

DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE

CONTRACT RENEWAL AGREEMENT

DEPARTMENT: Real Estate and Asset Management

BID/RFP# NUMBER: 23ITB110923C-GS (C)

BID/RFP# TITLE: HVAC On Call Maintenance Services Countywide

ORIGINAL APPROVAL DATE: 3/6/2024

RENEWAL EFFECTIVE DATES: 1/1/2025 THROUGH 12/31/2025

RENEWAL OPTION #: 1 **OF** 2

NUMBER OF RENEWAL OPTIONS: 2

RENEWAL AMOUNT: \$250,000.00

COMPANY'S NAME: 5 Seasons Mechanical, LLC.

ADDRESS: 4000 DeKalb Technology Parkway, Building 100

CITY: Atlanta

STATE: Georgia

ZIP: 30340

This Renewal Agreement No. <u>1</u> was approved by the Fulton County Board of

Commissioners on BOC DATE: <u>10/16/2024</u> BOC NUMBER: <u>24-0682</u>

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 Signed by: Robert 1. Pitts	5 SEASONS MECHANICAL, LLC Signed by: Idam Soyali
Robert L. Pitts, Chairman Fulton County Board of Commissioners	Anouar Soyah Chief Operation Officer
ATTEST: Docusigned by: Tonya R. Gricr	ATTEST:
Tonya R. Grier Clerk to the Commission (Affix County Seal)	Secretary/ Assistant Secretary (Affix Corporate Seal)
AUTHORIZATION OF RENEWAL: Signed by: Joseph N. Davis	ATTEST: —Signed by: Stacey Browhard
Joseph N. Davis, Director Department of Real Estate and Asset Management	Notary Public Fulton County:
	(Affix Notary Seal) Signed by: **TACEY BROL Notary Public, G Fulton County Commission of July 28, 20
ITEM#: RCS: REGULAR MEETING	10/16/2024 ITEM#: 2 nd RM: SECOND REGULAR MEETING

CERTIFICATE OF INSURANCE





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/01/2024

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).

this certificate does not comer rights to the certificate n	older in lieu of Suci	i endorsement(s).		
PRODUCER		CONTACT NAME:		
Brown & Brown Insurance Services, Inc.		PHONE (A/C, No, Ext): (954) 776-2222	FAX (A/C, No): (9	54) 776-4446
1201 W Cypress Creek Road		E-MAIL ADDRESS: 053.certs@bbrown.com		
Suite 130		INSURER(S) AFFORDING COVERAGE		NAIC#
Fort Lauderdale	FL 33309	INSURER A: Amerisure Insurance Company		19488
INSURED		INSURER B: Vantage Risk Specialty Insurance Compa	any	16275
5 Seasons Mechanical, LLC		INSURER C: MS Transverse Specialty Insurance Com	pany	41807
6971 Peachtree Industrial Blvd.		INSURER D: Vantage Risk Specialty Insurance Compa	any	21105
		INSURER E :		
Peachtree Corners	GA 30092	INSURER F:		
	GA 30092	INSURER E :	any	21105

COVERAGES CERTIFICATE NUMBER: 24/25 XSL Extension 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)	LIMIT	₹
	CLAIMS-MADE OCCUR						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person)	\$ 1,000,000 \$ 1,000,000 \$ 10,000
A	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC OTHER:			CPP21151870401	09/04/2024	09/04/2025	PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ 1,000,000 \$ 2,000,000 \$ 2,000,000 \$
А	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY			CA20566621701	09/04/2024	09/04/2025	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ 1,000,000 \$ \$ \$ \$
B/C	UMBRELLA LIAB EXCESS LIAB OCCUR CLAIMS-MADE DED RETENTION \$ 0	-		P03XC0000069820	10/24/2024	09/04/2025	EACH OCCURRENCE AGGREGATE	\$ 5,000,000 \$ 5,000,000 \$
А	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		WC206853915	04/01/2024	04/01/2025	E.L. DISEASE - POLICY LIMIT	\$ 1,000,000 \$ 1,000,000 \$ 1,000,000
А	Equipment Floater/Leased Rented Equipment			CPP21151870401	09/04/2024	09/04/2025	Leased/Rented Equip.	\$250,000 \$5,000

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

RE: HVAC on call maintenance services countywide

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		
Millon		
1114000		

AGENCY CUSTOMER ID:	
LOC #:	



ADDITIONAL REMARKS SCHEDULE

Page of

AGENCY	NAMED INSURED	
Brown & Brown Insurance Services, Inc.	5 Seasons Mechanical, LLC	
POLICY NUMBER		
CARRIER		
		EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL	REMARKS	FORM IS A SCH	EDULE TO ACORD FORM,
FORM NUMBER:	25	FORM TITLE:	Certificate of Liability Insurance: Notes

Insurer B: Vantage Risk Specialty Insurance Company

Excess Liability

Policy Number: P03XC0000069820 Policy Limit: \$3,000,000/\$3,000,000 Policy Period: 10/24/2024 - 09/04/2025

Insurer C: MS Transverse Specialty Insurance Company

Excess Liability

Policy Number: EMR0000058100 Policy Period: 10/24/2024 - 09/04/2025

Insurer D: The North River Insurance Company

Excess Liability

Policy Number:5821219161 Policy Limit: \$5,000,000/\$10,000,000 Policy Period: 09/04/2024 - 10/24/2024

24-0682 Real Estate and Asset Management

Request approval to renew existing contracts - Department of Real Estate and Asset Management, 23ITB110923C-GS, HVAC On Call Maintenance Services Countywide in an amount not to exceed \$1,200,000.00 with (A) Mechanical Services, Inc. (Hapeville, GA) in an amount not to exceed \$400,000.00; (B) Trane U.S., Inc. (Atlanta, GA) in an amount not to exceed \$350,000.00; (C) 5 Seasons Mechanical LLC (Norcross, GA) in an amount not to exceed \$250,000.00; and (D) JR Hobbs Co. - Atlanta, LLC (Lawrenceville, GA) in an amount not to exceed \$200,000.00, to provide standby on-site HVAC on call maintenance services of air conditioning systems on an "as needed" basis for all County facilities. This action exercises the first of two renewal options. One renewal option remains. Effective dates: January 1, 2025, through December 31, 2025.

24-0683 Real Estate and Asset Management

Request approval to renew existing contracts - Department of Real Estate and Asset Management, 23ITB138805C-GS, Carpet, Carpet Installation and Repair Services Countywide, in an amount not to exceed \$345,000.00 with (A) G.S.A.T. Restoration, Inc. dba Paul Davis of North Atlanta (Norcross, GA) in an amount not to exceed \$145,000.00; (B) HPI Floor, LLC (Atlanta, GA) in an amount not to exceed \$125,000.00; and (C) Brad Construction Company II (Fayetteville, GA) in the amount not to exceed \$75,000.00, to provide carpet, carpet tile installation and repair services on an "as-needed" basis for Countywide facilities. This action exercises the first of two renewal options. One renewal option remains. Effective dates: January 1, 2025, through December 31, 2025.

24-0684 Real Estate and Asset Management

Request approval to renew existing contracts - Department of Real Estate and Asset Management, 23ITB138804C-GS, Electrical on Call Maintenance Services Countywide in an amount not to exceed \$375,000.00, with (A) Capital City Electrical Services, LLC (Norcross, GA) in an amount not to exceed \$165,000.00; (B) ALL-N-1 Security Services, Inc. (Atlanta, GA) in an amount not to exceed \$160,000.00; and (C) Electrify Atlanta, LLC (Roswell, GA) in an amount not to exceed \$50,000.00, to provide standby on-site electrical on-call maintenance services on an "as needed" basis for all Fulton County facilities. This action exercises the first of two renewal options. One renewal option remains. Effective dates: January 1, 2025, through December 31, 2025.

COUNTY MANAGER'S ITEMS

Open & Responsible Government

24-0685 County Manager

Presentation of the Fulton County Operational Report.

24-0686 Finance

Presentation, review, and approval of October 16, 2024, Budget Soundings and Resolution.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/26/2024

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 PRODUCED. AND THE CERTIFICATE HOLDER

EPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

...MPORTANT: 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 cert	ificate holder	r in lieu of such	n endor	sement(s).					
PRODUCER				CONTAC NAME:	CT					
Brown & Brown Insurance Services, Inc.				PHONE (A/C, No	p. Ext): (954) 7	76-2222		FAX (A/C, No):	(954) 7	76-4446
1201 W Cypress Creek Road				E-MAIL ADDRES	ss: 053.certs	@bbrown.com				
Suite 130						SURER(S) AFFOR	RDING COVERAGE			NAIC #
Fort Lauderdale		FL	33309	INSURE	RA: Amerisu	re Insurance C	ompany			19488
INSURED				INSURE	RB: The Nort	th River Insura	nce Company			21105
5 Seasons Mechanical, LLC				INSURE	RC:					
6971 Peachtree Industrial Blvd				INSURE	RD:					
				INSURE	RE:					
Peachtree Corners	*	GA	30092	INSURE	RF:					
COVERAGES CERTIFICATE NUMBER: 5 Seasons COI 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 SUB		OLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	 S	
COMMERCIAL GENERAL LIABILITY					,		EACH OCCURRENCE		\$ 1,000	0,000
CLAIMS-MADE X OCCUR							DAMAGE TO RENTEL	5	£ 1,000	0,000

10,000 MED EXP (Any one person) Υ CPP21151870301 05/24/2024 09/04/2024 1,000,000 PERSONAL & ADV INJURY \$ 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE POLICY X PRO-2,000,000 \$ PRODUCTS - COMP/OP AGG OTHER: COMBINED SINGLE LIMIT AUTOMOBILE LIABILITY \$ 1,000,000 ANY AUTO \$ BODILY INJURY (Per person) OWNED SCHEDULED A Y CA20566621601 05/24/2024 09/04/2024 BODILY INJURY (Per accident) \$ AUTOS ONLY HIRED AUTOS NON-OWNED PROPERTY DAMAGE \$ AUTOS ONLY **AUTOS ONLY** (Per accident) \$ UMBRELLA LIAB 5,000,000 OCCUR EACH OCCURRENCE EXCESS LIAB Y B 5821219161 05/24/2024 09/04/2024 10,000,000 CLAIMS-MADE AGGREGATE DED | RETENTION \$ WORKERS COMPENSATION X PER STATUTE AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? 1,000,000 E.L. EACH ACCIDENT N N/A WC206853915 05/24/2024 04/01/2025 1,000,000 (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under
DESCRIPTION OF OPERATIONS below 1,000,000 E.L. DISEASE - POLICY LIMIT Equipment Floater/Leased Rented CPP21151870301 Α 05/24/2024 09/04/2024 Leased/Rented Equip. \$250,000 \$5,000

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

Certificate Holder is an Additional Insured per the Coverage Form attached to this policy.

CERTIFICAT	E HOLDER		CANCELLATION
	Fulton County Government 141 Pryor St SW		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
	Atlanta	GA 30303-3408	milled

THIS ENDORSEMENT CHANGES THE POLICY, PLEASE READ IT CAREFULLY.

CONTRACTOR'S BLANKET ADDITIONAL INSURED ENDORSEMENT - FORM A

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

Policy Number CPP21151870301	Agency Number 0825039	Policy Effective Date 05/24/2024
Policy Expiration Date 09/04/2024	Date 05/24/2024	Account Number 10974270
Named Insured 5 Seasons Mechanical, LLC	Agency BROWN & BROWN OF FLORIDA, INC./FT. LAUDERDALE	Issuing Company AMERISURE INSURANCE COMPANY

- a. SECTION II WHO IS AN INSURED is amended to add as an additional insured any person or organization:
 - (1) Whom you are required to add as an additional insured on this policy under a written contract or written agreement relating to your business; or
 - (2) Who is named as an additional insured under this policy on a certificate of insurance.
 - b. The written contract, written agreement, or certificate of insurance must:
 - (1) Require additional insured status for a time period during the term of this policy; and
 - (2) Be executed prior to the "bodily injury", "property damage", or "personal and advertising injury" leading to a claim under this policy.
 - c. If, however:
 - (1) "Your work" began under a letter of intent or work order; and
 - (2) The letter of intent or work order led to a written contract or written agreement within 30 days of beginning such work; and
 - (3) Your customer's customary contracts require persons or organizations to be named as additional insureds;

we will provide additional insured status as specified in this endorsement.

- 2. The insurance provided under this endorsement is limited as follows:
 - a. That person or organization is an additional insured only with respect to liability caused, in whole or in part, by:
 - (1) Premises you:
 - (a) Own;
 - (b) Rent;
 - (c) Lease; or
 - (d) Occupy;
 - (2) Ongoing operations performed by you or on your behalf. Ongoing operations does not apply to "bodily injury" or "property damage" occurring after:

- (a) All work to be performed by you or on your behalf for the additional insured(s) at the site of the covered operations is complete, including related materials, parts or equipment (other than service, maintenance or repairs); or
- (b) That portion of "your work" out of which the injury or damage arises is put to its intended use by any person or organization other than another contractor working for a principal as a part of the same project.
- (3) Completed operations coverage, but only if:
 - (a) The written contract, written agreement, or certificate of insurance requires completed operations coverage or "your work" coverage; and
 - (b) This coverage part provides coverage for "bodily injury" or "property damage" included within the "products-completed operations hazard".

However, the insurance afforded to such additional insured only applies to the extent permitted by law.

- b. If the written contract, written agreement, or certificate of insurance:
 - (1) Requires "arising out of" language; or
 - (2) Requires you to provide additional insured coverage to that person or organization by the use of either or both of the following:
 - (a) Additional Insured Owners, Lessees or Contractors Scheduled Person Or Organization endorsement CG 20 10 10 01; or
 - (b) Additional Insured Owners, Lessees or Contractors Completed Operations endorsement CG 20 37 10 01;

then the phrase "caused, in whole or in part, by" in paragraph 2.a. above is replaced by "arising out of".

- c. If the written contract, written agreement, or certificate of insurance requires you to provide additional insured coverage to that person or organization by the use of:
 - (1) Additional Insured Owners, Lessees or Contractors Scheduled Person Or Organization endorsement CG 20 10 07 04 or CG 20 10 04 13; or
 - (2) Additional Insured Owners, Lessees or Contractors Completed Operations endorsement CG 20 37 07 04 or CG 20 37 04 13; or
 - (3) Both those endorsements with either of those edition dates; or
 - (4) Either or both of the following:
 - (a) Additional Insured Owners, Lessees or Contractors Scheduled Person Or Organization endorsement CG 20 10 without an edition date specified; or
 - (b) Additional Insured Owners, Lessees or Contractors Completed Operations endorsement CG 20 37 without an edition date specified:

then paragraph 2.a. above applies.

- **d.** Premises, as respects paragraph **2.a.(1)** above, include common or public areas about such premises if so required in the written contract or written agreement.
- e. Additional insured status provided under paragraphs 2.a.(1)(b) or 2.a.(1)(c) above does not extend beyond the end of a premises lease or rental agreement.
- f. The limits of insurance that apply to the additional insured are the least of those specified in the:
 - (1) Written contract;
 - (2) Written agreement;
 - (3) Certificate of insurance; or
 - (4) Declarations of this policy.

The limits of insurance are inclusive of and not in addition to the limits of insurance shown in the Declarations.

Includes copyrighted material of Insurance Services Office, Inc.

- g. The insurance provided to the additional insured does not apply to "bodily injury", "property damage", or "personal and advertising injury" arising out of an architect's, engineer's, or surveyor's rendering of, or failure to render, any professional services, including but not limited to:
 - (1) The preparing, approving, or failing to prepare or approve:
 - (a) Maps;
 - (b) Drawings;
 - (c) Opinions;
 - (d) Reports;
 - (e) Surveys;
 - (f) Change orders;
 - (g) Design specifications; and
 - (2) Supervisory, inspection, or engineering services.
- h. SECTION IV COMMERCIAL GENERAL LIABILITY CONDITIONS, paragraph 4. Other Insurance is deleted and replaced with the following:
 - 4. Other Insurance.

Coverage provided by this endorsement is excess over any other valid and collectible insurance available to the additional insured whether:

- a. Primary;
- b. Excess;
- c. Contingent; or
- d. On any other basis;

but if the written contract, written agreement, or certificate of insurance requires primary and non-contributory coverage, this insurance will be primary and non-contributory relative to other insurance available to the additional insured which covers that person or organization as a Named Insured, and we will not share with that other insurance.

i. If the written contract, written agreement, or certificate of insurance as outlined above requires additional insured status by use of CG 20 10 11 85, then the coverage provided under this CG 70 48 endorsement does not apply except for paragraph 2.h. Other Insurance. Additional insured status is limited to that provided by CG 20 10 11 85 shown below and paragraph 2.h. Other Insurance shown above.

ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS (FORM B)

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

SCHEDULE

Name of Person or Organization: Blanket Where Required by Written Contract, Agreement, or Certificate of Insurance that the terms of CG 20 10 11 85 apply

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of "your work" for that insured by or for you.

CG 20 10 11 85 Copyright, Insurance Services Office, Inc., 1984

j. The insurance provided by this endorsement does not apply to any premises or work for which the person or organization is specifically listed as an additional insured on another endorsement attached to this policy.

POLICY NUMBER: CA20566621601

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

FLORIDA ADVANTAGE COMMERCIAL AUTOMOBILE BROAD FORM ENDORSEMENT

This endorsement modifies insurance provided under the

BUSINESS AUTO COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

The premium for this endorsement is \$\$1,000.00

1. EXTENDED CANCELLATION CONDITION

COMMON POLICY CONDITIONS - CANCELLATION, Paragraph A.2. is replaced by the following:

- We may cancel this policy by mailing or delivering to the first Named Insured written notice of cancellation at least:
 - a. 10 days before the effective date of cancellation if we cancel for nonpayment of premium; or
 - b. 60 days before the effective date of cancellation if we cancel for any other reason.

2. BROAD FORM INSURED

SECTION II - LIABILITY COVERAGE A.1. WHO IS AN INSURED is amended by the addition of the following:

- **d.** Any organization you newly acquire or form, other than a partnership, joint venture or limited liability company, and over which you maintain ownership or a majority interest, will qualify as a Named Insured. However,
 - (1) Coverage under this provision is afforded only until the end of the policy period;
 - (2) Coverage does not apply to "accidents" or "loss" that occurred before you acquired or formed the organization; and
 - (3) Coverage does not apply to an organization that is an "insured" under any other policy or would be an "insured" but for its termination or the exhausting of its limit of insurance.
- e. Any "employee" of yours using:
 - (1) A covered "auto" you do not own, hire or borrow, or a covered "auto" not owned by the "employee" or a member of his or her household, while performing duties related to the conduct of your business or your personal affairs; or
 - (2) An "auto" hired or rented under a contract or agreement in that "employee's" name, with your permission, while performing duties related to the conduct of your business. However, your "employee" does not qualify as an insured under this paragraph (2) while using a covered "auto" rented from you or from any member of the "employee's" household.
- **f.** Your members, if you are a limited liability company, while using a covered "auto" you do not own, hire, or borrow, while performing duties related to the conduct of your business or your personal affairs.
- g. Any person or organization with whom you agree in a written contract, written agreement or permit, to provide insurance such as is afforded under this policy, but only with respect to your covered "autos".

This provision does not apply:

(1) Unless the written contract or agreement is executed or the permit is issued prior to the "bodily injury" or "property damage";

Includes copyrighted material of Insurance Services Office, Inc.

- (2) To any person or organization included as an insured by an endorsement or in the Declarations; or
- (3) To any lessor of "autos" unless:
 - (a) The lease agreement requires you to provide direct primary insurance for the lessor;
 - (b) The "auto" is leased without a driver; and
 - (c) The lease had not expired.

Leased "autos" covered under this provision will be considered covered "autos" you own and not covered "autos" you hire.

h. Any legally incorporated organization or subsidiary in which you own more than 50% of the voting stock on the effective date of this endorsement.

This provision does not apply to "bodily injury" or "property damage" for which an "insured" is also an insured under any other automobile policy or would be an insured under such a policy, but for its termination or the exhaustion of its limits of insurance, unless such policy was written to apply specifically in excess of this policy.

3. COVERAGE EXTENSIONS - SUPPLEMENTARY PAYMENTS

Under SECTION II - LIABILITY COVERAGE, A.2.a. Supplementary Payments, paragraphs (2) and (4) are deleted and replaced with the following:

- (2) Up to \$2500 for the cost of bail bonds (including bonds for related traffic law violations) required because of an "accident" we cover. We do not have to furnish these bonds.
- (4) All reasonable expenses incurred by the "insured" at our request, including actual loss of earnings up to \$500 a day because of time off from work.

4. AMENDED FELLOW EMPLOYEE EXCLUSION

SECTION II - LIABILITY COVERAGE, B. EXCLUSIONS, paragraph **5. FELLOW EMPLOYEE** is deleted and replaced by the following:

"Bodily injury" to any fellow "employee" of the "insured" arising out of and in the course of the fellow "employee's" employment or while performing duties related to the conduct of your business. However, this exclusion does not apply to your "employees" that are officers or managers if the "bodily injury" results from the use of a covered "auto" you own, hire or borrow. Coverage is excess over any other collectible insurance.

5. HIRED AUTO PHYSICAL DAMAGE COVERAGE AND LOSS OF USE EXPENSE

A. Under SECTION III - PHYSICAL DAMAGE COVERAGE, A. COVERAGE, the following is added:

If any of your owned covered "autos" are covered for Physical Damage, we will provide Physical Damage coverage to "autos" that you or your "employees" hire or borrow, under your name or the "employee's" name, for the purpose of doing your work. We will provide coverage equal to the broadest physical damage coverage applicable to any covered "auto" shown in the Declarations, Item Three, Schedule of Covered Autos You Own, or on any endorsements amending this schedule.

B. Under SECTION III - PHYSICAL DAMAGE COVERAGE, A.4. COVERAGE EXTENSIONS, paragraph b. Loss of Use Expenses is deleted and replaced with the following:

b. Loss Of Use Expenses

For Hired Auto Physical Damage, we will pay expenses for which an "insured" becomes legally responsible to pay for loss of use of a vehicle rented or hired without a driver, under a written rental contract or agreement. We will pay for loss of use expenses if caused by:

- (1) Other than collision, only if the Declarations indicate that Comprehensive Coverage is provided for any covered "auto";
- (2) Specified Causes of Loss, only if the Declarations indicate that Specified Causes Of Loss Coverage is provided for any covered "auto"; or

Includes copyrighted material of Insurance Services Office, Inc.

(3) Collision, only if the Declarations indicate that Collision Coverage is provided for any covered "auto".

However, the most we will pay for any expenses for loss of use is \$30 per day, to a maximum of \$2,000.

- C. Under SECTION IV BUSINESS AUTO CONDITIONS, paragraph 5.b. Other Insurance is deleted and replaced by the following:
 - b. For Hired Auto Physical Damage Coverage, the following are deemed to be covered "autos" you own:
 - 1. Any covered "auto" you lease, hire, rent or borrow; and
 - Any covered "auto" hired or rented by your "employee" under a contract in that individual "employee's" name, with your permission, while performing duties related to the conduct of your business.

However, any "auto" that is leased, hired, rented or borrowed with a driver is not a covered "auto", nor is any "auto" you hire from any of your "employees", partners (if you are a partnership), members (if you are a limited liability company), or members of their households.

6. LOAN OR LEASE GAP COVERAGE

Under SECTION III - PHYSICAL DAMAGE COVERAGE, A. COVERAGE, the following is added:

If a covered "auto" is owned or leased and if we provide Physical Damage Coverage on it, we will pay, in the event of a covered total "loss", any unpaid amount due on the lease or loan for a covered "auto", less:

- (a) The amount paid under the Physical Damage Coverage Section of the policy; and
- (b) Any:
 - (1) Overdue lease or loan payments including penalties, interest or other charges resulting from overdue payments at the time of the "loss";
 - (2) Financial penalties imposed under a lease for excessive use, abnormal wear and tear or high mileage;
 - (3) Costs for extended warranties, Credit Life Insurance, Health, Accident or Disability Insurance purchased with the loan or lease;
 - (4) Security deposits not refunded by a lessor; and
 - (5) Carry-over balances from previous loans or leases.

7. RENTAL REIMBURSEMENT

SECTION III - PHYSICAL DAMAGE COVERAGE, A. COVERAGE, paragraph **4. Coverage Extension**s is deleted and replaced by the following:

4. Coverage Extensions

- (a) We will pay up to \$75 per day to a maximum of \$2000 for transportation expense incurred by you because of covered "loss". We will pay only for those covered "autos" for which you carry Collision Coverage or either Comprehensive Coverage or Specified Causes of Loss Coverage. We will pay for transportation expenses incurred during the period beginning 24 hours after the covered "loss" and ending, regardless of the policy's expiration, when the covered "auto" is returned to use or we pay for its "loss". This coverage is in addition to the otherwise applicable coverage you have on a covered "auto". No deductibles apply to this coverage.
- (b) This coverage does not apply while there is a spare or reserve "auto" available to you for your operation.

AIRBAG COVERAGE

SECTION III - PHYSICAL DAMAGE, B. EXCLUSIONS, Paragraph 3. is deleted and replaced by the following:

We will not pay for "loss" caused by or resulting from any of the following unless caused by other "loss" that is covered by this insurance:

- **a.** Wear and tear, freezing, mechanical or electrical breakdown. However, this exclusion does not include the discharge of an airbag.
- b. Blowouts, punctures or other road damage to tires.

9. GLASS REPAIR - WAIVER OF DEDUCTIBLE

SECTION III - PHYSICAL DAMAGE COVERAGE, D. DEDUCTIBLE is amended to add the following:

No deductible applies to glass damage.

10. COLLISION COVERAGE - WAIVER OF DEDUCTIBLE

SECTION III - PHYSICAL DAMAGE COVERAGE, D. DEDUCTIBLE is amended to add the following:

When there is a "loss" to your covered "auto" insured for Collision Coverage, no deductible will apply if the "loss" was caused by a collision with another "auto" insured by us.

11. KNOWLEDGE OF ACCIDENT

SECTION IV - BUSINESS AUTO CONDITIONS, A. LOSS CONDITIONS, 2. DUTIES IN THE EVENT OF ACCIDENT, CLAIM, SUIT OR LOSS, paragraph a. is deleted and replaced by the following:

- a. You must see to it that we are notified as soon as practicable of an "accident", claim, "suit" or "loss". Knowledge of an "accident", claim, "suit" or "loss" by your "employees" shall not, in itself, constitute knowledge to you unless one of your partners, executive officers, directors, managers, or members (if you are a limited liability company) has knowledge of the "accident", claim, "suit" or "loss". Notice should include:
 - (1) How, when and where the "accident" or "loss" occurred;
 - (2) The "insured's" name and address; and
 - (3) To the extent possible, the names and addresses of any injured persons and witnesses.

12. TRANSFER OF RIGHTS (BLANKET WAIVER OF SUBROGATION)

SECTION IV - BUSINESS AUTO CONDITIONS A.5. TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US is deleted and replaced by the following:

If any person or organization to or for whom we make payment under this Coverage Form has rights to recover damages from another, those rights are transferred to us. That person or organization must do everything necessary to secure our rights and must do nothing after "accident" or "loss" to impair them. However, if the insured has waived rights to recover through a written contract, or if your work was commenced under a letter of intent or work order, subject to a subsequent reduction in writing with customers whose customary contracts require a waiver, we waive any right of recovery we may have under this Coverage Form.

13. UNINTENTIONAL FAILURE TO DISCLOSE HAZARDS

SECTION IV - BUSINESS AUTO CONDITIONS, B. GENERAL CONDITIONS, 2. CONCEALMENT, MISREPRESENTATION OR FRAUD is amended by the addition of the following:

We will not deny coverage under this Coverage Form if you unintentionally fail to disclose all hazards existing as of the inception date of this policy. You must report to us any knowledge of an error or omission in your representations as soon as practicable after its discovery. This provision does not affect our right to collect additional premium or exercise our right of cancellation or non-renewal.

14. AUDIO, VISUAL AND DATA ELECTRONIC EQUIPMENT COVERAGE SCHEDULE

Description of Covered "Auto":

Limit of Insurance \$1,000

Deductible \$250

A. Coverage

- 1. We will pay, with respect to a covered "auto" described in the above Schedule, for "loss" to any electronic equipment that receives or transmits audio, visual or data signals and that is not designed solely for the reproduction of sound. This coverage applies only if the equipment is permanently installed in the covered "auto" at the time of the "loss" or the equipment is removable from a housing unit that is permanently installed in the covered "auto" at the time of "loss", and such equipment is designed to be solely operated by use of the power from the "auto's" electrical system, in or upon the covered "auto".
- 2. We will pay, with respect to a covered "auto" described in the above Schedule, for "loss" to any accessories used with the electronic equipment described in paragraph A.1. above. However, this does not include tapes, records or discs.

B. Exclusions

For purposes of this provision 14, the exclusions that apply to Physical Damage Coverage, except for the exclusion relating to Audio, Visual and Data Electronic Equipment, also apply to coverage provided by this endorsement. In addition, the following exclusions apply:

We will not pay, under this endorsement, for either any electronic equipment or accessories used with such electronic equipment that is:

1. Necessary for the normal operation of the covered "auto" or the monitoring of the covered "auto's" operating system; or

2. Both:

- An integral part of the same unit housing any sound reproducing equipment designed solely for the reproduction of sound if the sound reproducing equipment is permanently installed in the covered "auto"; and
- **b.** Permanently installed in the opening of the dash or console normally used by the manufacturer for the installation of a radio.
- 3. A device designed or used to detect speed measuring equipment such as radar or laser detectors or a jamming apparatus intended to elude or disrupt speed measurement equipment, whether permanently installed or temporarily mounted in or on the covered "auto".

C. Limit of Insurance

With respect to coverage under provision 14. of this endorsement, the Limit of Insurance provision of Physical Damage Coverage is replaced by the following:

- 1. The most we will pay for all "loss" to audio, visual or data electronic equipment and any accessories used with this equipment, as described in paragraph A. above, as a result of any one "accident", is the lesser of:
 - a. The actual cash value of the damaged or stolen property as of the time of the "loss"; or
 - **b.** The cost of repairing or replacing the damaged or stolen property with other property of like kind and quality; or
 - **c.** The amount shown in the Schedule.

Includes copyrighted material of Insurance Services Office, Inc.

- 2. An adjustment for depreciation and physical condition will be made in determining actual cash value at the time of the "loss".
- If a repair or replacement results in better than like kind or quality, we will not pay for the amount of betterment.

D. Deductible

- 1. If "loss" to the audio, visual or data electronic equipment or accessories used with this equipment, as described in paragraph A. above, is the result of a "loss" to the covered "auto" under this Coverage Form's Comprehensive or Collision Coverage, then for each covered "auto" our obligation to pay for, repair, return or replace damaged or stolen property will be reduced by the applicable deductible shown in the Declarations. Any Comprehensive Coverage deductible shown in the Declarations does not apply to "loss" to audio, visual or data electronic equipment caused by fire or lightning.
- 2. If "loss" to the audio, visual or data electronic equipment or accessories used with this equipment, as described in paragraph A. above, is the result of a "loss" to the covered "auto" under this Coverage Form's Specified Causes of Loss Coverage, then for each covered "auto" our obligation to pay for, repair, return or replace damaged or stolen property will be reduced by the applicable deductible shown in the Schedule of this endorsement.
- 3. If "loss" occurs solely to the audio, visual or data electronic equipment or accessories used with this equipment, as described in paragraph A. above, then for each covered "auto" our obligation to pay for, repair, return or replace damaged or stolen property will be reduced by the applicable deductible shown in the Schedule of this endorsement.
- **4.** In the event that there is more than one applicable deductible, only the highest deductible will apply. In no event will more than one deductible apply.

E. When This Provision Becomes Void

This provision, **AUDIO**, **VISUAL AND DATA ELECTRONIC EQUIPMENT COVERAGE**, is void if CA 99 60, Audio, Visual And Data Electronic Equipment Coverage, is attached to the policy.

EXHIBIT H PAYMENT & PERFORMANCE BONDS



Certificate Of Completion

Envelope Id: FD1C9934-9AF1-4589-BAB9-00D992597796

Subject: 23ITB110923C-GS (C) HVAC On Call Maintenance Services Countywide Exhibit 1 Contract Renewal Agmt

Parcel ID:

Employee Name: Source Envelope:

Document Pages: 18
Certificate Pages: 6
AutoNav: Enabled

Envelopeld Stamping: Enabled

Time Zone: (UTC-05:00) Eastern Time (US &

Canada)

Signatures: 5 Initials: 0 Stamps: 2 Envelope Originator: Gertis Strozier

Status: Completed

141 Pryor Street

Purchasing & Contract Compliance, Suite 1168

Atlana, GA 30303

gertis.strozier@fultoncountyga.gov

IP Address: 74.174.59.4

Record Tracking

Status: Original

10/16/2024 4:32:35 PM

Security Appliance Status: Connected

Storage Appliance Status: Connected

Holder: Gertis Strozier

gertis.strozier@fultoncountyga.gov

Pool: StateLocal

Pool: Fulton County Government

Location: DocuSign

Location: DocuSign

Signer Events

Adam Soyah

sbrouhard@5-sm.com

Security Level: Email, Account Authentication

(None)

Signature

ldam Soyalı

Signature Adoption: Pre-selected Style Using IP Address: 96.67.123.108

Timestamp

Sent: 10/23/2024 11:47:08 AM Viewed: 10/31/2024 9:55:38 AM Signed: 11/21/2024 2:51:42 PM

Electronic Record and Signature Disclosure:

Accepted: 10/31/2024 9:55:38 AM

ID: 82c295a5-b315-4c62-939a-942b2e0156ec

Stacey Brouhard

accounting@5-sm.com

Security Level: Email, Account Authentication

(None)

— Signed by:

Stacey, Browhard

— F6455A5ECF1F4A0...

Notary Public, O Fulton Cour My Commission July 28, 20 Sent: 11/21/2024 2:51:43 PM Viewed: 11/21/2024 3:03:56 PM Signed: 11/21/2024 3:04:38 PM

Signature Adoption: Pre-selected Style Using IP Address: 96.67.123.108

Electronic Record and Signature Disclosure:

Accepted: 7/29/2024 2:06:23 PM

ID: b582454a-23e6-4cc2-b9a0-6e37967aff3b

Gertis Strozier

gertis.strozier@fultoncountyga.gov Assistant Purchasing Agent

CRM SERVICES, LLC

Security Level: Email, Account Authentication

(None)

Electronic Record and Signature Disclosure:

Not Offered via DocuSign

Completed

Using IP Address: 76.198.156.253

Sent: 11/21/2024 3:04:41 PM Viewed: 11/21/2024 3:15:02 PM Signed: 11/26/2024 8:29:52 AM **Signer Events Signature Timestamp** Joseph N. Davis Sent: 11/26/2024 8:29:57 AM Joseph N. Davis joseph.davis@fultoncountyga.gov Viewed: 11/26/2024 8:30:19 AM Signed: 11/26/2024 8:30:35 AM Director Security Level: Email, Account Authentication Signature Adoption: Pre-selected Style (None) Using IP Address: 69.236.118.50 Signed using mobile **Electronic Record and Signature Disclosure:** Accepted: 11/26/2024 8:30:19 AM ID: 4bc7e4f8-2360-4021-b0e6-0e83aa4b05eb Nikki Peterson Sent: 11/26/2024 8:30:39 AM Completed nikki.peterson@fultoncountyga.gov Viewed: 11/26/2024 11:29:02 AM Chief Deputy Clerk to the Board of Commissioners Signed: 11/26/2024 11:29:29 AM Using IP Address: 68.208.197.4 **Fulton County Government** Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Accepted: 11/27/2017 1:39:37 PM ID: b7ce88ee-0c66-4f3a-bfee-705e0af602d8 Signed by: Robert L.Pitts Sent: 11/26/2024 11:29:32 AM Robert L.Pitts harriet.thomas@fultoncountyga.gov Viewed: 11/26/2024 5:44:30 PM 14F1B4AA5F6A44A Chairman Signed: 11/26/2024 5:44:43 PM Security Level: Email, Account Authentication Signature Adoption: Pre-selected Style (None) Using IP Address: 166.137.83.51 Signed using mobile **Electronic Record and Signature Disclosure:** Accepted: 11/26/2024 5:44:30 PM ID: 7dbf950c-bc88-424f-8a40-bfd3288af04f Tonya R. Grier Sent: 11/26/2024 5:44:46 PM Tonya R. Grier tonya.grier@fultoncountyga.gov Viewed: 11/26/2024 5:47:14 PM EEC476C4837648D. Clerk to the Commission Signed: 11/29/2024 6:10:25 PM **Fulton County** Security Level: Email, Account Authentication (None) Signature Adoption: Pre-selected Style Using IP Address: 99.96.24.191 **Electronic Record and Signature Disclosure:** Accepted: 3/16/2018 10:54:59 AM ID: f3f241e8-3027-4447-9476-6cf20ae25dd4 Gertis Strozier Sent: 11/29/2024 6:10:30 PM Completed gertis.strozier@fultoncountyga.gov Viewed: 11/29/2024 6:12:35 PM Assistant Purchasing Agent Signed: 12/17/2024 1:01:13 PM Using IP Address: 74.174.59.4

CRM SERVICES, LLC

Security Level: Email, Account Authentication

(None)

Electronic Record and Signature Disclosure:

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	COPIED	Sent: 12/17/2024 1:01:18 PM Viewed: 12/17/2024 2:08:54 PM

Electronic Record and Signature Disclosure:

Security Level: Email, Account Authentication

(None)

Payment Events

Not Offered via DocuSign

Signature Timestamp Witness Events Notary Events Signature Timestamp Envelope Summary Events Status Timestamps Envelope Sent Hashed/Encrypted 10/16/2024 4:46:21 PM Security Checked **Envelope Updated** 10/23/2024 12:51:22 PM **Envelope Updated** Security Checked 11/26/2024 8:29:12 AM Certified Delivered Security Checked 11/29/2024 6:12:35 PM Signing Complete Security Checked 12/17/2024 1:01:13 PM Completed Security Checked 12/17/2024 1:01:18 PM

Timestamps

Status

Electronic Record and Signature Disclosure

CONSUMER DISCLOSURE

From time to time, Carahsoft OBO Fulton County, Georgia (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through the DocuSign, Inc. (DocuSign) electronic signing system. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to these terms and conditions, please confirm your agreement by clicking the 'I agree' button at the bottom of this document.

Getting paper copies

At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. You will have the ability to download and print documents we send to you through the DocuSign system during and immediately after signing session and, if you elect to create a DocuSign signer account, you may access them for a limited period of time (usually 30 days) after such documents are first sent to you. You may request delivery of such paper copies from us by following the procedure described below.

Withdrawing your consent

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

Consequences of changing your mind

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. To indicate to us that you are changing your mind, you must withdraw your consent using the DocuSign 'Withdraw Consent' form on the signing page of a DocuSign envelope instead of signing it. This will indicate to us that you have withdrawn your consent to receive required notices and disclosures electronically from us and you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

All notices and disclosures will be sent to you electronically

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.

How to contact Carahsoft OBO Fulton County, Georgia:

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: glenn.king@fultoncountyga.gov

To advise Carahsoft OBO Fulton County, Georgia of your new e-mail address

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.. In addition, you must notify DocuSign, Inc. to arrange for your new email address to be reflected in your DocuSign account by following the process for changing e-mail in the DocuSign system.

To request paper copies from Carahsoft OBO Fulton County, Georgia

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an e-mail to glenn.king@fultoncountyga.gov and in the body of such request you must state your e-mail address, full name, US Postal address, and telephone number. We will bill you for any fees at that time, if any.

To withdraw your consent with Carahsoft OBO Fulton County, Georgia

To inform us that you no longer want to receive future notices and disclosures in electronic format you may:

i. decline to sign a document from within your DocuSign session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may; 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.

Acknowledging your access and consent to receive materials electronically

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

able to read this electronic disclosure and that you also were able to print on paper or electronically save this page for your future reference and access or that you were able to e-mail this disclosure and consent to an address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format on the terms and conditions described above, please let us know by clicking the 'I agree' button below.

By checking the 'I agree' box, I confirm that:

- I can access and read this Electronic CONSENT TO ELECTRONIC RECEIPT OF ELECTRONIC CONSUMER DISCLOSURES document; and
- I can print on paper the disclosure or save or send the disclosure to a place where I can print it, for future reference and access; and
- 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.