



DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE

CONTRACT RENEWAL AGREEMENT

DEPARTMENT: Medical Examiner

BID/RFP# NUMBER: 24RFP144589C-JH

BID/RFP# TITLE: Toxicology Services

ORIGINAL APPROVAL DATE: March 19, 2025

RENEWAL EFFECTIVE DATES: January 1, 2026

RENEWAL OPTION #: 1 OF 2

NUMBER OF RENEWAL OPTIONS: 2

RENEWAL AMOUNT: \$175,275.00

COMPANY'S NAME: National Medical Services Inc dba NMS Labs

ADDRESS: 200 Welsh Rd.

CITY: Horsham

STATE: PA

ZIP: 19044

This Renewal Agreement No. 1 was approved by the Fulton County Board of Commissioners on **BOC DATE:** 10/15/2025 **BOC NUMBER:** 25-0777.

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

National Medical Services Inc dba NMS Labs

— DocuSigned by:

Robert L. Pitts

—BA715B1A26544E7..

**Robert L. Pitts, Chairman
Fulton County Board of Commissioners**

— DocuSigned by:

David Delia

— E757E9848A01412

David Delia Chief Executive Officer

ATTEST:

• Signed by:

Devaraj Shan

EEC476C4837648D...

Signed by:

**Tonya R. Grier
Clerk to the Commission**

(Affix County Seal)

AUTHORIZATION OF RENEWAL:

- Signed by:

Marian Green

-A0029331AF5C41A...

Marian Green, Deputy Director Medical Examiner

ITEM#: _____ RM: _____ REGULAR MEETING	ITEM#: 25-0777 2 ND RM: 10/15/2025 SECOND REGULAR MEETING
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CERTIFICATE OF INSURANCE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/31/2025

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 Willis Towers Watson Northeast, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	CONTACT NAME: WTW Certificate Center PHONE (A/C, No, Ext): 1-877-945-7378 FAX (A/C, No): 1-888-467-2378 E-MAIL ADDRESS: certificates@wtwco.com	
	INSURER(S) AFFORDING COVERAGE INSURER A: Evanston Insurance Company	NAIC # 35378
INSURED National Medical Services, Inc. dba NMS Labs 200 Welsh Road Horsham, PA 19044	INSURER B: Travelers Property Casualty Company of America	25674
	INSURER C: Phoenix Insurance Company	25623
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERS**CERTIFICATE NUMBER:** W41552049**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			MKLV1PHP000009	08/15/2025	08/15/2026	EACH OCCURRENCE	\$ 1,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	
	<input checked="" type="checkbox"/> CONTRACTUAL LIABILITY						MED EXP (Any one person)	\$ 10,000	
	<input checked="" type="checkbox"/> INCLUDED						PERSONAL & ADV INJURY	\$ 1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,000	
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 3,000,000	
B	OTHER:						\$		
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$	
	OWNED AUTOS ONLY	<input type="checkbox"/>	SCHEDULED AUTOS				BODILY INJURY (Per accident)	\$	
	Hired AUTOS ONLY	<input type="checkbox"/>	NON-OWNED AUTOS ONLY				PROPERTY DAMAGE (Per accident)	\$	
A	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR		MKLV1UHC000049	08/15/2025	08/15/2026	EACH OCCURRENCE	\$ 5,000,000	
	EXCESS LIAB		<input type="checkbox"/> CLAIMS-MADE				AGGREGATE	\$ 5,000,000	
	<input checked="" type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ 0						\$		
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N	N / A	UB-8K529095-25-I2-G	08/15/2025	08/15/2026	<input checked="" type="checkbox"/> PER STATUTE	OTH-ER	
	ANONYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input checked="" type="checkbox"/> No					E.L. EACH ACCIDENT	\$ 1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	
	DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000	
A	Professional Liability			MKLV1PHP000009	08/15/2025	08/15/2026	Per Claim	\$ 1,000,000	
							Aggregate	\$ 3,000,000	

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

SEE ATTACHED

CERTIFICATE HOLDER**CANCELLATION**

Fulton County Government 141 Pryor Street, SW Atlanta, GA 30303	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 <i>Patricia A. Jones</i>

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AGENCY CUSTOMER ID: _____
LOC #: _____

ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY Willis Towers Watson Northeast, Inc.	NAMED INSURED National Medical Services, Inc. dba NMS Labs 200 Welsh Road Horsham, PA 19044	
POLICY NUMBER See Page 1		
CARRIER See Page 1	NAIC CODE See Page 1	EFFECTIVE DATE: See Page 1

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability InsuranceINSURER AFFORDING COVERAGE: Evanston Insurance Company NAIC#: 35378
POLICY NUMBER: MKLV1PHP000009 EFF DATE: 08/15/2025 EXP DATE: 08/15/2026

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
ERRORS & OMISSIONS	Per Claim	\$1,000,000
	Aggregate	\$3,000,000

Certificate Of Completion

Envelope Id: AD97F93F-54A9-43BB-8828-58524952D488

Status: Completed

Subject: Renewal 24RFP144589C-JH Toxicology Services

Parcel ID:

Employee Name:

Source Envelope:

Document Pages: 5

Signatures: 4

Certificate Pages: 6

Initials: 0

AutoNav: Enabled

Stamps: 1

EnvelopeD Stamping: Enabled

Time Zone: (UTC-05:00) Eastern Time (US & Canada)

Envelope Originator:

Joanna Hernandez

141 Pryor Street

Purchasing & Contract Compliance, Suite 1168

Atlanta, GA 30303

joanna.hernandez@fultoncountyga.gov

IP Address: 134.231.232.249

Record Tracking

Status: Original

11/3/2025 12:27:19 PM

Security Appliance Status: Connected

Storage Appliance Status: Connected

Holder: Joanna Hernandez

joanna.hernandez@fultoncountyga.gov

Location: DocuSign

Pool: StateLocal

Pool: Fulton County Government

Location: Docusign

Signer Events

David Delia

nms@nmslabs.com

Controller

NMS Labs

Security Level: Email, Account Authentication (None)

Signature



Signature Adoption: Pre-selected Style

Using IP Address: 100.35.154.36

Timestamp

Sent: 11/3/2025 12:40:01 PM

Resent: 11/7/2025 8:23:10 AM

Viewed: 11/7/2025 2:38:00 PM

Signed: 11/7/2025 2:38:08 PM

Electronic Record and Signature Disclosure:

Accepted: 3/27/2025 12:21:56 PM

ID: 34f12799-e142-4ad6-9e61-aa7415b92a8b

Joanna Hernandez

joanna.hernandez@fultoncountyga.gov

Assistant Purchasing Agent

Security Level: Email, Account Authentication (None)

Completed

Using IP Address: 134.231.232.249

Sent: 11/7/2025 2:38:09 PM

Viewed: 11/7/2025 2:49:26 PM

Signed: 11/7/2025 2:49:34 PM

Electronic Record and Signature Disclosure:

Accepted: 6/11/2024 9:44:52 AM

ID: 5cd26f3b-4366-4d94-ba79-95296fecea17

Marian Green

marian.green@fultoncountyga.gov

Deputy Director

Fulton County Medical Examiner's Office

Security Level: Email, Account Authentication (None)



Signature Adoption: Pre-selected Style

Using IP Address: 98.164.84.202

Sent: 11/7/2025 2:49:35 PM

Viewed: 11/7/2025 3:38:27 PM

Signed: 11/7/2025 3:38:42 PM

Electronic Record and Signature Disclosure:

Accepted: 11/7/2025 3:38:27 PM

ID: 7001d9be-c579-460c-9a2a-a0baaac3cf1

Nikki Peterson

nikki.peterson@fultoncountyga.gov

Chief Deputy Clerk to the Board of Commissioners

Fulton County Government

Security Level: Email, Account Authentication (None)

Completed

Using IP Address: 144.125.34.76

Sent: 11/7/2025 3:38:44 PM

Viewed: 11/12/2025 4:38:58 PM

Signed: 11/12/2025 4:39:20 PM

Electronic Record and Signature Disclosure:

Signer Events	Signature	Timestamp
Accepted: 11/27/2017 1:39:37 PM ID: b7ce88ee-0c66-4f3a-bfee-705e0af602d8	 Signature Adoption: Pre-selected Style Using IP Address: 68.208.197.4	Sent: 11/12/2025 4:39:22 PM Viewed: 11/12/2025 4:58:45 PM Signed: 11/12/2025 4:58:51 PM
Robert L. Pitts Michael.OConnor@fultoncountyga.gov Fulton County Security Level: Email, Account Authentication (None)		
Electronic Record and Signature Disclosure: Not Offered via DocuSign		
Tonya Grier Tonya.Grier@fultoncountyga.gov Clerk to the Commission Fulton County Government Security Level: Email, Account Authentication (None)		
 Signature Adoption: Uploaded Signature Image Using IP Address: 144.125.34.76		
Sent: 11/12/2025 4:58:52 PM Viewed: 11/12/2025 6:10:23 PM Signed: 11/12/2025 6:10:47 PM		
Electronic Record and Signature Disclosure: Accepted: 10/27/2025 11:21:47 AM ID: 4889b84d-8ea3-4ba9-bf87-bf4c309e21ab		
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
Mark Hawks mark.hawks@fultoncountyga.gov Chief Assistant Purchasing Agent Purchasing and Contract Compliance Security Level: Email, Account Authentication (None)		Sent: 11/12/2025 6:10:50 PM
Electronic Record and Signature Disclosure: Not Offered via DocuSign		
Dian DeVaughn Dian.DeVaughn@fultoncountyga.gov Security Level: Email, Account Authentication (None)		Sent: 11/12/2025 6:10:51 PM Viewed: 11/13/2025 3:47:05 PM
Electronic Record and Signature Disclosure: Not Offered via DocuSign		
Karleshia Bentley karleshia.bentley@fultoncountyga.gov Executive Assistant Medical Examiner's Office Security Level: Email, Account Authentication (None)		Sent: 11/12/2025 6:10:52 PM

Carbon Copy Events	Status	Timestamp
Electronic Record and Signature Disclosure:		
Accepted: 2/3/2025 2:44:14 PM		
ID: 8dba62f9-985d-40f9-870d-358c977c89bd		
Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	11/3/2025 12:40:01 PM
Certified Delivered	Security Checked	11/12/2025 6:10:23 PM
Signing Complete	Security Checked	11/12/2025 6:10:47 PM
Completed	Security Checked	11/12/2025 6:10:52 PM
Payment Events	Status	Timestamps
Electronic Record and Signature Disclosure		

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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.

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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

To let us know of a change in your e-mail address where we should send notices and disclosures electronically to you, you must send an email message to us at glenn.king@fultoncountyga.gov and in the body of such request you must state: your previous e-mail address, your new e-mail address. We do not require any other information from you to change your email address..

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- ii. send us an e-mail to glenn.king@fultoncountyga.gov and in the body of such request you must state your e-mail, full name, US Postal Address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

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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To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please verify that you were

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- I can print on paper the disclosure or save or send the disclosure to a place where I can print it, for future reference and access; and
- Until or unless I notify Carahsoft OBO Fulton County, Georgia as described above, I consent to receive from exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to me by Carahsoft OBO Fulton County, Georgia during the course of my relationship with you.