

**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**

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

**ATTEST:**

\_\_\_\_\_  
**Tonya R. Grier**  
**Interim Clerk to the Commission**

**(Affix County Seal)**

**AUTHORIZATION OF RENEWAL:**

\_\_\_\_\_

**ATTEST:**

\_\_\_\_\_  
**Secretary/**  
**Assistant Secretary**

**(Affix Corporate Seal)**

**ATTEST:**

\_\_\_\_\_  
**Notary Public**

**County:**\_\_\_\_\_

**Commission Expires:** \_\_\_\_\_

**(Affix Notary Seal)**

<b>ITEM#:</b> _____ <b>RCS:</b> _____	<b>ITEM#:</b> _____ <b>RM:</b> _____
<b>RECESS MEETING</b>	<b>REGULAR MEETING</b>



**DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE**

**CONTRACT RENEWAL AGREEMENT**

**DEPARTMENT:** Real Estate and Asset Management

**BID/RFP# NUMBER:** 18RFP113772C-BKJ

**BID/RFP# TITLE:** Bus and Shuttle Service

**ORIGINAL APPROVAL DATE:** 2/20/2019

**RENEWAL EFFECTIVE DATES:** 1/ 1/ 2021 **THROUGH** 12/ 31/2021

**RENEWAL OPTION #:** 2 OF 2

**NUMBER OF RENEWAL OPTIONS:** 2

**RENEWAL AMOUNT:** \$644,548.00

**COMPANY'S NAME:** MTI Limo & Shuttle Services, Inc.

**ADDRESS:** 2581 Sullivan Road

**CITY:** College Park

**STATE:** GA

**ZIP:** 30337

**This Renewal Agreement No.   2   was approved by the Fulton County Board of Commissioners on BOC DATE: 9/16/2020      BOC NUMBER: 20-0645**

**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*

14E1B4AA5F6A44A...

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

**ATTEST:**

DocuSigned by:

*Tonya R. Grier*

EEC476C4837648D...

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

(Affix County Seal)

**AUTHORIZATION OF RENEWAL:**

DocuSigned by:

*Joseph N. Davis*

E45C5C5F17FB417...

**Joseph N. Davis, Director**  
**Department of Real Estate and Asset Management**

**MTI LIMO & SHUTTLE SERVICES, INC***Mike Toye*

**Mike Toye**  
**CEO**

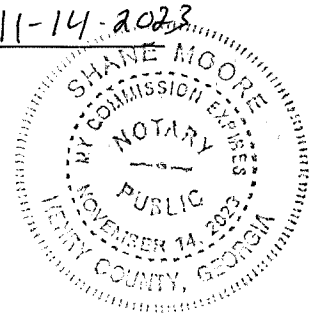
**ATTEST:***[Signature]*

**Secretary/  
 Assistant Secretary**

(Affix Corporate Seal)

**ATTEST:***[Signature]***Notary Public**County: FultonCommission Expires: 11-14-2023

(Affix Notary Seal)



Please select RCS or RM from the checkbox

☒ RCS☐ RM

**ITEM#:** 2020-0645 **RCS:** 9/16/2020  
**RECESS MEETING**

**ITEM#:** xxx **RM:** xxx  
**REGULAR MEETING**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/17/2021

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).

<b>PRODUCER</b> RRL Insurance Agency 4450 W. Eau Gallie Blvd., Suite 115 Melbourne FL 32934	<b>CONTACT NAME:</b> <b>PHONE (A/C. No. Ext):</b> 800-407-4077 <b>FAX (A/C. No):</b> 321-752-7980 <b>E-MAIL ADDRESS:</b> policies@RRL-ins.com														
<b>INSURED</b> MTI Limo and Shuttle Service, Inc. 2581 Sullivan Road College Park GA 30337	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> <tr> <td>INSURER A: Lancer Insurance Company</td> <td>26077</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Lancer Insurance Company	26077	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER D:															
INSURER E:															
INSURER F:															

License#: L089001  
MTICAR-01

**COVERAGES****CERTIFICATE NUMBER:** 1255120406**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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <div style="margin-left: 20px;"> <input type="checkbox"/> CLAIMS-MADE    <input checked="" type="checkbox"/> OCCUR    GEN'L AGGREGATE LIMIT APPLIES PER:  <input type="checkbox"/> POLICY    <input type="checkbox"/> PRO-JECT    <input checked="" type="checkbox"/> LOC  <input type="checkbox"/> OTHER: </div>			GL159017#1	1/23/2021	1/23/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ Included \$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			BA174527#1	1/23/2021	1/23/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N	N / A				PER STATUTE    OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Certificate holder is named as additional insured with respect to the operations of the named insured only.

**CERTIFICATE HOLDER****CANCELLATION** 30 Days

Fulton County Government  
141 Pryor Street  
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

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