



DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE

CONTRACT RENEWAL AGREEMENT

DEPARTMENT: Finance

BID/RFP# NUMBER: 23RFP100423C-MH

BID/RFP# TITLE: Annual Audit Services

ORIGINAL APPROVAL DATE: January 24,2024 (BOC item 24-0054) RENEWAL

EFFECTIVE DATES: January 1, 2026 through December 31, 2026 RENEWAL

OPTION #: 2 OF 2

NUMBER OF RENEWAL OPTIONS: 2

RENEWAL AMOUNT: \$ 313,000

COMPANY'S NAME: PJC Group, LLC

ADDRESS:260 Peachtree St. NW Suite 2303

CITY: Atlanta

STATE: GA

ZIP: 30303

This Renewal Agreement No. 2 was approved by the Fulton County Board of Commissioners on BOC DATE: 11/19/2025 BOC NUMBER: 25-0865

RENEWAL OF CERTIFICATE OF INSURANCE: The Contractor is required to maintain insurance during the entire term of this Agreement, including contract renewal options. The Contractor must furnish the County a renewal Certificate of Insurance showing the required coverage as specified in the Contract Agreement. A current COI must be provided before the commencement of work on this project. 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

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

Robert L. Pitts

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

ATTEST:

Tonya R. Grier

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

(Affix County Seal)



AUTHORIZATION OF RENEWAL:

Signed by:

Ray Turner

**Ray Turner, Interim Finance Director
Finance Department**

43EAB45FSE5E400...

PJC GROUP, LLC

DocuSigned by:

April J. Battiste

0EB33F246D0944C...

April J. Battiste

Managing Partner

ATTEST:

ITEM#: _____	RM: _____
REGULAR MEETING	

ITEM#: 25-0865	2ND RM: 11/19/2025
SECOND REGULAR MEETING	

CERTIFICATE OF INSURANCE



**CERTIFICATE OF LIABILITY INSURANCE**DATE (MM/DD/YYYY)
01/26/2025

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 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 LIBERTY CO INS BROKERS LLC/PHS 20263648 The Hartford Business Service Center 3600 Wiseman Blvd San Antonio, TX 78251	CONTACT NAME: PHONE (A/C, No, Ext): (866) 467-8730	FAX (A/C, No): (888) 443-6112
	E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC#	
INSURED PJC GROUP, LLC. 260 PEACHTREE ST STE 2302 ATLANTA GA 30303	INSURER A : Hartford Underwriters Insurance Company	30104
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES		CERTIFICATE NUMBER:		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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/Y YY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY X CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR X General Liability			20 SBA AZ70LK	03/06/2025	03/06/2026	EACH OCCURRENCE	\$1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence)						\$1,000,000	
	MED EXP (Any one person)						\$10,000	
	PERSONAL & ADV INJURY						\$1,000,000	
	GENERAL AGGREGATE						\$2,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	PRODUCTS - COMP/OP AGG	\$2,000,000						
A	AUTOMOBILE LIABILITY X ANY AUTO X ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS X HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			20 SBA AZ70LK	03/06/2025	03/06/2026	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	BODILY INJURY (Per person)							
	BODILY INJURY (Per accident)							
	PROPERTY DAMAGE (Per accident)							
A	UMBRELLA LIAB EXCESS LIAB X OCCUR CLAIMS-MADE DED RETENTION \$ 10,000			20 SBA AZ70LK	03/06/2025	03/06/2026	EACH OCCURRENCE	\$2,000,000
	AGGREGATE						\$2,000,000	
A	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/A					PER STATUTE	OTH-ER
	E.L. EACH ACCIDENT							
	E.L. DISEASE -EA EMPLOYEE							
	E.L. DISEASE - POLICY LIMIT							
A	Employment Practices Liability Insurance			20 SBA AZ70LK	03/06/2025	03/06/2026	Each Claim Limit Annual Aggregate Limit	\$25,000 \$25,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) The Business Liability Coverage Part includes a Blanket Additional Insured By Contract Endorsement, Form SL 30.32.								

CERTIFICATE HOLDER**CANCELLATION**

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*Susan L. Castaneda*

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CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)
 11/20/2025

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 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	Affinity Insurance Services, Inc. 1100 Virginia Drive Suite #250 Fort Washington, PA 19034	CONTACT NAME: Marla Perlman PHONE (A/C, No. Ext): 800-221-3023 FAX (A/C, No.): E-MAIL ADDRESS: marla.Perlman@AON.com	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A : Continental Casualty Company	20443
INSURED	PJC Group, LLC 260 Peachtree Street NW Suite: 2302 Atlanta, GA 30303-1240		INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER:** **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						
	COMMERCIAL GENERAL LIABILITY <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	\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS							COMBINED SINGLE LIMIT (Ea accident)	\$				
												BODILY INJURY (Per person)	\$
												BODILY INJURY (Per accident)	\$
												PROPERTY DAMAGE (Per accident)	\$
												\$	
												\$	
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$:							EACH OCCURRENCE	\$				
												AGGREGATE	\$
												\$	
												\$	
												\$	
												\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below				Y / N N / A			<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	\$				
												E.L. EACH ACCIDENT	\$
												E.L. DISEASE - EA EMPLOYEE	\$
												E.L. DISEASE - POLICY LIMIT	\$
												\$	
												\$	
	Professional Liability / Errors and Omission Insurance				APL 275457826	05/04/25	05/04/26	Limit \$1,000,000	Deductible \$2,000,000				
								\$15,000					

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

CERTIFICATE HOLDER

CANCELLATION

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

Marla Perlman



DECLARATIONS

POLICY NUMBER:	ESN0140254185	
UNIQUE MARKET REFERENCES:	B087524C9N5047	
THE INSURED:	PJC Group, LLC	
ADDRESS:	260 Peachtree Street Suite 2302 Atlanta, GA 30303 US	
THE UNDERWRITERS:	Underwritten by certain underwriters at Lloyd's and other insurers	
THE INCEPTION DATE:	00:01 Local Standard Time on 19 Feb 2025	
THE EXPIRY DATE:	00:01 Local Standard Time on 19 Feb 2026	
TOTAL PAYABLE:	USD2,110.00	
Broken down as follows:		
Premium:	USD2,110.00	\$100.00 - Broker Fee
TRIA:	USD0.00	\$88.40 Surplus Lines Tax
Policy Administration Fee:	USD0.00	
BUSINESS OPERATIONS:	Accountant	
CHOICE OF LAW:	Georgia	
SERVICE OF SUIT:	Mendes & Mount LLP 750 7th Avenue New York, NY 10019	
LEGAL ACTION:	Worldwide	This contract is registered and delivered as a surplus line coverage under the Surplus Line Insurance Law, O.C.G.A. Chapter 33-5.
TERRITORIAL SCOPE:	Worldwide	
US CLASSIFICATION:	Surplus Lines	
REPUTATIONAL HARM PERIOD:	12 months	
INDEMNITY PERIOD:	12 months	
WAITING PERIOD:	8 hours	
RETROACTIVE DATE:	Unlimited	
OPTIONAL EXTENDED REPORTING PERIOD:	12 months for 100% of applicable annualized premium	
APPROVED CLAIMS PANEL PROVIDERS:	CFC Response	
CYBER INCIDENT MANAGER:	CFC Underwriting Limited	
CYBER INCIDENT RESPONSE LINE:	In the event of an actual or suspected cyber incident please call our Cyber Incident Response Team on the toll free 24-hour hotline number: 1 844-677-4155 or email cyberclaims@cfc.com	
WORDING:	Cyber, Private Enterprise v3.2	



ENDORSEMENTS:

Complaints Notice (USA)
Subjectivity Condition Clause
Policyholder Disclosure Notice Of Terrorism Insurance
Coverage
Schedule Of Information



DECLARATIONS

THE FOLLOWING INSURING CLAUSES ARE SUBJECT TO AN EACH AND EVERY CLAIM LIMIT

INSURING CLAUSE 1: CYBER INCIDENT RESPONSE

SECTION A: INCIDENT RESPONSE COSTS

Limit of liability: USD3,000,000 each and every claim

Deductible: USD0 each and every claim

SECTION B: LEGAL AND REGULATORY COSTS

Limit of liability: USD3,000,000 each and every claim

Deductible: USD5,000 each and every claim

SECTION C: IT SECURITY AND FORENSIC COSTS

Limit of liability: USD3,000,000 each and every claim

Deductible: USD5,000 each and every claim

SECTION D: CRISIS COMMUNICATION COSTS

Limit of liability: USD3,000,000 each and every claim

Deductible: USD5,000 each and every claim

SECTION E: PRIVACY BREACH MANAGEMENT COSTS

Limit of liability: USD3,000,000 each and every claim

Deductible: USD5,000 each and every claim

SECTION F: THIRD PARTY PRIVACY BREACH MANAGEMENT COSTS

Limit of liability: USD3,000,000 each and every claim

Deductible: USD5,000 each and every claim

SECTION G: POST BREACH REMEDIATION COSTS

Limit of liability: USD50,000 each and every claim, subject to a maximum of 10% of all sums we have paid as a direct result of the **cyber event**

Deductible: USD0 each and every claim



INSURING CLAUSE 2: CYBER CRIME

SECTION A: FUNDS TRANSFER FRAUD

Limit of liability:	USD250,000	each and every claim
Deductible:	USD5,000	each and every claim

SECTION B: THEFT OF FUNDS HELD IN ESCROW

Limit of liability:	USD250,000	each and every claim
Deductible:	USD5,000	each and every claim

SECTION C: THEFT OF PERSONAL FUNDS

Limit of liability:	USD250,000	each and every claim
Deductible:	USD5,000	each and every claim

SECTION D: EXTORTION

Limit of liability:	USD3,000,000	each and every claim
Deductible:	USD5,000	each and every claim

SECTION E: CORPORATE IDENTITY THEFT

Limit of liability:	USD250,000	each and every claim
Deductible:	USD5,000	each and every claim

SECTION F: TELEPHONE HACKING

Limit of liability:	USD250,000	each and every claim
Deductible:	USD5,000	each and every claim

SECTION G: PUSH PAYMENT FRAUD

Limit of liability:	USD50,000	each and every claim
Deductible:	USD5,000	each and every claim

SECTION H: UNAUTHORIZED USE OF COMPUTER RESOURCES

Limit of liability:	USD250,000	each and every claim
Deductible:	USD5,000	each and every claim



INSURING CLAUSE 3: SYSTEM DAMAGE AND BUSINESS INTERRUPTION

SECTION A: SYSTEM DAMAGE AND RECTIFICATION COSTS

Limit of liability: USD3,000,000 each and every claim

Deductible: USD5,000 each and every claim

SECTION B: INCOME LOSS AND EXTRA EXPENSE

Limit of liability: USD3,000,000 each and every claim, sub-limited to USD1,000,000 in respect of **system failure**

Deductible: USD5,000 each and every claim

SECTION C: ADDITIONAL EXTRA EXPENSE

Limit of liability: USD100,000 each and every claim

Deductible: USD5,000 each and every claim

SECTION D: DEPENDENT BUSINESS INTERRUPTION

Limit of liability: USD3,000,000 each and every claim, sub-limited to USD1,000,000 in respect of **system failure**

Deductible: USD5,000 each and every claim

SECTION E: CONSEQUENTIAL REPUTATIONAL HARM

Limit of liability: USD3,000,000 each and every claim

Deductible: USD5,000 each and every claim

SECTION F: CLAIM PREPARATION COSTS

Limit of liability: USD25,000 each and every claim

Deductible: USD0 each and every claim

SECTION G: HARDWARE REPLACEMENT COSTS

Limit of liability: USD3,000,000 each and every claim

Deductible: USD5,000 each and every claim



THE FOLLOWING INSURING CLAUSES ARE SUBJECT TO AN AGGREGATE LIMIT

INSURING CLAUSE 4: NETWORK SECURITY & PRIVACY LIABILITY

SECTION A: NETWORK SECURITY LIABILITY

Aggregate limit of liability:	USD3,000,000	in the aggregate, including costs and expenses
Deductible:	USD5,000	each and every claim, including costs and expenses

SECTION B: PRIVACY LIABILITY

Aggregate limit of liability:	USD3,000,000	in the aggregate, including costs and expenses
Deductible:	USD5,000	each and every claim, including costs and expenses

SECTION C: MANAGEMENT LIABILITY

Aggregate limit of liability:	USD3,000,000	in the aggregate, including costs and expenses
Deductible:	USD5,000	each and every claim, including costs and expenses

SECTION D: REGULATORY FINES

Aggregate limit of liability:	USD3,000,000	in the aggregate, including costs and expenses
Deductible:	USD5,000	each and every claim, including costs and expenses

SECTION E: PCI FINES, PENALTIES AND ASSESSMENTS

Aggregate limit of liability:	USD3,000,000	in the aggregate, including costs and expenses
Deductible:	USD5,000	each and every claim, including costs and expenses

INSURING CLAUSE 5: MEDIA LIABILITY

SECTION A: DEFAMATION

Aggregate limit of liability:	USD3,000,000	in the aggregate, including costs and expenses
Deductible:	USD5,000	each and every claim, including costs and expenses

SECTION B: INTELLECTUAL PROPERTY RIGHTS INFRINGEMENT

Aggregate limit of liability:	USD3,000,000	in the aggregate, including costs and expenses
Deductible:	USD5,000	each and every claim, including costs and expenses

INSURING CLAUSE 6: TECHNOLOGY ERRORS AND OMISSIONS

NO COVER GIVEN



INSURING CLAUSE 7: COURT ATTENDANCE COSTS

Aggregate limit of liability: USD100,000 in the aggregate

Deductible: USD0 each and every claim

SURPLUS LINES TAX FILING NOTICE

POLICY NUMBER: ESN0140254185

THE INSURED: PJC Group, LLC

INCEPTION DATE: 19 Feb 2025

SURPLUS LINES BROKER

Chrstopher Treanor
Chrstopher Treanor
License number 755745
180 River Rd 2nd Floor
Summit
NJ 07901

INFORMATION FOR BROKERS

For Surplus Lines Taxes filing purposes, stated below is the premium allocated to the insuring clauses purchased and the mix of insurers providing the security.

CONTRACT NUMBERS AND CORRESPONDING LIST OF INSURERS

Coverage: Cyber & Privacy, Cyber Crime

Premium: USD2110.00

UMR: B087524C9N5047, of which the insurers are:

Lloyd's syndicates:

One Lime Street, London EC3M 7HA, UK

CFC 1988	30.250000%	USD638.28
AWH 2232	18.000000%	USD379.80
CNP 4444	8.750000%	USD184.62
MKL 3000	4.000000%	USD84.40
QPS 5555	4.000000%	USD84.40
IQU 1856	1.750000%	USD36.92
EVE 2786	1.500000%	USD31.65
CBN 4747	1.500000%	USD31.65
ASP 4711	1.250000%	USD26.38
ARG 2121	1.000000%	USD21.10
AFB 5623	0.750000%	USD15.82
AES 1225	0.750000%	USD15.82
WSM 1200	0.500000%	USD10.56

Other insurers:

Zurich Insurance Company Ltd 18.000000% USD379.80 70 Mark Lane, London, EC3R 7NQ, GB

AXA XL Insurance Company UK Limited	3.250000%	USD68.58	20 Gracechurch St, London, EC3V 0BG, GB
HDI Global Specialty SE (UK Branch)	3.000000%	USD63.30	20 Gracechurch Street, London, EC3V 0BG, GB
Endurance Worldwide Insurance Limited	1.750000%	USD36.92	2 Minster Court, Mincing Lane, London, EC3R 7BB, GB

Certificate Of Completion

Envelope Id: 3BC70F8F-C126-4786-BAFE-D472B408452A
 Subject: Renewal PJC Annual Audit Services Contract Fy 24 11-19-25 BOC#25-0865

Status: Completed

Parcel ID:

Employee Name:

Source Envelope:

Document Pages: 14

Signatures: 4

Envelope Originator:

Certificate Pages: 6

Initials: 0

Mark Hawks

AutoNav: Enabled

Stamps: 1

141 Pryor Street

Enveloped 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: 144.125.34.76

Record Tracking

Status: Original
 11/20/2025 6:52:55 AM
 Security Appliance Status: Connected
 Storage Appliance Status: Connected

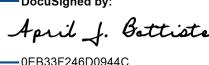
Holder: Mark Hawks
 mark.hawks@fultoncountyga.gov
 Pool: StateLocal
 Pool: Fulton County Government

Location: DocuSign

Signer Events

April J. Battiste
 april@pjcgrou.com
 Managing Partner
 Security Level: Email, Account Authentication (None)

Signature

DocuSigned by:

 0EB33F246D0944C...

Signature Adoption: Pre-selected Style
 Using IP Address:
 2603:3001:502:ba00:fc28:7171:9227:2ae0

Timestamp

Sent: 11/20/2025 6:56:36 AM
 Viewed: 11/20/2025 7:02:35 AM
 Signed: 11/20/2025 8:45:27 AM

Electronic Record and Signature Disclosure:

Accepted: 11/20/2025 7:02:35 AM
 ID: 34ef2699-50fc-45f2-9f41-7ac5963384de

Completed

Using IP Address: 144.125.34.76

Sent: 11/20/2025 8:45:28 AM
 Viewed: 11/20/2025 9:44:55 AM
 Signed: 11/20/2025 9:45:07 AM

Electronic Record and Signature Disclosure:

Not Offered via Docusign

Signed by:


 43EAB45F3E5E409...

Signature Adoption: Pre-selected Style
 Using IP Address: 136.226.3.103

Sent: 11/20/2025 9:45:10 AM
 Viewed: 11/20/2025 9:55:17 AM
 Signed: 11/20/2025 9:55:28 AM

Electronic Record and Signature Disclosure:

Not Offered via Docusign

Completed

Using IP Address: 74.174.59.10

Sent: 11/20/2025 9:55:30 AM
 Viewed: 11/24/2025 11:59:45 AM
 Signed: 11/24/2025 12:00:23 PM

Nikki Peterson

nikki.peterson@fultoncountyga.gov

Chief Deputy Clerk to the Board of Commissioners

Fulton County Government

Security Level: Email, Account Authentication (None)

Electronic Record and Signature Disclosure:

Signer Events	Signature	Timestamp
Accepted: 11/27/2017 10:39:37 AM ID: b7ce88ee-0c66-4f3a-bfee-705e0af602d8		
Robert L. Pitts harriet.thomas@fultoncountyga.gov Chairman Fulton County Security Level: Email, Account Authentication (None)	<i>Robert L. Pitts</i>	Sent: 11/24/2025 12:00:25 PM Viewed: 11/24/2025 12:31:58 PM Signed: 11/24/2025 12:32:09 PM
Electronic Record and Signature Disclosure: Accepted: 11/24/2025 12:31:58 PM ID: f6253e8a-ca78-4308-8939-ea2979bec3ce	Signature Adoption: Pre-selected Style Using IP Address: 74.174.59.10	
Tonya Grier tonya.grier@fultoncountyga.gov Clerk to the Commission Fulton County Government Security Level: Email, Account Authentication (None)	<i>Tonya Grier</i>	Sent: 11/24/2025 12:32:11 PM Viewed: 11/24/2025 4:10:46 PM Signed: 11/24/2025 4:11:04 PM
	Signature Adoption: Uploaded Signature Image Using IP Address: 186.189.57.162 Signed using mobile	
Electronic Record and Signature Disclosure: Accepted: 10/27/2025 8:21:47 AM ID: 4889b84d-8ea3-4ba9-bf87-bf4c309e21ab		
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)	COPIED	Sent: 11/24/2025 4:11:07 PM Viewed: 12/1/2025 12:13:18 PM
Electronic Record and Signature Disclosure: Not Offered via Docusign		
Verna Thomas verna.thomas@fultoncountyga.gov Employee Benefits Manager FINANCE DEPARTMENT Security Level: Email, Account Authentication (None)	COPIED	Sent: 11/24/2025 4:11:08 PM
Electronic Record and Signature Disclosure: Accepted: 8/22/2025 6:35:20 AM ID: 3e69db81-0350-40c9-8377-7ab7c8c55cae		
Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp

Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	11/20/2025 6:56:36 AM
Certified Delivered	Security Checked	11/24/2025 4:10:46 PM
Signing Complete	Security Checked	11/24/2025 4:11:04 PM
Completed	Security Checked	11/24/2025 4:11:08 PM

Electronic Record and Signature Disclosure
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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.

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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

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