

**AMENDMENT NO. 2 TO FORM OF CONTRACT**

Contractor: **Help At Home, LLC**

Contract No. **21RFQ000007A-CJ – In-Home Services**

Address: **33 South State Street, Suite 500,**  
City, State **Chicago, IL 60603**

Telephone: **(312) 795-4693**

E-mail: [blight@helppathome.com](mailto:blight@helppathome.com)

Contact: **Ben Light**  
**Transitional Georgia Market Leader**

**W I T N E S S E T H**

WHEREAS, Fulton County (“County”) entered into a Contract with At Home Atlanta to provide in-home services, dated March 1, 2024, on behalf of the Department of Senior Services; and

WHEREAS, increasing the reimbursable rate within the existing spending authority of the agreement with At Home Atlanta for a total of \$68,100 to plan and coordinate the provision of homemaker, personal care and respite care for At Home Atlanta eligible seniors aged 60 and above; and

WHEREAS, the Contractor has performed satisfactorily over the period of the contract; and

WHEREAS, this amendment was approved by the Fulton County Board of Commissioners on March 6, 2024, BOC Item Number 24-0167.

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

This Amendment No. 2 to Form of Contract is effective as of the 1st day of March, 2024, between the County and At Home Atlanta, who agree that all Services specified will be performed in accordance with this Amendment No. 2 to Form of Contract and the Contract Documents.

1. **SCOPE OF WORK TO BE PERFORMED:** To plan and coordinate the provision of homemaker services, personal care and respite care for eligible seniors aged 60 and above.
2. **COMPENSATION:** The services described under Scope of Work herein shall be

performed by Contractor at an increased reimbursable rate of \$27.00.

3. **LIABILITY OF COUNTY:** This Amendment No. 2 to Form of Contract shall not become binding on the County and the County shall incur no liability upon same until such agreement has been executed by the Chair to the Commission, attested to by the Clerk to the Commission and delivered to Contractor.
4. **EFFECT OF AMENDMENT NO. 2 TO FORM OF CONTRACT:** Except as modified by this Amendment No. 2 to Form of Contract, the Contract, and all Contract Documents, remain in full force and effect.

**[INTENTIONALLY LEFT BLANK]**

**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:

CONSULTANT:

**FULTON COUNTY, GEORGIA**

**HELP AT HOME, LLC**

DocuSigned by:

*Robert L. Pitts*

DocuSigned by:

*Ben Light*

Robert L. Pitts, Chairman  
Fulton County Board of Commissioners

Ben Light  
Transitional Georgia Market Leader

ATTEST:

Please select Attest or Notary from checkbox  Attest  Notary

ATTEST:

DocuSigned by:

*Tonya R. Grier*

Monica Wizzgird

Tonya R. Grier  
Clerk to the Commission

Secretary/  
Assistant Secretary

(Affix County Seal)



(Affix Corporate Seal)



APPROVED AS TO FORM:

ATTEST:

DocuSigned by:

*David Lowman*

Office of the County Attorney

Notary Public

APPROVED AS TO CONTENT:

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

DocuSigned by:

*Ladisa Onyiliogwu*

Ladisa Onyiliogwu, Director  
Department of Senior Services

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

(Affix Notary Seal)

Please select RCS or RM from the checkbox

RCS

X

RM

ITEM#: _____ RCS: _____	ITEM#: 24-0167 RM: 3/6/2024
RECESS MEETING	REGULAR MEETING



Insurance Certificate to be attached



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
9/19/2023

**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> Arthur J. Gallagher Risk Management Services, LLC 2850 Golf Rd Rolling Meadows IL 60008	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>CONTACT NAME:</b> Charlita Hart</td> </tr> <tr> <td><b>PHONE (A/C, No, Ext):</b> 630-694-5058</td> <td><b>FAX (A/C, No):</b> 630-285-4006</td> </tr> <tr> <td colspan="2"><b>E-MAIL ADDRESS:</b> charlita_hart@ajg.com</td> </tr> </table>	<b>CONTACT NAME:</b> Charlita Hart		<b>PHONE (A/C, No, Ext):</b> 630-694-5058	<b>FAX (A/C, No):</b> 630-285-4006	<b>E-MAIL ADDRESS:</b> charlita_hart@ajg.com									
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<b>E-MAIL ADDRESS:</b> charlita_hart@ajg.com															
<b>INSURED</b> HAH Holdings, LLC 33 S State Street, 5th Floor Chicago, IL 60603	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td><b>INSURER A :</b> Greenwich Insurance Company</td> <td>22322</td> </tr> <tr> <td><b>INSURER B :</b> XL Insurance America, Inc.</td> <td>24554</td> </tr> <tr> <td><b>INSURER C :</b> Ironshore Specialty Insurance Co</td> <td>25445</td> </tr> <tr> <td><b>INSURER D :</b> National Fire &amp; Marine Insurance Co</td> <td>20079</td> </tr> <tr> <td><b>INSURER E :</b> American Empire Surplus Lines Insurance Company</td> <td>35351</td> </tr> <tr> <td><b>INSURER F :</b></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	<b>INSURER A :</b> Greenwich Insurance Company	22322	<b>INSURER B :</b> XL Insurance America, Inc.	24554	<b>INSURER C :</b> Ironshore Specialty Insurance Co	25445	<b>INSURER D :</b> National Fire & Marine Insurance Co	20079	<b>INSURER E :</b> American Empire Surplus Lines Insurance Company	35351	<b>INSURER F :</b>	
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<b>INSURER F :</b>															

**COVERAGES** **CERTIFICATE NUMBER: 151779385** **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
C	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	N	HC7AACIPQU002	4/30/2023	4/30/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 Retention \$ 500,000
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	N	N	RAD9437931-05	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Retention \$ 500,000
C D E	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	N	N	HC7AAB850C003 EN032637 XS E841294	4/30/2023 4/30/2023 4/30/2023	4/30/2024 4/30/2024 4/30/2024	EACH OCCURRENCE \$ 30,000,000 AGGREGATE \$ 30,000,000 SEE BELOW FOR \$ EXCESS LAYERS
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	N	RWD3000925-08	9/1/2023	9/1/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A C	Non-Owned Auto - \$250k SIR Professional Liab - \$500k Ded			RAE9437747-08 HC7AACIPQU002	9/1/2023 4/30/2023	9/1/2024 4/30/2024	Limit \$1,750,000 Occurrence \$1,000,000 Aggregate \$3,000,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
 Additional Named Insureds: HAH Holdings LLC, Care Coordination Holdco LLC, Care Coordination LLC, HAH Intermediate LLC, HAH Group Holding Company LLC, Help at Home of Delaware, LLC, NAE Edison LLC, Assistcare Home Health Services, LLC, Preferred Nurse Registry Holdings, LLC, Preferred Nurse Registry of Florida, LLC, Answer Care LLC, Community Care Systems, LLC, Statewide Healthcare Services, LLC, Adaptive Companion Care Services, LLC, Adaptive Nursing and Healthcare Services, LLC, Excel Companion Care, LLC, Altrus LLC, Coastal Home Care LLC, Help at Home, LLC, Help at Home of Michigan, LLC, Universal Medical Staffing, LLC, HAH of Ohio LLC, OS HHC Inc., E3 Care Givers, LLC, Prime Home Care Midway Inc., RiteChoice Healthcare Services, LLC, A+ Quality Home Health Care Inc., Preferred Home Care of Florida, LLC, Home Healthcare Authority, Inc., RC Family Healthcare II, LLC, Prime Home Care, LLC, Prime HHA, LLC

See Attached...

<b>CERTIFICATE HOLDER</b>  Fulton County Government 1740 S Glenstone Ave Ste S 130 Peachtree St SW Ste 1168  Atlanta GA 30303-3459 USA	<b>CANCELLATION</b>  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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## ADDITIONAL REMARKS SCHEDULE

<b>AGENCY</b> Arthur J. Gallagher Risk Management Services, LLC		<b>NAMED INSURED</b> HAH Holdings, LLC 33 S State Street, 5th Floor Chicago, IL 60603	
<b>POLICY NUMBER</b>		<b>EFFECTIVE DATE:</b>	
<b>CARRIER</b>	<b>NAIC CODE</b>		

### ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**  
**FORM NUMBER:** 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

EXCESS LIABILITY - LAYER 1 - 10Mx10M  
 04/30/2023 - 04/30/2024  
 XS E841294

American Empire Surplus Lines Insurance Company  
 \$10,000,000 Each Occurrence  
 \$10,000,000 Aggregate Limit

EXCESS LIABILITY - LAYER 2 - 10Mx20M  
 04/30/2023 - 04/30/2024  
 EN032637

National Fire & Marine Insurance Company, as administered by a MedPro Group company Omaha, Nebraska  
 \$10,000,000 Each Occurrence  
 \$10,000,000 Aggregate Limit

Contract #: 18RFP08062018A-FBFulton County GovernmentSenior InHome Services / RFP # 18RFP08062018AFBis included as additional insured with respect to general liability coverage as evidenced herein as required by written contract

**AMENDMENT NO. 2 TO FORM OF CONTRACT**

Contractor: **At Home Atlanta, LLC**

Contract No. **21RFQ000007A-CJ – In-Home Services**

Address: **6067 Windsong Way**  
City, State **Stone Mountain, GA 30087**

Telephone: **(248) 467-6676**

E-mail: [dford1957@yahoo.com](mailto:dford1957@yahoo.com)

Contact: **Darryl Ford**  
**President**

**W I T N E S S E T H**

WHEREAS, Fulton County (“County”) entered into a Contract with Help At Home Atlanta, LLC to provide in-home services, dated March 1, 2024, on behalf of the Department of Senior Services; and

WHEREAS, increasing the reimbursable rate within the existing spending authority of the agreement with Help At Home Atlanta, LLC for a total of \$45,400 to plan and coordinate the provision of homemaker, personal care and respite care for Help At Home Atlanta, LLC eligible seniors aged 60 and above; and

WHEREAS, the Contractor has performed satisfactorily over the period of the contract; and

WHEREAS, this amendment was approved by the Fulton County Board of Commissioners on March 6, 2024, BOC Item Number 24-0167.

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

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**[INTENTIONALLY LEFT BLANK]**

**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:

CONSULTANT:

**FULTON COUNTY, GEORGIA**

**AT HOME ATLANTA, LLC**

DocuSigned by:

*Robert L. Pitts*

DocuSigned by:

*Darryl Ford*

Robert L. Pitts, Chairman  
Fulton County Board of Commissioners

Darryl Ford,  
President

ATTEST: Please select Attest or Notary from the checkbox Attest  Notary

DocuSigned by:

*Tonya R. Grier*

Tonya R. Grier  
Clerk to the Commission

Secretary/  
Assistant Secretary

(Affix County Seal)



(Affix Corporate Seal)

APPROVED AS TO FORM:

ATTEST:

DocuSigned by:

*David Lowman*

Office of the County Attorney

Katrina Lett  
Notary Public

APPROVED AS TO CONTENT:

County: DeKalb

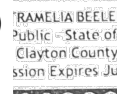
DocuSigned by:

*Ladisa Onyilogwu*

Ladisa Onyilogwu, Director  
Department of Senior Services

Commission Expires: August 2027  
DocuSigned by:

(Affix Notary Seal)



Please select RCS or RM from the checkbox

RCS

X RM

ITEM#: _____ RCS: _____	ITEM#: <u>24-0167</u> RM: <u>3/6/2024</u>
<b>RECESS MEETING</b>	<b>REGULAR MEETING</b>



Insurance Certificate to be attached





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/25/2024

**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> Automatic Data Processing Insurance Agency, Inc.  1 Adp Boulevard Roseland NJ 07068	<b>CONTACT NAME:</b> Automatic Data Processing Insurance Agency, Inc. <b>PHONE (A/C, No, Ext):</b> 1-800-524-7024 <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b>  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> <tr> <td>INSURER A : NorGUARD Insurance Company</td> <td style="text-align: center;">31470</td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : NorGUARD Insurance Company	31470	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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INSURER B :															
INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															
<b>INSURED</b> At Home Atlanta, LLC  6067 Windsong Way  Stone Mountain GA 30087															

**COVERAGES**      **CERTIFICATE NUMBER: 3431667**      **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</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE  DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N	N/A	N    ATWC439513	09/07/2023	09/07/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

<b>CERTIFICATE HOLDER</b>  Private Home Care Provider Georgia Department of Community Health Healthcare Facility Regulation Division 2 Peachtree St NW. 31-424  Atlanta GA 30303	<b>CANCELLATION</b>  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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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
1/22/2024

**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.**

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<b>PRODUCER</b> Foster & Witmer Inc 3100 Breckinridge Blvd, Ste 510 Duluth, Georgia 30096	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): 770-717-7380      FAX (A/C, No): 770-717-7482 E-MAIL ADDRESS:														
<b>INSURED</b> At Home Atlanta LLC 6067 Windsong Way Stone Mountain, GA 30087	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A: Western World Insurance Co</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Western World Insurance Co		INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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**COVERAGES      CERTIFICATE NUMBER:      REVISION NUMBER:**

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A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			NPP8986090	08/17/23	08/17/24	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ Included Professional \$ 1,000,000 COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						EACH OCCURRENCE \$ AGGREGATE \$ WC STATUTORY LIMITS    OTH-ER
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)**  
 Home Health Care Agency

<b>CERTIFICATE HOLDER</b> Private Care Home Provider Georgia Dept of Commintiy Health Health Care Facility Regulation Division 2 Peachtree St NW 31-424 Atlanta GA 30303 sharonda.fulton@dbhdd@ga.gov	<b>CANCELLATION</b> 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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**AMENDMENT NO. 2 TO FORM OF CONTRACT**

Contractor: **Southern Home Care Services, Inc. dba All Ways Caring Homecare**

Contract No. **21RFQ000007A-CJ – In-Home Services**

Address: **2296 Henderson Mill Road Suite 202**  
City, State **Atlanta, GA 30345**

Telephone: **(478) 951-5852**

E-mail: [\*\*spemberton@brightspringhealth.com\*\*](mailto:spemberton@brightspringhealth.com)

Contact: **Sherry Pemberton,**  
**VP of Contracts**

**W I T N E S S E T H**

WHEREAS, Fulton County (“County”) entered into a Contract with All Ways Caring Homecare to provide in-home services, dated March 1, 2024, on behalf of the Department of Senior Services; and

WHEREAS, increasing the reimbursable rate within the existing spending authority of the agreement with All Ways Caring Homecare for a total of \$68,100 to plan and coordinate the provision of homemaker, personal care and respite care for All Ways Caring Homecare eligible seniors aged 60 and above; and

WHEREAS, the Contractor has performed satisfactorily over the period of the contract; and

WHEREAS, this amendment was approved by the Fulton County Board of Commissioners on March 6, 2024, BOC Item Number 24-0167.

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

This Amendment No. 2 to Form of Contract is effective as of the 1st day of March, 2024, between the County and All Ways Caring Homecare, who agree that all Services specified will be performed in accordance with this Amendment No. 2 to Form of Contract and the Contract Documents.

1. **SCOPE OF WORK TO BE PERFORMED:** To plan and coordinate the provision of homemaker services, personal care and respite care for eligible seniors aged 60 and above.

2. **COMPENSATION:** The services described under Scope of Work herein shall be performed by Contractor at an increased reimbursable rate of \$27.00.
3. **LIABILITY OF COUNTY:** This Amendment No. 2 to Form of Contract shall not become binding on the County and the County shall incur no liability upon same until such agreement has been executed by the Chair to the Commission, attested to by the Clerk to the Commission and delivered to Contractor.
4. **EFFECT OF AMENDMENT NO. 2 TO FORM OF CONTRACT:** Except as modified by this Amendment No. 2 to Form of Contract, the Contract, and all Contract Documents, remain in full force and effect.

**[INTENTIONALLY LEFT BLANK]**

**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:

CONSULTANT:

**FULTON COUNTY, GEORGIA**

**SOUTHERN HOME CARE SERVICES, INC.**

DocuSigned by:

*Robert L. Pitts*

DocuSigned by:

*Sherry Pemberton*

Robert L. Pitts, Chairman  
Fulton County Board of Commissioners

Sherry Pemberton,  
VP of Contracts

Please select Attest or Notary from checkbox

ATTEST:  Attest

ATTEST:  Notary

DocuSigned by:

*Tonya R. Grier*

Tonya R. Grier  
Clerk to the Commission

Secretary/  
Assistant Secretary

(Affix County Seal)



(Affix Corporate Seal)

APPROVED AS TO FORM: \_\_\_\_\_

ATTEST: \_\_\_\_\_

DocuSigned by:

*David Lowman*

Office of the County Attorney

Heather Wilson

Notary Public

APPROVED AS TO CONTENT: \_\_\_\_\_

County: Jefferson

DocuSigned by:

*Ladisa Onyiliogwu*

Ladisa Onyiliogwu, Director  
Department of Senior Services

Commission Expires: 7/29/2027

DocuSigned by:

(Affix Notary Seal)



Please select RCS or RM from the checkbox

RCS

RM

ITEM#: _____ RCS: _____	ITEM#: 24-0167 RM: 3/6/2024
<b>RECESS MEETING</b>	<b>REGULAR MEETING</b>



Insurance Certificate to be attached



# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)  
07/03/2023

**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. Philadelphia PA Office 100 North 18th Street 15th Floor Philadelphia PA 19103 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> All ways Caring HomeCare 805 North Whittington Parkway STE 400 Louisville KY 40222 USA	<b>INSURER A:</b> Lloyd's Syndicate No. 2623		AA1128623
	<b>INSURER B:</b> ACE American Insurance Company		22667
	<b>INSURER C:</b> Indemnity Insurance Co of North America		43575
	<b>INSURER D:</b> ACE Property & Casualty Insurance Co.		20699
	<b>INSURER E:</b>		
	<b>INSURER F:</b>		

Holder Identifier :

**COVERAGES      CERTIFICATE NUMBER: 570100545969      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	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Professional Liability Included <input checked="" type="checkbox"/> Sexual Abuse/Molestation Included GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			XSLG47311779 Excess GL/Prof-Claims Md SIR applies per policy terms & conditions	07/01/2023	07/01/2024	EACH OCCURRENCE \$4,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) Excluded PERSONAL & ADV INJURY \$4,000,000 GENERAL AGGREGATE \$6,000,000 PRODUCTS - COMP/OP AGG \$4,000,000 SIR/Deductible \$1,000,000
B	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			ISA H10707249	07/01/2023	07/01/2024	COMBINED SINGLE LIMIT (Ea accident) \$3,000,000 BODILY INJURY ( Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
D	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION			XCQ G72586104 002	07/01/2023	07/01/2024	EACH OCCURRENCE \$2,000,000 AGGREGATE \$2,000,000
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N N	WLR07311963 AOS WLR07311926 CA	07/01/2023	07/01/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$2,000,000 E.L. DISEASE-EA EMPLOYEE \$2,000,000 E.L. DISEASE-POLICY LIMIT \$2,000,000
B			N/A				

Certificate No : 570100545969

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

<b>CERTIFICATE HOLDER</b>  All ways Caring Home Care 805 North Whittington Parkway, Ste. 400 Louisville KY 40222 USA	<b>CANCELLATION</b>  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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# ADDITIONAL REMARKS SCHEDULE

AGENCY Aon Risk Services Central, Inc.		NAMED INSURED All Ways Caring HomeCare	
POLICY NUMBER See Certificate Number: 570100545969			
CARRIER See Certificate Number: 570100545969	NAIC CODE	EFFECTIVE DATE:	

## ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance**

-Additional Coverages-

Workers' Compensation Policies - 7/1/2023 - 7/1/2024

WLR C70311963 (All Other States) - Indemnity Insurance Co. of North America, NAIC #43575;  
 WLR C70311926 (CA, MA) - ACE American Insurance Co., NAIC #22667;  
 SCF C70312001 (WI) - ACE Fire Underwriters Insurance Co., NAIC #20702;  
 Cov. A - Statutory  
 Cov. B - \$2,000,000 Each Accident / \$2,000,000 Each Employee (Disease) / \$2,000,000 Agg. (Disease)

Ohio/Washington Excess Workers' Compensation  
 Pol # WCU C70311847- ACE American Insurance Co., NAIC #22667;  
 Cov. A - Statutory  
 Cov. B - \$2,000,000 Each Accident / \$2,000,000 Each Employee (Disease) / \$2,000,000 Annual Aggregate  
 Retention: \$1,100,000