



**DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE**

**CONTRACT RENEWAL AGREEMENT**

**DEPARTMENT: Public Works**

**BID/RFP NUMBER: 23ITB08012023A-JWT**

**BID/RFP TITLE: Water Quality Monitoring**

**ORIGINAL APPROVAL DATE: November 15, 2023**

**RENEWAL EFFECTIVE DATES: January 1, 2026**

**RENEWAL OPTION #: 2 OF 2**

**NUMBER OF RENEWAL OPTIONS: Zero Renewal Options Remain**

**RENEWAL AMOUNT: \$129,254.00**

**COMPANY'S NAME: Integrated Science & Engineering**

**ADDRESS: 1039 Sullivan Road, Suite 200**

**CITY: Newnan**

**STATE: GA**

**ZIP: 30265**

**This Renewal Agreement No. 2 was approved by the Fulton County Board of  
Commissioners on BOC DATE: September 17, 2025      BOC NUMBER: 25-0678**

**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 L. Pitts*

14E1B4AA5F6A49A...  
**Robert L. Pitts, Chairman**  
Fulton County Board of Commissioners

### Integrated Science & Engineering

Signed by:

*Lawrence Davis, Jr.*

5D54A73952FA0D1...  
**Lawrence Davis, Jr.**  
President

## ATTEST:

Signed by:

*Tonya R. Grier*

1EC476C4827648D...  
**Tonya R. Grier**  
Clerk to the Commission

**(Affix County Seal)**

## AUTHORIZATION OF RENEWAL:

DocuSigned by:

*David Clark*

65CE1C9FDD834B8...  
**David Clark, Director**  
Public Works

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

ITEM#: 25-0678 RM: 09/17/2025  
**SECOND REGULAR MEETING**

# **CERTIFICATE OF INSURANCE**



ACORD™

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/20/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS 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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: <b>Robin A Connell</b>
	PHONE (A/C, No, Ext): <b>-</b> FAX (A/C, No):
	E-MAIL ADDRESS: <b>Robin.Connell@MarshMMA.com</b>
	INSURER(S) AFFORDING COVERAGE
	INSURER A: <b>Twin City Fire Insurance Co.</b> NAIC # <b>29459</b>
	INSURER B: <b>Hartford Insurance Company of the Midw</b> <b>37478</b>
	INSURER C: <b>SiriusPoint Specialty Insurance Corp.</b> <b>16820</b>
	INSURER D: <b>Arch Insurance Company</b> <b>11150</b>
	INSURER E: <b>Hartford Underwriters Insurance Co.</b> <b>30104</b>
	INSURER F:

## COVERAGES

## CERTIFICATE NUMBER:

## 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 INSR	SUBR INSR	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 type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC  OTHER:				20SBABE5H3G	09/27/2025	09/27/2026	EACH OCCURRENCE	\$1,000,000
								DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
								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
									\$
E	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY  <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY				20UECEB2078	09/27/2025	09/27/2026	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
								BODILY INJURY (Per person)	\$
								BODILY INJURY (Per accident)	\$
								PROPERTY DAMAGE (Per accident)	\$
									\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR  <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE  DED <input type="checkbox"/> RETENTION \$:				20SBABE5H3G	09/27/2025	09/27/2026	EACH OCCURRENCE	\$9,000,000
								AGGREGATE	\$9,000,000
									\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y	N/A	20WECAN1UAB	09/27/2025	09/27/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH- E.R. E.L. EACH ACCIDENT	\$1,000,000
								E.L. DISEASE - EA EMPLOYEE	\$1,000,000
								E.L. DISEASE - POLICY LIMIT	\$1,000,000
C	Professional Liab				PROVAE000014701	09/27/2025	09/27/2026	\$2,000,000 Aggregate \$2,000,000 Each Claim	

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

General Liability- Blanket Additional Insured and Waiver of Subrogation per form SS 00080405

General Liability- Blanket Primary &amp; Non Contributory per form SS08080405

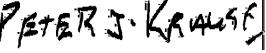
Business Auto- Blanket Additional Insured and Waiver of Subrogation per from HA99160312

Workers Compensation- Blanket Waiver of Subrogation per from WC 99 03 01

(See Attached Descriptions)

## CERTIFICATE HOLDER

## CANCELLATION

Fulton County Department Public Works 141 Pryor Street, SW 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 

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## **DESCRIPTIONS (Continued from Page 1)**

**RE: BID/RFP # Number: 23ITB08012023A-JWT**

**BID/RFP # TITLE: Water Quality Monitoring**

**Full Certificate Holder: Fulton County and Fulton County Government**

## Certificate Of Completion

Envelope Id: 51386F45-A973-4EC5-BF27-C205BDA5495A

Status: Completed

Subject: Complete with DocuSign: Water Quality Monitoring Renewal 2.pdf

Parcel ID:

Employee Name:

Source Envelope:

Document Pages: 5

Signatures: 4

Envelope Originator:

Certificate Pages: 6

Initials: 0

Janelle Walker

AutoNav: Enabled

Envelope Stamping: Enabled

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

Purchasing & Contract Compliance, Suite 1168

Atlanta, GA 30303

janelle.walker@fultoncountyga.gov

IP Address: 134.231.232.249

## Record Tracking

Status: Original

9/18/2025 10:29:23 AM

Holder: Janelle Walker

Location: DocuSign

Security Appliance Status: Connected

Pool: StateLocal

Storage Appliance Status: Connected

Pool: Fulton County Government

Location: Docusign

## Signer Events

Lawrence Davis, Jr.

ddavis@intse.com

Security Level: Email, Account Authentication  
(None)

## Signature

Signed by:  
  
5D54A73952BA4D1...

Signature Adoption: Pre-selected Style  
Using IP Address: 65.207.165.42

## Timestamp

Sent: 9/18/2025 10:37:07 AM

Resent: 10/3/2025 10:41:51 AM

Viewed: 10/12/2025 4:28:10 AM

Signed: 11/1/2025 7:22:08 AM

## Electronic Record and Signature Disclosure:

Accepted: 10/12/2025 4:28:10 AM

ID: 73937dc9-38b7-485a-90e3-a29b37ad05e0

David Clark

david.clark@fultoncountyga.gov

Director

Public Works

Security Level: Email, Account Authentication  
(None)

DocuSigned by:



65CE1C9FDD834B8...

Signature Adoption: Pre-selected Style  
Using IP Address: 65.184.57.19  
Signed using mobile

Sent: 11/1/2025 7:22:11 AM

Viewed: 11/1/2025 9:51:15 AM

Signed: 11/1/2025 9:51:20 AM

## Electronic Record and Signature Disclosure:

Accepted: 11/13/2017 1:07:14 PM

ID: 62e0a41e-60ea-4640-a1cb-69bfc2cfa732

Nikki Peterson

nikki.peterson@fultoncountyga.gov

Chief Deputy Clerk to the Board of Commissioners

Fulton County Government

Security Level: Email, Account Authentication  
(None)

**Completed**

Using IP Address: 74.174.59.10

Sent: 11/1/2025 9:51:22 AM

Viewed: 11/5/2025 11:35:05 AM

Signed: 11/5/2025 11:36:41 AM

## Electronic Record and Signature Disclosure:

Accepted: 11/27/2017 1:39:37 PM

ID: b7ce88ee-0c66-4f3a-bfee-705e0af602d8



Envelope Summary Events	Status	Timestamps
Certified Delivered	Security Checked	11/6/2025 10:43:37 AM
Signing Complete	Security Checked	11/6/2025 10:43:47 AM
Completed	Security Checked	11/6/2025 10:43:50 AM
Payment Events	Status	Timestamps
<b>Electronic Record and Signature Disclosure</b>		

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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.

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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](mailto: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](mailto: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..

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- 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](mailto: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

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- 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.