



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:

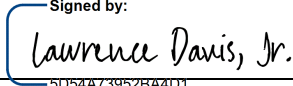
Contractor/Vendor agrees to accept the renewal option and abide by the terms and conditions set forth in the contract and specifications as referenced herein:

FULTON COUNTY, GEORGIA

Integrated Science & Engineering

Signed by:

14E1B4AA5F8A44A...
Robert L. Pitts, Chairman
Fulton County Board of Commissioners

Signed by:

5D54A73952B84D1...
Lawrence Davis, Jr.
President

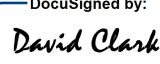
ATTEST:

Signed by:

EEC478C48F7648D...
Tonya R. Grier
Clerk to the Commission

(Affix County Seal)

AUTHORIZATION OF RENEWAL:

DocuSigned by:

65CE1C8FDD634B6...
David Clark, Director
Public Works

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

CERTIFICATE OF INSURANCE



ACORDTM**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

10/20/2025

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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Marsh & McLennan Agency LLC P. O. Box 71429 47 Postal Parkway Newnan, GA 30271-1429	CONTACT NAME: Robin A Connell PHONE (A/C, No, Ext): - FAX (A/C, No): E-MAIL ADDRESS: Robin.Connell@MarshMMA.com														
INSURED Integrated Science & Engineering, Inc. 1039 Sullivan Rd, Ste 200 Newnan, GA 30265	<table border="1"> <thead> <tr> <th data-bbox="803 420 1429 451">INSURER(S) AFFORDING COVERAGE</th> <th data-bbox="1429 420 1575 451">NAIC #</th> </tr> </thead> <tbody> <tr> <td data-bbox="803 451 1429 483">INSURER A : Twin City Fire Insurance Co.</td> <td data-bbox="1429 451 1575 483">29459</td> </tr> <tr> <td data-bbox="803 483 1429 514">INSURER B : Hartford Insurance Company of the Midwe</td> <td data-bbox="1429 483 1575 514">37478</td> </tr> <tr> <td data-bbox="803 514 1429 546">INSURER C : SiriusPoint Specialty Insurance Corp.</td> <td data-bbox="1429 514 1575 546">16820</td> </tr> <tr> <td data-bbox="803 546 1429 577">INSURER D : Arch Insurance Company</td> <td data-bbox="1429 546 1575 577">11150</td> </tr> <tr> <td data-bbox="803 577 1429 609">INSURER E : Hartford Underwriters Insurance Co.</td> <td data-bbox="1429 577 1575 609">30104</td> </tr> <tr> <td data-bbox="803 609 1429 638">INSURER F :</td> <td data-bbox="1429 609 1575 638"></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Twin City Fire Insurance Co.	29459	INSURER B : Hartford Insurance Company of the Midwe	37478	INSURER C : SiriusPoint Specialty Insurance Corp.	16820	INSURER D : Arch Insurance Company	11150	INSURER E : Hartford Underwriters Insurance Co.	30104	INSURER F :	
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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 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	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 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? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	20WECAN1UAB	09/27/2025	09/27/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER 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 & 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

PETER J. KRAUSE

DESCRIPTIONS (Continued from Page 1)

RE: BID/RFP # Number: 23ITB08012023A-JWT
BID/RFP # TITLE: Water Quality Monitoring

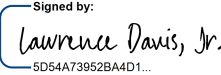
Full Certificate Holder: Fulton County and Fulton County Government

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		141 Pryor Street
Envelopeld Stamping: Enabled		Purchasing & Contract Compliance, Suite 1168
Time Zone: (UTC-05:00) Eastern Time (US & Canada)		Atlanta, GA 30303
		janelle.walker@fultoncountyga.gov
		IP Address: 134.231.232.249

Record Tracking

Status: Original	Holder: Janelle Walker	Location: DocuSign
9/18/2025 10:29:23 AM	janelle.walker@fultoncountyga.gov	
Security Appliance Status: Connected	Pool: StateLocal	
Storage Appliance Status: Connected	Pool: Fulton County Government	Location: Docusign

Signer Events	Signature	Timestamp
Lawrence Davis, Jr. ddavis@intse.com Security Level: Email, Account Authentication (None)	<div>Signed by:  5D54A73952BA4D1...</div> <div>Signature Adoption: Pre-selected Style Using IP Address: 65.207.165.42</div>	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)	<div>DocuSigned by:  65CE1C9FDD834B8...</div> <div>Signature Adoption: Pre-selected Style Using IP Address: 65.184.57.19 Signed using mobile</div>	Sent: 11/1/2025 7:22:11 AM Viewed: 11/1/2025 9:51:15 AM Signed: 11/1/2025 9:51:20 AM
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Electronic Record and Signature Disclosure:
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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)	<div>Completed</div> <div>Using IP Address: 74.174.59.10</div>	Sent: 11/1/2025 9:51:22 AM Viewed: 11/5/2025 11:35:05 AM Signed: 11/5/2025 11:36:41 AM
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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
Electronic Record and Signature Disclosure		

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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.

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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

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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..

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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 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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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.

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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.