



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

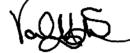
Signed by:



14E1B4A5F6A444
Robert L. Pitts, Chairman
Fulton County Board of Commissioners

Jewel of the South, Inc.

DocuSigned by:



9573E327F9E84B6...
Valisa Shannon
CEO

ATTEST:

Signed by:



EEC470C4637046D
Tonya R. Grier
Clerk to the Commission

(Affix County Seal)

AUTHORIZATION OF RENEWAL:

DocuSigned by:



65CE1C9FAD0834B8...
David Clark, Director
Public Works

ITEM#: 25-0820 **RM:** 11/05/2025

REGULAR MEETING

ITEM#: _____ **2nd RM:** _____

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		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	
Viking Insurance Services 7824 Hickory Flat Hwy Suite 160		INSURER(S) AFFORDING COVERAGE	
Woodstock GA 30188		INSURER A: Evanston Insurance Co, Insurance Company	
INSURED		INSURER B: Great American Insurance Group	
Jewel Of The South 1540 Highway 138 Se Ste 4B		INSURER C: Mt. Hawley Ins. Co.	
Conyers GA 30013		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 INSD	SUBR INSD	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				3AA860992	1/24/2025	1/24/2026	EACH OCCURRENCE	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC							MED EXP (Any one person)	\$ 5,000
	OTHER:							PERSONAL & ADV INJURY	\$ 1,000,000
	AUTOMOBILE LIABILITY							GENERAL AGGREGATE	\$ 2,000,000
	ANY AUTO ALL OWNED AUTOS HIRED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						PRODUCTS - COMP/OP AGG	\$ 2,000,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB	<input checked="" type="checkbox"/> OCCUR						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> CLAIMS-MADE							BODILY INJURY (Per person)	\$
	DED	RETENTION \$						BODILY INJURY (Per accident)	\$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y / N	<input type="checkbox"/> N / A						PROPERTY DAMAGE (Per accident)
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTHE- R
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y / N	<input type="checkbox"/> N / A					E.L. EACH ACCIDENT	\$
								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><i>Shane McGinley</i></p>
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ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/07/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS 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):
INSURED Jewel of the South Inc. 1540 Highway 138 SE Suite 45 Conyers, GA 30013-1297	E-MAIL ADDRESS: Lisa.Rader@mcgriff.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Bridgefield Casualty Insurance Company	10335
	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 INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$
	CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
								MED EXP (Any one person)	\$
								PERSONAL & ADV INJURY	\$
								GENERAL AGGREGATE	\$
								PRODUCTS - COMP/OP AGG	\$
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$
	ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/>							BODILY INJURY (Per person)	\$
								BODILY INJURY (Per accident)	\$
								PROPERTY DAMAGE (Per accident)	\$
									\$
									\$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/>							EACH OCCURRENCE	\$
	OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/>							AGGREGATE	\$
	DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>								\$
									\$
									\$
									\$
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 <input type="checkbox"/> Y	N / A		19655884	08/24/2025	08/24/2026	X PER STATUTE	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)

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 <i>M. Scott Ferguson</i>

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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.

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PRODUCER NORTHWOODS FINANCIAL 2890 HWY 212 CONYERS, GA 30094	CONTACT MM NAME: _____ PHONE (A/C, No. Ext): 404-820-5983 FAX (A/C, No): _____ E-MAIL ADDRESS: _____
	INSURER(S) AFFORDING COVERAGE INSURER A: Progressive Mountain Insurance Co. NAIC # 35190
INSURED JEWEL OF THE SOUTH INC 143 Hillsborough Road Eatonton, GA 31024	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		ADD'L SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR		N N	954034018	12/3/2024 12/3/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ex occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC						\$
	OTHER:		\$				
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		Y Y				\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						\$
	DED <input type="checkbox"/> RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		\$				
A	Uninsured Motorist ADDED ON Uninsured Motorist Property Dmg		Y Y	954034018	12/3/2024 12/3/2025	PER STATUTE E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$
	Uninsured Motorist ADDED ON Uninsured Motorist Property Dmg						\$
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 #: 23ITB08142023A-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 	

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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	1XKDD49X9JJ174971	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

Enveloped Stamping: Enabled

Time Zone: (UTC-05:00) Eastern Time (US & Canada)

Purchasing & Contract Compliance, Suite 1168

Atlanta, GA 30303

janelle.walker@fultoncountyga.gov

IP Address: 134.231.232.249

Record Tracking

Status: Original

11/7/2025 2:07:45 PM

Security Appliance Status: Connected

Storage Appliance Status: Connected

Holder: Janelle Walker

janelle.walker@fultoncountyga.gov

Location: DocuSign

Pool: StateLocal

Pool: Fulton County Government

Location: Docusign

Signer Events

Signature

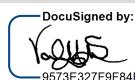
Timestamp

Valisa Shannon

valisa@jewelofthesouth.us

CEO

Security Level: Email, Account Authentication
(None)



Signature Adoption: Drawn on Device
Using IP Address: 2603:3001:3102:1f00::3b33

Sent: 11/7/2025 2:11:51 PM

Viewed: 11/7/2025 2:43:37 PM

Signed: 11/11/2025 8:48:54 AM

Electronic Record and Signature Disclosure:

Accepted: 11/7/2025 2:43:37 PM

ID: 2a5b1979-1318-4cdb-8eb8-70765f2b677e

David Clark

david.clark@fultoncountyga.gov

Director

Public Works

Security Level: Email, Account Authentication
(None)



Signature Adoption: Pre-selected Style
Using IP Address: 2600:387:f:221::3
Signed using mobile

Sent: 11/11/2025 8:48:56 AM

Viewed: 11/11/2025 9:16:38 AM

Signed: 11/11/2025 9:16:43 AM

Electronic Record and Signature Disclosure:

Accepted: 11/13/2017 1:07:14 PM

ID: 62e0a41e-60ea-4640-a1cb-69bfc2cfa732

Completed

Using IP Address: 66.56.23.82

Sent: 11/11/2025 9:16:44 AM

Viewed: 11/12/2025 10:40:38 AM

Signed: 11/12/2025 10:41:35 AM

Nikki Peterson

nikki.peterson@fultoncountyga.gov

Chief Deputy Clerk to the Board of Commissioners

Fulton County Government

Security Level: Email, Account Authentication
(None)

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)	<p>Signed by:  14E1B4AA5F6A44A...</p> <p>Signature Adoption: Pre-selected Style Using IP Address: 74.174.59.10</p>	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)	<p>Signed by:  EEC478C4837648D...</p> <p>Signature Adoption: Uploaded Signature Image Using IP Address: 104.129.206.71</p>	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)	COPIED	Sent: 11/12/2025 11:34:36 AM Viewed: 11/13/2025 3:13:01 PM
Electronic Record and Signature Disclosure:		
Not Offered via DocuSign		
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

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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

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