



**FULTON
COUNTY**

**EXTENSION #5
FORM TO CONTRACT**

#17RFP031617K-DJ

**Progressive Design/Build Services
for Big Creek Water
Reclamation Facility (WRF)
Expansion Project Phase 2B**

DEPARTMENT OF PUBLIC WORKS

CHANGE ORDER NO. 5 TO FORM OF CONTRACT

Contractor: Archer Western-Brown and Caldwell Joint Venture

Contract No.: 17RFP031617K-DJ, Progressive Design/Build Services for Big Creek Water Reclamation Facility (WRF) Expansion Project Phase 2B

Address: 990 Hammond Drive, Suite 400
City, State Atlanta, GA 30238

Telephone: 404-926-0771

Email: dpetersen@walshgroup.com

Contact: Duane Petersen,
Chief Operating Officer

W I T N E S S E T H

WHEREAS, Fulton County ("County") entered into a Contract with Archer Western-Brown and Caldwell Joint Venture to provide Progressive Design/Build Services for the expansion and upgrade of the Big Creek Water Reclamation Facility, dated 21st of August 2020, on behalf of the Public Works; and

WHEREAS, it is necessary to expand the scope of work to be provided by the Contractor to address additional work required detailed in Exhibit A, Scope of Work & Compensation attached herein; and

WHEREAS, the County wishes to extend the subject contract, through the March 31, 2025 to complete the work that is outlined in Exhibit A, Scope of Work & Compensation; and

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

WHEREAS, this Change Order was approved by the Fulton County Board of Commissioners on the 20th day of November 2024 Item #24-0802.

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

This Change Order No. 5 to Form of Contract is effective as of the 20th day of November 2024, between the County and Archer Western-Brown and Caldwell, a Joint Venture, who agree that all Services specified will be performed by in accordance with this Change Order No. 5 to Form of Contract and the Contract Documents.

1. **SCOPE OF WORK TO BE PERFORMED:** To complete additional work required detailed in Exhibit A, Scope of Work & Compensation attached herein.
2. **COMPENSATION:** The services described under Scope of Work herein shall be performed by Contractor for a total amount not to exceed \$279,436.22 (Two Hundred Seventy-Nine Thousand Four Hundred Thirty-Six Dollars and Twenty-Two Cents). This change order does not include any additional compensation that may be owed to the Joint Venture to cover costs associated with extended overheads, time-critical general conditions, heavy equipment, and engineering services during construction associated with this contract extension. These costs will be evaluated during the coming months by Fulton County and the Joint Venture and will be included in a project close-out change order, if necessary.
3. **LIABILITY OF COUNTY:** This Change Order No. 5 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 County Manager, attested to by the Clerk to the Commission and delivered to Contractor.
4. **EFFECT OF CHANGE ORDER NO. 5 TO FORM OF CONTRACT:** Except as modified by this Change Order No. 5 to Form of Contract, the Contract, and all Contract Documents, remain in full force and effect.

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:

FULTON COUNTY, GEORGIA

Signed by:

Robert L. Pitts

14E1B4AA5F6A44A...

its, Chairman
Fulton County Board of Commissioners

ATTEST:

DocuSigned by:

Tonya R. Grier

EEC476C4837648D...

Signed by:
Clerk to the Commission

(Affix County Seal)



APPROVED AS TO FORM:

Signed by:

[Signature]

8B574564AFF0466...

County Attorney

APPROVED AS TO CONTENT:

DocuSigned by:

David Clark

65CE1C9FDD834B8...

Clark, Director
Public Works

CONTRACTOR:

**ARCHER WESTERN-BROWN
CALDWELL (a joint venture)**

[Signature]

Duane Petersen
Chief Operating Officer

ATTEST:

[Signature]

Secretary/Matthew M. Walsh, IV
Assistant Secretary

(Affix Corporate Seal)



[Signature]

Rod Pope,
Vice President

ATTEST:

[Signature]

Secretary/ Robert D. Goodson
Assistant Secretary

(Affix Corporate Seal)



ITEM#: _____ RM: _____	ITEM#: 24-0802 2ND RM: 11/20/2024
REGULAR MEETING	SECOND REGULAR MEETING

EXHIBIT A

SCOPE OF WORK & COMPENSATION

Item	Scope of Work Description	Time Impact	Cost
1	Installation of signage and building names throughout the facility. This item is a life safety requirement.		\$115,126.60
2	SCADA upgrades for improved graphic and background displays on HMI's for the primary clarifiers, grit classifiers, wash compactors, BNR anaerobic tanks, fine screens. This item includes upgraded alarming setups, additional symbol creation.	6 Weeks	\$33,167.09
3	Additional monitors and associated equipment to provide plant operators with additional information within the control room and redundant server location.	8 weeks	\$62,026.99
4	Upgrade and redundancy of CCTV system within the Maintenance Building. This will allow operators to monitor the CCTV feed from the Maintenance Building	6 weeks	\$27,515.96
5	Electrical system upgrades. This item includes the replacement of circuit breakers, covers the costs for an electrical coordination study, and MCC testing during planned outages.	6 weeks	\$41,599.58
TOTAL			\$279,436.22



CERTIFICATE OF LIABILITY INSURANCE

 DATE(MM/DD/YYYY)
05/22/2024

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 Aon Risk Services Central, Inc. Chicago IL Office 200 East Randolph Chicago IL 60601 USA	CONTACT NAME: PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): 800-363-0105 E-MAIL ADDRESS:														
INSURED Archer Western - Brown and Caldwell, Joint Venture 929 West Adams Chicago IL 60607 USA	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Arch Insurance Company</td> <td>11150</td> </tr> <tr> <td>INSURER B: Arch Indemnity Insurance Company</td> <td>30830</td> </tr> <tr> <td>INSURER C: National Fire & Marine Ins Co</td> <td>20079</td> </tr> <tr> <td>INSURER D: Swiss Re Corp Solutions Capacity Ins Cor</td> <td>34916</td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Arch Insurance Company	11150	INSURER B: Arch Indemnity Insurance Company	30830	INSURER C: National Fire & Marine Ins Co	20079	INSURER D: Swiss Re Corp Solutions Capacity Ins Cor	34916	INSURER E:		INSURER F:	
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COVERAGES
CERTIFICATE NUMBER: 570105805710
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. **Limits shown are as requested**

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"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	Y		41PKG8901918 SIR applies per policy terms & conditions	06/01/2024	06/01/2025	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$25,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$4,000,000 PRODUCTS - COMP/OP AGG \$4,000,000
A	AUTOMOBILE LIABILITY	Y		41PKG8901918 AOS	06/01/2024	06/01/2025	COMBINED SINGLE LIMIT (Ea accident) \$5,000,000
A	<input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y		41CAB8902018 MA ONLY	06/01/2024	06/01/2025	BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION	Y		41UFP1992101	06/01/2024	06/01/2025	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			44WCI8937511 AOS	06/01/2024	06/01/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER
A	ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	41WCI8910911 FL	06/01/2024	06/01/2025	E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE-EA EMPLOYEE \$1,000,000 E.L. DISEASE-POLICY LIMIT \$1,000,000
C	Contractors Pollution Liability			42CPL30532207 SIR applies per policy terms & conditions	06/01/2024	06/01/2025	Per Claim/Agg \$2,000,000

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

RE: Progressive Design/Build Services for Big Creek Water Reclamation Facility (WRF) Expansion Project, Phase 2B - Project No.: 17RFP031617K-DJ. AW/Brown and Caldwell Job No.: 220098. See attached.

CERTIFICATE HOLDER
CANCELLATION

Fulton County Department of Public Works 130 Peachtree Street SW Atlanta GA 30303 USA	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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Holder Identifier : ABNO

Certificate No : 570105805710



ADDITIONAL REMARKS SCHEDULE

AGENCY Aon Risk Services Central, Inc.		NAMED INSURED Archer Western - Brown and Caldwell,
POLICY NUMBER See Certificate Number: 570105805710		
CARRIER See Certificate Number: 570105805710	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER	
INSURER	
INSURER	
INSURER	

ADDITIONAL POLICIES If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
	OTHER							
D	Environmental Contractors and Prof			CNP100002806 Claims Made Coverage SIR applies per policy terms & conditions	06/01/2024	06/01/2025	Per Claim/Agg	\$5,000,000

AGENCY CUSTOMER ID: 10774508
LOC #:



ADDITIONAL REMARKS SCHEDULE

AGENCY Aon Risk Services Central, Inc.		NAMED INSURED Archer Western - Brown and Caldwell,
POLICY NUMBER See Certificate Number: 570105805710		
CARRIER See Certificate Number: 570105805710	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM, FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance	
Excess Liability	
Policy No. 47XSF30256809 Carrier: Berkshire Hathaway Specialty Ins Company Policy Term: 06/01/2024 to 06/01/2025 Limit: \$5,000,000 Each occurrence / \$5,000,000 Aggregate excess of primary \$5,000,000	



ADDITIONAL REMARKS SCHEDULE

AGENCY Aon Risk Services Central, Inc.		NAMED INSURED Archer Western - Brown and Caldwell,	
POLICY NUMBER See Certificate Number: 570105805710		EFFECTIVE DATE:	
CARRIER See Certificate Number: 570105805710	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

Continuation

Fulton County Government, its appointed and elected officials, departments, agencies, boards, commissions, its officers, employees and voluteers are Additional Insureds pertaining to General Liability, Automobile Liability and Excess Liability with respects to liability arising out of the Named Insured's operations on the referenced project. Professional services for Architects, Engineers, Consultants, etc. are excluded.

A waiver of Subrogation in favor of Fulton County Government, its appointed and elected officials, departments, agencies, boards, committees, its officers, agents, employees and voluteers is included on the workers Compensation policy.

This insurance will be Primary and Non-Contributory to the General Liability, Automobile Liability and Excess Liability policies with respect to any other available insurance to the Additional Insureds for the negligence of the insured on the referenced project.

The General Liability policy includes the perils of (XCU) Explosion, Collapse and Underground.

The General Liability does not have an exclusion for demolition work.

Excess Liability follows form to the underlying General Liability, Automobile Liability and Employers Liability policies.

POLICY NUMBER: 41PKG8901918

COMMERCIAL GENERAL LIABILITY
CG 20 10 07 04**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.****ADDITIONAL INSURED – OWNERS, LESSEES OR
CONTRACTORS – SCHEDULED 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):	Location(s) Of Covered Operations
<p>Any person or organization, you have agreed by means of a written contract or agreement, to add as an additional insured; such person or organization is an additional insured on this policy.</p> <p>When required by a written contract or agreement, coverage afforded to these additional insured parties will be primary to and non-contributory with any other insurance available to that person or organization.</p>	
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:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

POLICY NUMBER: 41PKG8901918

COMMERCIAL GENERAL LIABILITY
CG 20 37 07 04**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.****ADDITIONAL INSURED – OWNERS, LESSEES OR
CONTRACTORS – COMPLETED OPERATIONS**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):	Location And Description Of Completed Operations
<p>ANY PERSON OR ORGANIZATION, YOU HAVE AGREED BY MEANS OF A WRITTEN CONTRACT OR AGREEMENT, TO ADD AS AN ADDITIONAL INSURED; SUCH PERSON OR ORGANIZATION IS AN ADDITIONAL INSURED ON THIS POLICY.</p> <p>WHEN REQUIRED BY A WRITTEN CONTRACT OR AGREEMENT, COVERAGE AFFORDED TO THESE ADDITIONAL INSURED PARTIES WILL BE PRIMARY TO AND NON- CONTRIBUTORY WITH ANY OTHER INSURANCE AVAILABLE TO THAT PERSON OR ORGANIZATION.</p>	
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

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" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**NOTICE OF CANCELLATION – CERTIFICATE HOLDERS
(SPECIFIED DAYS)**

The person(s) or organization(s) listed or described in the Schedule below have requested that they receive written notice of cancellation when this policy is cancelled by us. We will mail or deliver to the Person(s) or Organization(s) listed or described in the Schedule a copy of the written notice of cancellation that we sent to you. If possible, such copies of the notice will be mailed at least **60** days, except for cancellation for non-payment of premium which will be mailed 10 days, prior to the effective date of the cancellation, to the address or addresses of certificate holders as provided by your broker or agent.

Schedule

Person(s) or Organization(s) including mailing address:

All certificate holders where written notice of the cancellation of this policy is required by written contract, permit or agreement with the Named Insured and whose names and addresses will be provided by the broker or agent listed in the Declarations Page of this policy for the purposes of complying with such request.

This notification of cancellation of the policy is intended as a courtesy only. Our failure to provide such notification to the person(s) or organization(s) shown in the Schedule will not extend any policy cancellation date nor impact or negate any cancellation of the policy. This endorsement does not entitle the person(s) or organization(s) listed or described in the Schedule above to any benefit, rights or protection under this policy.

Any provision of this endorsement that is in conflict with a statute or rule is hereby amended to conform to that statute or rule.

All other terms and conditions of this policy remain unchanged.
Endorsement Number:

Policy Number: 41PKG8901918

Named Insured: WALSH CONSTRUCTION GROUP, LLC

This endorsement is effective on the inception date of this Policy unless otherwise stated herein:

Endorsement Effective Date: 06-01-24

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**NOTICE OF CANCELLATION – CERTIFICATE HOLDERS
(SPECIFIED DAYS)**

The person(s) or organization(s) listed or described in the Schedule below have requested that they receive written notice of cancellation when this policy is cancelled by us. We will mail or deliver to the Person(s) or Organization(s) listed or described in the Schedule a copy of the written notice of cancellation that we sent to you. If possible, such copies of the notice will be mailed at least **60** days, except for cancellation for non-payment of premium which will be mailed 10 days, prior to the effective date of the cancellation, to the address or addresses of certificate holders as provided by your broker or agent.

Schedule

Person(s) or Organization(s) including mailing address:

All certificate holders where written notice of the cancellation of this policy is required by written contract, permit or agreement with the Named Insured and whose names and addresses will be provided by the broker or agent listed in the Declarations Page of this policy for the purposes of complying with such request.

This notification of cancellation of the policy is intended as a courtesy only. Our failure to provide such notification to the person(s) or organization(s) shown in the Schedule will not extend any policy cancellation date nor impact or negate any cancellation of the policy. This endorsement does not entitle the person(s) or organization(s) listed or described in the Schedule above to any benefit, rights or protection under this policy.

Any provision of this endorsement that is in conflict with a statute or rule is hereby amended to conform to that statute or rule.

All other terms and conditions of this policy remain unchanged.

Endorsement Number:

Policy Number: 44WCI8937511

Named Insured: WALSH CONSTRUCTION GROUP, LLC

This endorsement is effective on the inception date of this Policy unless otherwise stated herein:

Endorsement Effective Date: 06-01-24