FULTON COUNTY

DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE

CONTRACT RENEWAL AGREEMENT

DEPARTMENT: Real Estate and Asset Management

BID/RFP# NUMBER: 23ITB138741K-JAJ(A)

BID/RFP# TITLE: Task Order Contract for Minor Construction

ORIGINAL APPROVAL DATE: 01/10/2024

RENEWAL EFFECTIVE DATES: 01/01/2026-12/31/2026

RENEWAL OPTION #: 2 OF 3

NUMBER OF RENEWAL OPTIONS: 3

RENEWAL AMOUNT: $1,200,000.00

COMPANY'S NAME: Brad Construction Company II, LLC

ADDRESS: 500 W. Lanier Ave.

CITY: Fayettevile

STATE: GA

ZIP: 30214

This Renewal Agreement No. 2 was approved by the Fulton County Board of Commissioners on **BOC DATE: 09/17/2025 BOC NUMBER: 25-0704**.

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

Signed by:
Robert L. Pitts
14E1B4AA5F6A44A...

Robert L. Pitts, Chairman
Fulton County Board of Commissioners

ATTEST:

Signed by:
EEC476C4837648D...

Tonya R. Grier
Clerk to the Commission

(Affix Co eal)

AUTHORIZATION OF RENEWAL:

Signed by:
Joseph Davis
B20354A88888422...

Joseph Davis, Director
Real Estate and Asset Management

BRAD CONSTRUCTION COMPANY II, LLC

DocuSigned by:
46919D1C6EFC42D...

Jameel Hanif
President

ITEM#: _____ **RM:** _____ **REGULAR MEETING**	**ITEM#:** 25-0704A **2ND RM:** 09/17/2025 **SECOND REGULAR MEETING**

CERTIFICATE OF INSURANCE

ACORD

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	NAIC #
INSURER A : Harford Mutual Insurance Company	14141
INSURER B : Builders Insurance (an Association Captive Company	10704
INSURER C : Capitol Specialty Ins Co	10328
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Brad Construction Company II LLC
500 W. Lanier Avenue
Suite 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	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR	X	X	MP10825006	7/29/2025	7/29/2026	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 300,000
							MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	POLICY X PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
A	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	$ 1,000,000
	EXCESS LIAB CLAIMS-MADE	X	X	CU104732910	7/29/2025	7/29/2026	AGGREGATE	$ 1,000,000
	DED X RETENTION $ 10,000							$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						X PER STATUTE OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y	N / A	X	WCV0223426 09	7/29/2025	7/29/2026	E.L. EACH ACCIDENT	$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						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
Fulton County Government
Attn: Purchasing Department
130 Peachtree Street, S.W.
Suite 1168
Atlanta, GA 30303

CANCELLATION
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

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 - Perfluoroaklyl 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: _____

WC 00 03 13
(Ed. 4-84)

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 10/09/2025

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.

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PRODUCER

State Farm

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

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

FULTON COUNTY GOVERNMENT
141 PRYOR ST SW
ATLANTA, GA. 30303

CANCELLATION

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

Certificate Of Completion

Envelope Id: A5C2A22C-BB7B-427E-B6D7-A09336BEF8DD
Status: Completed
Subject: Brad Construction Company II, LLC- Task Order Contract for Minor Construction (A) -BOC #25-0704
Parcel ID:
Employee Name:
Source Envelope:
Document Pages: 9
Certificate Pages: 6
AutoNav: Enabled
EnvelopeId Stamping: Enabled
Time Zone: (UTC-08:00) Pacific Time (US & Canada)

Signatures: 4
Initials: 0
Stamps: 1

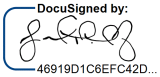
Envelope Originator:
James Jones
141 Pryor Street
Purchasing & Contract Compliance, Suite 1168
Atlana, GA 30303
james.jones@fultoncountyga.gov
IP Address: 144.125.34.76

Record Tracking

Status: Original
10/12/2025 5:45:57 PM
Security Appliance Status: Connected
Storage Appliance Status: Connected

Holder: James Jones
james.jones@fultoncountyga.gov
Pool: StateLocal
Pool: Fulton County Government

Location: DocuSign
Location: Docusign

Signer Events	Signature	Timestamp
JAMEEL HANIF jhanif@bradconstruction.com Principal Brad Construction Co. II Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Accepted: 10/13/2025 5:09:51 AM ID: 06ada5d6-85b2-4dc0-9822-0c02fae9c963	DocuSigned by:  46919D1C6EFC42D... Signature Adoption: Drawn on Device Using IP Address: 2601:c4:4500:d20:207d:e910:c1fd:10e3 Signed using mobile	Sent: 10/12/2025 6:03:01 PM Viewed: 10/13/2025 5:09:51 AM Signed: 10/13/2025 5:10:26 AM
James Jones james.jones@fultoncountyga.gov Assistant Purchasing Agent BROWN & ROOT INDUSTRIAL SERVICESLLC Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Not Offered via Docusign	**Completed** Using IP Address: 134.231.232.249	Sent: 10/13/2025 5:10:28 AM Viewed: 10/13/2025 5:41:16 AM Signed: 10/13/2025 5:42:08 AM
Joseph Davis joseph.davis@fultoncountyga.gov Director Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Accepted: 10/13/2025 5:42:35 AM ID: d83cc0c6-d234-479a-9907-f17e3c2483ec	Signed by:  B20354A88008422... Signature Adoption: Pre-selected Style Using IP Address: 2600:1702:7490:78e0:a041:6002:5e7b:3d21 Signed using mobile	Sent: 10/13/2025 5:42:09 AM Viewed: 10/13/2025 5:42:35 AM Signed: 10/13/2025 5:42:42 AM

Signer Events	Signature	Timestamp
Nikki Peterson nikki.peterson@fultoncountyga.gov Chief Deputy Clerk to the Board of Commissioners Fulton County Government Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Accepted: 11/27/2017 10:39:37 AM ID: b7ce88ee-0c66-4f3a-bfee-705e0af602d8	**Completed** Using IP Address: 68.208.197.4	Sent: 10/13/2025 5:42:44 AM Viewed: 10/13/2025 7:27:14 AM Signed: 10/13/2025 7:28:17 AM
Robert L. Pitts harriet.thomas@fultoncountyga.gov Chairman Fulton County Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Accepted: 10/13/2025 7:43:08 AM ID: 3f031771-5ef6-4792-9289-c618d2b19180	Signed by: Robert L. Pitts 14E1B4AA5F6A44A... Signature Adoption: Pre-selected Style Using IP Address: 74.174.59.10	Sent: 10/13/2025 7:28:18 AM Viewed: 10/13/2025 7:43:08 AM Signed: 10/13/2025 7:43:17 AM
Tonya Grier tonya.grier@fultoncountyga.gov Clerk to the Commission Fulton County Government Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Accepted: 3/16/2018 7:54:59 AM ID: f3f241e8-3027-4447-9476-6cf20ae25dd4	Signed by: EEC476C4837648D... Signature Adoption: Uploaded Signature Image Using IP Address: 2600:387:f:68::4 Signed using mobile	Sent: 10/13/2025 7:43:18 AM Viewed: 10/13/2025 7:45:18 AM Signed: 10/13/2025 7:45:36 AM

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
Dian DeVaughn dian.devaughn@fultoncountyga.gov Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Not Offered via Docusign	COPIED	Sent: 10/13/2025 7:45:38 AM Viewed: 10/13/2025 10:20:49 AM
James Jones james.jones@fultoncountyga.gov Assistant Purchasing Agent BROWN & ROOT INDUSTRIAL SERVICESLLC Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:**	COPIED	Sent: 10/13/2025 7:45:39 AM Resent: 10/13/2025 7:45:44 AM

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	10/12/2025 6:03:01 PM
Certified Delivered	Security Checked	10/13/2025 7:45:18 AM
Signing Complete	Security Checked	10/13/2025 7:45:36 AM
Completed	Security Checked	10/13/2025 7:45:39 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.

All notices and disclosures will be sent to you electronically

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
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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.
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