



**DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE**

**CONTRACT RENEWAL AGREEMENT**

**DEPARTMENT: Senior Services**

**BID/RFP NUMBER: 23ITB125742A-BKJ**

**BID/RFP TITLE: Pool Maintenance and Repair**

**ORIGINAL APPROVAL DATE: March 20, 2024**

**RENEWAL EFFECTIVE DATES: January 1, 2025 - December 31, 2025**

**RENEWAL OPTION #: 1 OF 2**

**NUMBER OF RENEWAL OPTIONS: 2**

**RENEWAL AMOUNT: \$130,000.00**

**COMPANY'S NAME: United Pool Maintenance, LLC**

**ADDRESS: 1245 Alpharetta St**

**CITY: Roswell**

**STATE: GA**

**ZIP: 30075**

**This Renewal Agreement No. \_\_\_\_ was approved by the Fulton County Board of Commissioners on BOC DATE: \_\_\_\_\_ BOC NUMBER: \_\_\_\_\_**

**CERTIFICATE OF INSURANCE:** The Contractor/Vendor is required to maintain insurance during the entire term of this Agreement, including any contract renewals. Upon request, the Contractor/Vendor must furnish the County a Certificate of Insurance showing the required coverage as specified in the Contract Agreement and any renewals. A current COI must be provided before the commencement of work on this project under this Contract Renewal. 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.

**SIGNATURES: SEE NEXT PAGE**

SIGNATURES:

Contractor/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

United Pool Maintenance, LLC

Robert L. Pitts, Chairman  
Fulton County Board of Commissioners

DocuSigned by:  
*Brad Nassaur*  
3D083210D5E4B7  
Brad Nassaur  
Vice President

ATTEST:

ATTEST:

Tonya R. Grier  
Clerk to the Commission

Secretary/  
Assistant Secretary

(Affix County Seal)

(Affix Corporate Seal)

AUTHORIZATION OF RENEWAL:

ATTEST:

Ladisa Onyiliogwu, Director  
Department of Senior Services

x Brad Nassaur (1)  
Notary Public

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

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

(Affix Notary Seal)



|                        |  |
|------------------------|--|
| ITEM#: _____ RM: _____ | ITEM#: _____ 2 <sup>nd</sup> RM: _____ |
| REGULAR MEETING        | SECOND REGULAR MEETING                 |

# **CERTIFICATE OF INSURANCE**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/21/2024

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><br>Yates, LLC<br>2800 Century Parkway NE<br>Suite 300<br>Atlanta GA 30345  | <b>CONTACT NAME:</b><br><b>PHONE (A/C, No, Ext):</b> 404-633-4321 <b>FAX (A/C, No):</b> 404-633-1312<br><b>E-MAIL ADDRESS:</b> certs@yatesins.com   |   |                        |  |       |  |       |   |       |                   |  |                   |  |
| <b>INSURER(S) AFFORDING COVERAGE</b>   |   |   |                        |  |       |  |       |   |       |                   |  |                   |  |
| <b>INSURED</b><br>United Pools Management of America, LLC<br>United Pool Maintenance LLC, United Pool Construction LLC<br>7421 Douglas Blvd Suite N-213<br>Douglasville GA 30135 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>INSURER A:</b> Union Insurance Company</td> <td style="width: 20%; text-align: center;"><b>NAIC #</b><br/>25844</td> </tr> <tr> <td><b>INSURER B:</b> AXIS Surplus Lines Insurance Company</td> <td style="text-align: center;">26620</td> </tr> <tr> <td><b>INSURER C:</b> Technology Insurance Company, Inc.</td> <td style="text-align: center;">42376</td> </tr> <tr> <td><b>INSURER D:</b> Berkley Specialty Insurance Company</td> <td style="text-align: center;">31295</td> </tr> <tr> <td><b>INSURER E:</b></td> <td></td> </tr> <tr> <td><b>INSURER F:</b></td> <td></td> </tr> </table> | <b>INSURER A:</b> Union Insurance Company | <b>NAIC #</b><br>25844 | <b>INSURER B:</b> AXIS Surplus Lines Insurance Company | 26620 | <b>INSURER C:</b> Technology Insurance Company, Inc. | 42376 | <b>INSURER D:</b> Berkley Specialty Insurance Company | 31295 | <b>INSURER E:</b> |  | <b>INSURER F:</b> |  |
| <b>INSURER A:</b> Union Insurance Company  | <b>NAIC #</b><br>25844  |   |                        |  |       |  |       |   |       |                   |  |                   |  |
| <b>INSURER B:</b> AXIS Surplus Lines Insurance Company   | 26620   |   |                        |  |       |  |       |   |       |                   |  |                   |  |
| <b>INSURER C:</b> Technology Insurance Company, Inc.   | 42376   |   |                        |  |       |  |       |   |       |                   |  |                   |  |
| <b>INSURER D:</b> Berkley Specialty Insurance Company  | 31295   |   |                        |  |       |  |       |   |       |                   |  |                   |  |
| <b>INSURER E:</b>  |   |   |                        |  |       |  |       |   |       |                   |  |                   |  |
| <b>INSURER F:</b>  |   |   |                        |  |       |  |       |   |       |                   |  |                   |  |

**COVERAGES****CERTIFICATE NUMBER:** 987241628**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   |
|----------|--|-----------|----------|-----------------|-------------------------|-------------------------|--|
| D        | <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> CLAIMS-MADE<br/> <input checked="" type="checkbox"/> OCCUR<br/>           GEN'L AGGREGATE LIMIT APPLIES PER:<br/> <input checked="" type="checkbox"/> POLICY    <input type="checkbox"/> PRO-JECT    <input type="checkbox"/> LOC<br/>           OTHER:         </div> <div> <input type="checkbox"/> SCHEDULED AUTOS<br/> <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY         </div> </div> |           |          | CGL0235793      | 9/15/2024               | 9/15/2025               | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000<br>MED EXP (Any one person) \$<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ 2,000,000<br>\$ |
| A        | <input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b><br><div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> ANY AUTO<br/> <input type="checkbox"/> OWNED AUTOS ONLY<br/> <input checked="" type="checkbox"/> HIRED AUTOS ONLY         </div> <div> <input type="checkbox"/> SCHEDULED AUTOS<br/> <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY         </div> </div>  |           |          | CNA4553570      | 9/15/2024               | 9/15/2025               | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$  |
| B        | <input type="checkbox"/> <b>UMBRELLA LIAB</b><br><input checked="" type="checkbox"/> <b>EXCESS LIAB</b><br><div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> OCCUR<br/> <input type="checkbox"/> CLAIMS-MADE<br/>           DED    RETENTION \$         </div> <div> <input type="checkbox"/> SCHEDULED AUTOS<br/> <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY         </div> </div>   |           |          | P00100127440502 | 9/15/2024               | 9/15/2025               | EACH OCCURRENCE \$ 2,000,000<br>AGGREGATE \$ 2,000,000<br>\$   |
| C        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  | Y/N<br>Y  | N/A      | TWC4474658      | 9/15/2024               | 9/15/2025               | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$ 1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000<br>E.L. DISEASE - POLICY LIMIT \$ 1,000,000                                |

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

Subject to policy terms, conditions, forms and exclusions, the insurance coverage's afforded by the policies above include the following when required by written contract or the certificate holder and/or entities listed below: Blanketed Additional Insured in regards to General Liability, Automobile Liability and Excess Liability. Blanket Primary and Non-Contributory in regards to General Liability, Automobile Liability and Excess Liability. Blanket Waiver of Subrogation in regards to General Liability and Automobile Liability.

**FORMS:**  
 L807 10/19 Additional Insured – Primary and Noncontributory – Automatic Status when Required In a Written Contract or Agreement (including Completed Operations)  
 See Attached...

**CERTIFICATE HOLDER****CANCELLATION**

|  |   |
|--|---|
|  | <p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p><b>AUTHORIZED REPRESENTATIVE</b></p> |
|--|---|

© 1988-2015 ACORD CORPORATION. All rights reserved.



**DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE**

**CONTRACT RENEWAL AGREEMENT**

**DEPARTMENT: Senior Services**

**BID/RFP NUMBER: 23ITB125742A-BKJ**

**BID/RFP TITLE: Pool Maintenance and Repair**

**ORIGINAL APPROVAL DATE: March 20, 2024**

**RENEWAL EFFECTIVE DATES: January 1, 2025 - December 31, 2025**

**RENEWAL OPTION #: 1 OF 2**

**NUMBER OF RENEWAL OPTIONS: 2**

**RENEWAL AMOUNT: \$130,000.00**

**COMPANY'S NAME: United Pool Maintenance, LLC**

**ADDRESS: 1245 Alpharetta St**

**CITY: Roswell**

**STATE: GA**

**ZIP: 30075**

**This Renewal Agreement No. 1 was approved by the Fulton County Board of**

**Commissioners on BOC DATE: 11/6/2024 BOC NUMBER: 24-0711**

**CERTIFICATE OF INSURANCE:** The Contractor/Vendor is required to maintain insurance during the entire term of this Agreement, including any contract renewals. Upon request, the Contractor/Vendor must furnish the County a Certificate of Insurance showing the required coverage as specified in the Contract Agreement and any renewals. A current COI must be provided before the commencement of work on this project under this Contract Renewal. 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.

**SIGNATURES: SEE NEXT PAGE**

**SIGNATURES:**

Contractor/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**

**United Pool Maintenance, LLC**

Signed by:

*Robert L. Pitts*

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

DocuSigned by:

*Brad Nassaur*

**Brad Nassaur  
Vice President**

**ATTEST:**

**ATTEST:**

DocuSigned by:

*Tonya R. Grier*

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

Signed by:

**(Affix County Seal)**



**AUTHORIZATION OF RENEWAL:**

*[Signature]*  
**Secretary/  
Assistant Secretary**

**(Affix Corporate Seal)**

**ATTEST:**

DocuSigned by:

*Ladisa Onyiliogwu*

**Ladisa Onyiliogwu, Director  
Department of Senior Services**

X ~~Brad Nassaur~~ (1)  
**Notary Public**

*Hope Adkins*

County: Fulton

Commission Expires: October 29, 2028

**(Affix Notary Seal)**



X RCS

RM

ITEM#: 24-0711 RM: 11/6/2024

ITEM#: \_\_\_\_\_ 2<sup>nd</sup> RM: \_\_\_\_\_

**REGULAR MEETING**

**SECOND REGULAR MEETING**

## **CERTIFICATE OF INSURANCE**





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/21/2024

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><br>Yates, LLC<br>2800 Century Parkway NE<br>Suite 300<br>Atlanta GA 30345  |  | <b>CONTACT NAME:</b><br>PHONE (A/C, No, Ext): 404-633-4321<br>E-MAIL ADDRESS: certs@yatesins.com<br>FAX (A/C, No): 404-633-1312  |  |
| <b>INSURED</b><br>United Pools Management of America, LLC<br>United Pool Maintenance LLC, United Pool Construction LLC<br>7421 Douglas Blvd Suite N-213<br>Douglasville GA 30135 |  | <b>INSURER(S) AFFORDING COVERAGE</b><br><b>INSURER A:</b> Union Insurance Company<br><b>INSURER B:</b> AXIS Surplus Lines Insurance Company<br><b>INSURER C:</b> Technology Insurance Company, Inc.<br><b>INSURER D:</b> Berkley Specialty Insurance Company<br><b>INSURER E:</b><br><b>INSURER F:</b> |  |
|  |  | <b>NAIC #</b><br>25844<br>26620<br>42376<br>31295  |  |

**COVERAGES** **CERTIFICATE NUMBER: 987241628** **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   |
|----------|---|-----------|----------|-----------------|-------------------------|-------------------------|--|
| D        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |           |          | CGL0235793      | 9/15/2024               | 9/15/2025               | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000<br>MED EXP (Any one person) \$<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ 2,000,000<br>\$ |
| A        | AUTOMOBILE LIABILITY<br><input checked="" type="checkbox"/> ANY AUTO<br>OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY<br><input type="checkbox"/> OTHER:                               |           |          | CNA4553570      | 9/15/2024               | 9/15/2025               | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$  |
| B        | <input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB<br><input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE<br>DED RETENTION \$  |           |          | P00100127440502 | 9/15/2024               | 9/15/2025               | EACH OCCURRENCE \$ 2,000,000<br>AGGREGATE \$ 2,000,000<br>\$   |
| C        | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  | Y/N<br>Y  | N/A      | TWC4474658      | 9/15/2024               | 9/15/2025               | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$ 1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000<br>E.L. DISEASE - POLICY LIMIT \$ 1,000,000                                |

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Subject to policy terms, conditions, forms and exclusions, the insurance coverage's afforded by the policies above include the following when required by written contract or the certificate holder and/or entities listed below: Blanketed Additional Insured in regards to General Liability, Automobile Liability and Excess Liability. Blanket Primary and Non-Contributory in regards to General Liability, Automobile Liability and Excess Liability. Blanket Waiver of Subrogation in regards to General Liability and Automobile Liability.

**FORMS:**  
L807 10/19 Additional Insured – Primary and Noncontributory – Automatic Status when Required In a Written Contract or Agreement (including Completed Operations)  
See Attached...

|                               |   |
|-------------------------------|---|
| <b>CERTIFICATE HOLDER</b><br> | <b>CANCELLATION</b><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br><b>AUTHORIZED REPRESENTATIVE</b><br> |
|-------------------------------|---|

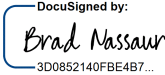


Certificate Of Completion

|  |               |  |
|--|---------------|--|
| Envelope Id: 69B9EC264F61413A892979DB96112F77                        |               | Status: Completed                            |
| Subject: 23ITB125742A-BKJ, Pool Maintenance and Repair (1st Renewal) |               |  |
| Parcel ID:   |               |  |
| Employee Name:   |               |  |
| Source Envelope:   |               |  |
| Document Pages: 8  | Signatures: 4 | Envelope Originator:                         |
| Certificate Pages: 6   | Initials: 0   | Brian Jones                                  |
| AutoNav: Enabled   | Stamps: 1     | 141 Pryor Street                             |
| Envelopeld Stamping: Enabled   |               | Purchasing & Contract Compliance, Suite 1168 |
| Time Zone: (UTC-05:00) Eastern Time (US & Canada)                    |               | Atlanta, GA 30303                            |
|  |               | brian.jones@fultoncountyga.gov               |
|  |               | IP Address: 172.56.77.146                    |

Record Tracking


|                                      |                                |                    |
|--------------------------------------|--------------------------------|--------------------|
| Status: Original                     | Holder: Brian Jones            | Location: DocuSign |
| 11/14/2024 4:58:38 PM                | brian.jones@fultoncountyga.gov |                    |
| Security Appliance Status: Connected | Pool: StateLocal               |                    |
| Storage Appliance Status: Connected  | Pool: Fulton County Government | Location: DocuSign |

| Signer Events  | Signature  | Timestamp   |
|--|--|---|
| Brad Nassaur<br>brad@unitedpools.com<br>Vice President<br>United Pools<br>Security Level: Email, Account Authentication (None) | <div>DocuSigned by:<br/><br/>3D0852140FBE4B7...</div> <div>Signature Adoption: Pre-selected Style<br/>Using IP Address: 108.252.209.150</div> | Sent: 11/14/2024 5:10:30 PM<br>Viewed: 11/14/2024 7:06:50 PM<br>Signed: 11/14/2024 7:17:41 PM |

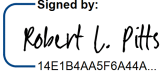
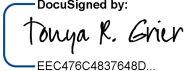

Electronic Record and Signature Disclosure:  
Accepted: 3/28/2024 3:35:35 PM  
ID: 60370e04-0067-4464-875a-0e1dc52e9fcd

|  |   |  |
|--|---|--|
| Brad Nassaur (1)<br>brad@unitedpools.com<br>Vice President<br>United Pools<br>Security Level: Email, Account Authentication (None) | <div>Uploaded paper with hand signature</div> <div>Signature Adoption: Signed on Paper<br/>Using IP Address: 73.207.194.198</div> | Sent: 11/14/2024 7:17:42 PM<br>Viewed: 11/14/2024 7:18:27 PM<br>Signed: 11/21/2024 11:20:26 AM |
|--|---|--|

Electronic Record and Signature Disclosure:  
Accepted: 3/28/2024 3:35:35 PM  
ID: 60370e04-0067-4464-875a-0e1dc52e9fcd

|   |  |   |
|---|--|---|
| Ladisa Onyiliogwu<br>Ladisa.Onyiliogwu@fultoncountyga.gov<br>Security Level: Email, Account Authentication (None) | <div>DocuSigned by:<br/><br/>F58283B77B1A4C2...</div> <div>Signature Adoption: Pre-selected Style<br/>Using IP Address: 174.163.143.197</div> | Sent: 11/21/2024 2:08:30 PM<br>Viewed: 11/21/2024 2:35:57 PM<br>Signed: 11/21/2024 2:36:03 PM |
|---|--|---|

Electronic Record and Signature Disclosure:  
Not Offered via DocuSign

| Signer Events   | Signature  | Timestamp  |
|---|--|--|
| <p>Nikki Peterson<br/>nikki.peterson@fultoncountyga.gov<br/>Chief Deputy Clerk to the Board of Commissioners<br/>Fulton County Government<br/>Security Level: Email, Account Authentication (None)</p> <p><b>Electronic Record and Signature Disclosure:</b><br/>Accepted: 11/27/2017 1:39:37 PM<br/>ID: b7ce88ee-0c66-4f3a-bfee-705e0af602d8</p> | <p><b>Completed</b></p> <p>Using IP Address: 68.208.197.4</p>  | <p>Sent: 11/21/2024 2:36:05 PM<br/>Viewed: 11/23/2024 12:44:25 AM<br/>Signed: 11/25/2024 12:32:15 PM</p> |
| <p>Robert L. Pitts<br/>harriet.thomas@fultoncountyga.gov<br/>Chairman<br/>Security Level: Email, Account Authentication (None)</p> <p><b>Electronic Record and Signature Disclosure:</b><br/>Accepted: 11/25/2024 5:50:05 PM<br/>ID: 0a79d06a-07ac-4f53-bd98-53a19f6ded51</p>   | <p>Signed by:<br/><br/>14E1B4AA5F6A44A...</p> <p>Signature Adoption: Pre-selected Style<br/>Using IP Address: 166.137.83.51<br/>Signed using mobile</p>   | <p>Sent: 11/25/2024 12:32:17 PM<br/>Viewed: 11/25/2024 5:02:57 PM<br/>Signed: 11/25/2024 5:50:18 PM</p>  |
| <p>Tonya R. Grier<br/>tonya.grier@fultoncountyga.gov<br/>Clerk to the Commission<br/>Fulton County<br/>Security Level: Email, Account Authentication (None)</p> <p><b>Electronic Record and Signature Disclosure:</b><br/>Accepted: 3/16/2018 10:54:59 AM<br/>ID: f3f241e8-3027-4447-9476-6cf20ae25dd4</p>  | <p>DocuSigned by:<br/><br/>EEC476C4837648D...</p> <p></p> <p>Signature Adoption: Pre-selected Style<br/>Using IP Address: 99.96.24.191</p> | <p>Sent: 11/25/2024 5:50:21 PM<br/>Viewed: 11/26/2024 8:41:39 AM<br/>Signed: 11/26/2024 8:41:46 AM</p>   |
| <p>Brian Jones<br/>brian.jones@fultoncountyga.gov<br/>President-Elect<br/>Fulton County Government<br/>Security Level: Email, Account Authentication (None)</p> <p><b>Electronic Record and Signature Disclosure:</b><br/>Not Offered via DocuSign</p>  | <p><b>Completed</b></p> <p>Using IP Address: 74.174.59.4</p>   | <p>Sent: 11/26/2024 8:41:49 AM<br/>Viewed: 11/26/2024 8:43:51 AM<br/>Signed: 11/26/2024 9:21:18 AM</p>   |

| In Person Signer Events   | Signature  | Timestamp   |
|---|--|---|
| Editor Delivery Events  | Status   | Timestamp   |
| Agent Delivery Events   | Status   | Timestamp   |
| Intermediary Delivery Events  | Status   | Timestamp   |
| Certified Delivery Events   | Status   | Timestamp   |
| <p>Brian Jones<br/>brian.jones@fultoncountyga.gov<br/>President-Elect<br/>Fulton County Government<br/>Security Level: Email, Account Authentication (None)</p> <p><b>Electronic Record and Signature Disclosure:</b></p> | <p><b>VIEWED</b></p> <p>Using IP Address: 74.174.59.10</p> | <p>Sent: 11/21/2024 11:20:28 AM<br/>Viewed: 11/21/2024 2:08:29 PM</p> |

| Certified Delivery Events   | Status           | Timestamp  |
|---|------------------|--|
| Not Offered via DocuSign  |                  |  |
| Carbon Copy Events  | Status           | Timestamp  |
| Dian DeVaughn<br>dian.devaughn@fultoncountyga.gov<br>Security Level: Email, Account Authentication (None)<br><b>Electronic Record and Signature Disclosure:</b><br>Not Offered via DocuSign | COPIED           | Sent: 11/26/2024 9:21:21 AM<br>Viewed: 11/26/2024 9:25:22 AM |
| Witness Events  | Signature        | Timestamp  |
| Notary Events   | Signature        | Timestamp  |
| Envelope Summary Events   | Status           | Timestamps   |
| Envelope Sent   | Hashed/Encrypted | 11/14/2024 5:10:30 PM  |
| Envelope Updated  | Security Checked | 11/21/2024 2:08:11 PM  |
| Envelope Updated  | Security Checked | 11/21/2024 2:08:11 PM  |
| Envelope Updated  | Security Checked | 11/21/2024 2:08:11 PM  |
| Envelope Updated  | Security Checked | 11/21/2024 2:08:11 PM  |
| Envelope Updated  | Security Checked | 11/21/2024 2:08:11 PM  |
| Envelope Updated  | Security Checked | 11/21/2024 2:08:11 PM  |
| Certified Delivered   | Security Checked | 11/26/2024 8:43:51 AM  |
| Signing Complete  | Security Checked | 11/26/2024 9:21:18 AM  |
| Completed   | Security Checked | 11/26/2024 9:21:21 AM  |
| Payment Events  | Status           | Timestamps   |
| 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.

### **Getting paper copies**

At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. You will have the ability to download and print documents we send to you through the DocuSign system during and immediately after signing session and, if you elect to create a DocuSign signer account, you may access them for a limited period of time (usually 30 days) after such documents are first sent to you. You may request delivery of such paper copies from us by following the procedure described below.

### **Withdrawing your consent**

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

### **Consequences of changing your mind**

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. To indicate to us that you are changing your mind, you must withdraw your consent using the DocuSign 'Withdraw Consent' form on the signing page of a DocuSign envelope instead of signing it. This will indicate to us that you have withdrawn your consent to receive required notices and disclosures electronically from us and you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

### **All notices and disclosures will be sent to you electronically**

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

### **How to contact Carahsoft OBO Fulton County, Georgia:**

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: [glenn.king@fultoncountyga.gov](mailto:glenn.king@fultoncountyga.gov)

**To advise Carahsoft OBO Fulton County, Georgia of your new e-mail address**

To let us know of a change in your e-mail address where we should send notices and disclosures electronically to you, you must send an email message to us at [glenn.king@fultoncountyga.gov](mailto:glenn.king@fultoncountyga.gov) and in the body of such request you must state: your previous e-mail address, your new e-mail address. We do not require any other information from you to change your email address..

In addition, you must notify DocuSign, Inc. to arrange for your new email address to be reflected in your DocuSign account by following the process for changing e-mail in the DocuSign system.

**To request paper copies from Carahsoft OBO Fulton County, Georgia**

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an e-mail to [glenn.king@fultoncountyga.gov](mailto:glenn.king@fultoncountyga.gov) and in the body of such request you must state your e-mail address, full name, US Postal address, and telephone number. We will bill you for any fees at that time, if any.

**To withdraw your consent with Carahsoft OBO Fulton County, Georgia**

To inform us that you no longer want to receive future notices and disclosures in electronic format you may:

- i. decline to sign a document from within your DocuSign session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;
- ii. send us an e-mail to [glenn.king@fultoncountyga.gov](mailto:glenn.king@fultoncountyga.gov) and in the body of such request you must state your e-mail, full name, US Postal Address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

**Required hardware and software**

|                            |   |
|----------------------------|---|
| Operating Systems:         | Windows® 2000, Windows® XP, Windows Vista®; Mac OS® X   |
| Browsers:                  | Final release versions of Internet Explorer® 6.0 or above (Windows only); Mozilla Firefox 2.0 or above (Windows and Mac); Safari™ 3.0 or above (Mac only) |
| PDF Reader:                | Acrobat® or similar software may be required to view and print PDF files  |
| Screen Resolution:         | 800 x 600 minimum   |
| Enabled Security Settings: | Allow per session cookies   |

\*\* These minimum requirements are subject to change. If these requirements change, you will be asked to re-accept the disclosure. Pre-release (e.g. beta) versions of operating systems and browsers are not supported.

**Acknowledging your access and consent to receive materials electronically**

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please verify that you were

able to read this electronic disclosure and that you also were able to print on paper or electronically save this page for your future reference and access or that you were able to e-mail this disclosure and consent to an address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format on the terms and conditions described above, please let us know by clicking the 'I agree' button below.

By checking the 'I agree' box, I confirm that:

- I can access and read this Electronic CONSENT TO ELECTRONIC RECEIPT OF ELECTRONIC CONSUMER DISCLOSURES document; and
- I can print on paper the disclosure or save or send the disclosure to a place where I can print it, for future reference and access; and
- Until or unless I notify Carahsoft OBO Fulton County, Georgia as described above, I consent to receive from exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to me by Carahsoft OBO Fulton County, Georgia during the course of my relationship with you.