



DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE

CONTRACT RENEWAL AGREEMENT

DEPARTMENT: Police

BID/RFP NUMBER: 23RFP139745B-EC

BID/RFP TITLE: Armed and Unarmed Security Services

ORIGINAL APPROVAL DATE: November 15, 2023

RENEWAL EFFECTIVE DATES: January 1, 2025 to December 31, 2025

RENEWAL OPTION #: 1 OF 2

NUMBER OF RENEWAL OPTIONS: 2

RENEWAL AMOUNT: \$8,390,000

COMPANY'S NAME: Universal Protection Service, LLC dba Allied Universal Security Services

ADDRESS: 3355 Lenox Road NE, Suite #300

CITY: Atlanta

STATE: GA

ZIP: 30326

This Renewal Agreement No. 1 was approved by the Fulton County Board of Commissioners on BOC DATE: BOC NUMBER:

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

**Universal Protection Service, LLC
dba Allied Universal Security
Services**

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

**Paul M. Stab
Sr. Regional Vice President**

ATTEST:

ATTEST:

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

**Secretary/
Assistant Secretary**

(Affix County Seal)

(Affix Corporate Seal)

AUTHORIZATION OF RENEWAL:

ATTEST:

**W. Wade Yates, Chief of Police
Police Department**

Notary Public

County: _____

Commission Expires: _____

(Affix Notary Seal)

ITEM#: _____ RCS: _____ REGULAR MEETING	ITEM#: _____ RM: _____ SECOND REGULAR MEETING
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CERTIFICATE OF INSURANCE