



CONTRACT RENEWAL AGREEMENT

DEPARTMENT: MEDICAL EXAMINER

BID/RFP# NUMBER: 21ITB131809C-MH

BID/RFP# TITLE: Forensic Postmortem Toxicology Testing

ORIGINAL APPROVAL DATE: 12/15/2021

RENEWAL EFFECTIVE DATES: 01/01/2023-12/31/2023

RENEWAL OPTION #: 1 OF 2

NUMBER OF RENEWAL OPTIONS: 1

RENEWAL AMOUNT: \$ 125,000

COMPANY'S NAME: Axis Forensic Toxicology Inc

ADDRESS: P.O. Box 681513

CITY: Indianapolis

STATE: IN

ZIP: 46268-7513

This Renewal Agreement No. 1 was approved by the Fulton County Board of Commissioners on BOC DATE: 10/05/2022 BOC NUMBER: 2022-0719

SIGNATURES: SEE NEXT PAGE

SIGNATURES:

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

DocuSigned by:
Robert L. Pitts
14E1B4AA5E6A44A...

Robert L. Pitts, Chairman
Fulton County Board of Commissioners

AXIS FORENSIC TECHNOLOGY, INC.

DocuSigned by:
Denise Purdie Andrews
E1A86F9D8C0D4F3...

Denise Purdie Ansrews,
Sales

ATTEST:

DocuSigned by:
Tonya R. Grier
EE6476C4837648D...

Tonya R. Grier
Clerk to the Commission

DocuSigned by:



(Affix County Seal)

ATTEST:

**Secretary/
Assistant Secretary**

(Affix Corporate Seal)

AUTHORIZATION OF RENEWAL:

DocuSigned by:
Marian Green
A0029331AF5C41A...

Marian Green, Deputy Director
Medical Examiner

DocuSigned by:
Denise Helen Island
17331BD87A89484...

Notary Public

County: Marion County, Indiana

Commission Expires: January 21, 2027
DocuSigned by:

(Affix Notary Seal)



ITEM#: _____ RCS: _____	ITEM#: 2022-0719 RM: 10/05/2022
RECESS MEETING	REGULAR MEETING





AXISFOR-01

MHOLLENSTEINER

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/28/2022

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 Gregory & Appel Insurance 1402 N Capitol Suite 400 Indianapolis, IN 46202	CONTACT NAME: PHONE (A/C, No, Ext): (317) 634-7491 FAX (A/C, No): (317) 634-6629
	E-MAIL ADDRESS: corp@gregoryappel.com
INSURER(S) AFFORDING COVERAGE	
INSURER A : Hartford Underwriters Ins Co	NAIC # 30104
INSURER B : The Hartford	22357
INSURER C : Capitol Specialty Ins Corp	10328
INSURER D : Hartford Insurance Company of the Southeast	38261
INSURER E :	
INSURER F :	

INSURED

 Axis Forensic Toxicology, Inc.
 PO Box 681513
 Indianapolis, IN 46278

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:			36SBAAL70BS	7/1/2022	7/1/2023	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
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			36UECAE4062	7/1/2022	7/1/2023	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 5,000			MM20172369	7/1/2022	7/1/2023	EACH OCCURRENCE	\$ 2,000,000
							AGGREGATE	\$ 2,000,000
								\$
D	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below			36WECAL70EC	7/1/2022	7/1/2023	<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)
 Fulton County Government, its' Officials, Officers and Employees are included as additional insured as defined in SL3032 10/18 with respects to General Liability and as defined in HA9916 12/21 with respects to Auto Liability according to the terms, conditions and exclusions within the policy. General Liability is issued on a Primary/Non-Contributory basis as defined in SL 00 00 10/18 according to the terms, conditions and exclusions within the policy. Waiver of Subrogation is provided for General Liability as defined in SL0000 10/18; Auto Liability as defined in HA9916 12/21; Workers Compensation as defined in WC00 03/13 according to the terms, conditions and exclusions within the policy.

CERTIFICATE HOLDER

CANCELLATION

Fulton County Government Purchasing and Contract Compliance Department 130 Peachtree Street, S.W. Suite 1168 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