



CONTRACT RENEWAL AGREEMENT

DEPARTMENT: Select Fulton

BID/RFP# NUMBER: 22RFP0121B-PS

BID/RFP# TITLE: Adult and Dislocated Worker Services

ORIGINAL APPROVAL DATE: April 20, 2022

RENEWAL EFFECTIVE DATES: July 1, 2023 through June 30, 2024

RENEWAL OPTION #: 1 of 3

NUMBER OF RENEWAL OPTIONS: 2

RENEWAL AMOUNT: \$1,725,125.00

COMPANY'S NAME: Arbor E&T, LLC dba Equus Workforce Solutions

ADDRESS: 9200 Shelbyville Road, Suite 210

CITY: Louisville

STATE: KY

ZIP: 40222

This Renewal Agreement No. 1 was approved by the Fulton County Board of Commissioners on BOC DATE: May 3, 2023 BOC NUMBER: 23-0318

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

DocuSigned by:

Robert L. Pitts

Robert L. Pitts, Chairman
Fulton County Board of Commissioners

ATTEST:

DocuSigned by:

Tonya Grier

Tonya R. Grier
Clerk to the Commission

(Affix County Seal)

AUTHORIZATION OF RENEWAL:

DocuSigned by:

Samir Abdullahi

Samir Abdullahi, Director
Select Fulton

Arbor E&T, LLC dba Equus Workforce Solutions

DocuSigned by:

Mark Douglass

Mark Douglass
President



ATTEST:

Secretary/
Assistant Secretary

(Affix Corporate Seal)

ATTEST:

DocuSigned by:

Susan Turner

Susan Turner

Notary Public

DocuSigned by:



County: _____

Commission Expires: _____

(Affix Notary Seal)

ITEM#: _____ RCS: _____
RECESS MEETING

ITEM#: 2023-0318 RM: 5/3/2023
REGULAR MEETING



GRANASS-03

GRACEWARD

DATE (MM/DD/YYYY)
5/18/2023

CERTIFICATE OF LIABILITY INSURANCE

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	CONTACT House Account	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : Great Northern Insurance Company		20303
INSURER B : Fortegra Specialty Insurance Company		16823
INSURER C : QBE Insurance Corporation		39217
INSURER D : Gemini Insurance Company		10833
INSURER E : National Liability & Fire Insurance Company		20052
INSURER F :		

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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- <input type="checkbox"/> JECT <input type="checkbox"/> LOC OTHER:		X	X 9950-72-33 GAB	9/30/2022	9/30/2023	EACH OCCURRENCE \$ 6,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 2,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 6,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		X	FMCHNO100062100	1/5/2023	1/5/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	QWC3001160	3/20/2023	3/20/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH- E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	E&O/Prof Liability			VPPL018265	10/25/2022	9/30/2023	Per Claim/Aggregate \$ 2,000,000
E	Auto (Owned)			73APB005995	12/21/2022	12/21/2023	Limit \$ 1,000,000

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

Cowden The Insurance Brokers, Level 3, 985 Wellington Street, West Perth WA 6005 is the broker of record for the below global policies. These policies extend excess coverage over the above evidenced General Liability

Public & Products Liability (CGL) - Chubb - Policy Number: 05CL014144 - 09/30/2022 to 09/30/2023 - AUD \$30,000,000 limit

Umbrella Liability - Chubb - Policy Number: 01CE553437- 09/30/2022 to 09/30/2023 - AUD \$20,000,000

SEE ATTACHED ACORD 101

CERTIFICATE HOLDER	CANCELLATION
Fulton County Government - Purchasing and Contract Compliance Department 130 Peachtree Street, S.W. Suite 1168 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



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY NFP Property & Casualty Services, Inc.		NAMED INSURED Arbor E&T, LLC d/b/a Equus Workforce Solutions 9200 Shelbyville Road, Suite 210 Louisville, KY 40222	
POLICY NUMBER SEE PAGE 1			
CARRIER SEE PAGE 1	NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 1	

ADDITIONAL REMARKS

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

Description of Operations/Locations/Vehicles:

Excess General Liability -\$2Mx\$2M - Federal Insurance Company - Policy Number: 78198365 - 1/18/2023 to 9/30/2023 - Limit: \$2,000,000 Each Occurrence \$2,000,000 Aggregate

Excess General Liability- \$2M x \$4M - RSUI Indemnity Company - Policy Number: NHA100769 - 1/26/2023 to 9/30/2023 - Limit \$2,000,000 Each Occurrence: \$2,000,000

Excess Scheduled Auto Liability - National Liability & Fire Insurance Company - Policy Number: 72APB006333 - 4/1/2023 to 9/30/2023 - Limit: \$1,000,000

Owned Auto Liability- National Liability & Fire Insurance Company - Policy Number: 73APB005995 - 12/21/2022 to 12/21/2023 - Limit: \$1,000,000

Excess Owned Auto Liability, Excess Hired & Non-Owned Auto Liability - AXIS Surplus Insurance Company - Policy Number: P-001-001096327-01 - 1/20/2023 to 1/20/2024 - Limit: \$1,000,000

Auto Policy (Gap Coverage)- Federal Insurance Company - Policy Number: 2273621664 -11/01/2022 to 1/5/2023 - Limit: \$1,000,000

Management Liability (D&O, EPL FID)- Ironshore Insurance Ltd - Policy Number: D06AACKTY2001 - 7/19/2022 to 7/19/2023 - Aggregate Limit: \$3,000,000

Fidelity Bond/Crime - Ironshore Insurance Ltd - Policy Number: FI4NACKT5I001 - 7/19/2022 to 7/19/2023 - Limit: \$3,000,000

Sexual Abuse and Molestation - Syndicate 2623/623 at Lloyd's (Beazley) - Policy Number: W33C90220101 - 11/1/2022 to 11/1/2023 - Occurrence Limit: \$2,000,000 Aggregate Limit: \$4,000,000 - Deductible \$250,000

Group Accident - National Union Fire Insurance Company of Pittsburgh, PA - Policy Number: SRG 0009159184 - 9/30/2022 to 9/30/2023 - Limit: \$25,000

Fulton County Government, its Officials, Officers and Employees are included as Additional Insured included as an Additional Insured, on a primary and non-contributory basis, with respects to General Liability and Auto Liability where required by written contract with the Named Insured. A Waiver of Subrogation applies in favor of the Additional Insure with respects to General Liability where required by written contract with the Named insured.



Liability Insurance

Endorsement

<i>Policy Period</i>	SEPTEMBER 30, 2022 TO SEPTEMBER 30, 2023
<i>Effective Date</i>	SEPTEMBER 30, 2022
<i>Policy Number</i>	9950-72-33 GAB
<i>Insured</i>	ROSS INNOVATIVE EMPLOYMENT SOLUTIONS CORPORATION
<i>Name of Company</i>	GREAT NORTHERN INSURANCE COMPANY
<i>Date Issued</i>	OCTOBER 31, 2022

This Endorsement applies to the following forms:

GENERAL LIABILITY

Under Who Is An Insured, the following provision is added.

Who Is An Insured

Additional Insured - Scheduled Person Or Organization

Persons or organizations shown in the Schedule are **insureds**; but they are **insureds** only if you are obligated pursuant to a contract or agreement to provide them with such insurance as is afforded by this policy.

However, the person or organization is an **insured** only:

- if and then only to the extent the person or organization is described in the Schedule;
- to the extent such contract or agreement requires the person or organization to be afforded status as an **insured**;
- for activities that did not occur, in whole or in part, before the execution of the contract or agreement; and
- with respect to damages, loss, cost or expense for injury or damage to which this insurance applies.

No person or organization is an **insured** under this provision:

- that is more specifically identified under any other provision of the Who Is An Insured section (regardless of any limitation applicable thereto).
- with respect to any assumption of liability (of another person or organization) by them in a contract or agreement. This limitation does not apply to the liability for damages, loss, cost or expense for injury or damage, to which this insurance applies, that the person or organization would have in the absence of such contract or agreement.



Liability Endorsement
(continued)

Under Conditions, the following provision is added to the condition titled Other Insurance.

Conditions

**Other Insurance –
Primary, Noncontributory
Insurance – Scheduled
Person Or Organization**

If you are obligated, pursuant to a contract or agreement, to provide the person or organization shown in the Schedule with primary insurance such as is afforded by this policy, then in such case this insurance is primary and we will not seek contribution from insurance available to such person or organization.

Schedule

Persons or organizations that you are obligated, pursuant to a contract or agreement, to provide with such insurance as is afforded by this policy.

**PERSONS OR ORGANIZATIONS THAT YOU ARE OBLIGATED, PURSUANT
TO A CONTRACT OR AGREEMENT, TO PROVIDE WITH SUCH INSURANCE
AS IS AFFORDED BY THIS POLICY**

All other terms and conditions remain unchanged.

Authorized Representative



GRANASS-03

MICHAELSEPANSKI

DATE (MM/DD/YYYY)
1/19/2023

CERTIFICATE OF LIABILITY INSURANCE

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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		CONTACT Michael Sepanski NAME: PHONE (A/C, No, Ext): (312) 566-4701 E-MAIL ADDRESS: michael.sepanski@nfp.com	FAX (A/C, No):
Cowden The Insurance Brokers 985 Wellington Street West Perth WA 6005		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A : Chubb Insurance Company of Australia Ltd	
INSURED		INSURER B : Chubb Insurance Australia Ltd	
Arbor E&T, LLC d/b/a Equus Workforce Solutions 9200 Shelbyville Road, Suite 210 Louisville, KY 40222		INSURER C :	
		INSURER D :	
		INSURER E :	
		INSURER F :	

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	<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY			05CL014144	9/30/2022	9/30/2023	EACH OCCURRENCE	\$ 30,000,000				
		CLAIMS-MADE	<input checked="" type="checkbox"/>	OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
											MED EXP (Any one person)	\$	
											PERSONAL & ADV INJURY	\$	
											GENERAL AGGREGATE	\$ 30,000,000	
											PRODUCTS - COMP/OP AGG	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:												
	<input checked="" type="checkbox"/>	POLICY	<input type="checkbox"/>	PRO- JECT	<input type="checkbox"/>	LOC							
	OTHER:												
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$				
		ANY AUTO OWNED AUTOS ONLY	<input type="checkbox"/>	SCHEDULED AUTOS							BODILY INJURY (Per person)	\$	
		Hired AUTOS ONLY	<input type="checkbox"/>	NON-OWNED AUTOS ONLY							BODILY INJURY (Per accident)	\$	
											PROPERTY DAMAGE (Per accident)	\$	
												\$	
												\$	
B	<input checked="" type="checkbox"/>	UMBRELLA LIAB	<input checked="" type="checkbox"/>	OCCUR	01CE553437	9/30/2022	9/30/2023	EACH OCCURRENCE	\$ 20,000,000				
		EXCESS LIAB		CLAIMS-MADE							AGGREGATE	\$ 20,000,000	
		DED		RETENTION \$								\$	
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY											
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>	Y / N				N / A			PER STATUTE	OTH-ER	
		If yes, describe under DESCRIPTION OF OPERATIONS below											

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Professional Indemnity (E&O) - Carrier: Vero (Suncorp Group) - Limit: \$20,000,000 AUD - Policy #05CL014144 - Effective date: 9/30/2022-9/30/2023
The above mentioned policies sit excess of the locally placed U.S. policy evidenced below.
General Liability Policy #: 9950-72-33 GAB

Fulton County Government, its Officials, Officers and Employees are included as Additional Insured (on a primary and non-contract basis) regarding General Liability where required by written contract with the Named Insured. A waiver of Subrogation applies in favor of the Additional Insureds with respect to General Liability where required by written contract.

CERTIFICATE HOLDER		CANCELLATION	
Fulton County Government - Purchasing and Contract Compliance Department 130 Peachtree Street, S.W. Suite 1168 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	



Liability Insurance

Endorsement

<i>Policy Period</i>	SEPTEMBER 30, 2022 TO SEPTEMBER 30, 2023
<i>Effective Date</i>	SEPTEMBER 30, 2022
<i>Policy Number</i>	9950-72-33 GAB
<i>Insured</i>	ROSS INNOVATIVE EMPLOYMENT SOLUTIONS CORPORATION
<i>Name of Company</i>	GREAT NORTHERN INSURANCE COMPANY
<i>Date Issued</i>	OCTOBER 31, 2022

This Endorsement applies to the following forms:

GENERAL LIABILITY

Under Who Is An Insured, the following provision is added.

Who Is An Insured

Additional Insured - Scheduled Person Or Organization

Persons or organizations shown in the Schedule are **insureds**; but they are **insureds** only if you are obligated pursuant to a contract or agreement to provide them with such insurance as is afforded by this policy.

However, the person or organization is an **insured** only:

- if and then only to the extent the person or organization is described in the Schedule;
- to the extent such contract or agreement requires the person or organization to be afforded status as an **insured**;
- for activities that did not occur, in whole or in part, before the execution of the contract or agreement; and
- with respect to damages, loss, cost or expense for injury or damage to which this insurance applies.

No person or organization is an **insured** under this provision:

- that is more specifically identified under any other provision of the Who Is An Insured section (regardless of any limitation applicable thereto).
- with respect to any assumption of liability (of another person or organization) by them in a contract or agreement. This limitation does not apply to the liability for damages, loss, cost or expense for injury or damage, to which this insurance applies, that the person or organization would have in the absence of such contract or agreement.



Liability Endorsement
(continued)

Under Conditions, the following provision is added to the condition titled Other Insurance.

Conditions

**Other Insurance –
Primary, Noncontributory
Insurance – Scheduled
Person Or Organization**

If you are obligated, pursuant to a contract or agreement, to provide the person or organization shown in the Schedule with primary insurance such as is afforded by this policy, then in such case this insurance is primary and we will not seek contribution from insurance available to such person or organization.

Schedule

Persons or organizations that you are obligated, pursuant to a contract or agreement, to provide with such insurance as is afforded by this policy.

**PERSONS OR ORGANIZATIONS THAT YOU ARE OBLIGATED, PURSUANT
TO A CONTRACT OR AGREEMENT, TO PROVIDE WITH SUCH INSURANCE
AS IS AFFORDED BY THIS POLICY**

All other terms and conditions remain unchanged.

Authorized Representative





Fulton County

Legislation Details

File #:	23-0318	Version:	1	Name:	
Type:	CM Action Item - Infrastructure and Economic Development	Status:		Agenda Ready	
File created:	3/21/2023	In control:		Board of Commissioners	
On agenda:	5/3/2023	Final action:			
Title:	Request approval to renew existing contracts - Select Fulton - Workforce Development Divisions, 22RFP0121B-PS, Adult and Dislocated Services for Select Fulton in the amount of \$1,725,125.00 with Arbor E&T, LLC dba Equus Workforce Solutions (Louisville, KY) to provide adult and dislocated career center services. This action exercises the first of three renewal options. Two renewal options remain. Effective July 1, 2023 through June 30, 2024. This contract is 100% grant funded.				

Sponsors:

Indexes:

Code sections:

Attachments: 1. Contract Renewal Evaluation Form - Adult and Dislocated Workers, 2. CONTRACT RENEWAL 1 AGREEMENT FORM - Adult & Dislocated Worker Services, 3. Contractors Performance Report - Equus ADW Q2

Date	Ver.	Action By	Action	Result