



**DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE**

**CONTRACT RENEWAL AGREEMENT**

**DEPARTMENT: External Affairs**

**BID/RFP# NUMBER: #18RFP082918K-DJ**

**BID/RFP# TITLE: Intergovernmental & Interagency Affairs Services**

**ORIGINAL APPROVAL DATE: 1/19/2018**

**RENEWAL PERIOD: FROM: 1/1/2020 THROUGH 12/31/2020**

**RENEWAL OPTION #: 1 OF 2**

**NUMBER OF RENEWAL OPTIONS: 2**

**RENEWAL AMOUNT: \$198,000.00**

**COMPANY'S NAME: Georgia Public Affairs**

**ADDRESS: 311 Peachtree Hill Avenue, Suite 6B**

**CITY: Atlanta**

**STATE: GA**

**ZIP: 30305**

**This Renewal Agreement No. 1 was approved by the Fulton County Board of Commissioners on BOC DATE: 12/18/19 BOC NUMBER: 19-1122**

**SIGNATURES: SEE NEXT PAGE**

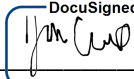
**SIGNATURES:**

**Vendor agrees to accept the renewal option and abide by the terms and conditions set forth in the contract and specifications for Bid/RFP# 18RFP082918K-DJ**

(Person signing must have signature authority for the company/corporation)

**NAME:** John P. Clayton (Print)

**John P. Clayton, Principal**

**VENDOR'S SIGNATURE:**  **DATE:** 12/27/2019

7AD93026D68D4A0...

**ATTEST:**

Nichole Windsor

**NOTARY PUBLIC:** \_\_\_\_\_

**TITLE:** Paralegal **DocuSigned by:** \_\_\_\_\_ **COUNTY:** \_\_\_\_\_

**SEAL (Affix)**



**MY COMMISSION EXPIRES:** \_\_\_\_\_

**FULTON COUNTY, GEORGIA**

 \_\_\_\_\_

**DATE:** 01/06/2020

**ROBERT L. PITTS  
CHAIRMAN**

**ATTEST:**

 \_\_\_\_\_

**DATE:** 01/07/2020

**TONYA R. GRIER  
INTERIM CLERK TO THE COMMISSIONERS**

**SEAL (Affix)**



**DEPARTMENT AUTHORIZES RENEWAL OPTION ON THE AFOREMENTIONED BID/RFP:**

**DEPARTMENT HEAD:** Jessica Corbitt (Print)

**DEPARTMENT HEAD SIGNATURE:**  **DATE:** 01/03/2020

06EFC656439C4F9...

**ITEM#:** 19-1122 **RCS:** 12/18/2019  
**RECESS MEETING**

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



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/27/2019

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).

<b>PRODUCER</b> <b>Watkins Insurance Agency</b> <b>P. O. Box 1179</b> <b>Cartersville, GA 30120</b> <b>Josh Watkins</b>	<b>770-382-1972</b> <b>CONTACT NAME: Josh Watkins</b> <b>PHONE (A/C, No, Ext): 770-382-1972</b> <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS: Josh@watkinsinsurancega.com</b>														
<b>INSURED</b> <b>Georgia Public Affairs, LLC</b> <b>PO Box 78602</b> <b>Atlanta, GA 30357</b>	<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><b>INSURER A : Auto Owners</b></td> <td><b>18988</b></td> </tr> <tr> <td><b>INSURER B :</b></td> <td></td> </tr> <tr> <td><b>INSURER C :</b></td> <td></td> </tr> <tr> <td><b>INSURER D :</b></td> <td></td> </tr> <tr> <td><b>INSURER E :</b></td> <td></td> </tr> <tr> <td><b>INSURER F :</b></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	<b>INSURER A : Auto Owners</b>	<b>18988</b>	<b>INSURER B :</b>		<b>INSURER C :</b>		<b>INSURER D :</b>		<b>INSURER E :</b>		<b>INSURER F :</b>	
INSURER(S) AFFORDING COVERAGE	NAIC #														
<b>INSURER A : Auto Owners</b>	<b>18988</b>														
<b>INSURER B :</b>															
<b>INSURER C :</b>															
<b>INSURER D :</b>															
<b>INSURER E :</b>															
<b>INSURER F :</b>															

## 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														
<b>A</b>	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			<b>80139758</b>	<b>01/18/2020</b>	<b>01/18/2021</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>EACH OCCURRENCE</td> <td style="text-align: right;">\$ <b>1,000,000</b></td> </tr> <tr> <td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td> <td style="text-align: right;">\$ <b>300,000</b></td> </tr> <tr> <td>MED EXP (Any one person)</td> <td style="text-align: right;">\$ <b>10,000</b></td> </tr> <tr> <td>PERSONAL &amp; ADV INJURY</td> <td style="text-align: right;">\$ <b>1,000,000</b></td> </tr> <tr> <td>GENERAL AGGREGATE</td> <td style="text-align: right;">\$ <b>2,000,000</b></td> </tr> <tr> <td>PRODUCTS - COMP/OP AGG</td> <td style="text-align: right;">\$ <b>2,000,000</b></td> </tr> <tr> <td></td> <td style="text-align: right;">\$</td> </tr> </table>	EACH OCCURRENCE	\$ <b>1,000,000</b>	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ <b>300,000</b>	MED EXP (Any one person)	\$ <b>10,000</b>	PERSONAL & ADV INJURY	\$ <b>1,000,000</b>	GENERAL AGGREGATE	\$ <b>2,000,000</b>	PRODUCTS - COMP/OP AGG	\$ <b>2,000,000</b>		\$
EACH OCCURRENCE	\$ <b>1,000,000</b>																				
DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ <b>300,000</b>																				
MED EXP (Any one person)	\$ <b>10,000</b>																				
PERSONAL & ADV INJURY	\$ <b>1,000,000</b>																				
GENERAL AGGREGATE	\$ <b>2,000,000</b>																				
PRODUCTS - COMP/OP AGG	\$ <b>2,000,000</b>																				
	\$																				
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>COMBINED SINGLE LIMIT (Ea accident)</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>BODILY INJURY (Per person)</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>BODILY INJURY (Per accident)</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>PROPERTY DAMAGE (Per accident)</td> <td style="text-align: right;">\$</td> </tr> <tr> <td></td> <td style="text-align: right;">\$</td> </tr> </table>	COMBINED SINGLE LIMIT (Ea accident)	\$	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$		\$				
COMBINED SINGLE LIMIT (Ea accident)	\$																				
BODILY INJURY (Per person)	\$																				
BODILY INJURY (Per accident)	\$																				
PROPERTY DAMAGE (Per accident)	\$																				
	\$																				
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>EACH OCCURRENCE</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>AGGREGATE</td> <td style="text-align: right;">\$</td> </tr> <tr> <td></td> <td style="text-align: right;">\$</td> </tr> </table>	EACH OCCURRENCE	\$	AGGREGATE	\$		\$								
EACH OCCURRENCE	\$																				
AGGREGATE	\$																				
	\$																				
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below						<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>PER STATUTE</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>OTH-ER</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td style="text-align: right;">\$</td> </tr> </table>	PER STATUTE	\$	OTH-ER	\$	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$				
PER STATUTE	\$																				
OTH-ER	\$																				
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)

## CERTIFICATE HOLDER

## CANCELLATION

**Fulton County Government**  
**141 Pryor St Sw**  
**Atlanta, GA 30305**

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