



**FULTON  
COUNTY**

**RENEWAL AGREEMENT #4**

**#17RFP107440K-JD**

**PROFESSIONAL SERVICES FOR AIRPORT  
CONSULTANT AND ENGINEERING  
SERVICES**

For

**DEPARTMENT OF PUBLIC WORKS**



## **CONTRACT RENEWAL AGREEMENT**

**DEPARTMENT: PUBLIC WORKS**

**BID/RFP# NUMBER: 17RFP107440K-JD**

**BID/RFP# TITLE: Professional Services for Airport Consulting and Engineering Services**

**ORIGINAL APPROVAL DATE: 10/4/2017**

**RENEWAL EFFECTIVE DATES: 1/1/2022 THROUGH 12/31/2022**

**RENEWAL OPTION #: 4 OF 4**

**NUMBER OF RENEWAL OPTIONS: 4**

**RENEWAL AMOUNT: \$840,000.00**

**COMPANY'S NAME: Michael Baker International, Inc.**

**ADDRESS: 420 Technology Parkway, Suite 150**

**CITY: Norcross**

**STATE: GA**

**ZIP: 30092**

**This Renewal Agreement No. 4 was approved by the Fulton County Board of Commissioners on BOC DATE: 10/20/2021                      BOC NUMBER: 21-0825**

**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: #17RFP107440K-JD**

**FULTON COUNTY, GEORGIA**

**MICHAEL BAKER INTERNATIONAL, INC.**

DocuSigned by:

*Robert L. Pitts*

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

DocuSigned by:

*Quintin Watkins*

**Quintin Watkins,  
Office Executive**

**ATTEST:**

**ATTEST:**

DocuSigned by:

*Tonya R. Grier*

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

Terri A. Vojnovich

**Secretary/  
Assistant Secretary**

**(Affix County Seal)**



**(Affix Corporate Seal)**



**AUTHORIZATION OF RENEWAL:**

**ATTEST:**

DocuSigned by:

*David Clark*

**David Clark, Director  
Department of Public Works**

**Notary Public**

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

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

**(Affix Notary Seal)**

<b>ITEM#:</b> 21-0825	<b>RCS:</b> 10/06/2021	<b>ITEM#:</b> _____	<b>RM:</b> _____
<b>RECESS MEETING</b>		<b>REGULAR MEETING</b>	



# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)  
08/30/2021

**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> Aon Risk Services Central, Inc. Pittsburgh PA Office EQT Plaza ~ Suite 2700 625 Liberty Avenue Pittsburgh PA 15222-3110 USA	<b>CONTACT NAME:</b> PHONE (A/C. No. Ext): (866) 283-7122      FAX (A/C. No.): (800) 363-0105		
	<b>E-MAIL ADDRESS:</b>		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>	
<b>INSURED</b> Michael Baker International, Inc. 420 Technology Parkway Suite 150 Norcross GA 30092 USA	INSURER A: Zurich American Ins Co		16535
	INSURER B: Allied world Surplus Lines Insurance Co		24319
	INSURER C: American Guarantee & Liability Ins Co		26247
	INSURER D:		
	INSURER E:		
	INSURER F:		

**COVERAGES      CERTIFICATE NUMBER: 570088963282      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. **Limits shown are as requested**

INSR LTR	TYPE OF INSURANCE	ADDD 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  GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	X	X	GLO419728100	08/30/2021	08/30/2022	EACH OCCURRENCE	\$2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
							MED EXP (Any one person)	\$10,000
							PERSONAL & ADV INJURY	\$2,000,000
							GENERAL AGGREGATE	\$4,000,000
							PRODUCTS - COMP/OP AGG	\$4,000,000
							SIR/Deductible	\$250,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" 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	X	X	BAP4197284-00	08/30/2021	08/30/2022	COMBINED SINGLE LIMIT (Ea accident)	\$2,000,000
							BODILY INJURY ( Per person)	
							BODILY INJURY (Per accident)	
							PROPERTY DAMAGE (Per accident)	
							Deductible	\$100,000
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$10,000			AUC053258203	08/30/2021	08/30/2022	EACH OCCURRENCE	\$10,000,000
							AGGREGATE	\$10,000,000
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			WC419728200	08/30/2021	08/30/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
A		N/A	X	AOS WC419728500 WI	08/30/2021	08/30/2022	E.L. EACH ACCIDENT	\$1,000,000
							E.L. DISEASE-EA EMPLOYEE	\$1,000,000
							E.L. DISEASE-POLICY LIMIT	\$1,000,000
B	E&O-PL-Primary			03124806 Claims Made SIR applies per policy terms & conditions	08/30/2021	08/30/2022	Per Claim	\$5,000,000
							Aggregate	\$5,000,000
							SIR/Deductible (2)	\$200,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
 RE: Project Name: #17RFP107440K-JD-Professional Services for Airport Consulting and Engineering Services. Fulton County Government is included as Additional Insured in accordance with the policy provisions of the General Liability and Automobile Liability policies. Should General Liability, Automobile Liability, Professional Liability and Workers' Compensation policies be cancelled before the expiration date thereof, the policy provisions will govern how notice of cancellation may be delivered to Certificate Holders in accordance with the policy provisions. The Umbrella Liability policy follows the terms/conditions of the underlying General Liability policy.

**CERTIFICATE HOLDER**

**CANCELLATION**

Department of Purchasing & Contract Compliance Fulton County Government 130 Peachtree St. SW, Suite 1168 Atlanta GA 30303 USA	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  
--	---

Holder Identifier : MDCFIH

Certificate No : 570088963282





**FULTON  
COUNTY**

**RENEWAL AGREEMENT #4**

**#17RFP107440K-JD**

**PROFESSIONAL SERVICES FOR AIRPORT  
CONSULTANT AND ENGINEERING  
SERVICES**

For

**DEPARTMENT OF PUBLIC WORKS**



## **CONTRACT RENEWAL AGREEMENT**

**DEPARTMENT: PUBLIC WORKS**

**BID/RFP# NUMBER: 17RFP107440K-JD**

**BID/RFP# TITLE: Professional Services for Airport Consulting and Engineering Services**

**ORIGINAL APPROVAL DATE: 10/4/2017**

**RENEWAL EFFECTIVE DATES: 1/1/2022 THROUGH 12/31/2022**

**RENEWAL OPTION #: 4 OF 4**

**NUMBER OF RENEWAL OPTIONS: 4**

**RENEWAL AMOUNT: \$840,000.00**

**COMPANY'S NAME: Michael Baker International, Inc.**

**ADDRESS: 420 Technology Parkway, Suite 150**

**CITY: Norcross**

**STATE: GA**

**ZIP: 30092**

**This Renewal Agreement No. 4 was approved by the Fulton County Board of Commissioners on BOC DATE: 10/20/2021                      BOC NUMBER: 21-0825**

**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: #17RFP107440K-JD**

**FULTON COUNTY, GEORGIA**

**MICHAEL BAKER INTERNATIONAL, INC.**

DocuSigned by:

*Robert L. Pitts*

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

DocuSigned by:

*Quintin Watkins*

**Quintin Watkins,  
Office Executive**

**ATTEST:**

**ATTEST:**

DocuSigned by:

*Tonya R. Grier*

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

Terri A. Vojnovich

**Secretary/  
Assistant Secretary**

**(Affix County Seal)**



**(Affix Corporate Seal)**



**AUTHORIZATION OF RENEWAL:**

**ATTEST:**

DocuSigned by:

*David Clark*

**David Clark, Director  
Department of Public Works**

**Notary Public**

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

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

**(Affix Notary Seal)**

<b>ITEM#:</b> 21-0825	<b>RCS:</b> 10/06/2021	<b>ITEM#:</b> _____	<b>RM:</b> _____
<b>RECESS MEETING</b>		<b>REGULAR MEETING</b>	



# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)  
08/30/2021

**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> Aon Risk Services Central, Inc. Pittsburgh PA Office EQT Plaza ~ Suite 2700 625 Liberty Avenue Pittsburgh PA 15222-3110 USA	<b>CONTACT NAME:</b> PHONE (A/C. No. Ext): (866) 283-7122      FAX (A/C. No.): (800) 363-0105		
	<b>E-MAIL ADDRESS:</b>		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>	
<b>INSURED</b> Michael Baker International, Inc. 420 Technology Parkway Suite 150 Norcross GA 30092 USA	INSURER A: Zurich American Ins Co		16535
	INSURER B: Allied world Surplus Lines Insurance Co		24319
	INSURER C: American Guarantee & Liability Ins Co		26247
	INSURER D:		
	INSURER E:		
	INSURER F:		

**COVERAGES      CERTIFICATE NUMBER: 570088963282      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. **Limits shown are as requested**

INSR LTR	TYPE OF INSURANCE	ADDITIONAL INSURED	SUBROGATION WAIVED	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 type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	X	X	GLO419728100	08/30/2021	08/30/2022	EACH OCCURRENCE	\$2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
							MED EXP (Any one person)	\$10,000
							PERSONAL & ADV INJURY	\$2,000,000
							GENERAL AGGREGATE	\$4,000,000
							PRODUCTS - COMP/OP AGG	\$4,000,000
							SIR/Deductible	\$250,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY  <input checked="" 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	X	X	BAP4197284-00	08/30/2021	08/30/2022	COMBINED SINGLE LIMIT (Ea accident)	\$2,000,000
							BODILY INJURY (Per person)	
							BODILY INJURY (Per accident)	
							PROPERTY DAMAGE (Per accident)	
							Deductible	\$100,000
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$10,000			AUC053258203	08/30/2021	08/30/2022	EACH OCCURRENCE	\$10,000,000
							AGGREGATE	\$10,000,000
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			WC419728200	08/30/2021	08/30/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
A		N/A	X	AOS	08/30/2021	08/30/2022	E.L. EACH ACCIDENT	\$1,000,000
				WC419728500			E.L. DISEASE-EA EMPLOYEE	\$1,000,000
				WI			E.L. DISEASE-POLICY LIMIT	\$1,000,000
B	E&O-PL-Primary			03124806	08/30/2021	08/30/2022	Per Claim	\$5,000,000
				Claims Made			Aggregate	\$5,000,000
				SIR applies per policy terms & conditions			SIR/Deductible (2)	\$200,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
 RE: Project Name: #17RFP107440K-JD-Professional Services for Airport Consulting and Engineering Services. Fulton County Government is included as Additional Insured in accordance with the policy provisions of the General Liability and Automobile Liability policies. Should General Liability, Automobile Liability, Professional Liability and Workers' Compensation policies be cancelled before the expiration date thereof, the policy provisions will govern how notice of cancellation may be delivered to Certificate Holders in accordance with the policy provisions. The Umbrella Liability policy follows the terms/conditions of the underlying General Liability policy.

**CERTIFICATE HOLDER**

**CANCELLATION**

Department of Purchasing & Contract Compliance Fulton County Government 130 Peachtree St. SW, Suite 1168 Atlanta GA 30303 USA	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  
--	---

Holder Identifier : MDCFIH

Certificate No : 570088963282

