

SIGNATURES:

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

EOLA POWER, LLC

DocuSigned by:

Robert L. Pitts

14E1B4AA5E6A44A...

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

Please select Attest or Notary from checkbox

Attest

ATTEST:

DocuSigned by:

Tonya R. Grier

EEC476C4837046D...

**Tonya R. Grier
Interim Clerk to the Commission**

(Affix County Seal)



AUTHORIZATION OF RENEWAL:

DocuSigned by:

Joseph N. Davis

0E0566173E2143F...

Joseph N. Davis Director
Department of Real Estate and Asset Management

DocuSigned by:

Mateo Arias

DBA948294F864D6...

Mateo Arias

MA

x Notary

ATTEST:

**Secretary/
Assistant Secretary**

(Affix Corporate Seal)

ATTEST:

Rosario Belen Plog

Notary Public

County: Miami-Dade

Commission Expires: 08/02/2024

(Affix Notary Seal)



Please select RCS or RM from the checkbox

x

RCS

RM

ITEM#: 2020-0636 **RCS: 9/16/2020**
RECESS MEETING

ITEM#: XXX **RM: XXX**
REGULAR MEETING





DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE

CONTRACT RENEWAL AGREEMENT

DEPARTMENT: Real Estate and Asset Management

BID/RFP# NUMBER: 19ITB118788C-GS

BID/RFP# TITLE: Uninterrupted Power Supply System Maintenance Service

ORIGINAL APPROVAL DATE: 12/18/2019

RENEWAL PERIOD: FROM: 1/1/2021 **THROUGH:** 12/31/2021

RENEWAL OPTION #: 1 OF 2

NUMBER OF RENEWAL OPTIONS: 2

RENEWAL AMOUNT: \$ 92,500

COMPANY'S NAME: EOLA Power, LLC.

ADDRESS: 66 W. Flagler St, Suite 1214

CITY: Miami

STATE: FL

ZIP: 33130

This Renewal Agreement No.1 was approved by the Fulton County Board of Commissioners on BOC DATE: **BOC NUMBER:**

SIGNATURES: SEE NEXT PAGE

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FULTON COUNTY, GEORGIA

Robert L. Pitts, Chairman
Fulton County Board of Commissioners

Mateo Arias

ATTEST:

Tonya R. Grier
Interim Clerk to the Commission

(Affix County Seal)

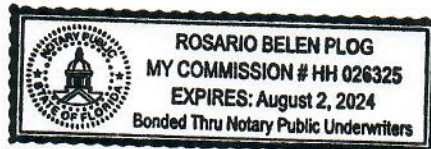
AUTHORIZATION OF RENEWAL:

ATTEST:

**Secretary/
Assistant Secretary**

(Affix Corporate Seal)

ATTEST:



Notary Public

County: Miami-Dade

Commission Expires: August 2, 2024

(Affix Notary Seal)

ITEM#: _____ RCS: _____
RECESS MEETING

ITEM#: _____ RM: _____
REGULAR MEETING



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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/07/2020

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 Rovner Insurance Group 11098 Biscayne Blvd, #100 Miami FL 33161	CONTACT NAME: Marc Rovner PHONE (A/C, No, Ext): (305) 303-8358 E-MAIL ADDRESS: mrovner@rovnerco.com FAX (A/C, No): INSURER(S) AFFORDING COVERAGE INSURER A: United Specialty Insurance Company INSURER B: Travelers INSURER C: Startstone National Insurance Company INSURER D: Guard Insurance Group INSURER E: Shelter Point INSURER F: NAIC # 31470
INSURED EOLA Power, LLC 66 W Flagler Street Suite 905 Miami FL 33130	

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	✓	✓	CCP-913413	07/16/2020	07/16/2021	EACH OCCURRENCE
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)
							MED EXP (Any one person)
							PERSONAL & ADV INJURY
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG
	OTHER:						\$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY	✓	✓	BA-0N501982-19-42-G	05/26/2020	05/26/2021	COMBINED SINGLE LIMIT (Ea accident)
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)
	<input checked="" type="checkbox"/> OWNED AUTOS ONLY						BODILY INJURY (Per accident)
	<input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)
							\$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB	✓	✓	85556N190ALI	03/05/2020	03/05/2021	EACH OCCURRENCE
	<input checked="" type="checkbox"/> EXCESS LIAB						AGGREGATE
	<input type="checkbox"/> CLAIMS-MADE						\$
	DED RETENTION \$						\$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A		EOWC146382	05/24/2020	05/24/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE
							E.L. DISEASE - POLICY LIMIT
							\$
E	Disability Group			DBL564130	09/17/2020	09/17/2021	

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

Fulton County Government, its Officials, Officers and Employees are Additional Insured with respect to the General Liability, Auto and Umbrella. Waiver of Subrogation provided in favor of Fulton County

CERTIFICATE HOLDER**CANCELLATION**

Fulton County Government - Purchasing Department 130 Peachtree SW Suite 1168 Atlanta GA 30303-3459	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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