

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

14E1B4AA5F6A4A...

Robert L. Pitts, Chairman
Fulton County Board of Commissioners

Please select Attest or Notary from checkbox ☒ Attest ☐ Notary

ATTEST:

DocuSigned by:

Tonya R. Grier

EEC476C4837648D...

Tonya R. Grier
Interim Clerk to the Commission

(Affix County Seal)



APPROVED AS TO FORM:

DocuSigned by:

Denzel Stewart

2277A2CE73F4E4

Office of the County Attorney

APPROVED AS TO CONTENT:

DocuSigned by:

David Clark

65CE1C9FDD834B8...

David Clark

Director

Department

CONTRACTOR:

JOHN D. STEPHENS, INC.

DocuSigned by:

Steven J Archer

CC3E62AB298943A...

Steven J Archer President

ATTEST:

Name

Jennifer Butler

Secretary/
Assistant Secretary

DS

(Affix Corporate Seal)



ATTEST:

Notary Public

County: _____

Commission Expires: _____

(Affix Notary Seal)

DocuSigned by:

Steven J

CC3E62AB298943A...

Please select RCS or RM from the checkbox

RCS

X

RM

ITEM#: _____	RCS: _____	ITEM#: 2021-0333	RM: 5/5/2021
RECESS MEETING		REGULAR MEETING	

Insurance Certificate to be attached





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/22/2020

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 Sterling Seacrest Partners, Inc P O Box 724137 Atlanta GA 31139	CONTACT NAME: Mary Ward PHONE (A/C, No, Ext): (678) 424-6500 FAX (A/C, No): (678) 424-6527 E-MAIL ADDRESS: mward@sspins.com INSURER(S) AFFORDING COVERAGE <table style="width: 100%;"> <tr> <td style="width: 80%;">INSURER A : Amerisure Insurance Company</td> <td style="width: 20%;">NAIC # 19488</td> </tr> <tr> <td>INSURER B : XL Specialty Insurance Company</td> <td>37885</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER A : Amerisure Insurance Company	NAIC # 19488	INSURER B : XL Specialty Insurance Company	37885	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER A : Amerisure Insurance Company	NAIC # 19488												
INSURER B : XL Specialty Insurance Company	37885												
INSURER C :													
INSURER D :													
INSURER E :													
INSURER F :													
INSURED John D. Stephens, Inc. 272 Hurricane Shoals Rd., NE Lawrenceville GA 30046													

COVERAGES**CERTIFICATE NUMBER:** 21-22 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"/> COMMERCIAL GENERAL LIABILITY	Y		CPP2113621	01/01/2021	01/01/2022	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input checked="" type="checkbox"/> Contractual Liability						MED EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 1,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 2,000,000
	OTHER:						PRODUCTS - COMP/OP AGG \$ 2,000,000
							Employee Bene Liab \$ 1,000,000
A	AUTOMOBILE LIABILITY	Y		CA2113620	01/01/2021	01/01/2022	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) \$
	<input checked="" type="checkbox"/> H&NO Autos						Underinsured motorist \$ 100,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR	Y		CU2113622	01/01/2021	01/01/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 4,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						EACH OCCURRENCE \$
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0						AGGREGATE \$
							\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A		WC2113623	01/01/2021	01/01/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER
	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	Contractors Equipment Installation Floater - \$2,500 Deductible			UM00082046MA21A	01/01/2021	01/01/2022	Leased/Rented Eqpt \$750,000
							L/R Deductible \$2,500
							Installation Floater \$5,000,000

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

RE: Fulton-Cobb Diversion Line and Pump Station

As required by written contract and permitted by law, Fulton County Government, its Officers, Officials, Directors, and Employees are named as additional insureds on a primary and noncontributory basis on the General and Auto Liability policies. Waiver of Subrogation applies as required by written contract(s) for General Liability, Auto Liability, and Workers Compensation subject to actual policy forms, and endorsements. Umbrella follows form subject to actual policy forms and endorsements.

CERTIFICATE HOLDER**CANCELLATION**

Fulton County Government Purchasing Dept.
 130 Peachtree St.

Atlanta

GA 30303

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

© 1988-2015 ACORD CORPORATION. All rights reserved.

Change Order NO. 3 TO FORM OF CONTRACT

Contractor: **John D. Stephens, Inc.**

Contract No. **17RFP108784K-JAJ**

Address: **272 Hurricane Shoals Road N.E.**
City, State **Lawrenceville, GA 30046**

Telephone: **770-972-800**

Facsimile or: **sarcher@johndstephens.com**
E-mail address

Contact: **Steven J. Archer**
President

W I T N E S S E T H

WHEREAS, Fulton County ("County") entered into a Contract with John D. Stephens, Inc. to provide/performance Design/Build Services for the Fulton Cobb Diversion Line and Pump Station, dated August 20, 2018, on behalf of the Public Works Department; and

WHEREAS, Change Order No. 2 requested an alternate design of the Pump Station; and

WHEREAS, this request is necessary to provide construction services associated with the permanent bridge structures located within the Chattahoochee River National Recreation Area and includes an extension of time for an additional 119 days in order for the design/build team to perform these activities. The new completion date will be September 1, 2021; and

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

WHEREAS, this change order was approved by the Fulton County Board of Commissioners on May 5, 2021 BOC Item # 21-0333.

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

This Change Order No. 3 to Form of Contract is effective as of the 5th day of May, 2020, between the County and John D. Stephens, Inc who agree that all services specified will be performed by in accordance with this Change Order No. 3 to Form of Contract and the Contract Documents.

1. **SCOPE OF WORK TO BE PERFORMED:** To provide construction services associated with the permanent bridge structures located within the Chattahoochee River National Recreation Area in regard to the Fulton/Cobb Diversion Line & Pump Station.
2. **COMPENSATION:** The services described under Scope of Work herein shall be performed by Contractor for no additional compensation.
3. **LIABILITY OF COUNTY:** This Change Order No. 3 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.

5. **EFFECT OF CHANGE ORDER NO 3 TO FORM OF CONTRACT:** Except as modified by this Change Order No.3 to Form of Contract, the Contract, and all Contract Documents, remain in full force and effect.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/22/2020

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 Sterling Seacrest Partners, Inc P O Box 724137 Atlanta GA 31139	CONTACT NAME: Mary Ward PHONE (A/C, No, Ext): (678) 424-6500 FAX (A/C, No): (678) 424-6527 E-MAIL ADDRESS: mward@sspins.com INSURER(S) AFFORDING COVERAGE <table style="width: 100%;"> <tr> <td style="width: 80%;">INSURER A : Amerisure Insurance Company</td> <td style="width: 20%;">NAIC # 19488</td> </tr> <tr> <td>INSURER B : XL Specialty Insurance Company</td> <td>37885</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER A : Amerisure Insurance Company	NAIC # 19488	INSURER B : XL Specialty Insurance Company	37885	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER A : Amerisure Insurance Company	NAIC # 19488												
INSURER B : XL Specialty Insurance Company	37885												
INSURER C :													
INSURER D :													
INSURER E :													
INSURER F :													
INSURED John D. Stephens, Inc. 272 Hurricane Shoals Rd., NE Lawrenceville GA 30046													

COVERAGES**CERTIFICATE NUMBER:** 21-22 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	ADDITIONAL INSURED	SUBROGATION	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	Y		CPP2113621	01/01/2021	01/01/2022	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input checked="" type="checkbox"/> Contractual Liability						MED EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 1,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 2,000,000
	OTHER:						PRODUCTS - COMP/OP AGG \$ 2,000,000
							Employee Bene Liab \$ 1,000,000
A	AUTOMOBILE LIABILITY	Y		CA2113620	01/01/2021	01/01/2022	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) \$
	<input checked="" type="checkbox"/> H&NO Autos						Underinsured motorist \$ 100,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB	Y		CU2113622	01/01/2021	01/01/2022	COMBINED SINGLE LIMIT \$ 4,000,000
	<input type="checkbox"/> EXCESS LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0						AGGREGATE \$
							\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A		WC2113623	01/01/2021	01/01/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER
	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	Contractors Equipment			UM00082046MA21A	01/01/2021	01/01/2022	Leased/Rented Eqpt \$750,000
	Installation Floater - \$2,500 Deductible						L/R Deductible \$2,500
							Installation Floater \$5,000,000

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

RE: Fulton-Cobb Diversion Line and Pump Station

As required by written contract and permitted by law, Fulton County Government, its Officers, Officials, Directors, and Employees are named as additional insureds on a primary and noncontributory basis on the General and Auto Liability policies. Waiver of Subrogation applies as required by written contract(s) for General Liability, Auto Liability, and Workers Compensation subject to actual policy forms, and endorsements. Umbrella follows form subject to actual policy forms and endorsements.

CERTIFICATE HOLDER**CANCELLATION**

Fulton County Government Purchasing Dept.
 130 Peachtree St.

Atlanta

GA 30303

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

© 1988-2015 ACORD CORPORATION. All rights reserved.