchasing and Contract Compliance
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

M. Scott Ferguson

This page has been left blank intentionally.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/10/2025

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 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 NORTHWOODS FINANCIAL 2890 HWY 212 CONYERS, GA 30094 | CONTACT NAME: MM PHONE (A/C, No, Ext): 404-820-5983 FAX (A/C, No): E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC # INSURER A : Progressive Mountain Insurance Co. 35190 INSURER B : INSURER C : INSURER D : INSURER E : INSURER F : |
| INSURED JEWEL OF THE SOUTH INC 143 Hillsborough Road Eatonton, GA 31024 | |

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 SUBR INSD WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|----------|---|--------------------|---------------|-------------------------|-------------------------|--|---|
| | COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | N | N | | | EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$ | |
| A | AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY | Y | Y | 954034018 | 12/3/2024 | 12/3/2025 | COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| | UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | N | N | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ | |
| | 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 | N/A | | | PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ | |
| A | Uninsured Motorist ADDED ON Uninsured Motorist Property Dmg | Y | Y | 954034018 | 12/3/2024 | 12/3/2025 | 25,000 50,000 25,000 250 DED |

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

VEHICLES LISTED ON ATTACHED ACORD 101

Bid/Proposal #: 231TB08142023A-JWT LARGE METER INSTALLATION SERVICES. Certificate holder is listed as an Additional Insured & Waivers of Subrogation.

| | |
|---|--|
| CERTIFICATE HOLDER ADDITIONAL INSURED Fulton County Gov.t Purchasing & Contract Compliance Dept. 130 Peachtree Street SW Suite 1168 Atlanta, GA 30303 | 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 |
|---|--|

© 1988-2015 ACORD CORPORATION. All rights reserved.

AGENCY CUSTOMER ID: _____
LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page _____ of _____

| | | | |
|---|--------------------|--|--|
| AGENCY NORTHWOODS FINANCIAL 404-820-5983 | | NAMED INSURED JEWEL OF THE SOUTH INC 143 Hillsborough Road Eatonton, GA 31024 | |
| POLICY NUMBER 954034018 | | | |
| CARRIER Progressive Mountain Insurance Co. | NAIC CODE 35190 | EFFECTIVE DATE: 12/03/2024 | |

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

| Additional Coverages | |
|---|--|
| Insurance coverage(s) | Limits |
| Description of Location/Vehicles/Special Items | |
| Schedule autos only | * |
| | * |
| | Stated Amount |
| *Liability coverage does not apply to this scheduled vehicle. | |
| Additional Information | |
| 2019 FORD TRANSIT 1FTYR1YM7KKB01727 | Comprehensive 1000 DED / Collision 2500 DED MEDICAL PAYMENTS 1000/pp RENTAL 30DAY/900MAX |
| 2019 FORD TRANSIT 1FTYR1ZM4KKB36644 | Comprehensive 1000 DED / Collision 2500 DED MEDICAL PAYMENTS 1000/pp RENTAL 30DAY/900MAX |
| 2024 GMC SIERRA 1GD48PEY2RF147864 | Comprehensive 1000 DED / Collision 2500 DED MEDICAL PAYMENTS 1000/pp RENTAL 30DAY/900MAX |
| 2024 GMC SIERRA 1GD49SEY4RF186794 | Comprehensive 1000 DED / Collision 2500 DED MEDICAL PAYMENTS 1000/pp |
| 2017 MACK 700 1M2AX04C4HM034446 | Comprehensive 1000 DED / Collision 2500 DED MEDICAL PAYMENTS 1000/pp |
| 2024 GMC SIERRA 1GD49SEY8RF230974 | Comprehensive 1000 DED / Collision 2500 DED MEDICAL PAYMENTS 1000/pp |
| 2018 KW CONSTR 1XKDD49X9J174971 | Comprehensive 1000 DED / Collision 2500 DED MEDICAL PAYMENTS 1000/pp |
| 2024 GMC SIERRA 1GD49SEY9RF296403 | Comprehensive 1000 DED / Collision 2500 DED MEDICAL PAYMENTS 1000/pp |
| 2024 BIG TEX 16V1C2322R3343705 | Comprehensive 1000 DED / Collision 2500 DED |
| 1995 CHALLENGER 4URA11E39TS061037 | Comprehensive 1000 DED / Collision 2500 DED |
| 2024 GMC SIERRA 1GD49SEY7RF236794 | Comprehensive 1000 DED / Collision 2500 DED MEDICAL PAYMENTS 1000/pp |
| 2024 GMC SIERRA 1GD49SEY7RF231226 | Comprehensive 1000 DED / Collision 2500 DED |
| 2025 GATOR MADE 4Z1BP212SS003482 | Comprehensive 1000 DED / Collision 2500 DED |

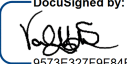
Certificate Of Completion

| | | |
|--|---------------|--|
| Envelope Id: F6EC3A93-C8B5-4EDE-886F-A2E354CDCCB8 | | Status: Completed |
| Subject: Large Water Meter Installation Services - Renewal 2 | | |
| Parcel ID: | | |
| Employee Name: | | |
| Source Envelope: | | |
| Document Pages: 8 | Signatures: 4 | Envelope Originator: |
| Certificate Pages: 5 | Initials: 0 | Janelle Walker |
| AutoNav: Enabled | | 141 Pryor Street |
| Envelopeld Stamping: Enabled | | Purchasing & Contract Compliance, Suite 1168 |
| Time Zone: (UTC-05:00) Eastern Time (US & Canada) | | Atlanta, GA 30303 |
| | | janelle.walker@fultoncountyga.gov |
| | | IP Address: 134.231.232.249 |

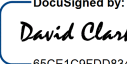
Record Tracking

| | | |
|--------------------------------------|-----------------------------------|--------------------|
| Status: Original | Holder: Janelle Walker | Location: DocuSign |
| 11/7/2025 2:07:45 PM | janelle.walker@fultoncountyga.gov | |
| Security Appliance Status: Connected | Pool: StateLocal | |
| Storage Appliance Status: Connected | Pool: Fulton County Government | Location: Docusign |

Signer Events

| Signer Events | Signature | Timestamp |
|--|--|-------------------------------|
| Valisa Shannon | <div>DocuSigned by:  9573E327F9F84B6...</div> | Sent: 11/7/2025 2:11:51 PM |
| valisa@jewelofthesouth.us | | Viewed: 11/7/2025 2:43:37 PM |
| CEO | | Signed: 11/11/2025 8:48:54 AM |
| Security Level: Email, Account Authentication (None) | | |
| | Signature Adoption: Drawn on Device | |
| | Using IP Address: 2603:3001:3102:1f00::3b33 | |

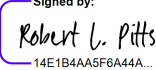
Electronic Record and Signature Disclosure:
Accepted: 11/7/2025 2:43:37 PM
ID: 2a5b1979-1318-4cdb-8eb8-70765f2b677e

| | | |
|--|--|-------------------------------|
| David Clark | <div>DocuSigned by:  65CE1C9FDD834B8...</div> | Sent: 11/11/2025 8:48:56 AM |
| david.clark@fultoncountyga.gov | | Viewed: 11/11/2025 9:16:38 AM |
| Director | | Signed: 11/11/2025 9:16:43 AM |
| Public Works | | |
| Security Level: Email, Account Authentication (None) | Signature Adoption: Pre-selected Style | |
| | Using IP Address: 2600:387:f:221::3 | |
| | Signed using mobile | |

Electronic Record and Signature Disclosure:
Accepted: 11/13/2017 1:07:14 PM
ID: 62e0a41e-60ea-4640-a1cb-69bfc2cfa732

| | | |
|--|-------------------------------|--------------------------------|
| Nikki Peterson | <div>Completed</div> | Sent: 11/11/2025 9:16:44 AM |
| nikki.peterson@fultoncountyga.gov | | Viewed: 11/12/2025 10:40:38 AM |
| Chief Deputy Clerk to the Board of Commissioners | | Signed: 11/12/2025 10:41:35 AM |
| Fulton County Government | | |
| Security Level: Email, Account Authentication (None) | Using IP Address: 66.56.23.82 | |

Electronic Record and Signature Disclosure:
Accepted: 11/27/2017 1:39:37 PM
ID: b7ce88ee-0c66-4f3a-bfee-705e0af602d8

| Signer Events | Signature | Timestamp |
|---|---|--|
| Robert L. Pitts harriet.thomas@fultoncountyga.gov Chairman Fulton County Security Level: Email, Account Authentication (None) | <div>Signed by:  14E1B4AA5F6A44A...</div> <div>Signature Adoption: Pre-selected Style Using IP Address: 74.174.59.10</div> | Sent: 11/12/2025 10:41:37 AM Viewed: 11/12/2025 11:24:45 AM Signed: 11/12/2025 11:25:08 AM |

Electronic Record and Signature Disclosure:
Accepted: 11/12/2025 11:24:45 AM
ID: 22010e39-d148-43c4-89ce-39f55a0d69c5

| | | |
|--|---|--|
| Tonya Grier Tonya.Grier@fultoncountyga.gov Clerk to the Commission Fulton County Government Security Level: Email, Account Authentication (None) | <div>Signed by:  EEC476C4837648D...</div> <div>Signature Adoption: Uploaded Signature Image Using IP Address: 104.129.206.71</div> | Sent: 11/12/2025 11:25:09 AM Viewed: 11/12/2025 11:34:04 AM Signed: 11/12/2025 11:34:34 AM |
|--|---|--|

Electronic Record and Signature Disclosure:
Accepted: 10/27/2025 11:21:47 AM
ID: 4889b84d-8ea3-4ba9-bf87-bf4c309e21ab

| 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 |
| Carbon Copy Events | Status | Timestamp |
| Dian DeVaughn Dian.DeVaughn@fultoncountyga.gov Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign | <div> <div>COPIED</div> </div> | Sent: 11/12/2025 11:34:36 AM Viewed: 11/13/2025 3:13:01 PM |

| Witness Events | Signature | Timestamp |
|--|------------------|------------------------|
| Notary Events | Signature | Timestamp |
| Envelope Summary Events | Status | Timestamps |
| Envelope Sent | Hashed/Encrypted | 11/7/2025 2:11:52 PM |
| Certified Delivered | Security Checked | 11/12/2025 11:34:04 AM |
| Signing Complete | Security Checked | 11/12/2025 11:34:34 AM |
| Completed | Security Checked | 11/12/2025 11:34:36 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

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 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 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

To inform us that you no longer want to receive future notices and disclosures in electronic format you may:

- i. decline to sign a document from within your DocuSign session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;
- ii. send us an e-mail to glenn.king@fultoncountyga.gov and in the body of such request you must state your e-mail, full name, US Postal Address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

Required hardware and software

| | |
|----------------------------|---|
| Operating Systems: | Windows® 2000, Windows® XP, Windows Vista®; Mac OS® X |
| Browsers: | Final release versions of Internet Explorer® 6.0 or above (Windows only); Mozilla Firefox 2.0 or above (Windows and Mac); Safari™ 3.0 or above (Mac only) |
| PDF Reader: | Acrobat® or similar software may be required to view and print PDF files |
| Screen Resolution: | 800 x 600 minimum |
| Enabled Security Settings: | Allow per session cookies |

** These minimum requirements are subject to change. If these requirements change, you will be asked to re-accept the disclosure. Pre-release (e.g. beta) versions of operating systems and browsers are not supported.

Acknowledging your access and consent to receive materials electronically

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please verify that you were

able to read this electronic disclosure and that you also were able to print on paper or electronically save this page for your future reference and access or that you were able to e-mail this disclosure and consent to an address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format on the terms and conditions described above, please let us know by clicking the 'I agree' button below.

By checking the 'I agree' box, I confirm that:

- I can access and read this Electronic CONSENT TO ELECTRONIC RECEIPT OF ELECTRONIC CONSUMER DISCLOSURES document; and
- I can print on paper the disclosure or save or send the disclosure to a place where I can print it, for future reference and access; and
- Until or unless I notify Carahsoft OBO Fulton County, Georgia as described above, I consent to receive from exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to me by Carahsoft OBO Fulton County, Georgia during the course of my relationship with you.