



DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE

CONTRACT RENEWAL AGREEMENT

DEPARTMENT: Real Estate and Asset Management

BID/RFP# NUMBER: 19ITB120265C-MH

BID/RFP# TITLE: Moving Services

ORIGINAL APPROVAL DATE: 12/4/2019

RENEWAL EFFECTIVE DATES: 1/ 1/ 2022 **THROUGH** 12/ 31/2022

RENEWAL OPTION #: 2 **OF** 2

NUMBER OF RENEWAL OPTIONS: 2

RENEWAL AMOUNT: \$50,000.00

COMPANY'S NAME: ALS Van Lines Services, Inc.

ADDRESS: 6025 LaGrange Blvd.

CITY: Atlanta

STATE: GA

ZIP: 30336

xxx

This Renewal Agreement No. ___ was approved by the Fulton County Board of Commissioners on BOC DATE: ^{xxx} BOC NUMBER: ^{xxx}

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

ALS Van Lines Services, Inc.

DocuSigned by:

Robert L. Pitts

14E1B4AA5E6A44A...

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

Please select Attest or Notary from checkbox

Attest

DocuSigned by:

Jack Walsh

B0ACE8EC8A4B420...

Notary

ATTEST:

ATTEST:

DocuSigned by:

Tonya R. Grier

EEC476C4837648D...

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

(Affix County Seal)



AUTHORIZATION OF RENEWAL:

DocuSigned by:

Joseph Davis

B20354A08000422...

Joseph Davis Director

Real Estate and Asset Management

**Secretary/
Assistant Secretary**

(Affix Corporate Seal)

ATTEST:

Stephanie L Flowers

Notary Public

County: Douglas

Commission Expires: May 13, 2025

DocuSigned by:

(Affix Notary Seal)



Please select RCS or RM from the checkbox

RCS

RM

ITEM#: <u>xxx</u> RCS: <u>xxx</u>	ITEM#: <u>2021-0735(A)</u> RM: <u>10/6/2021</u>
RECESS MEETING	REGULAR MEETING



DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE

CONTRACT RENEWAL AGREEMENT

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BID/RFP# NUMBER: 19ITB120265C-MH

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ORIGINAL APPROVAL DATE: 12/4/2019

RENEWAL EFFECTIVE DATES: 1/ 1/ 2022 THROUGH 12/ 31/2022

RENEWAL OPTION #: 2 OF 2

NUMBER OF RENEWAL OPTIONS: 2

RENEWAL AMOUNT: \$17,500.00

COMPANY'S NAME: Leslie Regis, Inc. dba Atlanta Cargo Transportation

ADDRESS: 2530 Lantrac Ct.

CITY: Decatur

STATE: GA

ZIP: 30035

This Renewal Agreement No. 2 was approved by the Fulton County Board of Commissioners on BOC DATE: 10/6/2021 BOC NUMBER: 2021-0735

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

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

[Handwritten Signature]
Full Name _____ General manager

ATTEST:

DocuSigned by:

Tonya Grier

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

(Affix County Seal)

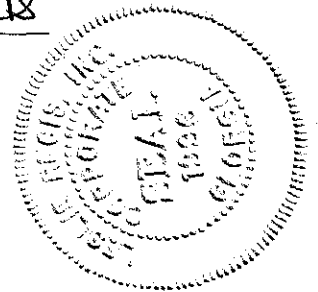


ATTEST:

[Handwritten Signature]

**Secretary/
Assistant Secretary**

(Affix Corporate Seal)



AUTHORIZATION OF RENEWAL:

DocuSigned by:

Joseph Davis

B20354A88008422...

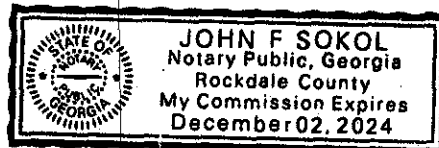
ATTEST:

[Handwritten Signature]
Notary Public John F Sokol

County: ROCKDALE

Commission Expires: 12/02/2024

(Affix Notary Seal)



ITEM#: _____ RCS: _____
RECESS MEETING

ITEM#: 2021-0735 RM: 10/6/2021
REGULAR MEETING



CONTRACT RENEWAL AGREEMENT

DEPARTMENT: Real Estate and Asset Management

BID/RFP# NUMBER: 19ITB120265C-MH

BID/RFP# TITLE: Moving Services

ORIGINAL APPROVAL DATE: 12/4/2019 RENEWAL EFFECTIVE DATES: 1/ 1/ 2022

THROUGH 12/ 31/2022

RENEWAL OPTION #: 2 OF 2

NUMBER OF RENEWAL OPTIONS: 2

RENEWAL AMOUNT: \$32,500.00

COMPANY'S NAME: Beltmann Relocation Group

ADDRESS: 4897 Lewis Rd.

CITY: Stone Mountain

STATE: GA

ZIP: 30083

This Renewal Agreement No. 2 was approved by the Fulton County Board of Commissioners on BOC DATE: 2021-0735B BOC NUMBER: 10/6/2021

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: 19ITB120265C-MH, Moving Services

FULTON COUNTY, GEORGIA

BELTMANN RELOCATION

DocuSigned by:

Robert L. Pitts

Charlie Shockley

14E1B4AA5F0A44A
Robert L. Pitts, Chairman
Fulton County Board of Commissioners

Charlie Shockley

ATTEST:

ATTEST:

DocuSigned by:

Tonya R. Grier

DocuSigned by:

ECC476C4837648D
Tonya R. Grier
Clerk to the Commission

**Secretary/
Assistant Secretary**

(Affix County Seal)



(Affix Corporate Seal)

AUTHORIZATION OF RENEWAL:

ATTEST:

DocuSigned by:

Joseph Davis

[Signature]

B20357A88008422
Joseph Davis,
Director

Notary Public

County: Cobb

Commission Expires: 1/6/2024

(Affix Notary Seal)



ITEM#: _____	RCS: _____	ITEM#: 2021-0735-B	RM: 10/6/2021
RECESS MEETING		REGULAR MEETING	



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/05/2021

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 Hays Companies 80 South 8th Street Suite 700 Minneapolis, MN 55402 INSURED Beltmann Group Incorporated DBA Beltmann Relocation Group 2480 Long Lake Road Roseville, MN 55113	1-612-333-3323 CONTACT NAME: Dawn Heinemann or Lori Lock PHONE (A/C No. Ext): 612-333-3323 FAX (A/C, No): 612-373-7270 E-MAIL ADDRESS: dheinemann@hayscompanies.com <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;">INSURER(S) AFFORDING COVERAGE</td> <td style="text-align: center; border: none;">NAIC #</td> </tr> <tr> <td style="border: none;">INSURER A: VANLINER INS CO</td> <td style="border: none;">21172</td> </tr> <tr> <td style="border: none;">INSURER B:</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">INSURER C:</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">INSURER D:</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">INSURER E:</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">INSURER F:</td> <td style="border: none;"></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: VANLINER INS CO	21172	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES

CERTIFICATE NUMBER: 63715861

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 EXCLUSION 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 type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	X	X	BGG00000108	08/01/21	08/01/22	<table style="width: 100%; border: none;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td style="text-align: right;">\$ 300,000</td></tr> <tr><td>MED EXP (Any one person)</td><td style="text-align: right;">\$ 10,000</td></tr> <tr><td>PERSONAL & ADV INJURY</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>GENERAL AGGREGATE</td><td style="text-align: right;">\$ 2,000,000</td></tr> <tr><td>PRODUCTS - COMP/OP AGG</td><td style="text-align: right;">\$ 2,000,000</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> </table>	EACH OCCURRENCE	\$ 1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000	MED EXP (Any one person)	\$ 10,000	PERSONAL & ADV INJURY	\$ 1,000,000	GENERAL AGGREGATE	\$ 2,000,000	PRODUCTS - COMP/OP AGG	\$ 2,000,000		\$
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A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> Auto Phys Dam	X	X	BGA582790009	08/01/21	08/01/22	<table style="width: 100%; border: none;"> <tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>BODILY INJURY (Per person)</td><td style="text-align: right;">\$</td></tr> <tr><td>BODILY INJURY (Per accident)</td><td style="text-align: right;">\$</td></tr> <tr><td>PROPERTY DAMAGE (Per accident)</td><td style="text-align: right;">\$</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> </table>	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$		\$				
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A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	X	X	UMV582790009	08/01/21	08/01/22	<table style="width: 100%; border: none;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$ 15,000,000</td></tr> <tr><td>AGGREGATE</td><td style="text-align: right;">\$ 15,000,000</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> </table>	EACH OCCURRENCE	\$ 15,000,000	AGGREGATE	\$ 15,000,000		\$								
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A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		X	BGW582790009	08/01/21	08/01/22	<table style="width: 100%; border: none;"> <tr> <td><input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER</td> <td></td> </tr> <tr><td>E.L. EACH ACCIDENT</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>E.L. DISEASE - EA EMPLOYEE</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>E.L. DISEASE - POLICY LIMIT</td><td style="text-align: right;">\$ 1,000,000</td></tr> </table>	<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						
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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 additional insured on a primary and non-contributory basis as respects general, automobile and umbrella liability policies where required by written contract subject to the policy(s) terms and conditions. Waiver of subrogation applies in favor of the additional insured as respects general, automobile and umbrella liability and workers compensation policies where required by written contract subject to the policy(s) terms and conditions.

CERTIFICATE HOLDER

CANCELLATION

Fulton County Government

 Purchasing Department
 130 Peachtree Street, S.W., Suite 1168

 Atlanta, GA 30303-3459

USA

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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