



DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE

CONTRACT RENEWAL AGREEMENT

DEPARTMENT: Real Estate and Asset Management

BID/RFP# NUMBER: 19ITB118742C-BKJ

BID/RFP# TITLE: Maintenance and Testing Fire-Intrusion Alarm Systems

ORIGINAL APPROVAL DATE: 12/18/2019

RENEWAL EFFECTIVE DATES: 1/ 1/ 2021 **THROUGH** 12/ 31/2021

RENEWAL OPTION #: 1 OF 2

NUMBER OF RENEWAL OPTIONS: 2

RENEWAL AMOUNT: \$60,000.00

COMPANY'S NAME: VSC Fire & Security, Inc.

ADDRESS: 1780 Corporate Drive, Suite 425

CITY: Norcross

STATE: GA

ZIP: 30093

This Renewal Agreement No. 1 was approved by the Fulton County Board of Commissioners on BOC DATE: 10-7-20 BOC NUMBER: 20-0682

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 as referenced herein:

FULTON COUNTY, GEORGIA

VSC Fire and Security, INC

DocuSigned by:

Robert L. Pitts

EEAD7CADD33E4E8...

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 Davis

0E0566173E2143F...

Joseph Davis

Director

Real Estate and Asset Management

DocuSigned by:

Brent Blankinship

41859AB28A67407...

Brent Blankinship

Vice President/General Manager

☒ Notary**ATTEST:**

**Secretary/
 Assistant Secretary**

(Affix Corporate Seal)

ATTEST:

SELINA BILLMAN

Notary Public

County: HALL

Commission Expires: 12/5/2023

DocuSigned by:

(Affix Notary Seal)



Please select RCS or RM from the checkbox

☒ RCS☐ RM

ITEM#: xxx

RCS: xxx

RECESS MEETING

ITEM#: 2020-0682A

RM: 10/7/2020

REGULAR MEETING





Selina Billman



DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE

CONTRACT RENEWAL AGREEMENT

DEPARTMENT: Real Estate and Asset Management

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BID/RFP# TITLE: Maintenance and Testing Fire-Intrusion Alarm Systems

ORIGINAL APPROVAL DATE: 12/18/2019

RENEWAL EFFECTIVE DATES: 1/ 1/ 2021 **THROUGH** 12/ 31/2021

RENEWAL OPTION #: 1 OF 2

NUMBER OF RENEWAL OPTIONS: 2

RENEWAL AMOUNT: \$50,000.00

COMPANY'S NAME: Entec Systems, Inc.

ADDRESS: 450 Satellite Blvd., NE, Suite P

CITY: Suwanee

STATE: GA

ZIP: 30024

This Renewal Agreement No. 1 was approved by the Fulton County Board of Commissioners on BOC DATE: 10-7-20 BOC NUMBER: 20-0682

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 as referenced herein:

FULTON COUNTY, GEORGIA

Entec Systems, Inc

DocuSigned by:

Robert L. Pitts

EEAD7CADD33E4E8...

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 Davis

0E0566173E2143F...

Full Name

Director

Real Estate and Asset Management

DocuSigned by:

Josh Britt

E270244A54A924CC...

Josh Britt

VP

☒ Notary

ATTEST:

**Secretary/
Assistant Secretary**

(Affix Corporate Seal)

ATTEST:

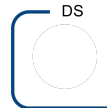
Laura S Mobley

Notary Public

County: Forysth

Commission Expires: November 3, 2021

(Affix Notary Seal)



Please select RCS or RM from the checkbox

☒ **RCS**

☐ **RM**

ITEM#: xxx RCS: xxx
RECESS MEETING

ITEM#: 2020-0682B RM: 10/7/2020
REGULAR MEETING





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/23/2020

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 PointeNorth Insurance Group, LLC PO Box 724728 Atlanta GA 31139	CONTACT NAME: Laura Jones PHONE (A/C, No, Ext): (770) 858-7540 FAX (A/C, No): (770) 858-7545 E-MAIL ADDRESS: ljones@pointenorthins.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: Hartford Fire Ins. Co</td> <td>19682</td> </tr> <tr> <td>INSURER B: Trumbull Insurance Co</td> <td>27120</td> </tr> <tr> <td>INSURER C: Hartford Casualty</td> <td>29424</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: Hartford Fire Ins. Co	19682	INSURER B: Trumbull Insurance Co	27120	INSURER C: Hartford Casualty	29424	INSURER D:		INSURER E:		INSURER F:	
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INSURER E:															
INSURER F:															
INSURED ENTEC Systems Inc 450 Satellite Blvd NE Laura Mobley Suwanee GA 30024															

COVERAGES**CERTIFICATE NUMBER:** 20/21 Master**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			20UUNQD6582	02/15/2020	02/15/2021	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
	<input checked="" type="checkbox"/> Alarm System & Central Station						MED EXP (Any one person)	\$ 10,000
	<input checked="" type="checkbox"/> Protection Svcs Error & Omissions						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						Data Breach Expenses	\$ 25,000
B	AUTOMOBILE LIABILITY			20UENQY2896	02/15/2020	02/15/2021	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB			20HHUQD6583	02/15/2020	02/15/2021	EACH OCCURRENCE	\$ 5,000,000
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE	\$ 5,000,000
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000							\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			20WEQD3B1Z	02/15/2020	02/15/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y / N					E.L. EACH ACCIDENT	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

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

CERTIFICATE HOLDER**CANCELLATION**

Fulton County General Services Department 141 Pryor St., SW Suite G-119 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 H. Skelton</i></p>
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