

DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE

CONTRACT RENEWAL AGREEMENT

DEPARTMENT: Finance

BID/RFP# NUMBER: 17ITB109620C-BKJ

BID/RFP# TITLE: Janitorial Services for Selected Fulton County Facilities (Groups C, D & G)

ORIGINAL APPROVAL DATE: 1/23/2019

RENEWAL PERIOD FROM: 01/01/2020 **THROUGH** 12/31/2020

RENEWAL OPTION #: 2 **OF** 2

NUMBER OF RENEWAL OPTIONS: 2

RENEWAL AMOUNT: \$683,540.36

COMPANY'S NAME: Diversified Maintenance-RWS, LLC

ADDRESS: 331 First Avenue North

CITY: Birmingham

STATE: AL

ZIP: 35204

This Renewal Agreement No. 2 was approved by the Fulton County Board of

Commissioners on BOC DATE: <u>12/18/19</u> BOC NUMBER: <u>19-1143</u>

SIGNATURES: SEE NEXT PAGE

SIGNATURES:

Vendor agrees to accept the renewal optomore. forth in the contract and specifications for the (Person signing must have signature authority for the contract.)	on and abide by the terms and conditions set by Bid/RFP#
NAME: Larry McAlpin	(Print)
(CEO, President, Vice For Docusigned by: VENDOR'S SIGNATURE: Larry Mellipin	DATE: 02/27/2020
Please select Attest or Not ATTEST: Attest	ary from checkbox X Notary DocuSigned
	NOTARY PUBLIC: Jane Boney
TITLE:	COUNTY: Jefferson
SEAL (Affix) M	Y COMMISSION EXPIRES:
FULTON COUNTY, GEORGIA Polity (, fifts ROBERTS 2.4PITTS, CHAIRMAN FULTON COUNTY BOARD OF COMMISSI	DATE: 03/05/2020 IONERS
ATTEST: Town R. Griur TONYA R. GRIER CHIEF DEPUTY CLERK TO THE COMMIS DocuSigned by:	DATE:
SEAL (Affix)	OPTION ON THE AFOREMENTIONED BID/RFP:
DEPARTMENT HEAD: Joseph Davis	(Print)
DEPARTMENT HEAD SIGNATURE: Joseph	DATE
Please select RCS or RM $^{ extstyle{ iny{RP20354A}}}_{ extstyle{ iny{RCS}}}$	ຶ້ວທີ່ບໍ່ປີກໍ່ຕົວ checkbox RM
ITEM#: 2019-1143 A RCS: 12/18/2019 RECESS MEETING	ITEM#: RM: REGULAR MEETING





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/21/2020

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 LIC #0B29370	1-205-581-3330	CONTACT NAME:	Alex Russell				
Edgewood Partners Insurance Center	(EPIC)	PHONE (A/C. No. Ext):	205-581-3331	FAX (A/C, No): 205-2	50-1173		
[Alabama Branch - Branch ID 15491] 2901 2nd Avenue South, Suite 200		E-MAIL ADDRESS: alex.russell@epicbrokers.com					
, , , , , , , , , , , , , , , , , , , ,			INSURER(S) AFFORDING COVERAGE		NAIC#		
Birmingham, AL 35233		INSURER A:	CHARTER OAK FIRE INS CO		25615		
INSURED		INSURER B: TRAVELERS IND CO OF AMER 2566					
DMS Parent, LLC, Diversified Mainte	enance Systems -	INSURER C:	R	25674			
RWS, LLC dba Rite Way Service 331 1st Avenue North		INSURER D: EVANSTON INS CO			35378		
		INSURER E :	ZURICH AMER INS CO		16535		
Birmingham, AL 35204		INSURER F :	ILLINOIS UNION INS CO		27960		

COVERAGES CERTIFICATE NUMBER: 58554291

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.

			ADDL	SUBR		POLICY EFF	POLICY EXP		_
INSR LTR		TYPE OF INSURANCE		WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
A	Х	CLAIMS-MADE X OCCUR	х	х	6605P018388COF20	03/01/20	03/01/21	EACH OCCURRENCE DAMAGE TO RENTED	\$ 1,000,000 \$ 100,000
		CLAIMS-MADE X OCCUR						PREMISES (Ea occurrence) MED EXP (Any one person)	\$ 0
								PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
		POLICY X PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
		OTHER:							\$
В	AUT	OMOBILE LIABILITY	х	х	8105P0179332043G	03/01/20	03/01/21	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	х	ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY AUTOS						BODILY INJURY (Per accident)	\$
	х	HIRED X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
C	х	UMBRELLA LIAB X OCCUR			ZUP61N2470420NF	03/01/20	03/01/21	EACH OCCURRENCE	\$ 5,000,000
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$ 5,000,000
		DED RETENTION\$							\$
D		KERS COMPENSATION EMPLOYERS' LIABILITY Y / N		х	60020202455600 (AL Only)	01/01/20	12/31/20	X PER OTH- STATUTE ER	
		PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$ 1,000,000
	(Man	datory in NH)						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
		s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
E	Cri	me			MPL0027753802	04/03/19	04/03/20	Client's Property	5,000,000
F	Pol	lution			CPYG27418508003	01/01/19	01/01/21	Per Claim/Agg	1,000,000
C	Wor	k Comp (Other States)			UB5P10735A2043G	03/01/20	03/01/21	Stat/Acc/Emp/Polic	1,000,000

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

RE: Contract #091TB68181YC-AP North Fulton Libraries and South Fulton Libraries, Fulton County, GA, its employees, servants and agents are named as Additional Insured under General Liability as required by written contract.

CERTIFICATE HOLDER	CANCELLATION
Fulton County, GA Department of General Sevices	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
141 Pryor Street	AUTHORIZED REPRESENTATIVE
Suite G119	R
Atlanta, GA 30303	
USA	

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SUPPLEMENT TO CERTIFICATE OF INSURANCE

DATE 02/21/2020

NAME OF INSURED: DMS Parent, LLC, Diversified Maintenance Systems - RWS, LLC dba Rite Way Service

Additional Description of Operations/Remarks from Page 1:

Certificate holder is named as additional insured as respects to General and Auto Liability (on a primary and non-contributory basis) as required by written contract; Excess/Umbrella is follow form; General Liability additional insured endorsement includes ongoing and completed operations; Waiver of subrogation is issued in favor of certificate holder as respects to General Liability, Auto Liability and Workers Compensation as required by written contract; All policies contain a 30 day notice of cancellation (10 for non-pay) subject to policy terms and conditions;

Crime Policy #MPL00277538-02 Employee Theft Limit \$5,000,000 and Client's Property Limit \$5,000,000

|--|

COMMENT HISTORY



17ITB109620C-BKJ, Janitorial Services for Selected Fulton County Facilities

Sender: Brian Jones

Envelope Id: a213823a-40d7-4a3f-b713-32ffd962bde7

Time Zone: (UTC-08:00) Pacific Time (US & Canada)

Date Sent: 12/18/2019 | 1:03:00 PM

Date Completed: 3/5/2020 | 1:04:01 PM

All Recipients

Larry McAlpin -12/19/2019 | 9:46:36 AM

What attachment is required?

Brian Jones (sender) -12/19/2019 | 9:53:12 AM

Current Certificate of Insurance



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RENEWAL OPTION #: 2 **OF** 2

NUMBER OF RENEWAL OPTIONS: 2

RENEWAL AMOUNT: \$222,595.00

COMPANY'S NAME: A-Action Janitorial Service, Inc.

ADDRESS: 6607 Tribble Street

CITY: Lithonia

STATE: GA

ZIP: 30058

This Renewal Agreement No. 2 was approved by the Fulton County Board of

Commissioners on BOC DATE: <u>12/18/19</u> BOC NUMBER: <u>19-1143</u>

SIGNATURES: SEE NEXT PAGE

SIGNATURES:

forth in the contract and specification	
(Person signing must have signature authority	, , ,
NAME: Barbara Storey (CEO President V	ice President)
VENDOR'S SIGNATURE: Buller The	DATE: 01/16/2020
ATTEST:	
	NOTARY PUBLIC:
TITLE:	COUNTY:
SEAL (Affix)	MY COMMISSION EXPIRES:
FULTON COUNTY, GEORGIA	
	DATE:
ROBERT L. PITTS, CHAIRMAN FULTON COUNTY BOARD OF COMM	
ATTEST:	
	DATE:
TONYA R. GRIER CHIEF DEPUTY CLERK TO THE COM	
SEAL (Affix)	
DEPARTMENT AUTHORIZES RENEW	VAL OPTION ON THE AFOREMENTIONED BID/RF
DEPARTMENT HEAD:	(Print)
DEPARTMENT HEAD SIGNATURE: _	DATE
ITEM#: RCS:	_ ITEM#: RM:





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SIGNATURES: SEE NEXT PAGE

ITEM#: 19-1143 B

RECESS MEETING

SIGNATURES: Vendor agrees to accept the renewal option and abide by the terms and conditions set forth in the contract and specifications for Bid/RFP# 17TB 1091080 (Person signing must have signature authority for the company/corporation) NAME: Barbara Storey (Print) (CEO, President, Vice President) **VENDOR'S SIGNATURE** ATTEST: SEAL (Affix) **FULTON COUNTY, GEORGIA** DocuSigned by: ROBERTS LA44PITTS, CHAIRMAN **FULTON COUNTY BOARD OF COMMISSIONERS** ATTEST: DocuSigned by: Tonya R. Grier TONYA R. GRIER CHIEF DEPUTY CLERKSTO THE COMMISSION SEAL (Affix) DEPARTMENT AUTHORIZES RENEWAL OPTION ON THE AFOREMENTIONED BID/RFP: Joseph Davis **DEPARTMENT HEAD:** DocuSigned by: DEPARTMENT HEAD SIGNATURE: Please select RCS or RM from the checkbox

ITEM#: 0

REGULAR MEETING

RM: 0

RCS: 12/18/2019