



DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE

CONTRACT RENEWAL AGREEMENT

DEPARTMENT: Real Estate and Asset Management

BID/RFP# NUMBER: 23ITB138741K-JAJ(E)

BID/RFP# TITLE: Task Order Contract for Minor Construction

ORIGINAL APPROVAL DATE: 01/10/2024

RENEWAL EFFECTIVE DATES: 01/01/2026-12/31/2026

RENEWAL OPTION #: 2 OF 3

NUMBER OF RENEWAL OPTIONS: 3

RENEWAL AMOUNT: \$1,200,000.00

COMPANY'S NAME: Osprey Management, LLC

ADDRESS: 1040 Powers Ferry Rd. Bldg. 26 Suite 200

CITY: Marietta

STATE: GA

ZIP: 30067

This Renewal Agreement No. 2 was approved by the Fulton County Board of Commissioners on **BOC DATE: 09/17/2025 BOC NUMBER: 25-0704.**

RENEWAL OF CERTIFICATE OF INSURANCE: The Contractor is required to maintain insurance during the entire term of this Agreement, including contract renewal options. The Contractor must furnish the County a renewal Certificate of Insurance showing the required coverage as specified in the Contract Agreement. A current COI must be provided before the commencement of work on this project. 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

Osprey Management, LLC

Signed by:

Robert L. Pitts

Robert L. Pitts, Chairman
Fulton County Board of Commissioners

Signed by:

Kelvin D. King

Kelvin King
President

ATTEST:

Signed by:

Tonya R. Grier

Tonya R. Grier
Clerk to the Commission

(Affix Seal)



AUTHORIZATION OF RENEWAL:

Signed by:

Joseph Davis

Joseph Davis, Director
Real Estate and Asset Management

ITEM#: _____ RM: _____	ITEM#: 25-0704E 2 ND RM: 09/17/2025
REGULAR MEETING	SECOND REGULAR MEETING

CERTIFICATE OF INSURANCE

ACORDTM**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

10/22/2025

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 USI Insurance Services, LLC 6100 Fairview Road, Suite 1400 Charlotte, NC 28210 855 874-1396	CONTACT NAME: Javan Campbell PHONE (A/C, No, Ext): - FAX (A/C, No): E-MAIL ADDRESS: javan.campbell@usi.com <table border="1"> <tr> <th data-bbox="812 420 1437 451">INSURER(S) AFFORDING COVERAGE</th> <th data-bbox="1437 420 1576 451">NAIC #</th> </tr> <tr> <td data-bbox="812 451 1437 483">INSURER A : All America Insurance Company</td> <td data-bbox="1437 451 1576 483">20222</td> </tr> <tr> <td data-bbox="812 483 1437 514">INSURER B : Central Mutual Insurance Company</td> <td data-bbox="1437 483 1576 514">20230</td> </tr> <tr> <td data-bbox="812 514 1437 546">INSURER C : ICW INSURANCE Group</td> <td data-bbox="1437 514 1576 546">24635</td> </tr> <tr> <td data-bbox="812 546 1437 577">INSURER D :</td> <td data-bbox="1437 546 1576 577"></td> </tr> <tr> <td data-bbox="812 577 1437 609">INSURER E :</td> <td data-bbox="1437 577 1576 609"></td> </tr> <tr> <td data-bbox="812 609 1437 638">INSURER F :</td> <td data-bbox="1437 609 1576 638"></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : All America Insurance Company	20222	INSURER B : Central Mutual Insurance Company	20230	INSURER C : ICW INSURANCE Group	24635	INSURER D :		INSURER E :		INSURER F :	
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INSURER C : ICW INSURANCE Group	24635														
INSURER D :															
INSURER E :															
INSURER F :															
INSURED Osprey Management, LLC 1640 Powers Ferry Road Bldg 26, Suite 200 Marietta, GA 30067															

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
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ PD Ded:500 GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC OTHER:	X	X	CLP977530519	05/23/2025	05/23/2026	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	AUTOMOBILE LIABILITY ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ NON-OWNED AUTOS ONLY	X	X	BAP977530619	05/23/2025	05/23/2026	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ RETENTION \$ 0	X	X	CXS9775307	05/23/2025	05/23/2026	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		WGA508001901	09/20/2025	09/20/2026	☒ 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

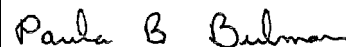
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

Fulton County Government Attn:
Purchasing Department
130 Peachtree St S.W. 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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Certificate Of Completion

Envelope Id: A456D4CE-7A87-4E60-A52E-29848E0A82ED		Status: Completed
Subject: Osprey Management, LLC-Task Order Contract for Minor Construction-BOC#25-0704		
Parcel ID:		
Employee Name:		
Source Envelope:		
Document Pages: 4	Signatures: 4	Envelope Originator:
Certificate Pages: 6	Initials: 0	James Jones
AutoNav: Enabled	Stamps: 1	141 Pryor Street
Envelopeld Stamping: Enabled		Purchasing & Contract Compliance, Suite 1168
Time Zone: (UTC-08:00) Pacific Time (US & Canada)		Atlanta, GA 30303
		james.jones@fultoncountyga.gov
		IP Address: 2601:c6:4300:cb

Record Tracking

Status: Original	Holder: James Jones	Location: DocuSign
10/22/2025 10:13:41 PM	james.jones@fultoncountyga.gov	
Security Appliance Status: Connected	Pool: StateLocal	
Storage Appliance Status: Connected	Pool: Fulton County Government	Location: Docusign

Signer Events

Signer Events	Signature	Timestamp
Kelvin D. King kking@contractosprey.com President and Managing Member Security Level: Email, Account Authentication (None)	Signed by:  38B61915BE86463... Signature Adoption: Pre-selected Style Using IP Address: 2601:c6:d680:32e0:1160:584c:6021:b580 Signed using mobile	Sent: 10/22/2025 10:25:44 PM Viewed: 10/23/2025 4:31:14 AM Signed: 10/23/2025 4:32:28 AM

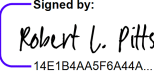
Electronic Record and Signature Disclosure:
Accepted: 10/23/2025 4:31:14 AM
ID: 139ba5dd-3e9d-4aaa-a877-3e1136215768

James Jones james.jones@fultoncountyga.gov Assistant Purchasing Agent BROWN & ROOT INDUSTRIAL SERVICESLLC Security Level: Email, Account Authentication (None)	Completed	Sent: 10/23/2025 4:32:29 AM Viewed: 10/23/2025 8:51:17 AM Signed: 10/23/2025 8:51:29 AM
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Electronic Record and Signature Disclosure:
Not Offered via Docusign

Joseph Davis joseph.davis@fultoncountyga.gov Director Security Level: Email, Account Authentication (None)	Signed by:  B20364A88008422... Signature Adoption: Pre-selected Style Using IP Address: 2600:1702:7490:78e0:7195:8360:8998:894c Signed using mobile	Sent: 10/23/2025 8:51:30 AM Viewed: 10/23/2025 8:51:52 AM Signed: 10/23/2025 8:51:59 AM
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Electronic Record and Signature Disclosure:
Accepted: 10/23/2025 8:51:52 AM
ID: 20f749cd-7932-4456-8d8c-43449d184514

Signer Events	Signature	Timestamp
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 10:39:37 AM ID: b7ce88ee-0c66-4f3a-bfee-705e0af602d8	Completed Using IP Address: 74.174.59.10	Sent: 10/23/2025 8:52:00 AM Viewed: 10/27/2025 7:50:28 AM Signed: 10/27/2025 7:51:14 AM
Robert L. Pitts harriet.thomas@fultoncountyga.gov Chairman Fulton County Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Accepted: 10/27/2025 7:52:32 AM ID: 7cd7d532-108f-4d82-b2ff-b853f5952017	Signed by:  14E1B4AA5F6A44A... Signature Adoption: Pre-selected Style Using IP Address: 74.174.59.10	Sent: 10/27/2025 7:51:15 AM Viewed: 10/27/2025 7:52:32 AM Signed: 10/27/2025 7:52:42 AM
Tonya Grier tonya.grier@fultoncountyga.gov Clerk to the Commission Fulton County Government Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Accepted: 3/16/2018 7:54:59 AM ID: f3f241e8-3027-4447-9476-6cf20ae25dd4	Signed by:  EEC476C4837648D...  Signature Adoption: Uploaded Signature Image Using IP Address: 134.231.232.249	Sent: 10/27/2025 7:52:43 AM Viewed: 10/27/2025 8:20:23 AM Signed: 10/27/2025 8:20:37 AM
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
Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	10/22/2025 10:25:44 PM
Certified Delivered	Security Checked	10/27/2025 8:20:23 AM
Signing Complete	Security Checked	10/27/2025 8:20:37 AM
Completed	Security Checked	10/27/2025 8:20:37 AM
Payment Events	Status	Timestamps

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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.

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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..

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- 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

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