

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:

CONSULTANT: Allied Fence Company

FULTON COUNTY, GEORGIA

DocuSigned by:

Robert L. Pitts

FFAD7CADD33F4F8...

Robert L. Pitts, Chairman
Fulton County Board of Commissioners

Please select Attest or Notary from checkbox

☒ Attest

ATTEST:

DocuSigned by:

Tonya R. Grier

EEC476C4837648D...

Tonya R. Grier
Interim Clerk to the Commissioners

(Affix County Seal)



APPROVED AS TO FORM:

DocuSigned by:

Dennal Stewart

2277A2CEF73E4E4...

Office of the County Attorney

APPROVED AS TO CONTENT:

DocuSigned by:

Joseph N. Davis

6E6566173E2143F...

Full Name

Director

Department of Real Estate and Asset Management

Please select RCS or RM from the checkbox

☒ RCS

☐ RM

DocuSigned by:

Todd Edlin, CFO

8539662077874AB...

Todd H. Edlin

President

Notary

ATTEST:

Todd Edlin

Secretary/
Assistant Secretary

(Affix Corporate Seal)

DS



ATTEST:

Notary Public

County: _____

Commission Expires: _____

(Affix Notary Seal)

| | | | |
|----------------------------------|-----------------|---------------------------------|-----------|
| ITEM#: 20-0647 RECESS MEETING | RCS: 09/16/2020 | ITEM#: _____ REGULAR MEETING | RM: _____ |
|----------------------------------|-----------------|---------------------------------|-----------|

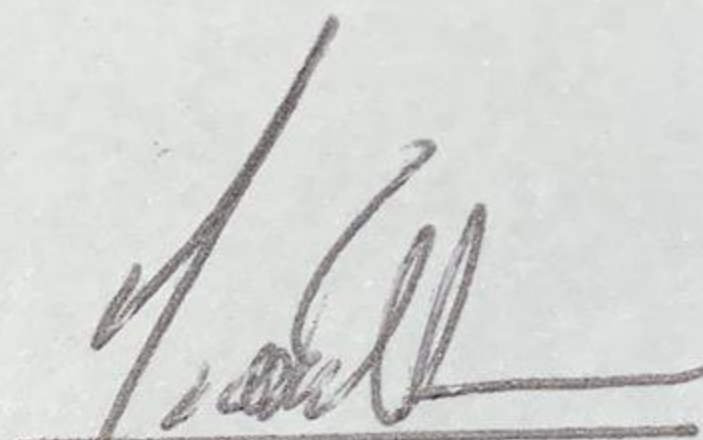




"Sign of Quality Since 1953"

P.O. Box 276

Mableton, Georgia 30126-0276


TODD EDWIN
SEC



AMENDMENT NO. 1 TO FORM OF CONTRACT

Contractor: **Allied Fence Company, Inc.**

Contract No. **17ITB108350C-GS, Standby Fencing Installation and Repair**

Address: **P.O. Box 276**

City, State **Mableton, GA 30126**

Telephone: **(770) 944-1501**

E-mail: [**todd@alliedfence.com**](mailto:todd@alliedfence.com)

Contact: **Todd Edlin**
CFO

W I T N E S S E T H

WHEREAS, Fulton County ("County") entered into a Contract with **Allied Fence Company, Inc.**, to provide/perform Standby Fencing Installation and Repair, dated 1st day of January 2018, on behalf of the **Department of Real Estate and Asset Management**; and

WHEREAS, the purpose of this amendment is for the approving of increasing spending authority to cover the cost for additional fencing installation and repair services at the four Fulton County Neighborhood Senior Centers in support of the Senior Surge Projects Phase II.

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

WHEREAS, this amendment was approved by the Fulton County Board of Commissioners on **September 16, 2020, BOC Items #20-0647**.

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

This Amendment No. 1 to Form of Contract is effective as of the 16th day of September, 2020, between the County and **Allied Fence Company, Inc.**, who agree that all Services specified will be performed in accordance with this Amendment No. 1 to Form of Contract and the Contract Documents.

1. **SCOPE OF WORK TO BE PERFORMED:** To cover the cost for additional fencing installation and repair services in support of the Senior Surge Projects Phase II by furnishing all materials, parts, labor, equipment, transportation and appurtenances

necessary to provide new fencing installation and repairs at the four Fulton County Senior Neighborhood Senior Centers:

| | Senior Centers Location | Type of Repair | Cost |
|---|------------------------------|-------------------------------|--------------------|
| 1 | Auburn | Replace Metal Gates | \$17,325.00 |
| 2 | Camp Truitt | Replace Metal Gates | \$9,070.00 |
| 3 | Quality Living Service (QLS) | Replace Metal Gates | \$16,092.00 |
| 4 | Palmetto | Replace Ornamental Iron Fence | \$29,648.00 |
| | Total | | \$72,135.00 |

2. **COMPENSATION:** The services described under Scope of Work herein shall be performed by Contractor for a total amount not to exceed **\$72,135.00** (Seventy Two Thousand One Hundred and Thirty Five Dollars and Zero Cents).
3. **LIABILITY OF COUNTY:** This Amendment No. 1 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.
4. **EFFECT OF AMENDMENT NO. 1 TO FORM OF CONTRACT:** Except as modified by this Amendment No. 1 to Form of Contract, the Contract, and all Contract Documents, remain in full force and effect.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/25/2020

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 Little & Smith Inc. 202 Church Street P. O. Box 1089 Marietta GA 30061 | CONTACT NAME: Rachel Hightower PHONE (A/C, No, Ext): (770) 428-3308 FAX (A/C, No): (770) 429-8305 E-MAIL ADDRESS: rhightower@littleandsmith.com <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A: Frankenmuth Mutual Ins.Co.</td> <td style="text-align: center;">13986</td> </tr> <tr> <td>INSURER B: Ansur America Ins.Co.</td> <td style="text-align: center;">10984</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: Frankenmuth Mutual Ins.Co. | 13986 | INSURER B: Ansur America Ins.Co. | 10984 | INSURER C: | | INSURER D: | | INSURER E: | | INSURER F: | |
|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------|----------------------------------------------|-------|-----------------------------------------|-------|-------------------|--|-------------------|--|-------------------|--|-------------------|--|
| INSURER(S) AFFORDING COVERAGE | NAIC # | | | | | | | | | | | | | | |
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| INSURER D: | | | | | | | | | | | | | | | |
| INSURER E: | | | | | | | | | | | | | | | |
| INSURER F: | | | | | | | | | | | | | | | |
| INSURED Allied Fence Company, Inc. P.O. Box 276 430 Veterans Memorial Highway Mableton GA 30126-0276 | | | | | | | | | | | | | | | |

COVERAGES**CERTIFICATE NUMBER:** 19/20**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 | Y | 6646864 | 11/10/2019 | 11/10/2020 | EACH OCCURRENCE |
| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | | | | \$ 1,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | \$ 500,000 |
| | <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | | | \$ 5,000 |
| | OTHER: | | | | | | \$ 1,000,000 |
| B | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY | Y | Y | 6646863 | 11/10/2019 | 11/10/2020 | COMBINED SINGLE LIMIT (Ea accident) |
| | <input type="checkbox"/> ANY AUTO | | | | | | \$ |
| | <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY | | | | | | \$ |
| | <input type="checkbox"/> HIRED AUTOS ONLY | | | | | | \$ |
| | | | | | | | \$ |
| A | <input checked="" type="checkbox"/> UMBRELLA LIAB | Y | Y | 6646864 | 11/10/2019 | 11/10/2020 | EACH OCCURRENCE |
| | <input checked="" type="checkbox"/> EXCESS LIAB | | | | | | \$ 5,000,000 |
| | <input type="checkbox"/> CLAIMS-MADE | | | | | | \$ 5,000,000 |
| | DED <input checked="" type="checkbox"/> RETENTION \$ 10,000 | | | | | | \$ |
| B | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | N/A | Y | 6646862 | 11/10/2019 | 11/10/2020 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | | | | | | \$ 1,000,000 |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | \$ 1,000,000 |
| | | | | | | | \$ 1,000,000 |

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

Fulton County Government its officials, officers, employees are included as an additional insured with respect to general liability on a primary and noncontributory basis and automobile liability as required by written contract. Umbrella follows form.

CERTIFICATE HOLDER**CANCELLATION**

| | |
|----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Fulton County Government – Purchasing Dept 130 Peachtree St SW Ste 1168 Atlanta GA 30303 | <p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p> <p style="text-align: center;"><i>William D. H. 1</i></p> |
|----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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