



FULTON COUNTY

CONTRACT DOCUMENTS FOR Thyssenkrupp Elevator

Under Contract

**Cooperative Agreement Sourcewell Contract RFP
#080420, Elevator, Escalators, and Moving Walks
with Related Equipment, Services, and Supplies**

For

**Fulton County Department of Real Estate and
Asset Management**

Contract Agreement

This Agreement to remove and dispose existing escalators and install two (2) new Velino Escalators in the Fulton County Government Center located at 141 Pryor Street Atlanta, GA 30303 and to remove and dispose existing escalators and install two (2) new Velino Escalators in the Fulton County Justice Center located at 185 Central Ave SW, Atlanta, GA 30303 for the Department of Real Estate & Asset Management department is made and entered into by and between **FULTON COUNTY, GEORGIA**, a political subdivision of the State of Georgia, hereinafter referred to as "County" or "Owner" and **THYSSENKRUPP ELEVATOR** of Marietta Georgia, hereinafter referred to as "Contractor."

Contract Documents

County and Consultant agrees that the Agreement consists of the following contract documents:

- I. Form of this Contract Agreement
- II. Sourcewell Contract RFP #080420; for Cooperative or Statewide Contract
- III. Exhibit A: Scope of Services
- IV. Exhibit B: Compensation
- V. Exhibit C: Certificate of Insurance
- VI. Exhibit D: Georgia Security and Immigration Contractor Affidavit

This Agreement was approved by the Fulton County Board of Commissioners on Wednesday, July 9th, 2025; Item #25-0514.

Contract Term

The Schedule of Work commences upon issuance of the Notice to Proceed through 340 calendar days, with the contract ending upon completion of replacement/installation project as determined by Fulton County.

Compensation

Compensation for work performed by Agency on Project shall be in accordance with the payment provisions and compensation schedule, attached as Exhibit B, Compensation.

The total contract amount for the Project shall not exceed \$1,700,000.00, (One Million Seven Hundred Thousand Dollars and No Cents) which is full payment for a complete scope of work.

Modifications

If during the course of performing the Project, County and Contractor agree that it is necessary to make changes in the Project as described herein and referenced exhibits, such changes will be incorporated by written amendments in the form of Change Orders to this Agreement. Any such Change Order and/or supplemental agreement shall not become

effective or binding unless approved by the Board of Commissioners and entered on the minutes. Such modifications shall conform to the requirements of Fulton County Purchasing Code §102-420 which is incorporated by reference herein.

Indemnification

Contractor shall indemnify the County and protect, defend, indemnify and hold harmless the County, its officers, officials, employees, and volunteers from and against all claims, actions, liabilities, losses (including economic losses), or costs arising out of any actual or alleged:

- a) Bodily injury, sickness, disease, or death; or injury to or destruction of tangible property including the loss of use resulting therefrom; or any other damage or loss or claims arising out of or resulting in whole or part from any actual or alleged act or omission of the Consultant, sub-consultants/subcontractors, anyone directly or indirectly employed by any firm or sub-consultant/subcontractors; or anyone for whose acts any of them may be liable in the performance of the Contract Services;
- b) Violation of any law, statue, ordinance, governmental administrative order, rule, regulation, or infringements of patent rights or other intellectual property rights by the Contractor in the performance of Contract services; or
- c) Liens, claims or actions made by the Contractor or other party performing the Contract Services, as approved by the County. The indemnification obligations herein shall not be limited by any limitation on the amount, type of damages, compensation, or benefits payable by or for the Contractor, or its subcontractor(s), as approved by the County, under workers' compensation acts, disability benefits acts, other employee benefit actor, or any statutory bar or insurance. The agreement to hold the County, its officer's, agents, and employees harmless shall not be limited to the limits of liability insurance requirements specified in this agreement.

Insurance

Contractor agrees to obtain and maintain insurance coverage pursuant to and based upon the Terms and Conditions of the Sourcewell Contract RFP #080420, Elevator, Escalators, and Moving Walks with Related Equipment, Services, and Supplies. Contractor agrees to maintain insurance coverage during the entire term of this Agreement. 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.

Notices

Notices concerning the termination of this Agreement, notices of alleged or actual violations of the terms or conditions of this Agreement, and other notices of similar importance shall be made:

By Contractor to: Director,
Department of Real Estate & Asset Management
141 Pryor Street, SW, Suite G119
Atlanta, Georgia 30303
Attn: Joseph Davis
Email: joseph.davis@fultoncountyga.gov

With a copy to: Chief Purchasing Agent
Department of Purchasing & Contract Compliance
130 Peachtree Street, S.W., Suite 1168
Atlanta, Georgia 30303
Attn: Felicia Strong-Whitaker
Email: felicia.strong-whitaker@fultoncountyga.gov

And by the County to: 678-904 4294
Thyssenkrupp Elevator
788 Circle 75 Pkwy SE, Suite 500
Atlanta, Georgia 3033930340
Attn: **Giovani Smith-Vickers**
Email: giovani.smith-vickers@tkelevator.com

Cooperation with other Contractor

Contractor will undertake the Project in cooperation with and in coordination with other studies, projects or related work performed for, with or by County's employees, appointed committee(s) or other Contractors. Contractor shall fully cooperate with such other related Contractors and County employees or appointed committees. Contractor shall provide within his schedule of work, time and effort to coordinate with other Contractors under contract with County. Contractor shall not commit or permit any act, which will interfere with the performance of work by any other contractor or by County employees. Contractor shall not be liable or responsible for the delays of third parties

All value added taxes, tariffs, duties, and similar charges imposed upon TK Elevator as of the date of the execution of this Agreement are included in the price of the Agreement. After the date of acceptance of this Agreement and in addition to the Agreement price, Contractor is also responsible to pay TK Elevator for any new (or any increase in): (1) applicable value added taxes, tariffs, duties, and/or other charges imposed by applicable governmental authorities; (2) charges from its suppliers for any of the applicable materials and/or components due to (a) supply chain issues, (b) the imposition of applicable value added taxes, tariffs, duties or other charges by applicable governmental authorities; and/or (c) if the completion of work called for in this Agreement occurs after the milestone mentioned earlier in this Proposal; and/or (3) charges from TK Elevator's shippers and/or freight forwarders, all along with profit and overhead associated with those amounts. In addition to the Agreement price, when the materials and/or components called for in this Agreement are ready to ship, TK Elevator will provide Contractor with a change order that includes such value added taxes, tariffs, duties and/or similar charges imposed upon TK Elevator and/or such charges from its

suppliers and freight forwarders for any of the applicable materials and/or components as set forth above, along with profit and overhead associated with those amounts, which must be executed and fully paid for prior to and as a condition precedent to delivery of the material to the jobsite or providing labor on the project.

IN WITNESS THEREOF, the Parties hereto have caused this Contract to be executed by their duly authorized representatives as attested and witnessed and their corporate seals to be hereunto affixed as of the day and year date first above written.

OWNER:

FULTON COUNTY, GEORGIA

Signed by:

Robert L. Pitts

E007604103724

Robert L. Pitts, Chairman
Fulton County Board of Commissioners

ATTEST:

Signed by:

Tonya R. Grier

E007604103724

Tonya R. Grier
Clerk to the Commission

(Affix County Seal)



APPROVED AS TO FORM:

Signed by:

Maye Burnell

E007604103724

Office of the County Attorney

APPROVED AS TO CONTENT:

Signed by:

Joseph Davis

B20354A89008122

Joseph Davis, Director
Department of Real Estate & Asset
Management

CONTRACTOR:

**TK ELEVATOR CORP f/k/a
THYSSENKRUPP ELEVATOR**

DocuSigned by:

Giovani Smith-Vickers

E501365FA00413

Giovani Smith-Vickers,
Contract Analyst, Contracts
Department

ATTEST:

N/A - Giovani is authorized signatory.

Secretary/
Assistant Secretary

Signed by:



(Affix Corporate Seal)

ITEM#: 25-0514 RM: 07/09/2025

REGULAR MEETING

ITEM#: 2ND RM:

SECOND REGULAR MEETING



CONTRACT EXTENSION

Contract Number: 080420-TKE

Sourcewell and TK Elevator
202 12th Street Northeast 114 Townpark Dr NW
P.O. Box 219
Staples, MN 56479 Kennesaw, Georgia 30144-3715
(Sourcewell) (Vendor)

have entered into Contract Number: 080420-TKE
for the procurement of: Elevators, Escalators, and Moving Walks with Related Equipment, Services, and
Supplies

The Contract has an expiration date of 2024-08-28 , but the parties may extend the Contract by mutual consent.

Sourcewell and Vendor acknowledge that extending the Contract benefits the Vendor, Sourcewell and Sourcewell's Members. Vendor and Sourcewell agree to extend the Contract listed above for an additional period, with a new Contract expiration date of 2025-08-28. All other terms and conditions of the Contract remain in full force and effect.

Sourcewell

DocuSigned by:

C0FD2A139D06489
Authorized Signature

Jeremy Schwartz

Chief Operating and Procurement Officer
Title

Date

DocuSigned by:
Donna Sams
DF61D22042884CE...
Authorized Signature

Donna Sams

Supervisor, S&R Contract Analysts

3/13/2024 | 11:22 AM EDT

EXHIBIT A SCOPE OF SERVICES

SCOPE OF WORK

The Contractor shall, under this Contract, perform the following duties in the scope of work which includes, but is not limited to, the following:

Removal Existing Escalators:

- Provide demolition and removal of existing escalators in both GCC and JCT
- Provide cranes and rigging necessary to complete removal in both GCC and JCT

Installation of New Escalators:

- Install two (2) new TKE Velino Escalators Upper End and Lower End in the GCC
- Install two (2) new TKE Velino Escalators Upper End and Lower End in the JCT

Related Build Work:

- Furnish and install barricades around both sides of bottom escalator. approx. 55' x 20'
- Furnish and install barricades 20' x 6' at top of escalator.
- Furnish and install floor protection top and bottom of escalator Demo out sheetrock below escalator and reframe sheetrock when job is complete.
- Paint ceiling area where sheetrock was demoed.
- Demo sprinklers for removal of escalators Reinstall sprinklers when new escalators are installed.
- Demo four (4) can lights for removal of escalator.
- Reinstall four (4) can lights when job is complete.
- Demo out tile on walls and reinstall tile on walls around escalator.
- When job is completed demo tile floor around top landing of escalator approx. 5' x 15' x 5'
- Furnish and install glass piece on top side of escalator between escalator and wall floor protection at door entrance 3/4 plywood approx. 5' x 15'
- Paint barricades building choice of color.

Note:

All work to be performed during normal business hours (8:00 AM to 5:00 PM, M-F, non-holidays)

- Project schedule of values:
 - Pre-Production and Engineering – 50%
 - Material Received – 10%
 - Progress Payments – 30%
 - Final Upon State Inspections and Turnover – 10%

EXHIBIT B

COMPENSATION (see attachments)

The County agrees to compensate the Contractor as follows:

County agrees to compensate Contractor for all services performed under this Agreement in an amount not to exceed \$1,700,000.00; (Cost Proposal – Government Center - \$848,000.00 & Cost Proposal – Justice Center - \$852,000.00). The detailed costs are provided on next page.

Escalator Replacement



Fulton County Government Center

TKE Propose to provide two (2) new Velino Escalators based on the description provided below. In addition to providing new escalators, TKE will remove and dispose of the existing escalators. TKE has also included related building work cost for turn-key management of all sub-contractors. Please see RBW scope of work following the escalator description.

TKE Proposal Price: \$848,000

TKE Velino Escalator Description		POS 1
Reference		E1 - E2
Category		Replacement
Product		Velino
Balustrade		Slim
Number of units		2
Rise		4.267 m
Rise		14'
Upper end		2.490 m
Lower end		1.810 m
Angle of inclination		30 °
Number of intermediate supports		0
Seismic support		0.000 m
Distance between supports		11.691 m
Distance Between Supports (required by customer)		11.640 m
Upper End Extension Needed		0.000 m
Lower End Extension Needed		-0.400 m

DESIGN		
Nominal step/pallet width		5EK
Number of flat steps		2 steps (800HOR)
Angle of inclination		30 °

GENERAL		
Travel speed	0,5 m/s	INCLUDED
Transition radius	Standard	INCLUDED
Safety code	CSA/ASME. Extras marked with (*)	INCLUDED

Escalator Replacement



Fulton County Government Center

2019	CSA/ASME certified drive unit with brake plates CSA/ASME pictograms CSA/ASME keyswitches and plug CSA/ASME steps/pallets	INCLUDED
Arrangement	Parallel and adjacent	INCLUDED
Climatic conditions	Indoor (Class I)	INCLUDED

VOLTAGE AND FREQUENCY		
Voltage	Voltage different to 400 between 200 and 600 V	INCLUDED
Main	480 V	INCLUDED
Light & Sockets	120 V	INCLUDED
Frequency	60 Hz	INCLUDED
Cable entry	Supply through the upper head	INCLUDED
Neutral	With neutral*	INCLUDED

BALUSTRADE		
Type of balustrade	SLIM	INCLUDED
Balustrade panels	Clear glass	INCLUDED
Handrail guide	Galvanized	INCLUDED
Under handrail profile	Not applicable	NO
Decking profiles	Stainless steel 304 1,5 mm	INCLUDED
Handrail	Thermoplastic	INCLUDED
Handrail color	Black	INCLUDED
Skirts	Black powder painted zinc-coated steel 2mm	INCLUDED
Floor plates and comb plates	Aluminum with black grooves	INCLUDED
Floor plate frame	Aluminium	INCLUDED
Comb finishing	Yellow	INCLUDED
Handrail inlet	Black plastic	INCLUDED

OUTER CLADDING		
Lateral cladding - One side	No	NO
Soffit cladding	No	NO
Extra weight allowed for cladding	5lbs/sqft	INCLUDED

LIGHTING		
Step gap lighting	Two LED stripe**	INCLUDED

Escalator Replacement



Fulton County Government Center

Pit lighting	Fixed (Oval)**	INCLUDED
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STEPS/PALLETS		
Step/pallet color	Silver	INCLUDED
Step/pallet finishing	Standard	INCLUDED
Step/pallet painted demarcation	2 sides + rear side (*)	INCLUDED
Type of step/pallet	Non ECO	INCLUDED

TRUSS		
Truss protection	Indoor (60µm)	INCLUDED
External supports	Fixed	INCLUDED
Support material	Wood	INCLUDED
Truss without intermediate support	Yes**	INCLUDED
Access cover for intermediate support	No	NO
Length of upper head	Standard	INCLUDED
Length of lower head	Reduced	INCLUDED
Maintenance cover in lower head	No	NO

CONTROL		
Type of controller	GEC (+MAX)	INCLUDED
Preparation for MAX	Yes**	INCLUDED
Controller location	Internal cabinet in upper pit	INCLUDED
Stop with cover and alarm	Yes	INCLUDED
Communications	Ethernet	INCLUDED
Voltage free contacts	Standard (Up / Down / Fault / Stop)**	INCLUDED

SAFETY DEVICES		
Handrail inlet device	Yes*	INCLUDED
Handrail speed sensor	Yes*	INCLUDED
Brake function indicator	Yes*	INCLUDED
Full motor protection	Yes*	INCLUDED
Speed monitoring motor	Yes*	INCLUDED
Step/pallet chain breakage sensor	Yes*	INCLUDED
Step run guard device	Yes*	INCLUDED
Missing step/pallet safety device	Yes*	INCLUDED
Open pit safety device at both heads	Yes	INCLUDED
Skirting safety brushes	Single-row	INCLUDED
Comb plate safety device	Vertical independent from horizontal (*)	INCLUDED

Escalator Replacement



Fulton County Government Center

Phase sequence relay	Yes*	INCLUDED
Anti-static roller	Yes*	INCLUDED
Floor plates lock	Yes*	INCLUDED
Electrical protection in cabinet	IP21	INCLUDED
Electrical protection in motor	IP55	INCLUDED
Buggy device	Lower head (*)	INCLUDED
Drive chain safety devices	Yes (*)	INCLUDED
Skirting microswitches	At landings (*)	INCLUDED
Number of microswitches	4	INCLUDED
Failure display	Inside the controller (*)	INCLUDED
Fire contact in controller	Yes (*)	INCLUDED
Seismic contact in controller	Yes (*)	INCLUDED
Anti-climbing device	Single arrangement (2 units per escalator)**	INCLUDED
Access restriction device	Between escalator and wall (2 units per escalator)**	INCLUDED
Cables in conduits	Plastic conduit (*)	INCLUDED

DRIVE SYSTEM		
Starting mode	Wye-delta	INCLUDED
Operating mode	Constant operation	INCLUDED
Type of motor	Standard	INCLUDED
Motor efficiency	Standard	INCLUDED
Drive chain's maintenance	Standard	INCLUDED
Handrail chain's maintenance	Standard	INCLUDED
Step/pallet chain's maintenance	Standard	INCLUDED
Flywheel motor cover	Yes**	INCLUDED
Auxiliary brake on main shaft	Mechanical ratchet on main shaft (*)	INCLUDED

PREPARATION FOR TRANSPORTATION		
Number of pieces	2 pieces	INCLUDED
Balustrade delivery	With dismantled balustrade	INCLUDED
Unit delivery	Container (pill up when possible)	INCLUDED

OTHERS		
Maintenance control unit	Yes (*)	INCLUDED
Pit access help (step)	Yes**	INCLUDED
Visible logos	Allowed	INCLUDED

SPECIAL PACKAGES		
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Escalator Replacement



Fulton County Government Center

UNITED STATES / CANADA	Yes. Extras marked with (**)	INCLUDED
	Main switch on separate device CSA/ASME visible stamp on glasses A7 relay (only for projects for Canada) Glasses in separate crate	INCLUDED

Related Building Work:

Furnish and install barricades around both sides of bottom escalator.
 approx. 55' x 20'
 Furnish and install barricades 20' x 6' at top of escalator.
 Furnish and install floor protection top and bottom of escalator
 Demo out sheetrock below escalator and reframe sheetrock when
 job is complete.
 Paint ceiling area where sheetrock was demoed.
 Demo sprinklers for removal of escalators
 Reinstall sprinklers when new escalators are installed.
 Demo 4 can lights for removal of escalator.
 Reinstall 4 can lights when job is complete.
 Demo out tile on walls and reinstall tile on walls around escalator.
 when job is complete
 Demo tile floor around top landing of escalator approx. 5' x 15' x 5'
 Furnish and install glass piece on top side of escalator between
 escalator and wall
 Floor protection at door entrance 3/4 plywood approx. 5' x 15'
 Paint barricades building choice of color.

- **End of Section** -

Escalator Replacement



Fulton County Justice Center

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Escalator Replacement



Fulton County Justice Center

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Escalator Replacement



Fulton County Justice Center

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Escalator Replacement



Fulton County Justice Center

Phase sequence relay	Yes*	INCLUDED
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Escalator Replacement



Fulton County Justice Center

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 Paint barricades building choice of color.

- **End of Section** -



EXHIBIT C

CERTIFICATE OF INSURANCE

EXHIBIT D
GEORGIA SECURITY
AND
IMMIGRATION CONTRACTOR AFFIDAVIT

**STATE OF GEORGIA
COUNTY OF FULTON**

**FORM D: GEORGIA SECURITY AND IMMIGRATION CONTRACTOR
AFFIDAVIT AND AGREEMENT**

By executing this affidavit, the undersigned contractor verifies its compliance with O.C.G.A. 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services¹ under a contract with [insert name of prime contractor]

TK Elevator Corporation on behalf of Fulton

County Government has registered with and is participating in a federal work authorization program*,² in accordance with the applicability provisions and deadlines established in O.C.G.A. 13-10-91.

The undersigned further agrees that, should it employ or contract with any subcontractor(s) in connection with the physical performance of services to this contract with **Fulton County Government**, contractor will secure from such subcontractor(s) similar verification of compliance with O.C.G.A. 13-10-91 on the Subcontractor Affidavit provided in Rule 300-10-01-08 or a substantially similar form. Contractor further agrees to maintain records of such compliance and provide a copy of each such verification to the **Fulton County Government** at the time the subcontractor(s) is retained to perform such service.

E-Verify #198314

EEV/Basic Pilot Program* User Identification Number

TK Elevator Corporation

BY: Authorized Officer of Agent (Insert Contractor Name)

Modernization Senior Sales Executive

Title of Authorized Officer or Agent of Contractor

Justin Jarrett - Justin Jarrett

Printed Name of Authorized Officer or Agent

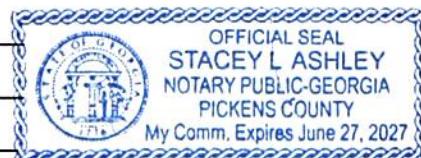
Sworn to and subscribed before me this 8 day of April,
2025.

Notary Public:

Stacey L. Ashley

County: Cobb

Commission Expires: June 27, 2027



¹O.C.G.A. § 13-10-90(4), as amended by Senate Bill 160, provides that "physical performance of services" means any performance of labor or services for a public employer (e.g., Fulton County) using a bidding process (e.g., ITB, RFQ, RFP, etc.) or contract wherein the labor or services exceed \$2,499.99, except for those individuals licensed pursuant to title 26 or Title 43 or by the State Bar of Georgia and is in good standing when such contract is for service to be rendered by such individual.

²*[Any of the electronic verification of work authorization programs operated by the United States Department of Homeland Security or any equivalent federal work authorization program operated by the United States Department of Homeland Security to verify information of newly hired employees, pursuant to the Immigration Reform and Control Act of 1986 (IRCA), P.L. 99-603].



CERTIFICATE OF LIABILITY INSURANCE

Page 1 of 4

DATE (MM/DD/YYYY)
08/20/2025

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	CONTACT NAME: Willis Towers Watson Midwest, Inc.
	PHONE (A/C No.Ext): 312-288-7700 FAX (A/C No.Ext): 312-234-0640
INSURED	E-MAIL ADDRESS:tke.certificates@wtwco.com
	INSURER(S) AFFORDING COVERAGE
	INSURER A: HDI Global Insurance Company 41343
	INSURER B: ACE American Insurance Company 22667
	INSURER C: Indemnity Insurance Company of NA 43575
	INSURER D: ACE Fire Underwriters Insurance Company 20702
	INSURER E:
	INSURER F:

COVERAGEs

CERTIFICATE NUMBER: 2687133

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 <hr/> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <hr/> <input type="checkbox"/> OTHER: _____	X	X	GLD5668904 / GLD5668804	10/01/2024	10/01/2025	EACH OCCURRENCE	\$ 5,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 5,000,000
							GENERAL AGGREGATE	\$ 10,000,000
							PRODUCTS -COMP/OP AGG	\$ 10,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> ONLY <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/>		X	ISAH10836906	10/01/2024	10/01/2025	COMBINED SINGLE LIMIT (Ea accident)	\$ 4,000,000
							BODILY INJURY(Per person)	
							BODILY INJURY (Per accident)	
							PROPERTY DAMAGE (Per accident)	
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ _____		X	CUD5669104	10/01/2024	10/01/2025	EACH OCCURRENCE	\$ 2,000,000
							AGGREGATE	\$ 2,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N	N/A	WLRC72617897 WLR C72617939 SCFC72618014	10/01/2024 10/01/2024 10/01/2024	10/01/2025 10/01/2025 10/01/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT E.L. DISEASE -EA EMPLOYEE E.L. DISEASE -POLICY LIMIT	\$ 1,000,000 \$ 1,000,000 \$ 1,000,000
B	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N						
D	If yes, describe under DESCRIPTION OF OPERATIONS below							
	Limits shown as requested:							

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

Division Number: 104050 - Named Insured Includes: TK Elevator Corporation - Address: 3005 Chastain Meadows Parkway, Suite 100 Marietta, GA 30066

Project Number: 290235 - Project Name: FULTON COUNTY JUSTICE CENTER - Address: 160 PRYOR ST. SW ATLANTA, GA 30303 - Project Type (s): Elevator Modernization

CERTIFICATE HOLDER

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



FULTON COUNTY GOVERNMENT
130 PEACHTREE ST SW STE 1168
ATLANTA, GA 30303
United States



ADDITIONAL REMARKS SCHEDULE

Page 2 of 4

AGENCY	NAMED INSURED TK Elevator Corporation f/k/a ThyssenKrupp Elevator Corporation	
POLICY NUMBER See First Page		
CARRIER See First Page	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS
CERTIFICATE NUMBER: 2687133
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM.
FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE
FULTON COUNTY GOVERNMENT

The Additional Insured(s) listed above is/are added as Additional Insured(s) with respect to Automobile, General Liability and Umbrella policies, but only to the extent required by written contract and only to the extent that coverage is afforded under these policies.

Waiver of Transfer of Rights of Recovery Against Others/Waiver of Subrogation applies with respect to General Liability and/or Workers' Compensation and/or Automobile Liability and/or Umbrella Liability policies where required by written contract and only to the extent that coverage is afforded under these policies.

The insurance shall be primary and non-contributory with respect to the Additional Insured where required by written contract.

Policy Number
GLD5668804

ENDORSEMENT
HDI Global Insurance Company

Named Insured TK ELEVATOR USA HOLDING, INC.

Effective Date: 10-01-24

12:01 A.M., Standard Time

Agent Name WILLIS TOWERS WATSON MIDWEST, INC..

Agent No. P02115018

This Endorsement Changes The Policy. Please Read It Carefully.

PRIMARY AND NONCONTRIBUTING INSURANCE

THIS ENDORSEMENT MODIFIES INSURANCE PROVIDED UNDER THE FOLLOWING:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM
PRODUCTS/COMPLETED OPERATIONS COVERAGE FORM

SECTION IV - COMMERCIAL GENERAL LIABILITY CONDITIONS, PARAGRAPH 4.
OTHER INSURANCE, SUBPARAGRAPH A. PRIMARY INSURANCE, IS AMENDED BY THE
ADDITION OF THE FOLLOWING:

NOTWITHSTANDING ANY OTHER PROVISION OF THE POLICY TO THE CONTRARY,
WHERE REQUIRED BY WRITTEN CONTRACT OR WRITTEN AGREEMENT WITH YOU, THE
INSURANCE AFFORDED BY THIS POLICY FOR THE BENEFIT OF THE ADDITIONAL
INSURED SHALL BE PRIMARY INSURANCE, AND ANY INSURANCE THAT LISTS THE
ADDITIONAL INSURED AS THE NAMED INSURED, MAINTAINED BY
THE ADDITIONAL INSURED SHALL BE NON-CONTRIBUTING. THE COVERAGE
PROVIDED FOR ANY SUCH ADDITIONAL INSURED IS EXPRESSLY LIMITED TO
APPLY ONLY TO LIABILITY ARISING OUT OF OPERATIONS CONDUCTED BY OR FOR
YOU UNDER THE WRITTEN CONTRACT OR AGREEMENT AND THEN ONLY TO THE
EXTENT REQUIRED BY SUCH WRITTEN CONTRACT OR AGREEMENT. NO COVERAGE IS
PROVIDED FOR ANY ADDITIONAL INSURED FOR THE LIABILITY WHICH ARISES IN
ANY MANNER, DIRECTLY OR INDIRECTLY, OTHER THAN FROM OPERATIONS
CONDUCTED BY OR FOR YOU.

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED.

Policy Number
GLD5668804

ENDORSEMENT
HDI Global Insurance Company

Named Insured TK ELEVATOR USA HOLDING, INC.

Effective Date: 10-01-24
12:01 A.M., Standard Time

Agent Name WILLIS TOWERS WATSON MIDWEST, INC..
Agent No. P02115018

This Endorsement Changes The Policy. Please Read It Carefully.

ADDITIONAL INSURED ENDORSEMENT
BLANKET AUTOMATIC - WHERE REQUIRED BY CONTRACT

IT IS HEREBY UNDERSTOOD AND AGREED THAT SECTION II - WHO IS AN INSURED - IS AMENDED BY ADDING THE FOLLOWING PART 4:

4. ANY PERSON, FIRM, CORPORATION OR GOVERNMENT BODY FOR WHOM YOU ARE OBLIGATED BY VIRTUE OF A WRITTEN CONTRACT OR AGREEMENT ENTERED INTO WITH RESPECT TO YOUR OPERATIONS, TO AFFORD COVERAGE SUCH AS PROVIDED BY THIS POLICY.

THE COVERAGE PROVIDED FOR ANY SUCH ADDITIONAL INSURED IS EXPRESSLY LIMITED TO APPLY ONLY TO LIABILITY ARISING OUT OF OPERATIONS CONDUCTED BY OR FOR YOU UNDER THE WRITTEN CONTRACT OR AGREEMENT AND THEN ONLY TO THE EXTENT REQUIRED BY SUCH WRITTEN AGREEMENT. NO COVERAGE IS PROVIDED FOR ANY ADDITIONAL INSURED FOR THE LIABILITY WHICH ARISES IN ANY MANNER, DIRECTLY OR INDIRECTLY, OTHER THAN FROM OPERATIONS CONDUCTED BY OR FOR YOU.

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED.



CERTIFICATE OF LIABILITY INSURANCE

Page 1 of 4

DATE (MM/DD/YYYY)
08/20/2025

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	CONTACT NAME: Willis Towers Watson Midwest, Inc.
	PHONE (A/C No.Ext): 312-288-7700 FAX (A/C No.Ext): 312-234-0640
INSURED	E-MAIL ADDRESS:tke.certificates@wtwco.com
	INSURER(S) AFFORDING COVERAGE
	INSURER A: HDI Global Insurance Company 41343
	INSURER B: ACE American Insurance Company 22667
	INSURER C: Indemnity Insurance Company of NA 43575
	INSURER D: ACE Fire Underwriters Insurance Company 20702
	INSURER E:
	INSURER F:

COVERAGEs

CERTIFICATE NUMBER: 2687133

REVISION NUMBER: 1

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 <hr/> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <hr/> <input type="checkbox"/> OTHER: _____	X	X	GLD5668904 / GLD5668804	10/01/2024	10/01/2025	EACH OCCURRENCE	\$ 5,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
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							GENERAL AGGREGATE	\$ 10,000,000
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B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> ONLY <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/>		X	ISAH10836906	10/01/2024	10/01/2025	COMBINED SINGLE LIMIT (Ea accident)	\$ 4,000,000
							BODILY INJURY(Per person)	
							BODILY INJURY (Per accident)	
							PROPERTY DAMAGE (Per accident)	
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ _____		X	CUD5669104	10/01/2024	10/01/2025	EACH OCCURRENCE	\$ 2,000,000
							AGGREGATE	\$ 2,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N	N/A	X	WLRC72617897 WLR C72617939 SCFC72618014	10/01/2024 10/01/2024 10/01/2024	10/01/2025 10/01/2025 10/01/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE -EA EMPLOYEE \$ 1,000,000 E.L. DISEASE -POLICY LIMIT \$ 1,000,000
B	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N						
D	If yes, describe under DESCRIPTION OF OPERATIONS below							
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Division Number: 104050 - Named Insured Includes: TK Elevator Corporation - Address: 3005 Chastain Meadows Parkway, Suite 100 Marietta, GA 30066

Project Number: 290235/290385 - Project Name: FULTON COUNTY JUSTICE CENTER/FULTON COUNTY GOVERNMENT CTR - Address: 160 PRYOR ST. SW ATLANTA, GA 30303 - Project Type (s): Elevator Modernization

CERTIFICATE HOLDER

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



FULTON COUNTY GOVERNMENT
130 PEACHTREE ST SW STE 1168
ATLANTA, GA 30303
United States



ADDITIONAL REMARKS SCHEDULE

Page 2 of 4

AGENCY	NAMED INSURED TK Elevator Corporation f/k/a ThyssenKrupp Elevator Corporation	
POLICY NUMBER See First Page		
CARRIER See First Page	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS
CERTIFICATE NUMBER: 2687133
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM.
FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE
FULTON COUNTY GOVERNMENT

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Waiver of Transfer of Rights of Recovery Against Others/Waiver of Subrogation applies with respect to General Liability and/or Workers' Compensation and/or Automobile Liability and/or Umbrella Liability policies where required by written contract and only to the extent that coverage is afforded under these policies.

The insurance shall be primary and non-contributory with respect to the Additional Insured where required by written contract.

Policy Number
GLD5668804

ENDORSEMENT
HDI Global Insurance Company

Named Insured TK ELEVATOR USA HOLDING, INC.

Effective Date: 10-01-24

12:01 A.M., Standard Time

Agent Name WILLIS TOWERS WATSON MIDWEST, INC..

Agent No. P02115018

This Endorsement Changes The Policy. Please Read It Carefully.

PRIMARY AND NONCONTRIBUTING INSURANCE

THIS ENDORSEMENT MODIFIES INSURANCE PROVIDED UNDER THE FOLLOWING:

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PRODUCTS/COMPLETED OPERATIONS COVERAGE FORM

SECTION IV - COMMERCIAL GENERAL LIABILITY CONDITIONS, PARAGRAPH 4.
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NOTWITHSTANDING ANY OTHER PROVISION OF THE POLICY TO THE CONTRARY,
WHERE REQUIRED BY WRITTEN CONTRACT OR WRITTEN AGREEMENT WITH YOU, THE
INSURANCE AFFORDED BY THIS POLICY FOR THE BENEFIT OF THE ADDITIONAL
INSURED SHALL BE PRIMARY INSURANCE, AND ANY INSURANCE THAT LISTS THE
ADDITIONAL INSURED AS THE NAMED INSURED, MAINTAINED BY
THE ADDITIONAL INSURED SHALL BE NON-CONTRIBUTING. THE COVERAGE
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CONDUCTED BY OR FOR YOU.

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Policy Number
GLD5668804

ENDORSEMENT
HDI Global Insurance Company

Named Insured TK ELEVATOR USA HOLDING, INC.

Effective Date: 10-01-24
12:01 A.M., Standard Time

Agent Name WILLIS TOWERS WATSON MIDWEST, INC..
Agent No. P02115018

This Endorsement Changes The Policy. Please Read It Carefully.

ADDITIONAL INSURED ENDORSEMENT
BLANKET AUTOMATIC - WHERE REQUIRED BY CONTRACT

IT IS HEREBY UNDERSTOOD AND AGREED THAT SECTION II - WHO IS AN INSURED - IS AMENDED BY ADDING THE FOLLOWING PART 4:

4. ANY PERSON, FIRM, CORPORATION OR GOVERNMENT BODY FOR WHOM YOU ARE OBLIGATED BY VIRTUE OF A WRITTEN CONTRACT OR AGREEMENT ENTERED INTO WITH RESPECT TO YOUR OPERATIONS, TO AFFORD COVERAGE SUCH AS PROVIDED BY THIS POLICY.

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ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED.

Certificate Of Completion

Envelope Id: 9E2B799A-611C-4079-845A-DCB20D848B6F

Status: Completed

Subject: Cooperative Agreement. Contract with Thyssenkrupp Elevator

Parcel ID:

Employee Name:

Source Envelope:

Document Pages: 31

Signatures: 5

Envelope Originator:

Certificate Pages: 6

Initials: 0

Darlene Banks

AutoNav: Enabled

Stamps: 2

141 Pryor Street

Enveloped Stamping: Enabled

Purchasing & Contract Compliance, Suite 1168

Time Zone: (UTC-08:00) Pacific Time (US & Canada)

Atlanta, GA 30303

darlene.banks@fultoncountyga.gov

IP Address: 144.125.34.76

Record Tracking

Status: Original

7/25/2025 12:59:05 PM

Holder: Darlene Banks

Location: DocuSign

Security Appliance Status: Connected

Pool: StateLocal

Storage Appliance Status: Connected

Pool: Fulton County Government

Location: Docusign

Signer Events

Signature

Timestamp

Giovani Smith-Vickers

DocuSigned by:

E54F363F4A60483...

Sent: 7/25/2025 12:51:13 PM

giovani.smith-vickers@tkelevator.com



Resent: 8/15/2025 5:48:13 AM

Contract Analyst

Resent: 8/19/2025 11:08:02 AM

TK Elevator Corp

Viewed: 8/20/2025 5:26:53 AM

Security Level: Email, Account Authentication (None)

Signed: 8/20/2025 5:36:01 AM

Signature Adoption: Pre-selected Style

Using IP Address:

2600:1700:c4be:8000:f190:d5a5:8889:f889

Electronic Record and Signature Disclosure:

Accepted: 7/28/2025 10:51:33 AM

Sent: 8/20/2025 5:36:04 AM

ID: 739f27cc-a1ba-437f-8ef4-ba7dbda8fea1

DARLENE BANKS

Completed

Viewed: 8/20/2025 6:14:24 AM

darlene.banks@fultoncountyga.gov

Signed: 8/20/2025 6:14:43 AM

Assistant Purchasing Agent

Using IP Address: 74.174.59.4

Fulton County Government

Security Level: Email, Account Authentication (None)

Sent: 8/20/2025 6:14:45 AM

Electronic Record and Signature Disclosure:

Resent: 8/20/2025 6:21:39 AM

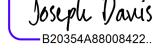
Not Offered via Docusign

Viewed: 8/20/2025 10:59:05 AM

Joseph Davis

Signed: 8/20/2025 11:00:00 AM

joseph.davis@fultoncountyga.gov


Signed by:
B20354A88008422...

Signature Adoption: Pre-selected Style

Using IP Address: 74.174.59.10

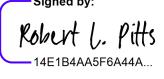
Electronic Record and Signature Disclosure:

Accepted: 8/20/2025 10:59:05 AM

Sent: 8/20/2025 6:14:45 AM

ID: a2c8a88f-5dff-4367-a354-1fc0d3ce2023

Resent: 8/20/2025 6:21:39 AM

Signer Events	Signature	Timestamp
<p>David Lowman david.lowman@fultoncountyga.gov Security Level: Email, Account Authentication (None)</p> <p>Electronic Record and Signature Disclosure: Accepted: 8/20/2025 11:02:29 AM ID: ee6bfc3a-3bec-4b31-8e93-d9ee3f92dde2</p>	<p>Completed</p> <p>Using IP Address: 74.174.59.4</p> <p> Signed by: kaye Burwell 40352659B237414...</p>	<p>Sent: 8/20/2025 11:00:04 AM Viewed: 8/20/2025 11:02:29 AM Signed: 8/20/2025 11:05:24 AM</p>
<p>Kaye Burwell kaye.burwell@fultoncountyga.gov Deputy County Attorney Security Level: Email, Account Authentication (None)</p> <p>Electronic Record and Signature Disclosure: Accepted: 8/20/2025 11:07:43 AM ID: ee689c28-fe5f-431a-bcf6-4f2c07bb5dce</p>	<p>Signature Adoption: Pre-selected Style Using IP Address: 104.129.206.71</p>	<p>Sent: 8/20/2025 11:05:28 AM Viewed: 8/20/2025 11:07:43 AM Signed: 8/20/2025 11:24:42 AM</p>
<p>Nikki Peterson nikki.peterson@fultoncountyga.gov Chief Deputy Clerk to the Board of Commissioners Fulton County Government Security Level: Email, Account Authentication (None)</p> <p>Electronic Record and Signature Disclosure: Accepted: 11/27/2017 10:39:37 AM ID: b7ce88ee-0c66-4f3a-bfee-705e0af602d8</p>	<p>Completed</p> <p>Using IP Address: 66.56.23.82</p> <p> Signed by: Robert L. Pitts 14E1B4AA5F6A44A...</p>	<p>Sent: 8/20/2025 11:24:45 AM Viewed: 8/28/2025 2:55:29 PM Signed: 8/28/2025 2:55:55 PM</p>
<p>Robert L. Pitts harriet.thomas@fultoncountyga.gov Chairman Fulton County Security Level: Email, Account Authentication (None)</p> <p>Electronic Record and Signature Disclosure: Accepted: 8/28/2025 2:58:51 PM ID: 9504dc5-094c-4969-9bf8-d2bbf726f51a</p>	<p>Signature Adoption: Pre-selected Style Using IP Address: 74.174.59.10</p>	<p>Sent: 8/28/2025 2:55:59 PM Viewed: 8/28/2025 2:58:51 PM Signed: 8/28/2025 2:58:57 PM</p>
<p>Tonya Grier tonya.grier@fultoncountyga.gov Clerk to the Commission Fulton County Government Security Level: Email, Account Authentication (None)</p> <p>Electronic Record and Signature Disclosure: Accepted: 3/16/2018 7:54:59 AM ID: f3f241e8-3027-4447-9476-6cf20ae25dd4</p>	<p> Signed by:  TONYA GRIER CLERK TO THE COMMISSION FULTON COUNTY GOVERNMENT</p> <p>Signature Adoption: Uploaded Signature Image Using IP Address: 99.96.24.191</p>	<p>Sent: 8/28/2025 2:59:00 PM Viewed: 8/28/2025 3:49:33 PM Signed: 8/28/2025 3:49:42 PM</p>
<p>DARLENE BANKS darlene.banks@fultoncountyga.gov Assistant Purchasing Agent Fulton County Government Security Level: Email, Account Authentication (None)</p> <p>Electronic Record and Signature Disclosure:</p>	<p>Completed</p> <p>Using IP Address: 169.224.182.188</p>	<p>Sent: 8/28/2025 3:49:51 PM Viewed: 8/28/2025 4:04:52 PM Signed: 8/28/2025 4:05:22 PM</p>

Signer Events	Signature	Timestamp
Not Offered via DocuSign		
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: 8/28/2025 4:05:26 PM Viewed: 8/29/2025 8:34:15 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	7/25/2025 1:25:13 PM
Envelope Updated	Security Checked	8/19/2025 11:07:51 AM
Envelope Updated	Security Checked	8/19/2025 11:07:51 AM
Envelope Updated	Security Checked	8/19/2025 11:07:51 AM
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Envelope Updated	Security Checked	8/19/2025 11:07:51 AM
Certified Delivered	Security Checked	8/28/2025 4:04:52 PM
Signing Complete	Security Checked	8/28/2025 4:05:22 PM
Completed	Security Checked	8/28/2025 4:05:26 PM
Payment Events	Status	Timestamps
Electronic Record and Signature Disclosure		

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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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