



**EXTENSION #3
FORM TO CONTRACT**

#22ITB136410K-BKJ

**PINE VALLEY PHASE 2A –
INTERCEPTOR SEWER REPLACEMENT**

DEPARTMENT OF PUBLIC WORKS

EXTENSION NO. 3 TO FORM OF CONTRACT

Contractor: **Wade Coots Company, Inc**

Contract No.: **22ITB136410K-BKJ, PINE VALLEY PHASE 2A - INTERCEPTOR
SEWER REPLACEMENT**

Address: **174 Duncan Circle**
City, State **Hiram, GA 30141**

Telephone: **770-206-0784**

Email: mark.sutton@wadecootscompany.com

Contact: **Mark Sutton,
Project Manager**

W I T N E S S E T H

WHEREAS, Fulton County ("County") entered into a Contract with Wade Coots Company, Inc. to provide all labor, material and equipment to remove and replace approximately 4,062 feet of 30" to 48" RCP gravity sewer pipe with 54" HOBAS Fiberglass pipe and epoxy coated precast concrete manholes, dated May 22, 2023, on behalf of the Department of Public Works; and

WHEREAS, the County wishes to extend the subject contract, with all items and conditions unchanged, from 10/15/2024 through 06/30/2025; and

WHEREAS, the extension is for "time only" to the existing contract to provide all necessary labor, equipment, and materials for installing 4,062 linear feet of 54-inch Hobas sanitary sewer pipe. Design modifications were required as a result of unforeseen site conditions which included rock and concrete structures encountered in the field. The new completion date will be June 30th, 2025; and

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

WHEREAS, this Extension was approved by the Fulton County Board of Commissioners on Wednesday, April 16, 2025; Item #25-0309.

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

This Extension No. 3 to Form of Contract is effective as of the 15th day of October 2024 between the County and Wade Coots Company, Inc, who agree that all Services specified will be performed in accordance with this Extension No. 3 to Form of Contract and the Contract Documents, with the contract ending as of the 30th of June 2025.

1. **COMPENSATION:** The services to be performed by the Contractor during this Extension No. 3 to Form at no additional cost, this is a time extension only.
3. **LIABILITY OF COUNTY:** This Extension No. 3 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 EXTENSION NO. 3 TO FORM OF CONTRACT:** Except as modified by this Extension No. 3 to Form of Contract, the Contract, and all Contract Documents, remain in full force and effect.

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

CONTRACTOR:

WADE COOTS COMPANY, INC.

Signed by:

Robert L. Pitts

Robert L. Pitts, Chairman
Fulton County Board of Commissioners

DocuSigned by:

W. Greg Coots

W. Greg Coots,
Vice President

ATTEST:

ATTEST:

Signed by:

Tonya R. Grier

Tonya R. Grier
Clerk to the Commission

(Affix County Seal)



Mark Sutton

Notary Public

County: Floyd

Commission Expires: 4-2-29

Signed by:

(Affix Notary Seal)



APPROVED AS TO FORM:

Signed by:

Dennal Stewart

Office of the County Attorney

APPROVED AS TO CONTENT:

DocuSigned by:

David Clark

David E. Clark, Director
Department of Public Works

| | |
|------------------------|---|
| ITEM#: _____ RM: _____ | ITEM#: <u>25-0309</u> 2 ND RM: <u>04/16/2025</u> |
| REGULAR MEETING | SECOND REGULAR MEETING |



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/28/2024

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).

| PRODUCER Yates, LLC 2800 Century Parkway NE Suite 300 Atlanta GA 30345- | CONTACT NAME: PHONE (A/C, No, Ext): 404-633-4321 FAX (A/C, No): 404-633-1312 E-MAIL ADDRESS: certs@yatesins.com | | | | | | | | | | | | | | |
|--|--|-------------------------------|--------|--|-------|---|-------|--|-------|------------------------------------|-------|-------------|--|-------------|--|
| INSURED Wade Coots Co., Inc. 174 Duncan Circle Hiram GA 30141 | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Illinois Union Insurance Company</td> <td>27960</td> </tr> <tr> <td>INSURER B : Monroe Guaranty Insurance Company</td> <td>32506</td> </tr> <tr> <td>INSURER C : National Trust Insurance Company</td> <td>20141</td> </tr> <tr> <td>INSURER D : FCCI Insurance Company</td> <td>10178</td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table> | INSURER(S) AFFORDING COVERAGE | NAIC # | INSURER A : Illinois Union Insurance Company | 27960 | INSURER B : Monroe Guaranty Insurance Company | 32506 | INSURER C : National Trust Insurance Company | 20141 | INSURER D : FCCI Insurance Company | 10178 | INSURER E : | | INSURER F : | |
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| INSURER D : FCCI Insurance Company | 10178 | | | | | | | | | | | | | | |
| INSURER E : | | | | | | | | | | | | | | | |
| INSURER F : | | | | | | | | | | | | | | | |

COVERAGES**CERTIFICATE NUMBER:** 799719416**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 | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <div style="display: flex; justify-content: space-between;"> <div> <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: </div> <div> <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY </div> </div> | Y | Y | CPP100049281 | 7/1/2024 | 7/1/2025 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$ |
| D | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY </div> <div> <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY </div> </div> | Y | Y | CA100003783 | 7/1/2024 | 7/1/2025 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| 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 \$ 0 | Y | Y | UMB100015831 | 7/1/2024 | 7/1/2025 | EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$ |
| B | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N N | Y | WC0100058632 | 7/1/2024 | 7/1/2025 | <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 | Pollution Liability | Y | Y | CPYG28174329 009 | 7/1/2024 | 7/1/2025 | \$10,000 Ded \$1,000,000 Occ/Agg |
| B | Leased/Rented Equipment | Y | Y | CPP100049281 | 7/1/2024 | 7/1/2025 | \$1,000 Ded \$250,000 |

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 coverages afforded by the policies above include the following when required by written contract for the certificate holder and/or entities listed below: Blanket Additional Insured in regards to General Liability for Ongoing & Completed Operations and Automobile Liability; Blanket Primary and Non-Contributory in regards to General Liability; Blanket Waiver of Subrogation in regards to General Liability, Automobile Liability and Workers Compensation. Per Project Aggregate applies to the General Liability. Umbrella is subject to policy limits, forms, terms, conditions, and exclusions.

FORMS:
 CGL088 (02/21) First Choice Contractors Liability Endorsement
 See Attached...

CERTIFICATE HOLDER**CANCELLATION**

Fulton County Government
 Department of Purchasing and Contract Compliance
 130 Peachtree Street SW, Suite 1168
 Atlanta GA 30303-3459

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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AGENCY CUSTOMER ID: WADECO01-C

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

| | | |
|----------------------|-----------|--|
| AGENCY Yates, LLC | | NAMED INSURED Wade Coots Co., Inc. 174 Duncan Circle Hiram GA 30141 |
| POLICY NUMBER | | |
| CARRIER | NAIC CODE | EFFECTIVE DATE: |
| | | |

ADDITIONAL REMARKS

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

CGL084 (02/21) Additional Insured-Owners Lessees or Contractors-Automatic Status When Required In Construction Agreement With You-Ongoing Operations And Products-Completed Operations
CG2033 (12/19) Additional Insured-Owners, Lessees Or Contractors-Automatic Status When Required In Construction Agreement
CAU003 (10/22) Auto Advantage Coverage Endorsement
MAN-AU (01/02) Blanket Waiver
WC000313 (04/84) Waiver Of Our Right To Recover From Others Endorsement
1UNCUM 9549 (09/16) Schedule of Underlying Insurance
CU0001 (04/13) Commercial Liability Umbrella Coverage Form

Project: #221TB136410K-BKJ - Pine Valley Sewer