



**DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE**

**CONTRACT RENEWAL AGREEMENT**

**DEPARTMENT:** Superior Court – General

**BID/RFP NUMBER:** 23RFP476577A-KM

**BID/RFP TITLE:** Legal Services for Fulton Courts Justice Resource Center

**ORIGINAL APPROVAL DATE:** April 17, 2024

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

**RENEWAL OPTION #:** 1 OF 2

**NUMBER OF RENEWAL OPTIONS:** One renewal option remain

**RENEWAL AMOUNT:** \$205,380.00

**COMPANY'S NAME:** Atlanta Legal Aid Society, Inc.

**ADDRESS:** 54 Ellis Street, N.E.

**CITY:** Atlanta

**STATE:** GA

**ZIP:** 30303

**This Renewal Agreement No. 1 was approved by the Fulton County Board of**

**Commissioners on BOC DATE:** 12/18/2024 **BOC NUMBER:** 24-0894

**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:

*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)**

**AUTHORIZATION OF RENEWAL:**

DocuSigned by:

*David Summerlin*

**David Summerlin, Superior Court Admin.  
Superior Court – General**

**ATLANTA LEGAL AID SOCIETY, INC.**

DocuSigned by:

*Rita D. Sheffey*

**Rita Sheffey  
Executive Director**

**ATTEST:**

*[Signature]*  
~~Secretary/~~  
~~Assistant Secretary~~

**DIRECTOR OF  
GRANTS**

**(Affix Corporate Seal)**

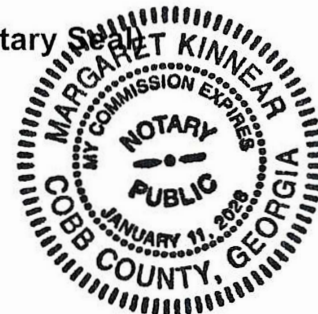
**ATTEST:**

*[Signature]*  
**Notary Public**

County: COBB

Commission Expires: 1/11/28

**(Affix Notary Seal)**



ITEM#: <u>24-0894</u> RM: <u>12/18/2024</u>	ITEM#: _____ 2 <sup>nd</sup> RM: _____
<b>REGULAR MEETING</b>	<b>SECOND REGULAR MEETING</b>



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/5/2024

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).

<b>PRODUCER</b> Little & Smith Inc, A Higginbotham Partner Higginbotham Insurance Agency, Inc. 202 Church St Marietta GA 30060	<b>CONTACT NAME:</b> Rhonda McCord <b>PHONE (A/C, No, Ext):</b> 770-847-8233 <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> RhMcCord@hlgginbotham.net <b>INSURER(S) AFFORDING COVERAGE</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">INSURER</th> <th style="width: 20%;">NAIC #</th> </tr> <tr> <td>INSURER A : The Cincinnati Insurance Company</td> <td>10677</td> </tr> <tr> <td>INSURER B : Employers Preferred Insurance Company</td> <td>10346</td> </tr> <tr> <td>INSURER C : Federal Insurance Company</td> <td>20281</td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER	NAIC #	INSURER A : The Cincinnati Insurance Company	10677	INSURER B : Employers Preferred Insurance Company	10346	INSURER C : Federal Insurance Company	20281	INSURER D :		INSURER E :		INSURER F :	
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<b>INSURED</b> Atlanta Legal Aid Society, Inc. 54 Ellis Street NE Atlanta GA 30303	License#: 2081754 ATLALEG-01														

## COVERAGES

CERTIFICATE NUMBER: 606547167

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 <div style="margin-left: 20px;"> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR           </div> <div style="margin-left: 20px;">             GEN'L AGGREGATE LIMIT APPLIES PER:  <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC              OTHER:           </div>	Y	Y	ECP 0231793	3/1/2024	3/1/2025	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr> <tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$ 1,000,000</td></tr> <tr><td>MED EXP (Any one person)</td><td>\$ 10,000</td></tr> <tr><td>PERSONAL &amp; ADV INJURY</td><td>\$ 1,000,000</td></tr> <tr><td>GENERAL AGGREGATE</td><td>\$ 2,000,000</td></tr> <tr><td>PRODUCTS - COM/OP AGG</td><td>\$ 2,000,000</td></tr> <tr><td></td><td>\$</td></tr> </table>	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 - COM/OP AGG	\$ 2,000,000		\$
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A	AUTOMOBILE LIABILITY <div style="margin-left: 20px;"> <input type="checkbox"/> ANY AUTO  <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS  <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY         </div>			ECP 0231793	3/1/2024	3/1/2025	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$ 1,000,000</td></tr> <tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr> <tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr> <tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr> <tr><td></td><td>\$</td></tr> </table>	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$		\$				
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B	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	EIG5461892-00	3/1/2024	3/1/2025	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>PER STATUTE <input checked="" type="checkbox"/> OTH-ER</td> <td></td> </tr> <tr><td>E.L. EACH ACCIDENT</td><td>\$ 1,000,000</td></tr> <tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$ 1,000,000</td></tr> <tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$ 1,000,000</td></tr> </table>	PER STATUTE <input checked="" 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						
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C	Fiduciary Liability Crime Coverage			J06135948	3/1/2024	3/1/2025	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Per Occ/Aggregate Employee Theft Deductible</td> <td>1,000,000 1,000,000 5,000</td> </tr> </table>	Per Occ/Aggregate Employee Theft Deductible	1,000,000 1,000,000 5,000												
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: Legal Service for Fulton County Courts Justice Resource Center - 23RFP476577A-KM

When required by written contract, Certificate holder is included as an additional insured per the blanket endorsements attached.

## CERTIFICATE HOLDER

## CANCELLATION

Fulton County Government  
 141 Pryor Street SW  
 Atlanta GA 30303

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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