



DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE

CONTRACT RENEWAL AGREEMENT

DEPARTMENT: Department Of Real Estate & Asset Management

BID/RFP# NUMBER: 23ITB138782C-JNJ (A)

BID/RFP# TITLE: Glass & Plexiglas Repair and Replacement

ORIGINAL APPROVAL DATE: January 24, 2024

RENEWAL EFFECTIVE DATES: January 1, 2026

RENEWAL OPTION #: 2 OF 2

NUMBER OF RENEWAL OPTIONS: 2

RENEWAL AMOUNT: \$30,000.00

COMPANY'S NAME: Brad Construction Company II

ADDRESS: 500 W. Lanier Ave, Suite 801

CITY: Fayetteville

STATE: GA

ZIP: 30214

This Renewal Agreement No. 2 was approved by the Fulton County Board of Commissioners on **BOC DATE: 10/15/2025 BOC NUMBER: 25-0761 (A)**.

RENEWAL OF CERTIFICATE OF INSURANCE: The Contractor is required to maintain insurance during the entire term of this Agreement, including contract renewal options. The Contractor must furnish the County a renewal Certificate of Insurance showing the required coverage as specified in the Contract Agreement. A current COI must be provided before the commencement of work on this project. 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

Brad Construction Company II


DocuSigned by:
Robert L. Pitts
Robert L. Pitts, Chairman
Fulton County Board of Commissioners

DocuSigned by:
Jameel Hanif
Jameel Hanif
Principal

ATTEST:

Signed by:
Tonya R. Grier
Tonya R. Grier
Clerk to the Commission
(Affix County Seal)

Signed by:



AUTHORIZATION OF RENEWAL:

Signed by:
Joseph N. Davis
Joseph N. Davis, Director
Department Of Real Estate & Asset Management

ITEM#: _____ RM: _____ REGULAR MEETING	ITEM#: 25-0761A _____ 2 ND RM: 10/15/2025 _____ SECOND REGULAR MEETING
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CERTIFICATE OF INSURANCE



BRADCON-07

RANDERSONSCI

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/30/2025

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

PRODUCER Oakbridge Insurance Agency 16 Hampton St McDonough, GA 30253	CONTACT NAME: Meghan Holder	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS: meghanholder@strawninsurance.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Harford Mutual Insurance Company	
	INSURER B: Builders Insurance (an Association Captive Company)	
INSURED Brad Construction Company II LLC 500 W. Lanier Avenue Suite 801 Fayetteville, GA 30214	NAIC #	
	INSURER C: Capitol Specialty Ins Co	
	INSURER D:	
	INSURER E:	
	INSURER F:	
	INSURER G:	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

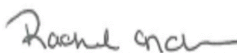
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X	X	MP10825006	7/29/2025	7/29/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 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
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ 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 checked="" type="checkbox"/> RETENTION \$ 10,000	X	X	CU104732910	7/29/2025	7/29/2026	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y	N/A	WCV0223426 09	7/29/2025	7/29/2026	<input checked="" type="checkbox"/> PER STATUTE E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Pollution Liability			EV2024046301	8/23/2024	8/23/2025	Occurrence/Aggregate 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Additional Insured in favor of Fulton County Government, Its Officials, Officers and Employees in regards to the General Liability. Waiver of subrogation per form CG2404 in regards to the General Liability if required by contract. Waiver of Subrogation per form WC000313 in regards to the Workers Compensation if required by contract. Umbrella policy follows form.

CERTIFICATE HOLDER

CANCELLATION

Fulton County Government Attn: Purchasing Department 130 Peachtree Street, S.W. Suite 1168 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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GENERAL LIABILITY FORMS SCHEDULE
FORMS AND ENDORSEMENTS APPLYING TO AND MADE A PART OF THIS POLICY AT TIME OF ISSUE:

CG2186	(1204)	Exclusion - Exterior Insulation and Finish Systems	
CG2196	(0305)	Silica or Silica-Related Dust Exclusion	
CG2426	(0413)	Amendment of Insured Contract Definition	
CG4032	(0523)	Exclusion - Perfluoroalkyl and Polyfluoroalkyl Substances (PFAS)	
CG4035	(1223)	Exclusion - Cyber Incident	
CGGA4012	(0720)	Exclusion - Electronic Smoking Devices	
CGHG0046	(0720)	Exclusion - Tobacco Products Hazards	
CGHG06	(1116)	Exclusion - Lead Contamination	
CGHG21	(0105)	Asbestos Exclusion Endorsement	
CGHG29	(0413)	Liability Additional Coverage Endorsement	
CGHG42	(1017)	Audit Noncompliance Factor Endorsement	
IL0017	(1198)	Common Policy Conditions	
IL0021	(0908)	Nuclear Energy Liability Exclusion Endorsement (Broad Form)	
IL0262	(0224)	Georgia Changes - Cancellation and Nonrenewal	
CG2010	(0413)	Additional Insured - Owners, Lessees or Contractors - Scheduled Person or Organization.....	\$50
		Name of Additional Insured Person(s) or Organization(s): Johnson Controls, Inc.	
CG2010	(0413)	Additional Insured - Owners, Lessees or Contractors - Scheduled Person or Organization.....	\$50
		Name of Additional Insured Person(s) or Organization(s): DEKALB COUNTY SCHOOL DISTRICT	
		Location(s) of Covered Operations: 1701 MOUNTAIN INDUSTRIAL BLVD	
CG2026	(0413)	Additional Insured - Designated Person or Organization	\$35
		Name of Person(s) or Organization(s): FULTON COUNTY GOVERNMENT ITS OFFICIALS OFFICERS	
CG2028	(0413)	Additional Insured - Lessor of Leased Equipment.....	\$35
		Name of Person(s) or Organization(s): SUNBELT RENTAL	
CG2033	(0413)	Additional Insured - Owners, Lessees or Contractors - Automatic Status When Required in Construction Agreement with You	\$25
CG2037	(0413)	Additional Insured - Owners, Lessees or Contractors - Completed Operations.....	\$150
		Name of Person or Organization: ANY PERSON OR ORGANIZATION THAT HAS ENTERED INTO A WRITTEN CONSTRUCTION CONTRACT OR WRITTEN CONSTRUCTION AGREEMENT WITH THE NAMED INSURED	
		Contractor Gross Receipts: \$1,000,000	
CG2101	(1185)	Exclusion - Athletic or Sports Participants	
		Description of Operations: CARPENTRY	
CG2234	(0413)	Exclusion - Construction Management Errors and Omissions	
CG2243	(0413)	Exclusion - Engineers, Architects or Surveyors Professional Liability	
CG2279	(0413)	Exclusion - Contractors - Professional Liability	
CG2404	(0509)	Waiver of Transfer of Rights of Recovery Against Others to Us	
		Name of Person or Organization: ANY PERSON OR ORGANIZATION THAT HAS ENTERED INTO A WRITTEN CONSTRUCTION CONTRACT OR WRITTEN CONSTRUCTION AGREEMENT WITH THE NAMED INSURED	
CG2456	(1223)	Excess Insurance Provision - Order of Response - When You Are an Additional Insured on Other Insurance	
CG2503	(0509)	Designated Construction Project(s) General Aggregate Limit.....	\$19
		Designated Construction Project(s): ALL PROJECTS	
CG3201	(1204)	Georgia Limited Fungi or Bacteria Coverage - Small Businesses	
		Fungi and Bacteria Property Damage Aggregate Limit: \$50,000	

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY
CG 20 26 04 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY
CG 24 04 05 09

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

Name Of Person Or Organization:

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to Paragraph **8. Transfer Of Rights Of Recovery Against Others To Us** of **Section IV – Conditions**:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us)

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

Schedule

"ALL WRITTEN CONTRACTS THAT REQUIRE A WAIVER OF SUBROGATION"

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective:	Policy No. WCV 0223426 09	Endorsement No.
Insured: BRAD CONSTRUCTION COMPANY II LLC		Premium: \$4,332.00
Insurance Company: Builders Insurance (An Association Captive Company)	Countersigned by: _____	



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/09/2025

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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 JEROME HUBBARD SR INS AGENCY INC 431 PINE AVE ALBANY, GA. 31701	CONTACT NAME: JEROME HUBBARD SR PHONE (A/C, No, Ext): (229)883-4810 FAX (A/C, No): (229)883-4810 E-MAIL ADDRESS: JEROME@JEROMEHUBBARD.COM <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A : State Farm Mutual Automobile Insurance Company</td> <td>25178</td> </tr> <tr><td>INSURER B :</td><td></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(S) AFFORDING COVERAGE	NAIC #	INSURER A : State Farm Mutual Automobile Insurance Company	25178	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A : State Farm Mutual Automobile Insurance Company	25178														
INSURER B :															
INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															
INSURED JAMELL HANIF & BRAD CONSTRUCTION COMPANY, LLC 500 LANIER AVEW STE 801 FAYETTEVILLE, GA. 30214															

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	ADD INSD	SUB WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	749-047-B05-11F 886-5309-B15-11D	08/05/2025 08/15/2025	02/05/2026 02/15/2026	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE (Per accident) \$ 1,000,000 \$
	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			OCCUR CLAIMS-MADE 81-CD-R365-3 F	01/24/2025	01/24/2026	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

2014 FORD F250 SD VIN:1FT7W2BT7EE39018
 2015 FORD TRANS VAN 250 VIN:1FTNR3XV3FKA29598

CERTIFICATE HOLDER**CANCELLATION**

FULTON COUNTY GOVERNMENT 141 PRYOR ST 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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Certificate Of Completion

Envelope Id: 6D817D19-428C-4FAE-94C7-FBE147F5F3F3

Status: Completed

Subject: CONTRACT RENEWAL AGREEMENT #2 - 23ITB138782C-JNJ Glass and Plexiglass Repair

Parcel ID:

Employee Name:

Source Envelope:

Document Pages: 9

Signatures: 4

Envelope Originator:

Certificate Pages: 6

Initials: 0

Jakeiah Johnson

AutoNav: Enabled

Stamps: 1

141 Pryor Street

Envelopeld Stamping: Enabled

Purchasing & Contract Compliance, Suite 1168

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

Atlanta, GA 30303

Canada)

jakeiah.johnson@fultoncountyga.gov

IP Address: 134.231.232.249

Record Tracking

Status: Original

Holder: Jakeiah Johnson

Location: DocuSign

10/16/2025 11:35:15 AM

jakeiah.johnson@fultoncountyga.gov

Security Appliance Status: Connected

Pool: StateLocal

Storage Appliance Status: Connected

Pool: Fulton County Government

Location: Docusign

Signer Events

Signature

Timestamp

JAMEEL HANIF

jhanif@bradconstruction.com

Principal

Brad Construction Co. II

Security Level: Email, Account Authentication
(None)

DocuSigned by:

46919D1C8EFC42D...

Sent: 10/16/2025 11:51:25 AM

Resent: 10/16/2025 11:52:48 AM

Viewed: 10/16/2025 11:56:30 AM

Signed: 10/16/2025 12:10:22 PM

Signature Adoption: Drawn on Device

Using IP Address:

2600:1005:b30f:c3a3:4002:cf22:848a:67ce

Electronic Record and Signature Disclosure:

Accepted: 10/16/2025 11:56:30 AM

ID: f4323fa0-9888-4469-9e74-b2cfbec9a440

Jakeiah Johnson

jakeiah.johnson@fultoncountyga.gov

APA

Security Level: Email, Account Authentication
(None)

Completed

Sent: 10/16/2025 12:10:24 PM

Viewed: 10/16/2025 12:16:19 PM

Signed: 10/16/2025 12:16:27 PM

Using IP Address: 134.231.232.249

Electronic Record and Signature Disclosure:

Not Offered via Docusign

Joseph Davis

Joseph.Davis@fultoncountyga.gov

Director

Security Level: Email, Account Authentication
(None)

Signed by:

B20364A88008422...

Sent: 10/16/2025 12:16:28 PM

Viewed: 10/16/2025 1:22:44 PM

Signed: 10/18/2025 4:02:32 AM

Signature Adoption: Pre-selected Style

Using IP Address:

2600:1702:7490:78e0:a14a:92:9373:2ab2

Signed using mobile

Electronic Record and Signature Disclosure:

Accepted: 10/18/2025 4:02:29 AM

ID: 8dc123a7-300e-4932-8915-876a8df53444

Nikki Peterson

Nikki.Peterson@fultoncountyga.gov

Chief Deputy Clerk to the Board of Commissioners

Fulton County Government

Security Level: Email, Account Authentication
(None)


Completed

Sent: 10/18/2025 4:02:34 AM

Viewed: 10/21/2025 3:57:02 PM

Signed: 10/21/2025 3:57:28 PM

Using IP Address: 104.129.207.88

Signer Events	Signature	Timestamp
Electronic Record and Signature Disclosure: Accepted: 11/27/2017 1:39:37 PM ID: b7ce88ee-0c66-4f3a-bfee-705e0af602d8		
Robert L. Pitts Michael.OConnor@fultoncountyga.gov Fulton County Security Level: Email, Account Authentication (None)	<div>DocuSigned by:  BA715B1A28544E7...</div> Signature Adoption: Pre-selected Style Using IP Address: 68.208.197.4	Sent: 10/21/2025 3:57:30 PM Viewed: 10/21/2025 4:10:17 PM Signed: 10/21/2025 4:10:26 PM
Electronic Record and Signature Disclosure: Not Offered via DocuSign		
Tonya Grier Tonya.Grier@fultoncountyga.gov Clerk to the Commission Fulton County Government Security Level: Email, Account Authentication (None)	<div>Signed by:  EEC476C4837848D...</div>  Signature Adoption: Uploaded Signature Image Using IP Address: 134.231.232.249	Sent: 10/21/2025 4:10:29 PM Viewed: 10/22/2025 6:54:30 AM Signed: 10/22/2025 6:54:44 AM
Electronic Record and Signature Disclosure: Accepted: 3/16/2018 10:54:59 AM ID: f3f241e8-3027-4447-9476-6cf20ae25dd4		

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
Khandi Flowers khandi.flowers@fultoncountyga.gov Security Level: Email, Account Authentication (None)	<div>COPIED</div>	Sent: 10/22/2025 6:54:46 AM
Electronic Record and Signature Disclosure: Not Offered via DocuSign		
Mark Hawks mark.hawks@fultoncountyga.gov Chief Assistant Purchasing Agent Purchasing and Contract Compliance Security Level: Email, Account Authentication (None)	<div>COPIED</div>	Sent: 10/22/2025 6:54:47 AM
Electronic Record and Signature Disclosure: Not Offered via DocuSign		
Dian DeVaughn Dian.DeVaughn@fultoncountyga.gov Security Level: Email, Account Authentication (None)	<div>COPIED</div>	Sent: 10/22/2025 6:54:49 AM Viewed: 10/31/2025 1:52:32 PM
Electronic Record and Signature Disclosure:		

Carbon Copy Events	Status	Timestamp
Not Offered via DocuSign		
Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	10/16/2025 11:51:25 AM
Envelope Updated	Security Checked	10/16/2025 11:52:47 AM
Certified Delivered	Security Checked	10/22/2025 6:54:30 AM
Signing Complete	Security Checked	10/22/2025 6:54:44 AM
Completed	Security Checked	10/22/2025 6:54:49 AM
Payment Events	Status	Timestamps
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.

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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..

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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.

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