



**AMENDMENT #1  
FORM TO CONTRACT  
#20RFP126602K-BKJ**

**BUILDING CODE ADMINISTRATION  
SERVICES, CONSTRUCTION  
MANAGEMENT SERVICES AND  
PLANNING SERVICES**

**DEPARTMENT OF PUBLIC WORKS**

**AMENDMENT NO. 1 TO FORM OF CONTRACT**

Contractor: **NOVA Engineering and Environmental**

Contract No. **20RFP126602K-BKJ Building Code Administration Services  
Construction Management Services and Planning Services**

Address: **3900 Kennesaw 75 Parkway, Suite 100**  
City, State **Kennesaw, GA 30144**

Telephone: **770-425-0777**

E-mail: [swillenborg@usanova.com](mailto:swillenborg@usanova.com)

Contact: **J. Stephen Willenborg, PE,  
Vice President of Operations**

**W I T N E S S E T H**

WHEREAS, Fulton County ("County") entered into a Contract with NOVA Engineering and Environmental, LLC to provide Building Code Administration Services, Construction Management Services, and Planning Services, dated 12/16/2020 on behalf of the Public Works Department; and

WHEREAS, the Public Works Department is seeking an increase in spending authority for Nova Engineering and Environmental, LLC under the referenced contract; and

WHEREAS, the Contractor has performed satisfactorily over the period of the contract; and

WHEREAS, this amendment was approved by the Fulton County Board of Commissioners on September 6, 2023, BOC Item #23-0637.

**NOW, THEREFORE**, the County and the Contractor agree as follows:

This Amendment No. 1 to Form of Contract is effective as of the 6th day of September 2023, between the County and Nova Engineering and Environmental, LLC, who agree that all Services specified will be performed in accordance with this Amendment No. 1 to Form of Contract and the Contract Documents.

1. **SCOPE OF WORK TO BE PERFORMED:** To provide Building Code Administration Services, Construction Management Services, and Planning Services.
2. **COMPENSATION:** The services described under Scope of Work herein shall be performed by the Contractor for a total amount not to exceed \$80,000.00 with Nova

Engineering and Environmental, LLC (Kennesaw, GA). This action will bring the total contract value to \$230,000.00.

3. **LIABILITY OF COUNTY:** This Amendment No. 1 to Form of Contract shall not become binding on the County and the County shall incur no liability upon same until such agreement has been executed by the Chair to the Commission, attested to by the Clerk to the Commission and delivered to Contractor.
4. **EFFECT OF AMENDMENT NO. 1 TO FORM OF CONTRACT:** Except as modified by this Amendment No. 1 to Form of Contract, the Contract, and all Contract Documents, remain in full force and effect.

**[INTENTIONALLY LEFT BLANK]**

**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**

DocuSigned by:

*Robert L. Pitts*

Robert L. Pitts, Chairman  
Fulton County Board of Commissioners

ATTEST:

DocuSigned by:

*Tonya R. Grier*

Tonya R. Grier  
Clerk to the Commission

(Affix County Seal)

APPROVED AS TO FORM:

DocuSigned by:

*[Signature]*

Office of the County Attorney

APPROVED AS TO CONTENT:

DocuSigned by:

*David Clark*

David Clark, Director  
Department of Public Works

CONSULTANT:

**NOVA ENGINEERING AND ENVIRONMENTAL, LLC.**

DocuSigned by:

*J. Stephen Willenborg*

J. Stephen Willenborg, PE  
Vice President of Operations

ATTEST:

Vice President

Secretary/  
Assistant Secretary

(Affix Corporate Seal)

ATTEST:

Kim A. Millwood

Notary Public

County: Cherokee

Commission Expires: Dec. 14, 2024

(Affix Notary Seal)

ITEM#: 23-0637 RCS: 9/20/2023  
**RECESS MEETING**

ITEM#: \_\_\_\_\_ RM: \_\_\_\_\_  
**REGULAR MEETING**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/17/2023

**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).**

<b>PRODUCER</b> Ironwood, a Marsh & McLennan Agency, LLC Co 4401 Northside Parkway NW Suite 800 Atlanta GA 30327	<b>CONTACT NAME:</b> Laura Jones <b>PHONE (A/C, No, Ext):</b> (404) 927-9143 <b>FAX (A/C, No):</b> (404) 503-9101 <b>E-MAIL ADDRESS:</b> ljones@ironwoodins.com <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td><b>INSURER A:</b> Colony Insurance Company</td> <td>39993</td> </tr> <tr> <td><b>INSURER B:</b> Allied World Assurance Co</td> <td>19489</td> </tr> <tr> <td><b>INSURER C:</b> Travelers Indemnity Co of CT</td> <td>25682</td> </tr> <tr> <td><b>INSURER D:</b> Travelers Indemnity Company of America</td> <td>25666</td> </tr> <tr> <td><b>INSURER E:</b> Lexington Insurance Company</td> <td>19437</td> </tr> <tr> <td><b>INSURER F:</b> Continental Casualty Company</td> <td>20443</td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	<b>INSURER A:</b> Colony Insurance Company	39993	<b>INSURER B:</b> Allied World Assurance Co	19489	<b>INSURER C:</b> Travelers Indemnity Co of CT	25682	<b>INSURER D:</b> Travelers Indemnity Company of America	25666	<b>INSURER E:</b> Lexington Insurance Company	19437	<b>INSURER F:</b> Continental Casualty Company	20443
INSURER(S) AFFORDING COVERAGE	NAIC #														
<b>INSURER A:</b> Colony Insurance Company	39993														
<b>INSURER B:</b> Allied World Assurance Co	19489														
<b>INSURER C:</b> Travelers Indemnity Co of CT	25682														
<b>INSURER D:</b> Travelers Indemnity Company of America	25666														
<b>INSURER E:</b> Lexington Insurance Company	19437														
<b>INSURER F:</b> Continental Casualty Company	20443														
<b>INSURED</b> Nova Engineering and Environmental, LLC 3900 Kennesaw 75 Parkway Suite 100 Kennesaw GA 30144															

**COVERAGES****CERTIFICATE NUMBER:** 23-24 Main Master**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"/> <b>COMMERCIAL GENERAL LIABILITY</b>	Y	Y	PACE302573	08/31/2023	08/31/2024	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
							MED EXP (Any one person) \$ 10,000
							PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input checked="" type="checkbox"/> OTHER: POLLUTION LIABILITY						Each Poll Cond / Agg \$ 1M / 2M
C	<b>AUTOMOBILE LIABILITY</b>	Y		HC2E CAP 5H601993	08/31/2023	08/31/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
							Comp / Collision Ded \$ 1,000
A/G	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b>	Y		EXC302574	08/31/2023	08/31/2024	EACH OCCURRENCE \$ 5,000,000
	<input checked="" type="checkbox"/> <b>EXCESS LIAB</b>						AGGREGATE \$ 5,000,000
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> RETENTION \$						Each Occ / Agg \$ 5M / 5M
D	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	N/A		UB-2P642905-23-51-K	04/01/2023	04/01/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B/E	Professional Liability / Excess Professional Liability			03091788 / 031565564	08/31/2023	08/31/2024	Each Claim / Aggregate \$5M / \$5M
							Each Claim / Aggregate \$2M / \$5M

**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 the General Liability, Automobile Liability, and Umbrella Liability policies with respect to the liability resulting from the operations of the Named Insured as required by written contract. General Liability coverage provided is primary and non-contributory with respect to any similar insurance held by the additional insured as required by written contract. Waiver of Subrogation is in place in favor of additional insureds for General Liability as required by written contract.

**CERTIFICATE HOLDER****CANCELLATION**

FultonCounty Government Purchasing and Contract Compliance 130 Peachtree Street, S.W. Suite 1168 Atlanta GA 30303-3459	<p><b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b></p> <p><b>AUTHORIZED REPRESENTATIVE</b></p> <p style="text-align: center;"><i>SBD</i></p>
---	--

© 1988-2015 ACORD CORPORATION. All rights reserved.

AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_



ADDITIONAL REMARKS SCHEDULE

Page \_\_\_\_ of \_\_\_\_

AGENCY Ironwood, a Marsh & McLennan Agency, LLC Co		NAMED INSURED Nova Engineering and Environmental, LLC
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**

**FORM NUMBER:** 25      **FORM TITLE:** Certificate of Liability Insurance: Notes

Contractor's Equipment:  
Insurer F: Continental Casualty Company  
Policy Number: 6081798037  
Policy Term: 8/31/2023 to 8/31/2024  
Limit - Maximum, Per Occurrence \$1,429,243  
Limit - Equipment Owned - \$1,139,243  
Limit - Equipment Leased/Rented From Others - \$250,000  
Deductible - \$1,000

Excess Liability:  
Insurer G: Allied World Assurance Co.  
NAIC# 19489  
Policy Number: 03135166  
Policy Term: 8/31/2023 to 8/31/2024  
Limit: Per Occurrence/Aggregate: \$5,000,000

The Automobile Coverage (Travelers Indemnity Company of CT, Policy #HC2E CAP 5H601993) placement was made by Biltmore Insurance Services. Ironwood Insurance Services (a Marsh & McLennan Agency) has only acted in the role of a consultant to the client with respect to this placement, which is indicated here for your convenience.

The Workers Compensation Coverage (Travelers Indemnity Company of America, Policy #UB-2P642905-23-51-K) placement was made by Biltmore Insurance Services. Ironwood Insurance Services (a Marsh & McLennan Agency) has only acted in the role of a consultant to the client with respect to this placement, which is indicated here for your convenience.