



DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE

CONTRACT RENEWAL AGREEMENT

DEPARTMENT: Department Of Real Estate & Asset Management

BID/RFP# NUMBER:23ITB138782C-JNJ (B)

BID/RFP# TITLE: Glass & Plexiglas Repair and Replacement

ORIGINAL APPROVAL DATE: January 24, 2024

RENEWAL EFFECTIVE DATES: January 1, 2026

RENEWAL OPTION #: 2 OF 2

NUMBER OF RENEWAL OPTIONS: 2

RENEWAL AMOUNT: \$75,000.00

COMPANY'S NAME: P & E Mirror and Glass LLC

ADDRESS:2790 Lakewood Ave SW STE C

CITY: Atlanta

STATE: GA

ZIP: 30315

This Renewal Agreement No. 2 was approved by the Fulton County Board of Commissioners on **BOC DATE: 10/15/2025 BOC NUMBER: 25-0761 (B)**.

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

P & E Mirror and Glass LLC

DocuSigned by:

Robert L. Pitts

**Robert L. Pitts, Chairman
Fulton County Board of Commissioners**

Signed by:

Neicy Hindsman

**Neicy Hindsman
Partner**

ATTEST:

Signed by:

Tonya R. Grier

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

(Affix County Seal)



AUTHORIZATION OF RENEWAL:

Signed by:

Joseph N. Davis

**Joseph N. Davis, Director
Department Of Real Estate & Asset
Management**

ITEM#: _____ RM: _____ REGULAR MEETING	ITEM#: 25-0761B 2 ND RM: 10/15/2025 SECOND REGULAR MEETING
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CERTIFICATE OF INSURANCE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/24/2025

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 Valerie Primas 2798 Lakewood Ave SW Suite A Atlanta GA 303155807	CONTACT NAME: Valerie Primas PHONE (A/C, No, Ext): 404-209-1225 FAX (A/C, No): E-MAIL: valerie.primas.gsb2@statefarm.com ADDRESS: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> <tr> <td>INSURER A: State Farm Fire and Casualty Company</td> <td>25143</td> </tr> <tr> <td>INSURER B: State Farm Mutual Automobile Insurance Company</td> <td>25178</td> </tr> <tr> <td>INSURER C:</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: State Farm Fire and Casualty Company	25143	INSURER B: State Farm Mutual Automobile Insurance Company	25178	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: State Farm Fire and Casualty Company	25143														
INSURER B: State Farm Mutual Automobile Insurance Company	25178														
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															
INSURED P & E MIRROR AND GLASS LLC 2790 LAKEWOOD AVE SW STE C ATLANTA GA 303155802															

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 INSD	SUB 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 type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	91-GC-H153-4	12/12/2024	12/12/2025	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000 \$	
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						Y	Y
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> RETENTION \$ 10,000 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	N/A		91-E4-X362-6	12/12/2024	12/12/2025	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$	
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	N/A	Y	91-J5-H404-6	12/12/2024	12/12/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER \$ E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

CERTIFICATE HOLDER**CANCELLATION**

Fulton County Government
 130 Peachtree Street SW
 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

Valerie Primas

This form was system-generated on 10/24/2025

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Certificate Of Completion

Envelope Id: AB172299-4F02-43F0-8378-41361E8147D6	Status: Completed
Subject: CONTRACT RENEWAL AGREEMENT #2- 23ITB138782C-JNJ Glass and Plexiglass Repair	
Parcel ID:	
Employee Name:	
Source Envelope:	
Document Pages: 4	Signatures: 4
Certificate Pages: 6	Initials: 0
AutoNav: Enabled	Stamps: 1
Envelopeld Stamping: Enabled	Envelope Originator:
Time Zone: (UTC-05:00) Eastern Time (US & Canada)	Jakeiah Johnson
	141 Pryor Street
	Purchasing & Contract Compliance, Suite 1168
	Atlanta, GA 30303
	jakeiah.johnson@fultoncountyga.gov
	IP Address: 134.231.232.249

Record Tracking

Status: Original	Holder: Jakeiah Johnson	Location: DocuSign
10/16/2025 12:05:38 PM	jakeiah.johnson@fultoncountyga.gov	
Security Appliance Status: Connected	Pool: StateLocal	
Storage Appliance Status: Connected	Pool: Fulton County Government	Location: Docusign

Signer Events

Signer Events	Signature	Timestamp
Neicy Hindsman	<div>Signed by: 557D5FD6FF8E477...</div>	Sent: 10/16/2025 12:13:17 PM
pemglass@yahoo.com		Viewed: 10/27/2025 4:26:11 PM
Partner		Signed: 10/27/2025 4:27:29 PM
Security Level: Email, Account Authentication (None)	Signature Adoption: Pre-selected Style	
	Using IP Address:	
	2603:3001:315:8000:b595:17cc:5bc7:21c2	

Electronic Record and Signature Disclosure:
Accepted: 10/27/2025 4:26:11 PM
ID: 19ba4add-4dcb-4b2c-b6e3-3d66e8d64543

Jakeiah Johnson	Completed	Sent: 10/27/2025 4:27:30 PM
jakeiah.johnson@fultoncountyga.gov		Viewed: 10/27/2025 4:28:03 PM
APA		Signed: 10/27/2025 4:28:36 PM
Security Level: Email, Account Authentication (None)	Using IP Address: 107.217.195.227	
	Signed using mobile	

Electronic Record and Signature Disclosure:
Not Offered via Docusign

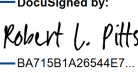


Joseph Davis	<div>Signed by: B20364A88008422...</div>	Sent: 10/27/2025 4:28:37 PM
Joseph.Davis@fultoncountyga.gov		Viewed: 10/29/2025 9:08:20 AM
Director		Signed: 10/29/2025 9:08:30 AM
Security Level: Email, Account Authentication (None)	Signature Adoption: Pre-selected Style	
	Using IP Address: 108.144.12.22	
	Signed using mobile	

Electronic Record and Signature Disclosure:
Accepted: 10/29/2025 9:08:20 AM
ID: 643e3051-b27d-4fa3-8089-54126ea2b52b

Nikki Peterson	Completed	Sent: 10/29/2025 9:08:31 AM
Nikki.Peterson@fultoncountyga.gov		Viewed: 10/29/2025 3:55:21 PM
Chief Deputy Clerk to the Board of Commissioners		Signed: 10/29/2025 3:55:44 PM
Fulton County Government	Using IP Address: 144.125.1.75	

Security Level: Email, Account Authentication (None)

Electronic Record and Signature Disclosure:

Signer Events	Signature	Timestamp
Accepted: 11/27/2017 1:39:37 PM ID: b7ce88ee-0c66-4f3a-bfee-705e0af602d8		
Robert L. Pitts Michael.OConnor@fultoncountyga.gov Fulton County Security Level: Email, Account Authentication (None)	<div>DocuSigned by:  BA715B1A26544E7...</div> <div>Signature Adoption: Pre-selected Style Using IP Address: 68.208.197.4</div>	Sent: 10/29/2025 3:55:46 PM Viewed: 11/3/2025 10:21:34 AM Signed: 11/3/2025 10:21:40 AM
Electronic Record and Signature Disclosure: Not Offered via DocuSign		
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></div> <div>Signature Adoption: Uploaded Signature Image Using IP Address: 134.231.232.249</div>	Sent: 11/3/2025 10:21:41 AM Viewed: 11/3/2025 10:23:37 AM Signed: 11/3/2025 10:23:46 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)	<div>COPIED</div>	Sent: 11/3/2025 10:23:48 AM Viewed: 11/3/2025 11:34:14 AM
Electronic Record and Signature Disclosure: Not Offered via DocuSign		
Khandi Flowers khandi.flowers@fultoncountyga.gov Security Level: Email, Account Authentication (None)	<div>COPIED</div>	Sent: 11/3/2025 10:23:50 AM
Electronic Record and Signature Disclosure: Not Offered via DocuSign		
Mark Hawks mark.hawks@fultoncountyga.gov Chief Assistant Purchasing Agent Purchasing and Contract Compliance Security Level: Email, Account Authentication (None)	<div>COPIED</div>	Sent: 11/3/2025 10:23:51 AM
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	10/16/2025 12:13:17 PM
Certified Delivered	Security Checked	11/3/2025 10:23:37 AM
Signing Complete	Security Checked	11/3/2025 10:23:46 AM
Completed	Security Checked	11/3/2025 10:23:51 AM
Payment Events	Status	Timestamps
Electronic Record and Signature Disclosure		

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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.

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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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- 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.

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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

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- 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.