



**DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE**

**CONTRACT RENEWAL AGREEMENT**

**DEPARTMENT:** Real Estate and Asset Management

**BID/RFP# NUMBER:** 22ITB134833C-MH

**BID/RFP# TITLE:** Fire Extinguisher Testing and Maintenance Services

**ORIGINAL APPROVAL DATE:** 11/16/2022

**RENEWAL EFFECTIVE DATES:** 1/ 1/ 2025 **THROUGH** 12/ 31/2025

**RENEWAL OPTION #:** 2 OF 2

**NUMBER OF RENEWAL OPTIONS:** 2

**RENEWAL AMOUNT:** \$45,000.00

**COMPANY'S NAME:** Cintas Fire Protection, Inc.

**ADDRESS:** 1705 Corporate Drive, Suite 440

**CITY:** Norcross

**STATE:** GA

**ZIP:** 30093

**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**

**CINTAS FIRE PROTECTION, INC.**

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

DocuSigned by:  
*Jordy Penrod*  
3D15EB813A51430...  
\_\_\_\_\_  
**Jordy Penrod  
General Manager**

**ATTEST:**

**ATTEST:**

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

\_\_\_\_\_  
**Secretary/  
Assistant Secretary**

**(Affix County Seal)**

**(Affix Corporate Seal)**

**AUTHORIZATION OF RENEWAL:**

**ATTEST:**

\_\_\_\_\_  
**Joseph N. Davis, Director  
Department of Real Estate and Asset  
Management**

\_\_\_\_\_  
**Notary Public**

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

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

**(Affix Notary Seal)**

<b>ITEM#:</b> _____ <b>RM:</b> _____ <b>REGULAR MEETING</b>	<b>ITEM#:</b> _____ <b>2<sup>nd</sup> RM:</b> _____ <b>SECOND REGULAR MEETING</b>
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# **CERTIFICATE OF INSURANCE**





# CERTIFICATE OF LIABILITY INSURANCE

 DATE(MM/DD/YYYY)  
06/24/2024

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> Aon Risk Services Northeast, Inc. C/o Aon Client Services 4 Overlook Point Lincolnshire IL 60069 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> <table border="1"> <tr> <th data-bbox="803 472 1388 514">INSURER(S) AFFORDING COVERAGE</th> <th data-bbox="1388 472 1520 514">NAIC #</th> </tr> <tr> <td data-bbox="803 514 1388 546"><b>INSURER A:</b> Liberty Insurance Corporation</td> <td data-bbox="1388 514 1520 546">42404</td> </tr> <tr> <td data-bbox="803 546 1388 577"><b>INSURER B:</b> Liberty Mutual Fire Ins Co</td> <td data-bbox="1388 546 1520 577">23035</td> </tr> <tr> <td data-bbox="803 577 1388 609"><b>INSURER C:</b> LM Insurance Corporation</td> <td data-bbox="1388 577 1520 609">33600</td> </tr> <tr> <td data-bbox="803 609 1388 640"><b>INSURER D:</b> Westchester Fire Insurance Company</td> <td data-bbox="1388 609 1520 640">10030</td> </tr> <tr> <td data-bbox="803 640 1388 672"><b>INSURER E:</b></td> <td data-bbox="1388 640 1520 672"></td> </tr> <tr> <td data-bbox="803 672 1388 686"><b>INSURER F:</b></td> <td data-bbox="1388 672 1520 686"></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	<b>INSURER A:</b> Liberty Insurance Corporation	42404	<b>INSURER B:</b> Liberty Mutual Fire Ins Co	23035	<b>INSURER C:</b> LM Insurance Corporation	33600	<b>INSURER D:</b> Westchester Fire Insurance Company	10030	<b>INSURER E:</b>		<b>INSURER F:</b>	
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<b>INSURED</b> Cintas Corporation and its Subsidiaries 6800 Cintas Blvd PO Box 625737 Cincinnati OH 45262 USA															

**COVERAGES**
**CERTIFICATE NUMBER:** 570106672803


**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	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS												
B	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			TB2651004227094	07/01/2024	07/01/2025	<table border="1"> <tr><td>EACH OCCURRENCE</td><td>\$2,000,000</td></tr> <tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$1,000,000</td></tr> <tr><td>MED EXP (Any one person)</td><td>\$5,000</td></tr> <tr><td>PERSONAL &amp; ADV INJURY</td><td>\$1,000,000</td></tr> <tr><td>GENERAL AGGREGATE</td><td>\$2,000,000</td></tr> <tr><td>PRODUCTS - COMP/OP AGG</td><td>\$2,000,000</td></tr> </table>	EACH OCCURRENCE	\$2,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000	MED EXP (Any one person)	\$5,000	PERSONAL & ADV INJURY	\$1,000,000	GENERAL AGGREGATE	\$2,000,000	PRODUCTS - COMP/OP AGG	\$2,000,000
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A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> Comp/Coll \$0 Ded. <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			AS7-651-004227-074 AOS	07/01/2024	07/01/2025	<table border="1"> <tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$5,000,000</td></tr> <tr><td>BODILY INJURY (Per person)</td><td></td></tr> <tr><td>BODILY INJURY (Per accident)</td><td></td></tr> <tr><td>PROPERTY DAMAGE (Per accident)</td><td></td></tr> </table>	COMBINED SINGLE LIMIT (Ea accident)	\$5,000,000	BODILY INJURY (Per person)		BODILY INJURY (Per accident)		PROPERTY DAMAGE (Per accident)					
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Evidence of Coverage.

**CERTIFICATE HOLDER**
**CANCELLATION**

Cintas Corporaton and its Subsidiaries PO Box 625737 Cincinnati OH 45262 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. <b>AUTHORIZED REPRESENTATIVE</b> 
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Holder Identifier :

Certificate No : 570106672803

EVIDENCE OF COVERAGE

Policy Term  
07-01-2024 to 07-01-2025

This Evidence of Coverage is issued as a matter of information only to authorized viewers for their internal use only and confers no rights upon any viewer of this Evidence of Coverage. This Evidence of Coverage does not amend, extend or alter the coverage described below. This Evidence of Coverage may only be copied, printed and distributed within an authorized viewer and may only be used and viewed by an authorized viewer for its internal use. Any other use, duplication or distribution of this Evidence of Coverage without the consent of Aon is prohibited. "Authorized viewer" shall mean an entity or person which is authorized by the insured named herein to access this Evidence of Coverage via [www.AonLine.Aon.com](http://www.AonLine.Aon.com). The information contained herein is as of the date referred to above. Aon shall be under no obligation to update such information.

ADDITIONAL INFORMATION

GENERAL LIABILITY

**ADDITIONAL INSURED WORDING:**

YOU are included as an Additional Insured on the General Liability policy where required by written contract executed prior to loss, but only for the limits agreed to in such contract or the limits of insurance of this policy, whichever is less.

**WAIVER OF SUBROGATION WORDING:**

Waiver of Subrogation applies in favor of YOU on the General Liability policy where required by written contract and only to the extent granted in that contract.

AUTOMOBILE LIABILITY

**ADDITIONAL INSURED WORDING:**

YOU are included as an Additional Insured on the Automobile Liability policy with regard to any leased vehicle where their interests may appear.

**PHYSICAL DAMAGE COVERAGE:**

The Named Insured assumes all Liability for Physical Damage.

WORKERS' COMPENSATION

**WAIVER OF SUBROGATION:**

Waiver of Subrogation Applies in favor of YOU on the Workers' Compensation policy with regard to work performed under a written contract that requires such an agreement and only to the extent granted in that contract.

The existence of more than one insured, Additional Insured or other interests shall not serve to increase the limits of liability of the policy.

The Company hereby authorizes Aon Risk Services of Ohio Inc. to issue certificates of insurance, or to display Evidence of Coverage, including any Mortgagee or Loss Payee clauses consistent with the foregoing.

The Evidence of Coverage of Insurance serves solely to list insurance policies, limits and dates of coverage. Any modifications hereto are not authorized.



**DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE**

**CONTRACT RENEWAL AGREEMENT**

**DEPARTMENT:** Real Estate and Asset Management

**BID/RFP# NUMBER:** 22ITB134833C-MH

**BID/RFP# TITLE:** Fire Extinguisher Testing and Maintenance Services

**ORIGINAL APPROVAL DATE:** 11/16/2022

**RENEWAL EFFECTIVE DATES:** 1/ 1/ 2025 THROUGH 12/ 31/2025

**RENEWAL OPTION #:** 2 OF 2

**NUMBER OF RENEWAL OPTIONS:** 2

**RENEWAL AMOUNT:** \$45,000.00

**COMPANY'S NAME:** Cintas Fire Protection, Inc.

**ADDRESS:** 1705 Corporate Drive, Suite 440

**CITY:** Norcross

**STATE:** GA

**ZIP:** 30093

**This Renewal Agreement No. 2 was approved by the Fulton County Board of Commissioners on BOC DATE: 11/6/2024 BOC NUMBER: 24-0702**

**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**

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## 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

Signed by:

*Robert L. Pitts*

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

### ATTEST:

Signed by:

*Tonya R. Grier*

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

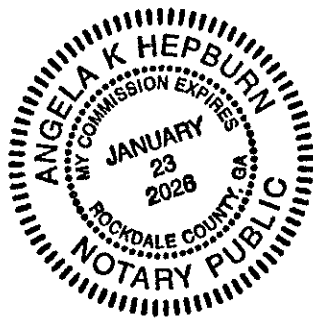
(Affix County Seal)

### AUTHORIZATION OF RENEWAL:

Signed by:

*Joseph N. Davis*

**Joseph N. Davis, Director**  
**Department of Real Estate and Asset**  
**Management**



### CINTAS FIRE PROTECTION, INC.

DocuSigned by:

*Jordy Penrod*

**Jordy Penrod**  
**General Manager**

### ATTEST:

**Secretary/**  
**Assistant Secretary**

(Affix Corporate Seal)

### ATTEST:

*Angela K. Hepburn*  
**Notary Public**

County: Gwinnett

Commission Expires: 1/23/2024

(Affix Notary Seal)

ITEM#: 24-0702 RM: 11/6/2024  
**REGULAR MEETING**

ITEM#: \_\_\_\_\_ 2<sup>nd</sup> RM: \_\_\_\_\_  
**SECOND REGULAR MEETING**



As a result of the above, the Commission has determined that the proposed transaction is in the best interests of the shareholders of the Company and has approved the transaction.

The Commission has also determined that the proposed transaction is in the best interests of the shareholders of the Company and has approved the transaction.

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Page 10

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# **CERTIFICATE OF INSURANCE**



CONFIDENTIAL



# CERTIFICATE OF LIABILITY INSURANCE

 DATE(MM/DD/YYYY)  
06/24/2024

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<b>INSURED</b> Cintas Corporation and its Subsidiaries 6800 Cintas Blvd PO Box 625737 Cincinnati OH 45262 USA															


**COVERAGES**
**CERTIFICATE NUMBER: 570106672803**
**REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual Liability  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:		TB2651004227094	07/01/2024	07/01/2025	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000
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D	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$10,000		G22035277019	07/01/2024	07/01/2025	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000
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 <input checked="" type="checkbox"/> N/A	WA565D004227104 WC5651004227124	07/01/2024 07/01/2024	07/01/2025 07/01/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$2,000,000 E.L. DISEASE-EA EMPLOYEE \$2,000,000 E.L. DISEASE-POLICY LIMIT \$2,000,000

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

**CERTIFICATE HOLDER**
**CANCELLATION**

Cintas Corporation and its Subsidiaries PO Box 625737 Cincinnati OH 45262 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. <b>AUTHORIZED REPRESENTATIVE</b> 
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Holder Identifier :

Certificate No : 570106672803



<b>EVIDENCE OF COVERAGE</b>	<b>Policy Term</b> 07-01-2024 to 07-01-2025
<p>This Evidence of Coverage is issued as a matter of information only to authorized viewers for their internal use only and confers no rights upon any viewer of this Evidence of Coverage. This Evidence of Coverage does not amend, extend or alter the coverage described below. This Evidence of Coverage may only be copied, printed and distributed within an authorized viewer and may only be used and viewed by an authorized viewer for its internal use. Any other use, duplication or distribution of this Evidence of Coverage without the consent of Aon is prohibited. "Authorized viewer" shall mean an entity or person which is authorized by the insured named herein to access this Evidence of Coverage via <a href="http://www.AonLine.Aon.com">www.AonLine.Aon.com</a>. The information contained herein is as of the date referred to above. Aon shall be under no obligation to update such information.</p>	
<b>ADDITIONAL INFORMATION</b>	
<b><u>GENERAL LIABILITY</u></b>	
<b>ADDITIONAL INSURED WORDING:</b> YOU are included as an Additional Insured on the General Liability policy where required by written contract executed prior to loss, but only for the limits agreed to in such contract or the limits of insurance of this policy, whichever is less.	
<b>WAIVER OF SUBROGATION WORDING:</b> Waiver of Subrogation applies in favor of YOU on the General Liability policy where required by written contract and only to the extent granted in that contract.	
<b><u>AUTOMOBILE LIABILITY</u></b>	
<b>ADDITIONAL INSURED WORDING:</b> YOU are included as an Additional Insured on the Automobile Liability policy with regard to any leased vehicle where their interests may appear.	
<b>PHYSICAL DAMAGE COVERAGE:</b> The Named Insured assumes all Liability for Physical Damage.	
<b><u>WORKERS' COMPENSATION</u></b>	
<b>WAIVER OF SUBROGATION:</b> Waiver of Subrogation Applies in favor of YOU on the Workers' Compensation policy with regard to work performed under a written contract that requires such an agreement and only to the extent granted in that contract.	
The existence of more than one insured, Additional Insured or other interests shall not serve to increase the limits of liability of the policy.	
The Company hereby authorizes Aon Risk Services of Ohio Inc. to issue certificates of insurance, or to display Evidence of Coverage, including any Mortgagee or Loss Payee clauses consistent with the foregoing.	
The Evidence of Coverage of Insurance serves solely to list insurance policies, limits and dates of coverage. Any modifications hereto are not authorized.	





Certificate Of Completion

Envelope Id: 53E2FFE709F24287B3DE598E043FD0A7  
Subject: Renewal Agreement :Cintas Fire Protection 24-0702 November 6, 2024  
Parcel ID:  
Employee Name:  
Source Envelope:  
Document Pages: 5  
Certificate Pages: 6  
AutoNav: Enabled  
Envelopeld Stamping: Enabled  
Time Zone: (UTC-08:00) Pacific Time (US & Canada)

Status: Sent  
  
Envelope Originator:  
Mark Hawks  
141 Pryor Street  
Purchasing & Contract Compliance, Suite 1168  
Atlanta, GA 30303  
mark.hawks@fultoncountyga.gov  
IP Address: 45.20.200.178

Record Tracking

Status: Original  
11/16/2024 4:41:14 AM  
Security Appliance Status: Connected  
Storage Appliance Status: Connected  
Holder: Mark Hawks  
mark.hawks@fultoncountyga.gov  
Pool: StateLocal  
Pool: Fulton County Government

Location: DocuSign  
  
Location: DocuSign

Signer Events

Jordy Penrod  
penrodj@cintas.com  
Security Level: Email, Account Authentication  
(None)

Signature

DocuSigned by:  
*Jordy Penrod*  
3D15F8813A5143D...  
Signature Adoption: Pre-selected Style  
Using IP Address: 65.240.159.126

Timestamp

Sent: 11/16/2024 4:46:22 AM  
Resent: 11/27/2024 5:25:34 AM  
Resent: 11/27/2024 5:25:41 AM  
Resent: 12/2/2024 6:01:49 AM  
Resent: 12/4/2024 7:57:28 AM  
Viewed: 12/4/2024 8:16:54 AM  
Signed: 12/5/2024 11:13:26 AM

Electronic Record and Signature Disclosure:  
Accepted: 12/4/2024 8:16:54 AM  
ID: 6ad3e15b-f139-4062-afea-943c52ec2a22

Jordy Penrod2  
penrodj@cintas.com  
Security Level: Email, Account Authentication  
(None)

Sent: 12/5/2024 11:13:27 AM  
Resent: 12/5/2024 12:29:24 PM  
Resent: 12/9/2024 6:51:08 AM  
Viewed: 12/9/2024 7:30:37 AM

Electronic Record and Signature Disclosure:  
Accepted: 12/9/2024 7:30:37 AM  
ID: 3cc2f4d3-8e28-46de-80d9-0c9c9a0f389b

Mark Hawks  
mark.hawks@fultoncountyga.gov  
Security Level: Email, Account Authentication  
(None)

Electronic Record and Signature Disclosure:  
Not Offered via DocuSign

Joseph Davis  
joseph.davis@fultoncountyga.gov  
Security Level: Email, Account Authentication  
(None)

Electronic Record and Signature Disclosure:  
Accepted: 12/5/2024 5:26:45 PM  
ID: e9c3a175-78a8-43fb-bf4b-0695edcd2485

Nikki Peterson  
nikki.peterson@fultoncountyga.gov  
Security Level: Email, Account Authentication  
(None)





Signer Events	Signature	Timestamp
<b>Electronic Record and Signature Disclosure:</b> Accepted: 11/27/2017 10:39:37 AM ID: b7ce88ee-0c66-4f3a-bfee-705e0af602d8		
Robert L. Pitts harriet.thomas@fultoncountygga.gov Security Level: Email, Account Authentication (None)		
<b>Electronic Record and Signature Disclosure:</b> Accepted: 12/7/2024 12:26:35 AM ID: 2ce144b0-d258-4de8-ae44-0fa94b7e2d59		
Tonya Grier tonya.grier@fultoncountygga.gov Security Level: Email, Account Authentication (None)		
<b>Electronic Record and Signature Disclosure:</b> Accepted: 3/16/2018 7:54:59 AM ID: f3f241e8-3027-4447-9476-6cf20ae25dd4		

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
Carbon Copy Events	Status	Timestamp
Dian DeV Vaughn dian.devaughn@fultoncountygga.gov Security Level: Email, Account Authentication (None)		
<b>Electronic Record and Signature Disclosure:</b> Not Offered via DocuSign		
Joanna hernandez khandi.flowers@fultoncountygga.gov Security Level: Email, Account Authentication (None)		
<b>Electronic Record and Signature Disclosure:</b> Not Offered via DocuSign		

Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	11/16/2024 4:46:22 AM
Envelope Updated	Security Checked	11/27/2024 5:25:34 AM
Envelope Updated	Security Checked	11/27/2024 5:25:34 AM
Envelope Updated	Security Checked	12/4/2024 7:57:26 AM
Envelope Updated	Security Checked	12/4/2024 7:57:27 AM
Envelope Updated	Security Checked	12/4/2024 7:57:27 AM
Envelope Updated	Security Checked	12/4/2024 7:57:27 AM
Envelope Updated	Security Checked	12/4/2024 7:57:27 AM
Envelope Updated	Security Checked	12/4/2024 7:57:27 AM



Envelope Summary Events	Status	Timestamps
Envelope Updated	Security Checked	12/4/2024 7:57:27 AM
Envelope Updated	Security Checked	12/4/2024 7:57:27 AM
Envelope Updated	Security Checked	12/4/2024 7:57:27 AM
Envelope Updated	Security Checked	12/4/2024 7:57:27 AM
Envelope Updated	Security Checked	12/5/2024 12:29:23 PM
Envelope Updated	Security Checked	12/5/2024 12:29:23 PM
Envelope Updated	Security Checked	12/9/2024 6:51:07 AM
Envelope Updated	Security Checked	12/9/2024 6:51:07 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.



### Certificate Of Completion

Envelope Id: 53E2FFE7-09F2-4287-B3DE-598E043FD0A7

Status: Completed

Subject: Renewal Agreement :Cintas Fire Protection 24-0702 November 6, 2024

Parcel ID:

Employee Name:

Source Envelope:

Document Pages: 27

Signatures: 4

Envelope Originator:

Certificate Pages: 6

Initials: 0

Mark Hawks

AutoNav: Enabled

Stamps: 1

141 Pryor Street

Envelopeld Stamping: Enabled

Purchasing & Contract Compliance, Suite 1168

Time Zone: (UTC-08:00) Pacific Time (US & Canada)

Atlanta, GA 30303

mark.hawks@fultoncountyga.gov

IP Address: 45.20.200.178

### Record Tracking

Status: Original

Holder: Mark Hawks

Location: DocuSign

11/16/2024 4:41:14 AM

mark.hawks@fultoncountyga.gov

Security Appliance Status: Connected

Pool: StateLocal

Storage Appliance Status: Connected

Pool: Fulton County Government

Location: DocuSign

### Signer Events

### Signature

### Timestamp

Jordy Penrod

penrodj@cintas.com

Security Level: Email, Account Authentication (None)

DocuSigned by:

*Jordy Penrod*

3D15FB813A51430...

Signature Adoption: Pre-selected Style

Using IP Address: 65.240.159.126

Sent: 11/16/2024 4:46:22 AM

Resent: 11/27/2024 5:25:34 AM

Resent: 11/27/2024 5:25:41 AM

Resent: 12/2/2024 6:01:49 AM

Resent: 12/4/2024 7:57:28 AM

Viewed: 12/4/2024 8:16:54 AM

Signed: 12/5/2024 11:13:26 AM

### Electronic Record and Signature Disclosure:

Accepted: 12/4/2024 8:16:54 AM

ID: 6ad3e15b-f139-4062-afea-943c52ec2a22

Mark Hawks

mark.hawks@fultoncountyga.gov

Chief Assistant Purchasing Agent

Purchasing and Contract Compliance

Security Level: Email, Account Authentication (None)

**Completed**

Using IP Address: 45.20.200.178

Sent: 12/11/2024 11:27:54 AM

Viewed: 12/11/2024 11:28:27 AM

Signed: 12/11/2024 11:28:36 AM

### Electronic Record and Signature Disclosure:

Not Offered via DocuSign

Joseph Davis

joseph.davis@fultoncountyga.gov

Director

Security Level: Email, Account Authentication (None)

Signed by:

*Joseph Davis*

B20354A88008422...

Signature Adoption: Pre-selected Style

Using IP Address: 69.236.118.50

Signed using mobile

Sent: 12/11/2024 11:28:38 AM

Viewed: 12/11/2024 11:29:02 AM

Signed: 12/11/2024 11:29:12 AM

### Electronic Record and Signature Disclosure:

Accepted: 12/11/2024 11:29:02 AM

ID: 83dc84f5-13f8-4193-a707-7fe05a881dc9

Nikki Peterson

nikki.peterson@fultoncountyga.gov

Chief Deputy Clerk to the Board of Commissioners

Fulton County Government

Security Level: Email, Account Authentication (None)

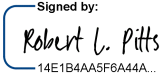


**Completed**

Using IP Address: 68.208.197.4

Sent: 12/11/2024 11:29:14 AM

Viewed: 12/11/2024 12:03:36 PM

Signed: 12/11/2024 12:07:32 PM

Signer Events	Signature	Timestamp
<b>Electronic Record and Signature Disclosure:</b> Accepted: 11/27/2017 10:39:37 AM ID: b7ce88ee-0c66-4f3a-bfee-705e0af602d8		
Robert L. Pitts harriet.thomas@fultoncountyga.gov Chairman Security Level: Email, Account Authentication (None)	<div>Signed by:  14E1B4AA5F6A44A...</div> <div>Signature Adoption: Pre-selected Style Using IP Address: 68.208.197.4</div>	Sent: 12/11/2024 12:07:34 PM Viewed: 12/11/2024 1:09:27 PM Signed: 12/11/2024 1:09:38 PM
<b>Electronic Record and Signature Disclosure:</b> Accepted: 12/11/2024 1:09:27 PM ID: 20de9b99-0643-4094-b99f-e40ff8dac0fd		
Tonya Grier tonya.grier@fultoncountyga.gov Clerk to the Commission Fulton County Security Level: Email, Account Authentication (None)	<div>Signed by:  EEC476C4837648D...</div> <div></div> <div>Signature Adoption: Uploaded Signature Image Using IP Address: 68.208.197.4</div>	Sent: 12/11/2024 1:09:40 PM Viewed: 12/13/2024 12:21:56 AM Signed: 12/13/2024 6:11:46 AM
<b>Electronic Record and Signature Disclosure:</b> Accepted: 3/16/2018 7:54:59 AM ID: f3f241e8-3027-4447-9476-6cf20ae25dd4		
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
Carbon Copy Events	Status	Timestamp
Dian DeVaughn dian.devaughn@fultoncountyga.gov Security Level: Email, Account Authentication (None) <b>Electronic Record and Signature Disclosure:</b> Not Offered via DocuSign	<div>COPIED</div>	Sent: 12/13/2024 6:11:48 AM Viewed: 12/13/2024 8:35:33 AM
Joanna hernandez khandi.flowers@fultoncountyga.gov Security Level: Email, Account Authentication (None) <b>Electronic Record and Signature Disclosure:</b> Not Offered via DocuSign	<div>COPIED</div>	Sent: 12/13/2024 6:11:50 AM
Jordy Penrod2 penrodj@cintas.com Security Level: Email, Account Authentication (None) <b>Electronic Record and Signature Disclosure:</b>	<div>COPIED</div>	Sent: 12/5/2024 11:13:27 AM Resent: 12/5/2024 12:29:24 PM Resent: 12/9/2024 6:51:08 AM Resent: 12/13/2024 6:11:51 AM Viewed: 12/9/2024 7:30:37 AM
<b>Electronic Record and Signature Disclosure:</b>		

Carbon Copy Events	Status	Timestamp
Accepted: 12/9/2024 7:30:37 AM ID: 3cc2f4d3-8e28-46de-80d9-0c9c9a0f389b		
Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	11/16/2024 4:46:22 AM
Envelope Updated	Security Checked	11/27/2024 5:25:34 AM
Envelope Updated	Security Checked	11/27/2024 5:25:34 AM
Envelope Updated	Security Checked	12/4/2024 7:57:26 AM
Envelope Updated	Security Checked	12/4/2024 7:57:27 AM
Envelope Updated	Security Checked	12/4/2024 7:57:27 AM
Envelope Updated	Security Checked	12/4/2024 7:57:27 AM
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Envelope Updated	Security Checked	12/4/2024 7:57:27 AM
Envelope Updated	Security Checked	12/4/2024 7:57:27 AM
Envelope Updated	Security Checked	12/5/2024 12:29:23 PM
Envelope Updated	Security Checked	12/5/2024 12:29:23 PM
Envelope Updated	Security Checked	12/9/2024 6:51:07 AM
Envelope Updated	Security Checked	12/9/2024 6:51:07 AM
Envelope Updated	Security Checked	12/11/2024 11:27:53 AM
Envelope Updated	Security Checked	12/11/2024 11:27:53 AM
Envelope Updated	Security Checked	12/11/2024 11:27:53 AM
Envelope Updated	Security Checked	12/11/2024 11:27:53 AM
Envelope Updated	Security Checked	12/11/2024 11:27:53 AM
Envelope Updated	Security Checked	12/11/2024 11:27:53 AM
Envelope Updated	Security Checked	12/11/2024 11:27:53 AM
Envelope Updated	Security Checked	12/11/2024 11:27:53 AM
Envelope Updated	Security Checked	12/11/2024 11:27:53 AM
Certified Delivered	Security Checked	12/13/2024 12:21:56 AM
Signing Complete	Security Checked	12/13/2024 6:11:46 AM
Completed	Security Checked	12/13/2024 6:11:51 AM
Payment Events	Status	Timestamps
Electronic Record and Signature Disclosure		

## **CONSUMER DISCLOSURE**

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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.

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