



**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

PJC GROUP, LLC

*Robert L. Pitts*

DocuSigned by:  
*April J. Battiste*

Robert L. Pitts, Chairman  
Fulton County Board of Commissioners

0EB33F240B0944C...  
April J. Battiste  
Managing Partner

ATTEST:

ATTEST:

*Tonya R. Grier*

Tonya R. Grier  
Clerk to the Commission



(Affix County Seal)

AUTHORIZATION OF RENEWAL:

Signed by:

*Ray Turner*

43EAB45F3E5E409...  
Ray Turner, Interim Finance Director  
Finance Department

ITEM#: _____ RM: _____	ITEM#: 25-0865 2ND RM: 11/19/2025
REGULAR MEETING	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).**

<b>PRODUCER</b> LIBERTY CO INS BROKERS LLC/PHS 20263648 The Hartford Business Service Center 3600 Wiseman Blvd San Antonio, TX 78251	<b>CONTACT</b> <b>NAME:</b> <b>PHONE</b> (866) 467-8730 <b>FAX</b> (888) 443-6112 (A/C, No, Ext): <b>E-MAIL</b> <b>ADDRESS:</b>																					
<b>INSURED</b> PJC GROUP, LLC. 260 PEACHTREE ST STE 2302 ATLANTA GA 30303	<table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC#</th></tr> </thead> <tbody> <tr> <td>INSURER A :</td><td>Hartford Underwriters Insurance Company</td><td>30104</td></tr> <tr> <td>INSURER B :</td><td></td><td></td></tr> <tr> <td>INSURER C :</td><td></td><td></td></tr> <tr> <td>INSURER D :</td><td></td><td></td></tr> <tr> <td>INSURER E :</td><td></td><td></td></tr> <tr> <td>INSURER F :</td><td></td><td></td></tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE		NAIC#	INSURER A :	Hartford Underwriters Insurance Company	30104	INSURER B :			INSURER C :			INSURER D :			INSURER E :			INSURER F :		
INSURER(S) AFFORDING COVERAGE		NAIC#																				
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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			20 SBA AZ70LK	03/06/2025	03/06/2026	EACH OCCURRENCE \$1,000,000
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000
	<input checked="" type="checkbox"/> General Liability						MED EXP (Any one person) \$10,000
							PERSONAL & ADV INJURY \$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$2,000,000
	OTHER:						
A	<b>AUTOMOBILE LIABILITY</b>			20 SBA AZ70LK	03/06/2025	03/06/2026	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000
	ANY AUTO						BODILY INJURY (Per person)
	ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/>						BODILY INJURY (Per accident)
	HIRED AUTOS <input checked="" type="checkbox"/>						PROPERTY DAMAGE (Per accident)
A	<input checked="" type="checkbox"/> UMBRELLA LIAB EXCESS LIAB			20 SBA AZ70LK	03/06/2025	03/06/2026	EACH OCCURRENCE \$2,000,000
	<input type="checkbox"/> OCCUR CLAIMS-MADE						AGGREGATE \$2,000,000
	DED <input type="checkbox"/> RETENTION \$ 10,000						
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>			20 SBA AZ70LK	03/06/2025	03/06/2026	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE -EA EMPLOYEE
	Y/N <input type="checkbox"/> N/A						E.L. DISEASE - POLICY LIMIT
A	Employment Practices Liability Insurance			20 SBA AZ70LK	03/06/2025	03/06/2026	Each Claim Limit \$25,000 Annual Aggregate Limit \$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

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

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

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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 <input type="checkbox"/> 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"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> 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) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<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 / A				PER STATUTE    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    \$2,000,000    Deductible \$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 <div style="text-align: right;"><i>Marla Perlman</i></div>
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## 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 <a href="mailto:cyberclaims@cfc.com">cyberclaims@cfc.com</a>	
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 <b>we</b> have paid as a direct result of the <b>cyber event</b>
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 <b>system failure</b>
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 <b>system failure</b>
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 <b>costs and expenses</b>
Deductible:	USD5,000	each and every claim, including <b>costs and expenses</b>

SECTION B: PRIVACY LIABILITY

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

SECTION C: MANAGEMENT LIABILITY

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

SECTION D: REGULATORY FINES

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

SECTION E: PCI FINES, PENALTIES AND ASSESSMENTS

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

INSURING CLAUSE 5: MEDIA LIABILITY

SECTION A: DEFAMATION

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

SECTION B: INTELLECTUAL PROPERTY RIGHTS INFRINGEMENT

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

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
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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

Status: Completed

Subject: Renewal PJC Annual Audit Services Contract Fy 24 11-19-25 BOC#25-0865

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

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: 144.125.34.76

## Record Tracking

Status: Original

Holder: Mark Hawks

Location: DocuSign

11/20/2025 6:52:55 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

April J. Battiste

april@picgroup.com

Managing Partner

Security Level: Email, Account Authentication (None)

DocuSigned by:

*April J. Battiste*

0EB33F246D0944C...

Sent: 11/20/2025 6:56:36 AM

Viewed: 11/20/2025 7:02:35 AM

Signed: 11/20/2025 8:45:27 AM

Signature Adoption: Pre-selected Style

Using IP Address:

2603:3001:502:ba00:fc28:7171:9227:2ae0

### Electronic Record and Signature Disclosure:

Accepted: 11/20/2025 7:02:35 AM

ID: 34ef2699-50fc-45f2-9f41-7ac5963384de

Mark Hawks

mark.hawks@fultoncountyga.gov

Chief Assistant Purchasing Agent

Purchasing and Contract Compliance

Security Level: Email, Account Authentication (None)

**Completed**

Sent: 11/20/2025 8:45:28 AM

Viewed: 11/20/2025 9:44:55 AM

Signed: 11/20/2025 9:45:07 AM

Using IP Address: 144.125.34.76

### Electronic Record and Signature Disclosure:

Not Offered via Docusign

Ray Turner

Ray.Turner@fultoncountyga.gov

Deputy Director

Fulton County Government

Security Level: Email, Account Authentication (None)

Signed by:

*Ray Turner*

43EAB45F3E5E409...

Sent: 11/20/2025 9:45:10 AM

Viewed: 11/20/2025 9:55:17 AM

Signed: 11/20/2025 9:55:28 AM

Signature Adoption: Pre-selected Style

Using IP Address: 136.226.3.103

### Electronic Record and Signature Disclosure:

Not Offered via Docusign

Nikki Peterson

nikki.peterson@fultoncountyga.gov

Chief Deputy Clerk to the Board of Commissioners

Fulton County Government

Security Level: Email, Account Authentication (None)

**Completed**


Sent: 11/20/2025 9:55:30 AM

Viewed: 11/24/2025 11:59:45 AM

Signed: 11/24/2025 12:00:23 PM

Using IP Address: 74.174.59.10

### Electronic Record and Signature Disclosure:

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

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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

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