

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:

CONTRACTOR:

FULTON COUNTY, GEORGIA

ALLIED LOGISTICS, INC.

DocuSigned by:
Robert L. Pitts
14E1B4AA5F6A44A...

DocuSigned by:
Milton Kirby
2A9708AA2C3B487...

Robert L. Pitts, Chairman
Fulton County Board of Commissioners

Milton Kirby President

Please select Attest or Notary from checkbox

Attest Notary

ATTEST:

ATTEST:

DocuSigned by:
Tonya R. Grier
EEC476C4837648D...

Tonya R. Grier
Interim Clerk to the Commission

Secretary/
Assistant Secretary

(Affix County Seal)



(Affix Corporate Seal)

APPROVED AS TO FORM:

ATTEST:

DocuSigned by:
Denval Stewart
2277A2CEEF73F4E4...

Office of the County Attorney

Vickie Hart-Brant

Notary Public

APPROVED AS TO CONTENT:

County: DeKalb

DocuSigned by:
Gayle Holloman
94183FCA11D54AB...

Gayle Holloman
Library

Executive Director

Commission Expires: 03-29-23

(Affix Notary Seal)



Please select RCS or RM from the checkbox

RCS

X

RM

ITEM#: _____ RCS: _____	ITEM#: <u>2021-0928</u> RM: <u>12/1/2021</u>
RECESS MEETING	REGULAR MEETING

Insurance Certificate to be attached





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/4/2020

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 USI Insurance Services, LLC 6000 Clearwater Drive Minnetonka, MN 55343	CONTACT NAME: Nicole Dahle PHONE (A/C, No, Ext): 952-322-9044 FAX (A/C, No): 952-945-9793 E-MAIL ADDRESS: Nicole.Dahle@usi.com
INSURED Allied Logistics, Inc. 3590 Covington Highway Decatur GA 30032 ALLILOG-01	INSURER(S) AFFORDING COVERAGE
	INSURER A: Hanover Insurance Company NAIC # 22292
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

COVERAGES **CERTIFICATE NUMBER:** 1546488618 **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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			OHXD779105	12/8/2020	12/8/2021	EACH OCCURRENCE	\$ 1,000,000**
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ Included**
							GENERAL AGGREGATE	\$ 2,000,000*
							PRODUCTS - COMP/OP AGG	\$ Included*
								\$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY			OHXD779105	12/8/2020	12/8/2021	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000**
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE	
								OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
A	Contingent Cargo			IHXD785137	12/8/2020	12/8/2021	Per Truck	\$100,000
							Per Loss	\$200,000
							Deductible:	\$1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 **EACH OCCURRENCE LIMIT SUBJECT TO GENERAL AGGREGATE. **AUTO LIABILITY LIMIT INCLUDED IN GENERAL LIABILITY OCCURRENCE LIMIT. Additional Limit: \$100,000 Per Railcar, subject to \$1,000 deductible. Reefer Breakdown included, subject to \$2,500 deductible.

CERTIFICATE HOLDER	CANCELLATION
	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

CHANGE ORDER NO. 1 TO FORM OF CONTRACT

Contractor: **Allied Logistics, Inc.**

Contract No. **18ITB110986K-JAJ, Moving Services for the Central Library**

Address: **57 Forsyth Street**
City, State **Atlanta, GA 30303**

Telephone: **(404) 588-5175**

E-mail: milton@allied-logistics.net

Contact: **Milton Kirby**
President

W I T N E S S E T H

WHEREAS, Fulton County ("County") entered into a Contract with **Allied Logistics, Inc.**, to provide Moving Services for the Central Library, dated April 1, 2020, on behalf of the Fulton County Library System; and

WHEREAS, the purpose for this change order is to change the existing contract to provide additional storage time and moving services logistical changes requiring additional handling of books and media materials during the post renovation move back to Central Library; 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 **December 1, 2021, BOC Item #21-0928** .

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

This Amendment No. 1 to Form of Contract is effective as of the 1st day of December, 2021, between the County and **Allied Logistics, Inc.**, who agree that all Services specified will be performed in accordance with this Change Order No. 1 to Form of Contract and the Contract Documents.

1. **SCOPE OF WORK TO BE PERFORMED:** To provide additional storage time and moving services logistical changes requiring additional handling of books and media materials during the post renovation move back to Central Library.

2. **COMPENSATION:** The services described under Scope of Work herein shall be performed by Contractor for a total amount not to exceed **\$20,605.90** (Twenty Thousand, Six Hundred and Five Dollars and Ninety Cents).
3. **LIABILITY OF COUNTY:** This Change Order No. 1 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 Chair to the Commission, attested to by the Clerk to the Commission and delivered to Contractor.
4. **EFFECT OF CHANGE ORDER NO. 1 TO FORM OF CONTRACT:** Except as modified by this Change Order No. 1 to Form of Contract, the Contract, and all Contract Documents, remain in full force and effect.

[INTENTIONALLY LEFT BLANK]



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	E-MAIL ADDRESS: Nicole.Dahle@usi.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A : Hanover Insurance Company	
	NAIC # 22292	
INSURED Allied Logistics, Inc. 3590 Covington Highway Decatur GA 30032	ALLILOG-01	
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER: 909653622** **REVISION NUMBER:**

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A	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y		OHXD779105	12/8/2020	12/8/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000** BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED RETENTION \$						OCCUR CLAIMS-MADE EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
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CERTIFICATE HOLDER Fulton County School System 6201 Powers Ferry Atlanta GA 30339	CANCELLATION 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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