

Contract Agreement

This Agreement to provide temporary staffing services for the Department of Registration and Elections is made and entered into by and between **FULTON COUNTY, GEORGIA**, a political subdivision of the State of Georgia, hereinafter referred to as “County” or “Owner” and **ABACUS CORPORATION**, hereinafter referred to as “**Agency**” authorized to transact business in the State of Georgia.

Contract Documents

County and Consultant agrees that the Agreement consists of the following contract documents:

- I. Form of this Contract Agreement
- II. Terms and Conditions of State of Georgia, Department of Administrative Services Contract, 99999-SPD0000136, Temporary Staffing Services
- III. Exhibit A: Scope of Services
- IV. Exhibit B: Compensation
- V. Exhibit C: Certificate of Insurance
- VI. Exhibit D: Georgia Security and Immigration Contractor Affidavit
- VII. Exhibit E: Service Level Agreement
- VIII. Exhibit F: Fulton County 2025 Pay and Holiday Calendar

This Agreement was approved by the Fulton County Board of Commissioners on June 18, 2025, BOC Item 25-0468.

Contract Term

The contract will commence as of contract execution, through December 31, 2025, for the 2025 Public Service Commission Primary & Municipal Primary Runoff & Public Service Commission General & Municipal General Election and Runoff Elections (until all activities for closing-out the referenced elections have been completed or until authorized spending authority has been exhausted).

Compensation

Compensation for work performed by Agency on Project shall be in accordance with the payment provisions and compensation schedule, attached as Exhibit B, Compensation.

The total contract amount for the Project shall not exceed \$5,824,388.00 (Five Million Eight Hundred Twenty Four Thousand Three and Eighty Eight Hundred Dollars and No Cents), which is full payment for a complete scope of work.

Modifications

If during the course of performing the Project, County and Consultant agree that due the nature of the services being provided, it is understood that the County will need flexibility in order to meet the needs of the User Department and when it is necessary to make changes to the Project as described herein and referenced exhibits, such changes will be incorporated by written amendments in the form of a Contract Modification. Any modification(s) to this Agreement must be documented in writing in the form of a Purchase Order Modification or an Amendment to this Agreement.

The PO Modification form must be approved and signed by the Department Head or his/her designee and submitted in AMS to the Department of Purchasing & Contract Compliance. The Department of Purchasing & Contract Compliance will issue a Purchase Order Modification documenting the modification to the Agreement to the Vendor and the User Department.

The Amendment and/or supplemental agreement shall conform to the requirements of Fulton County Purchasing Code §102-420 which is incorporated by reference herein.

Indemnification

Agency shall, to the fullest extent permit by law, indemnify the County and protect defend, indemnity and hold harmless the County, its officers, officials, employees and volunteers from and against all claims, actions, liabilities, losses (including economic losses), or costs arising out of any actual or alleged:

- a) Bodily injury, sickness, disease, or death; or injury to or destruction of tangible property including the loss of use resulting therefrom; or any other damage or loss or claims arising out of or resulting in whole, or part from any actual or alleged act or omission of the Contractor, subcontractor, anyone directly or indirectly employed by any firm or subcontractor; or anyone for whose acts any of them may be liable in the performance of the Contract Services;
- b) Violation of any law, statute, ordinance, governmental administrative order, rule, regulation, or infringements of patent rights or other intellectual property rights by the Contractor in the performance of Contract services; or
- c) Liens, claims or actions made by the Contractor or other party performing the Contract Services, as approved by the County. The indemnification obligations herein shall not be limited by any limitation on the amount, type of damages,

compensation, or benefits payable by or for the Contractor, or its subcontractor(s), as approved by the County, under workers' compensation acts, disability benefits acts, other employee benefit actor, or any statutory bar or insurance. The agreement to hold the County, its officer's, agents, and employees harmless shall not be limited to the limits of liability insurance requirements specified in this agreement.

Insurance

Agency agrees to obtain and maintain insurance coverage pursuant to and based upon the Terms and Conditions of the Georgia Department of Administrative Services Statewide Contract Number 99999-SPD-0000136. Agency agrees to maintain insurance coverage during the entire term of this Agreement and until all work has been completed to the satisfaction of the County. 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. Proof of insurance, Certificate of Insurance ("COI") with policy limits, must be provided prior to the start of any activities/services and attached herein as Exhibit C.

Personnel

Agency agrees that the temporary staff provided to County pursuant to this Agreement shall not be County employees under local, state and federal law. Agency agrees that it is an equal opportunity employer and shall comply with all local, state and federal employment laws including the Americans with Disabilities Act and the Pregnant Worker Fairness Act. Agency shall receive requests for accommodation and complaints of violations of employment laws made by Agency's temporary staff pursuant to local, state and federal law. Agency shall be responsible for providing accommodations and shall bear the costs, if any, of providing such accommodations as necessary under applicable local, state and federal law. Agency shall be responsible for and bear the costs of investigating complaints of violations of employment laws made by Agency temporary staff against Agency under applicable law. Agency shall also take necessary steps to remedy violations of employment laws against Agency temporary staff by Agency. County agrees to forward all requests for accommodation and complaints by Agency temporary staff received by County to Agency.

Reporting Responsibilities

Agency will report directly to the Director of the Department of Registration and Elections, or designated representative.

Notices

Notices concerning the termination of this Agreement, notices of alleged or actual violations of the terms or conditions of this Agreement, and other notices of similar importance shall be made:

By Agency to: Director
Department of Registration and Elections
141 Pryor Street, Suite
Atlanta, Georgia 30303
Attn: Nadine Williams
Email: Nadine.williams@fultoncountyga.gov

With a copy to: Chief Purchasing Agent
Department of Purchasing & Contract Compliance
130 Peachtree Street, S.W., Suite 1168
Atlanta, Georgia 30303
Attn: Felicia Strong-Whitaker
Email: felicia.strong-whitaker@fultoncountyga.gov

And by the County to: Drew Davanzo, CSP
Abacus Corporation
610 Gusryan Street
Baltimore, MD 21224
Attn: Drew Davanzo
Email: dd@abacusccorporation.com

Cooperation with other Consultants

Consultant will undertake the Project in cooperation with and in coordination with other studies, projects or related work performed for, with or by County's employees, appointed committee(s) or other Consultants. Consultant shall fully cooperate with such other related Consultants and County employees or appointed committees. Consultant shall provide within his schedule of work, time and effort to coordinate with other Consultants under contract with County. Consultant shall not commit or permit any act, which will interfere with the performance of work by any other consultant or by County employees. Consultant shall not be liable or responsible for the delays of third parties

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:

FULTON COUNTY, GEORGIA

Signed by:

Robert L. Pitts

14E1B4AA5F6A44A...

Robert L. Pitts, Chairman
Fulton County Board of Commissioners

AGENCY:

ABACUS CORPORATION

Signed by:

Michael P. Brady

576A93ADBE4240F

Michael Brady
CPS

ATTEST:

Signed by:

Tonya R. Grier

EFC476C4837648D

Tonya R. Grier
Clerk to the Commission

(Affix County Seal)

Signed by:



ATTEST:

Secretary/
Assistant Secretary

(Affix Corporate Seal)

APPROVED AS TO FORM:

Signed by:

Kaye Burwell

40352650B237414...

Office of the County Attorney

ATTEST:

Signed by:

Angela M. Anuszewski

7A3AEB51A1524D3

Notary Public

APPROVED AS TO CONTENT:

County: Carroll

Signed by:

Nadine Williams

AEB08E4890C64D2...

Nadine Williams, Director
Department of Registration and Elections

Commission Expires: 7/19/2029

Signed by:

(Affix Notary Seal)



ITEM#: _____ RCS: _____	ITEM#: <u>25-0468</u> RM: <u>6/18/2025</u>
FIRST REGULAR MEETING	SECOND REGULAR MEETING

EXHIBIT A

SCOPE OF SERVICES

Scope of Services

The Agency shall provide temporary staffing services for the Department of Registration and Elections to include 2025 Public Service Commission Primary & Municipal Primary Runoff & Public Service Commission General & Municipal General Election and Runoff Elections.

- A. Agency shall provide the temporary staffing positions detailed in the Position and Rate Schedule in Exhibit B.

- B. Normal Hours of Work

Normal business hours are 8:30 AM to 5:00 PM, Monday through Friday. Completed. Exceptions to these hours (including holidays, Saturdays and Sundays) must have prior written approval of the County.

- C. Observed Holidays

The County observes the following holidays (see Exhibit F):

New Year's Day	Labor Day
Martin Luther King, Jr. Day	Veteran's Day
Memorial Day	Thanksgiving
Juneteenth Day	Christmas
Independence Day	New Year's Eve

- D. Pay Period

The Agency's pay periods shall coincide with the County's pay periods (See Exhibit F).

- E. Automated Time and Attendance System

The Agency must utilize an automated time and attendance system in order to document employees' time and attendance.

- F. Dashboard

Agency shall provide the County with access to the Dashboard in order to track recruitment and on-boarding efforts.

- G. Reporting Responsibility

The Agency will report directly to the Director of the Department of Registration and Elections or designated representative.

- H. Work Locations

Temporary Staff positions identified will report to the following work locations as directed by the County:

Early Voting sites located throughout Fulton County as specified per individual election by Fulton County Department of Voter Registration and Elections.

- I. Candidate names submitted by the Department of Registration and Elections to Agency for consideration for any open positions should be given priority for screening. A report regarding the disposition of the Candidates must be provided on a monthly basis to the Director of the Department of Registration and Elections.

EXHIBIT B

COMPENSATION

COMPENSATION

Services provided under Exhibit A shall be compensated on an hourly rate basis for a total not to exceed amount of \$5,824,388.00 (Five Million Eight Hundred Twenty Four Thousand Three and Eighty Eight Hundred Dollars and No Cents), which is full payment for a complete scope of work. The services provided shall be compensated on an hourly rate basis as detailed in the attached Position and Rate Schedule.

INVOICING AND PAYMENT

Contractor shall submit weekly invoices for work performed during the previous week, in a form acceptable to the County and accompanied by all support documentation requested by the County, for payment and for services that were completed during the preceding phase. The County shall review for approval of said invoices. The County shall have the right not to pay any invoice or part thereof if not properly supported, or if the costs requested or a part thereof, as determined by the County, are reasonably in excess of the actual stage of completion.

Time of Payment: The County shall make payments to Consultant within ten (10) days after receipt of a proper invoice. Parties hereto expressly agree that the above contract term shall supersede the rates of interest, payment periods, and contract and subcontract terms provided for under the Georgia Prompt Pay Act, O.C.G.A. 13-11-1 et seq., pursuant to 13-11-7(b), and the rates of interest, payment periods, and contract and subcontract terms provided for under the Prompt Pay Act shall have no application to this Agreement; parties further agree that the County shall not be liable for any interest or penalty arising from late payments.

Submittal of Invoices: Invoices shall be submitted as follows:

Via Mail:

Fulton County Government 141 Pryor Street, SW Suite 7001
Atlanta, Georgia 30303
Attn: Finance Department – Accounts Payable

OR

Via Email:

Email: Accounts.Payable@fultoncountyga.gov

At minimum, original invoices must reference all of the following information:

Abacus Corporation
SUMMARY ALL 2025

Abacus Original Bid Totals		
Election Cycle	Abacus Bid Total Billing	2025 Mark up Rate
Jun-25	\$ 2,537,035.32	27%
Jul-25	\$ 1,156,704.93	37%
Nov-25	\$ 3,038,985.33	
Dec-25	\$ 1,124,308.17	
	<u>\$ 7,857,033.75</u>	

Services for June Election BOC approved: Item no. 25-0197 03/19/2025

Non-couriers mark up
Couriers higher mark up- same as PY's

Revised Temp budget with recent changes: MAY 7, 2025
using Abacus mark up rates & changes we made

Election Cycle	Total Revised Amount
Jul-25	\$ 1,181,062.00
Nov-25	\$ 3,549,373.00
Dec-25	\$ 1,093,953.00
	<u>\$ 5,824,388.00</u>

Abacus Original Bid Totals		Difference
Election Cycle	Total Original Bid amount	Difference
* July 2025	\$ 1,156,704.93	\$ 24,357.07
** Nov 2025	\$ 3,038,985.33	\$ 510,387.67
Dec 2025	\$ 1,124,308.17	\$ (30,355.17)
	<u>\$ 5,319,998.43</u>	<u>\$ 504,389.57</u>
		Increased costs

* Note: The JULY increase was 1 additional week for the Supplies & Logistics temps provided per Equipment Manager

** Note: The NOV increase is the AV sites increased per city's requests which increased total AV temps & we increased NOV AV clerks to 5.9 avg per site--- instead of 3 AV clerks in original bid file.

1) Vendor Information

- a. Vendor Name
- b. Vendor Address
- c. Vendor Code
- d. Vendor Contact Information
- e. Remittance Address

2) Invoice Details

- a. Invoice Date
- b. Invoice Number (uniquely numbered, no duplicates)
- c. Purchase Order Reference Number
- d. Date(s) of Services Performed
- e. Itemization of Services Provided/Commodity Units

3) Fulton County Department Information (needed for invoice approval)

- a. Department Name
- b. Department Representative Name

Consultant's cumulative invoices shall not exceed the total not-to-exceed fee established for this Agreement.

EXHIBIT C

CERTIFICATE OF INSURANCE



EXHIBIT D

GEORGIA SECURITY AND IMMIGRATION CONTRACTOR AFFIDAVIT AND AGREEMENT

Contractor Affidavit under O.C.G.A. § 13-10-91(b)(1)

The undersigned contractor ("Contractor") executes this Affidavit to comply with O.C.G.A. § 13-10-91 related to any contract to which Contractor is a party that is subject to O.C.G.A. § 13-10-91 and hereby verifies its compliance with O.C.G.A. § 13-10-91, attesting as follows:

- a) The Contractor has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program;
- b) The Contractor will continue to use the federal work authorization program throughout the contract period, including any renewal or extension thereof;
- c) The Contractor will notify the public employer in the event the Contractor ceases to utilize the federal work authorization program during the contract period, including renewals or extensions thereof;
- d) The Contractor understands that ceasing to utilize the federal work authorization program constitutes a material breach of Contract;
- e) The Contractor will contract for the performance of services in satisfaction of such contract only with subcontractors who present an affidavit to the Contractor with the information required by O.C.G.A. § 13-10-91(a), (b), and (c);
- f) The Contractor acknowledges and agrees that this Affidavit shall be incorporated into any contract(s) subject to the provisions of O.C.G.A. § 13-10-91 for the project listed below to which Contractor is a party after the date hereof without further action or consent by Contractor; and
- g) Contractor acknowledges its responsibility to submit copies of any affidavits, drivers' licenses, and identification cards required pursuant to O.C.G.A. § 13-10-91 to the public employer within five business days of receipt.

183389
Federal Work Authorization User Identification Number

12/14/2007
Date of Authorization

Abacus Corporation
Name of Contractor

GA SWC – Temporary Services
Name of Project

State of Georgia – DOAS
Name of Public Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on April, 11, 2023 in Baltimore (city), MD (state).


Signature of Authorized Officer or Agent
Michael P. Brady, CAO
Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE _____ DAY OF _____, 20____.

NOTARY PUBLIC
My Commission Expires: _____

EXHIBIT E

SERVICE LEVEL AGREEMENT



SERVICE LEVEL AGREEMENT

Scope of Work Requirement	Performance Goal	Reporting Requirement
Requisition to selection ratio Average time to submit at least three (3) and no more than five (5) qualified candidates.	Three (3) business days.	Quarterly
Selected candidates will be available to start and assignment in no more than two (2) weeks.	Pre-employment Screening will be completed within two (2) weeks of the selection.	Quarterly
Selected candidate will not be released within 1 week, due to misrepresentation of qualifications.	95% Satisfaction	Quarterly
Employee will provide no less than a two (2) week notice when ending an active assignment before the agreed upon end date.	95% Compliance	Quarterly
A replacement resource will be provided with a gap of no more than three (3) business days.	95% Compliance	Quarterly
Contract compliance with state and federal employment regulations, contractor performance, employment regulations, taxes and insurance.	100% Compliance	Annual audit report submitted to the DOAS Contract Administrator (unless otherwise requested)
Customer satisfaction results measuring effectiveness and responsiveness of Supplier to providing services within the scope of this contract.	No less than 90% Satisfaction	Quarterly
Supplier shall provide Contingent Workforce Labor to all current and potential sites within the Georgia for all job categories and must have strategies to meet employment demands rural and metro cities and counties. The quality of candidates must be consistent throughout the entire State.	No less than 90% Satisfaction	Quarterly
The supplier shall have a process to monitor for overcharges and to provide credits to the authorized user within no more than seven (7) business days.	100% Compliance	Quarterly

EXHIBIT F

FULTON COUNTY 2025 PAY AND HOLIDAY CALENDAR

FULTON COUNTY 2025 PAY AND HOLIDAY OBSERVANCES CALENDAR

HOLIDAY
 PAY PERIOD ENDING
 PAY DAY
 DEPARTMENT HEAD APPROVAL REQUIRED



JANUARY						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

FEBRUARY						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
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23	24	25	26	27	28	

MARCH						
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23	24	25	26	27	28	29
30	31					

APRIL						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
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27	28	29	30			

MAY						
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25	26	27	28	29	30	31

JUNE						
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29	30					

JULY						
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AUGUST						
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24	25	26	27	28	29	30
31						

SEPTEMBER						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
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28	29	30				

OCTOBER						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
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19	20	21	22	23	24	25
26	27	28	29	30	31	

NOVEMBER						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
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9	10	11	12	13	14	15
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23	24	25	26	27	28	29
30						

DECEMBER						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
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14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			



New Year's Day
Wednesday
January 1



MLK Jr. Day
Monday
January 20



President's Day
Monday
February 17



Memorial Day
Monday
May 26



Juneteenth
Thursday
June 19



Independence Day
Friday
July 4



Labor Day
Monday
September 1



Veterans Day
Tuesday
November 11



Thanksgiving
Thursday & Friday
November 27 & 28



Christmas Eve & Day
Wednesday & Thursday
December 24 & 25



New Year's Eve
Wednesday
December 31



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/14/2025

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 HMS Insurance Associates, Inc. 20 Wight Ave Suite 300 Hunt Valley MD 21030	CONTACT NAME: Erica Grelli PHONE (A/C, No, Ext): 443-632-3346 FAX (A/C, No): 443-632-3498 E-MAIL ADDRESS: erica.grelli@marshmma.com														
INSURED Abacus Corporation 610 Gusryan Street Baltimore MD 21224	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : New Hampshire Insurance Company</td> <td>23841</td> </tr> <tr> <td>INSURER B : National Union Fire Insurance of Pittsburgh PA</td> <td>19445</td> </tr> <tr> <td>INSURER C : Lexington Insurance Company</td> <td>19437</td> </tr> <tr> <td>INSURER D : Axis Surplus Insurance</td> <td>26620</td> </tr> <tr> <td>INSURER E : Hartford Fire Insurance Co</td> <td>19682</td> </tr> <tr> <td>INSURER F : Arch Specialty Insurance Company</td> <td>21199</td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : New Hampshire Insurance Company	23841	INSURER B : National Union Fire Insurance of Pittsburgh PA	19445	INSURER C : Lexington Insurance Company	19437	INSURER D : Axis Surplus Insurance	26620	INSURER E : Hartford Fire Insurance Co	19682	INSURER F : Arch Specialty Insurance Company	21199
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INSURER E : Hartford Fire Insurance Co	19682														
INSURER F : Arch Specialty Insurance Company	21199														

COVERAGES**CERTIFICATE NUMBER:** 1901717394**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
B	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ no deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PRO-JECT ☒ LOC OTHER:			GL 6952565	4/1/2025	4/1/2026	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 25,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000 \$
B	☒ AUTOMOBILE LIABILITY ☒ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ NON-OWNED AUTOS ONLY			CA 4629169	4/1/2025	4/1/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☒ RETENTION \$ 10,000			02773441	4/1/2025	4/1/2026	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ Y ☒ N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WC 013711869	4/1/2025	4/1/2026	☒ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT \$ 2,000,000 E.L. DISEASE - EA EMPLOYEE \$ 2,000,000 E.L. DISEASE - POLICY LIMIT \$ 2,000,000
D E F	Professional Liability Crime/3rd Party Employee Theft Cyber Liability			P-001-001439028-02 30 FA 0379744-25 C-4LPY-050099-CYBER-2025	4/1/2025 4/1/2025 4/1/2025	4/1/2026 4/1/2026 4/1/2026	E&O Occurrence: \$5M Theft of Clients Prop Privacy Liability E&O Aggregate: \$5M \$5M Per Occ/Agg \$5,000,000

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

Excess Liability - 2nd Layer - ELD30069559801 & BTM2512809 Effective 4/1/25-4/1/26

Aggregate Limit \$10M Carriers: Endurance American Specialty Insurance Co & United Specialty Insurance Co

RE: Work Performed by Named Insured

Fulton County Government, Its Officials, Officers and Employees are Additional Insured under the General Liability, Automobile Liability, and Umbrella Liability coverages for work performed by the Named Insured, when required by an executed written contract or agreement. Coverage under the General Liability, Automobile Liability, Umbrella Liability is provided on a primary and noncontributory basis, when required by an executed written contract or agreement. A Waiver of Subrogation applies in favor of the Additional Insured(s) under the General Liability, Automobile Liability, Umbrella Liability & Workers Compensation coverages, when required by an executed written contract or agreement.

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

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ENDORSEMENT

by NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - WHERE REQUIRED UNDER CONTRACT OR AGREEMENT

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

SCHEDULE

ADDITIONAL INSURED:

Any person or organization for whom you are contractually bound to provide Additional Insured status but only to the extent of such person's or organization's liability arising out of the use of a covered "auto".

I. SECTION II - COVERED AUTOS LIABILITY COVERAGE, A. Coverage, 1. - Who Is Insured, is amended to add:

- d. Any person or organization, shown in the schedule above, to whom you become obligated to include as an additional insured under this policy, as a result of any contract or agreement you enter into which requires you to furnish insurance to that person or organization of the type provided by this policy, but only with respect to liability arising out of use of a covered "auto". However, the insurance provided will not exceed the lesser of:

- (1) The coverage and/or limits of this policy, or
- (2) The coverage and/or limits required by said contract or agreement.



AUTHORIZED REPRESENTATIVE

ENDORSEMENT

by NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

INSURANCE PRIMARY AS TO CERTAIN ADDITIONAL INSURED

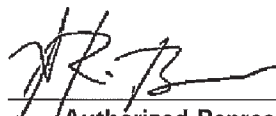
This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

Section IV - Business Auto Conditions, B., General Conditions, 5., Other Insurance, c., is amended by the addition of the following sentence:

The insurance afforded under this policy to an additional insured will apply as primary insurance for such additional insured where so required under an agreement executed prior to the date of accident. We will not ask any insurer that has issued other insurance to such additional insured to contribute to the settlement of loss arising out of such accident.

All other terms and conditions remain unchanged.



Authorized Representative or
Countersignature (in States Where
Applicable)

ENDORSEMENT

by NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

Section IV - Business Auto Conditions, A. - Loss Conditions, 5. - Transfer of Rights of Recovery Against Others to Us, is amended to add:

However, we will waive any right of recover we have against any person or organization with whom you have entered into a contract or agreement because of payments we make under this Coverage Form arising out of an "accident" or "loss" if:

- (1) The "accident" or "loss" is due to operations undertaken in accordance with the contract existing between you and such person or organization; and
- (2) The contract or agreement was entered into prior to any "accident" or "loss".

No waiver of the right of recovery will directly or indirectly apply to your employees or employees of the person or organization, and we reserve our rights or lien to be reimbursed from any recovery funds obtained by any injured employee.



AUTHORIZED REPRESENTATIVE

12. Arising out of the unauthorized use of another's name or product in your e-mail address, domain name or meta tag, or any other similar tactics to mislead another's potential customers.

SECTION IV - LIMITS OF INSURANCE

- A. The limits of insurance shown in Item 3 of the Declarations and the rules below state the most we will pay for all Damages under this policy regardless of the number of:
 1. "Insureds";
 2. Claims made or "suits" brought; or
 3. Persons or organizations making claims or bringing "suits".
- B. The General Aggregate Limit is the most we will pay for all damages under this policy, except for:
 1. Damages included within the "products-completed operations hazard"; and
 2. Damages because of "bodily injury" or "property damage" to which this policy applies, caused by an "occurrence" and resulting from the ownership, maintenance or use of a "covered auto".
- C. The Products-Completed Operations Aggregate Limit is the most we will pay for all damages included in the "products-completed operations hazard".
- D. Subject to Paragraphs B and C above, whichever applies, the Each Occurrence Limit is the most we will pay for the sum of all damages arising out of any one "occurrence" or offense.
- E. Subject to Paragraphs B and C above, whichever applies, the most we will pay for damages under this policy on behalf of any person or organization to whom you are obligated by a written "insured contract" to provide insurance such as is afforded by this policy is the lesser of the limits of insurance shown in Item 3 of the Declarations or the minimum limits of insurance you agreed to procure in such written "insured contract".
- F. This policy applies only in excess of the total applicable limits of "scheduled underlying insurance" and any applicable "other insurance" whether or not such limits are collectible. If, however, a policy shown in the Schedule of Underlying Insurance has a limit of insurance:
 1. Greater than the amount shown in such schedule, this policy will apply in excess of such greater amount; or
 2. Less than the amount shown in such schedule, this policy will apply in excess of the amount shown in the Schedule of Underlying Insurance forming a part of this policy.
- G. If the total applicable limits of "scheduled underlying insurance" and any applicable "other insurance" are reduced or exhausted by the payment of damages to which this policy applies, we will:
 1. In the event of reduction, pay damages in excess of the remaining total applicable limits of "scheduled underlying insurance" and any applicable "other insurance"; and
 2. Subject to Paragraph E of SECTION II - DEFENSE AND SUPPLEMENTARY PAYMENTS, in the event of exhaustion, continue in force as underlying insurance.
- H. Expenses incurred to defend any "suit" or to investigate any claim will be in addition to the applicable limits of insurance of this policy. Provided, however, that if such expenses reduce the applicable limits of "scheduled underlying insurance", then such expenses will reduce the applicable limits of insurance of this policy.
- I. The limits of insurance of this policy apply separately to each consecutive annual period and to any remaining period of less than twelve (12) months, beginning with the inception date of the "policy period" shown in the Declarations, unless the "policy period" is extended after issuance for an additional period of less than twelve (12) months. In that case, the additional period will be deemed part of the last preceding period for purposes of determining the limits of insurance of this policy.
- J. We will not make any payment under this policy unless and until:
 1. The total applicable limits of "scheduled underlying insurance" and any applicable "other insurance" have been exhausted by the payment of damages to which this policy applies; or

J. Maintenance of Scheduled Underlying Insurance

You agree that during the "policy period":

1. You will keep "scheduled underlying insurance" in full force and effect;
2. The terms, definitions, conditions and exclusions of "scheduled underlying insurance" will not materially change;
3. The total applicable limits of "scheduled underlying insurance" will not decrease, except for any reduction or exhaustion of aggregate limits by payment of damages to which this policy applies.
4. Any renewals or replacements of "scheduled underlying insurance" will provide equivalent coverage to and afford limits of insurance equal to or greater than the policy being renewed or replaced.

If you fail to comply with these requirements, we will be liable only to the same extent that we would have, had you fully complied with these requirements.

K. Other Insurance

If other valid and collectible insurance applies to damages that are also covered by this policy, this policy will apply excess of the "other insurance". However, this provision will not apply if the other insurance is specifically written to be excess of this policy.

L. Premium and Audit

1. We will compute all premiums for this policy in accordance with our rules and rates.
2. If the premium for this policy is a flat premium, it is not subject to adjustment, except that additional premiums may be required for any additional exposure and/or "Insureds", or as provided for in Condition D Cancellation. The premium shown in Item 5 of the Declarations as the Total Advance Premium is a deposit premium only. If the policy is subject to audit adjustment, the actual exposure base will be used to compute the earned premium. If the learned premium is greater than the Advance Premium, the first Named Insured will pay the difference to us due and payable upon notice. Subject to the Annual Minimum Premium shown in Item 5 of the Declarations, if the earned premium is less than the Total Advance Premium, we will return the difference to the first Named Insured.
3. The first Named Insured must keep records of the information we need for premium computation, and send us copies at such times as we may request. The first Named Insured shown on the Declarations is responsible for the payment of all premiums and will be the payee for any return premiums we pay.

M. Representations of Fraud

By accepting this policy, you agree:

1. The statements in the Declarations are accurate and complete;
2. Those statements are based upon representations you made to us;
3. We have issued this policy in reliance upon your representations; and
4. This policy is void in any case of fraud by you as it relates to this policy or any claim or "suit" under this policy.

N. Separation of "Insureds"

Except with respect to the limits of insurance of this policy and rights or duties specifically assigned to the first Named Insured designated in Item 1 of the Declarations, this insurance applies:

1. As if each "Named Insured" were the only "Named Insured"; and
2. Separately to each "Insured" against whom claim is made or "Suit" is brought.

O. Transfer of Rights of Recovery

1. If any "Insured" has rights to recover all or part of any payment we have made under this policy, those rights are transferred to us. The "Insured" must do nothing after loss to impair these rights and must help us enforce them.

2. Any recoveries will be applied as follows:

- a. Any person or organization, including the "Insured", that has paid an amount in excess of the applicable limits of insurance of this policy will be reimbursed first;
- b. We then will be reimbursed up to the amount we have paid; and
- c. Lastly, any person or organization, including the "Insured" that has paid an amount over which this policy is excess is entitled to claim the remainder.

Expenses incurred in the exercise of rights of recovery will be apportioned among the persons or organizations, including the "Insured", in the ratio of their respective recoveries as finally settled.

3. If, prior to the time of an "occurrence", you and the insurer of "scheduled underlying insurance" waive any right of recovery against a specific person or organization for injury or damage as required under an "insured contract", we will also waive any rights we may have against such person or organization.

P. Transfer of Your Rights and Duties

Your rights and duties under this policy may not be transferred without our written consent.

If you die or are legally declared bankrupt, your rights and duties will be transferred to your legal representative, but only while acting within the scope of duties as your legal representative. However, notice of cancellation sent to the first "Named Insured" designated in Item 1 of the Declarations and mailed to the address shown in this policy will be sufficient notice to effect cancellation of this policy.

Q. Service of Suit

It is agreed that in the event of our failure to pay any amount claimed to be due hereunder, we, at the request of the "Insured", will submit jurisdiction of a court of competent jurisdiction within the United States. Nothing in this condition constitutes or should be understood to constitute a waiver of our rights to commence an action in any court of competent jurisdiction in the United States, to remove an action to a United States District Court or to seek a transfer of a case to another court as permitted by the laws of the United States or of any state in the United States. It is further agreed that service of process may be made upon Counsel, Legal Department, Lexington Insurance Company, 99 High Street, Boston, Massachusetts 02110, or his or her representative, and that in any "suit" instituted against us, upon this policy, we will abide by the final decision of such court or of an appellate court in the event of an appeal.

Further, pursuant to any statute of any state, territory, or district of the United States which makes provision therefor, we hereby designate the Superintendent, Commissioner, Director of Insurance, or other officer specified for that purpose in the statute, or his or her successor or successors in office as our true and lawful attorney upon whom may be served any lawful process in any action, "suit" or proceeding instituted by or on behalf of you or any beneficiary hereunder arising out of this contract of insurance, and hereby designate the Counsel, Legal Department, Lexington Insurance Company, 99 High Street, Boston, Massachusetts 02110, as the person to whom the said officer is authorized to mail such process or a true copy thereof.

R. Arbitration

Notwithstanding Condition Q. Service of Suit, above, in the event of a disagreement as to the interpretation of this policy (except with regard to whether this policy is void or voidable), it is mutually agreed that such dispute shall be submitted to binding arbitration before a panel of three (3) Arbitrators consisting of two (2) party-nominated (non-impartial) Arbitrators and a third (impartial) Arbitrator (hereinafter "umpire") as the sole and exclusive remedy.

The party desiring arbitration of a dispute shall notify the other party, said notice including the name, address and occupation of the Arbitrator nominated by the demanding party. The other party shall, within 30 days following receipt of the demand, notify in writing the demanding party of the name, address and occupation of the Arbitrator nominated by it. The two (2) arbitrators so selected shall, within 30 days of the appointment of the second Arbitrator, select an umpire. If the Arbitrators are unable to agree upon an umpire, the selection of the umpire shall be submitted to the Judicial Arbitration and Mediation Services (hereinafter, "JAMS"). The umpire shall be selected in accordance with Rule 15 (as may be amended from time to time) of the JAMS Comprehensive Arbitration Rules and Procedures for the selection of a sole arbitrator.

COMMERCIAL GENERAL LIABILITY
CG 20 10 12 19

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED - OWNERS, LESSEES OR
CONTRACTORS - SCHEDULED PERSON OR
ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location(s) Of Covered Operations
ANY PERSON OR ORGANIZATION WHOM YOU BECOME OBLIGATED TO INCLUDE AS AN ADDITIONAL INSURED AS A RESULT OF ANY CONTRACT OR AGREEMENT YOU HAVE ENTERED INTO.	PER THE CONTRACT OR AGREEMENT.
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Section II 6 Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

C. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or

2. Available under the applicable limits of insurance;
whichever is less.

This endorsement shall not increase the applicable limits of insurance.

COMMERCIAL GENERAL LIABILITY
CG 20 01 12 19

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PRIMARY AND NONCONTRIBUTORY - OTHER INSURANCE CONDITION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
LIQUOR LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

The following is added to the Other Insurance Condition and supersedes any provision to the contrary:

Primary And Noncontributory Insurance

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

(1) The additional insured is a Named Insured under such other insurance; and

(2) You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.

COMMERCIAL GENERAL LIABILITY
CG 24 04 12 19

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US (WAIVER OF SUBROGATION)

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
ELECTRONIC DATA LIABILITY COVERAGE PART
LIQUOR LIABILITY COVERAGE PART
POLLUTION LIABILITY COVERAGE PART DESIGNATED SITES
POLLUTION LIABILITY LIMITED COVERAGE PART DESIGNATED SITES
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART
RAILROAD PROTECTIVE LIABILITY COVERAGE PART
UNDERGROUND STORAGE TANK POLICY DESIGNATED TANKS

SCHEDULE

Name Of Person(s) Or Organization(s):

PURSUANT TO APPLICABLE WRITTEN CONTRACT OR AGREEMENT YOU ENTER INTO.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to Paragraph 8. Transfer Of Rights Of Recovery Against Others To Us of Section IV – Conditions:

We waive any right of recovery against the person(s) or organization(s) shown in the Schedule above because of payments we make under this Coverage Part. Such waiver by us applies only to the extent that the insured has waived its right of recovery against such person(s) or organization(s) prior to loss. This endorsement applies only to the person(s) or organization(s) shown in the Schedule above.

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

This endorsement changes the policy to which it is attached effective on inception date of the policy unless a different date is indicated below.

This endorsement, effective 12:01 AM

forms a part of Policy No. WC 013711869

Issued to ABACUS CORPORATION

By NEW HAMPSHIRE INSURANCE COMPANY

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.

This agreement shall not operate directly or indirectly to benefit any one not named in the Schedule.

Schedule

ANY PERSON OR ORGANIZATION TO WHOM YOU BECOME
OBLIGATED TO WAIVE YOUR RIGHTS OF RECOVERY
AGAINST, UNDER ANY WRITTEN CONTRACT OR AGREEMENT
YOU ENTER INTO PRIOR TO THE OCCURRENCE OF LOSS.

Any person or organization for which the employer has agreed by written contract, executed prior to loss, may execute a waiver of subrogation. However, for purposes of work performed by the employer in Missouri, this waiver of subrogation does not apply to any construction group of classifications as designated by the waiver of right to recover from others (subrogation) rule in our manual.

This form is not applicable in California, Kentucky, New Hampshire, New Jersey, Texas, or Utah.

WC 00 03 13
(Ed. 04/84)

Countersigned by _____



Authorized Representative

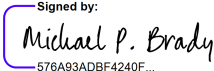
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Employee Name:		
Source Envelope:		
Document Pages: 31	Signatures: 6	Envelope Originator:
Certificate Pages: 6	Initials: 0	Mark Hawks
AutoNav: Enabled	Stamps: 2	141 Pryor Street
Envelopeld Stamping: Enabled		Purchasing & Contract Compliance, Suite 1168
Time Zone: (UTC-08:00) Pacific Time (US & Canada)		Atlanta, GA 30303
		mark.hawks@fultoncountyga.gov
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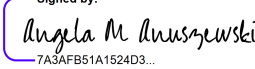
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Storage Appliance Status: Connected	Pool: Fulton County Government	Location: Docusign

Signer Events

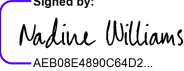
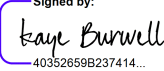
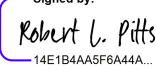
Signer Events	Signature	Timestamp
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Electronic Record and Signature Disclosure:
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Angela M Anuszewski aanuszewski@abacuscorporation.com Security Level: Email, Account Authentication (None)	Signed by:  7A3AFB51A1524D3...  Signature Adoption: Pre-selected Style Using IP Address: 107.0.88.74	Sent: 7/14/2025 8:24:44 AM Resent: 7/16/2025 1:33:47 PM Viewed: 7/17/2025 6:11:35 AM Signed: 7/17/2025 6:14:56 AM
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Electronic Record and Signature Disclosure:
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Mark Hawks mark.hawks@fultoncountyga.gov Chief Assistant Purchasing Agent Purchasing and Contract Compliance Security Level: Email, Account Authentication (None)	Completed Using IP Address: 45.20.200.178	Sent: 7/17/2025 6:14:57 AM Viewed: 7/17/2025 8:07:51 AM Signed: 7/17/2025 8:09:31 AM
Electronic Record and Signature Disclosure: Not Offered via Docusign		

Signer Events	Signature	Timestamp
Nadine Williams nadine.williams@fultoncountyga.gov Director, Registration & Elections Registration & Elections Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Accepted: 7/17/2025 8:11:26 AM ID: 72752178-52ae-4723-986f-8df3771c2fb8	Signed by:  AEB08E4890C64D2... Signature Adoption: Pre-selected Style Using IP Address: 74.174.59.10	Sent: 7/17/2025 8:09:33 AM Viewed: 7/17/2025 8:11:26 AM Signed: 7/17/2025 8:11:52 AM
Kaye Burwell Kaye.Burwell@fultoncountyga.gov Deputy County Attorney Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Accepted: 7/21/2025 3:47:55 AM ID: d1c104fd-0909-4077-abf3-eab286dacdef	Signed by:  40352659B237414... Signature Adoption: Pre-selected Style Using IP Address: 172.0.242.18	Sent: 7/18/2025 1:21:16 PM Viewed: 7/21/2025 3:47:55 AM Signed: 7/21/2025 3:48:39 AM
Nikki Peterson nikki.peterson@fultoncountyga.gov Chief Deputy Clerk to the Board of Commissioners Fulton County Government Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Accepted: 11/27/2017 10:39:37 AM ID: b7ce88ee-0c66-4f3a-bfee-705e0af602d8	Completed Using IP Address: 68.208.197.4	Sent: 7/21/2025 3:48:42 AM Viewed: 7/21/2025 11:55:41 AM Signed: 7/21/2025 11:55:58 AM
Robert L. Pitts harriet.thomas@fultoncountyga.gov Chairman Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Accepted: 7/21/2025 2:08:38 PM ID: 5b4e5c49-d0b9-49cb-bc01-25d405a95cfd	Signed by:  14E1B4AA5F6A44A... Signature Adoption: Pre-selected Style Using IP Address: 74.174.59.10	Sent: 7/21/2025 11:56:00 AM Viewed: 7/21/2025 2:08:38 PM Signed: 7/21/2025 2:08:51 PM
Tonya Grier tonya.grier@fultoncountyga.gov Clerk to the Commission Fulton County Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Accepted: 3/16/2018 7:54:59 AM ID: f3f241e8-3027-4447-9476-6cf20ae25dd4	Signed by:  EEC476C4837848D...  Signature Adoption: Uploaded Signature Image Using IP Address: 2600:1700:c0f0:4020:6961:a985:56e3:5b95 Signed using mobile	Sent: 7/21/2025 2:08:54 PM Viewed: 7/21/2025 4:34:39 PM Signed: 7/21/2025 4:35:23 PM
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Dian DeVaughn dian.devaughn@fultoncountyga.gov Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign	COPIED	Sent: 7/21/2025 4:35:27 PM Viewed: 7/22/2025 10:47:25 AM
Felicia Strong-Whitaker felicia.strong-whitaker@fultoncountyga.gov Chief Purchasing Agent Fulton County Government Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign	COPIED	Sent: 7/21/2025 4:35:28 PM
Janell Barganier janell.barganier@fultoncountyga.gov Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign	COPIED	Sent: 7/21/2025 4:35:30 PM
Janice Dickenson janice.dickenson@fultoncountyga.gov Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign	COPIED	Sent: 7/21/2025 4:35:31 PM
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Electronic Record and Signature Disclosure		

CONSUMER DISCLOSURE

From time to time, Carahsoft OBO Fulton County, Georgia (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through the DocuSign, Inc. (DocuSign) electronic signing system. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to these terms and conditions, please confirm your agreement by clicking the 'I agree' button at the bottom of this document.

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