

CONTRACT RENEWAL AGREEMENT #2

#19ITB122250K-EC(A)

2020 STANDBY MISCELLANEOUS CONSTRUCTION - WATER SYSTEM SERVICES

DEPARTMENT OF PUBLIC WORKS



DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE

CONTRACT RENEWAL AGREEMENT

DEPARTMENT: Public Works

BID/RFP# NUMBER: #19ITB122250K-EC (A)

BID/RFP# TITLE: 2020 Standby Miscellaneous Construction – Water System Services

ORIGINAL APPROVAL DATE: 1/22/2020

RENEWAL PERIOD: FROM: 1/1/2022 THROUGH 12/31/2022

RENEWAL OPTION #: 2 OF 2

NUMBER OF RENEWAL OPTIONS: 2

RENEWAL AMOUNT: \$850,000.00

COMPANY'S NAME: Site Engineering, Inc.

ADDRESS: 7025 Best Friend Road

CITY: Atlanta

STATE: GA

ZIP: 30340

This Renewal Agreement No. 2 was approved by the Fulton County Board of

Commissioners on BOC DATE: 12/15/2021 BOC NUMBER: 21-1020(A)

SIGNATURES: SEE NEXT PAGE

SIGNATURES:

	renewal option and abide by the terms and conditions so ifications for Bid/RFP# 19ITB122250K-EC(A) authority for the company/corporation)
NAME: J. David Hess	(Print)
(CEO, Presi	dent, Vice President)
VENDOR'S SIGNATURE: David	gned by: ———————————————————————————————————
ATTEST:	0001 4L40A
Lori Pulliam	NOTARY PUBLIC: Tamara L Isbell
TITLE: Secretary DocuSigned by:	COUNTY: Henry
SEAL (Affix)	MY COMMISSION EXPIRES:
FULTON COUNTY, GEORGIA	
obest L. Pitts	DATE :
obut (。户供 ROBERTAL. PITTS, CHAIRMAN FULTON COUNTY BOARD OF	N COMMISSIONERS
ATTEST:	
Docusigned by: dwya K. Gricr	DATE: 12/20/21
TONYA.R. GRIER	
CLERK TO THE COMMISSION Docusigned by:	
SEAL (Affix)	
DEPARTMENT AUTHORIZES	RENEWAL OPTION ON THE AFOREMENTIONED BID/RE
DEPARTMENT HEAD: David E	
DEPARTMENT HEAD SIGNAT	URE: David Clark DATE 12/17/21
	65CE1C9FDD834B8
ITEM#: ^{2021-1020A} RCS:	^{12/15/2021} ITEM# : RM:
RECESS MEETING	REGULAR MEETING



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/17/2020

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).

this certificate does no	of conter rights to the certificate no	nder in neu or sucr	endorsement(s).	
PRODUCER			CONTACT Mark Mason	
Sterling Seacrest Partners,	Inc		PHONE (A/C, No, Ext): (678) 424-6500 FAX (A/C, No): (678)	424-6527
P O Box 724137			E-MAIL mmason@sspins.com ADDRESS:	
			INSURER(S) AFFORDING COVERAGE	NAIC #
Atlanta		GA 31139	INSURER A: Citizens Insurance Company of America	31534
INSURED			INSURER B: Allmerica Financial Benefits	41840
Site Engine	ering, Inc.		INSURER C: Hanover Insurance	22292
7025 Best F	Friend Road		INSURER D: Evanston Insurance Company	35378
			INSURER E: Hartford Fire Insurance	19682
Atlanta		GA 30340	INSURER F:	

COVERAGES CERTIFICATE NUMBER: 21-22 Master 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	INSR POLICY EXP POLICY EXP POLICY EXP POLICY EXP POLICY EXP								
LTR	TYPE OF INSURANCE		WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS		
	COMMERCIAL GENERAL LIABILITY			ZBA H456268 00	01/01/2021		EACH OCCURRENCE DAMAGE TO RENTED	\$ 1,000,000	
	CLAIMS-MADE X OCCUR						PREMISES (Ea occurrence)	\$ 100,000	
А							MED EXP (Any one person)	\$ Excluded	
		Υ						\$ 1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000	
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000	
	OTHER:							\$	
	AUTOMOBILE LIABILITY			AWA H456345 00	01/01/2021	01/01/2022	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
	X ANY AUTO						BODILY INJURY (Per person)	\$	
В	OWNED SCHEDULED AUTOS ONLY AUTOS	Y					BODILY INJURY (Per accident)	\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
								\$	
	★ UMBRELLA LIAB ★ OCCUR			UHA H456277 00	01/01/2021	01/01/2022	EACH OCCURRENCE	\$ 5,000,000	
С	EXCESS LIAB CLAIMS-MADE	Υ					AGGREGATE	\$ 5,000,000	
	DED RETENTION \$							\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A		WBA H456322 00	01/01/2021	01/01/2022	➤ PER OTH- STATUTE ER		
١,	ANY PROPRIETOR/PARTNER/EXECUTIVE							\$ 1,000,000	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			WB/111400022 00	01/01/2021			\$ 1,000,000	
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000	
D	Professional Liability & Pollution Liability			MKLV2ENV102020	01/01/2021		Professional Limit	1,000,000	
							Pollution Limit	5,000,000	
							Ded	2,500	

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

RE: Ratification of an Emergency Procurement

The following applies when required by written contract: Certificate Holder is included as an Additional Insured as respects General Liability (ongoing & completed operations) and Auto Liability. Umbrella follows form over General Liability, Auto Liability, and Employers Liability. General Liability & Auto Liability coverages are primary & non-contributory. Waiver of Subrogation in favor of the Certificate Holder and Additional Insureds applies to the General Liability, Auto Liability and Workers Compensation policies.

CERTIFICAT	E HOLDER		CANCELLATION
Fulton County Public Works 141 Pryor St.	,		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	Suite 6001		AUTHORIZED REPRESENTATIVE
	Atlanta	GA 30303	Paul R. Balen

			ADDI	TIONAL COVER	RAGE	ES		
Ref #	Description Rented/Lea	n ased Equipment #20N	MSEB4636 [1/1/2021	- 1/1/2022]		Coverage Code	Form No.	Edition Date
Limit 1 500,000) Per Item	Limit 2 500,000 Aggregate	Limit 3	Deductible Amount 2,500	Deduc	tible Type	Premium	
Ref #	Description	1				Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
Ref #	Description	1				Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
Ref #	Description	1				Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deductible Type		Premium	
Ref #	Description	1		Coverage Code	Form No.	Edition Date		
Limit 1		Limit 2	Limit 3	Deductible Amount	Deductible Type		Premium	
Ref #	Description					Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
Ref #	Description	1				Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
Ref #	Description	1				Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
Ref #	Description					Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
Ref #	Description	1				Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
Ref #	Description	1			·	Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
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