

AMENDMENT NO. 2 TO FORM OF CONTRACT

Contractor: **Universal Protection Services dba Allied Universal Services**

Contract No. **23RFP139745B-EC, Armed and Unarmed Security Services**

Address: **3355 Lenox Road NE, Suite #300**

City, State **Atlanta, Georgia 30326**

Telephone: **(856) 264-0249**

E-mail: [**Richard.Evans@aus.com**](mailto:Richard.Evans@aus.com)

Contact: **Richard Evans**
Sr. Regional Vice President

W I T N E S S E T H

WHEREAS, Fulton County ("County") entered into a Contract with Universal Protection Services dba Allied Universal Services ("Allied" or "Contractor") to provide armed and unarmed security services for various County departments, dated January 1, 2024, on behalf of the Fulton County Police Department; and

WHEREAS, the County wishes to amend the existing contract to add additional scope of work to provide security staffing services for the Fulton County jail facilities, specifically coverage of twenty-six (26) towers located at 901 Rice Street, Atlanta, GA 30318, the South Annex located at 6500 Watson Street, Union City, GA 30291, and the Atlanta City Detention Center located at 254 Peachtree Street SW, Atlanta, GA 30303, on behalf of the Fulton County Sheriff's Office; and

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

WHEREAS, this amendment was approved by the Fulton County Board of Commissioners on August 20, 2025, BOC Item #25-0620(c).

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

This Amendment No. 2 to Form of Contract is effective as of the 19th day of September, 2025, between the County and Allied, who agree that all Services specified will be performed in accordance with this Amendment No. 2 to Form of Contract and the Contract Documents.

1. **SCOPE OF WORK TO BE PERFORMED:** To provide security staffing services for coverage of twenty-six (26) towers across the Fulton County Jail located at 901 Rice Street, Atlanta, GA 30318, the South Annex located at 6500 Watson St, Union City,

GA 30291, and the Atlanta City Detention Center located at 254 Peachtree St SW, Atlanta, GA 30303, on behalf of the Fulton County Sheriff's Office.

2025 Hours					9/19/25 - 12/31/25
Item	9/19/2025	9/26/2025	10/3/2025	10/10/2025	10/17/2025
# of Weeks	1.00	1.00	1.00	1.00	10.71
# of Towers	9.00	13.00	17.00	21.00	26.00
Officer Tower	8.00	12.00	16.00	20.00	24.00
Supervisor Tower	1.00	1.00	1.00	1.00	2.00
Account Manager	1.00	1.00	1.00	1.00	1.00

2. **COMPENSATION:** The services described under Scope of Work herein shall be performed by Contractor for a total amount not to exceed \$2,025,761.71 (Two Million Twenty Five Thousand Seven Hundred Sixty One Dollars and Seventy One Cents). See detailed costs below:

2025 Budget				9/19/25 12/31/25
Post	Wage Rate	Bill Rate	Annual Cost	
Officer	\$ 21.00	\$ 29.78	\$ 1,044,101.09	
Officer - OT	\$ 31.50	\$ 44.67	\$ 783,075.82	
Supervisor	\$ 23.00	\$ 32.61	\$ 92,841.97	
Supervisor - OT	\$ 34.50	\$ 48.92	\$ 69,638.60	
Account Manager	\$ 43.27	\$ 61.36	\$ 36,104.22	
Total			\$ 2,025,761.71	


3. **LIABILITY OF COUNTY:** This Amendment No. 2 to Form of Contract shall not become binding on the County and the County shall incur no liability upon same until such agreement has been executed by the Chair to the Commission, attested to by the Clerk to the Commission and delivered to Contractor.
4. **EFFECT OF AMENDMENT NO. 2 TO FORM OF CONTRACT:** Except as modified by this Amendment No. 2 to Form of Contract, the Contract, and all Contract Documents, remain in full force and effect.

[INTENTIONALLY LEFT BLANK]


IN WITNESS THEREOF, the Parties hereto have caused this Contract to be executed by their duly authorized representatives as attested and witnessed and their corporate seals to be hereunto affixed as of the day and year date first above written.

OWNER:

FULTON COUNTY, GEORGIA

Signed by:

14E1B4AA5F6A44A...
Robert L. Pitts, Chairman
Fulton County Board of Commissioners

CONTRACTOR:

**UNIVERSAL PROTECTION
SERVICES DBA ALLIED UNIVERSAL
SERVICES**
DocuSigned by:

728165F5BDD74B5...
Richard Evans
Sr. Regional Vice President

ATTEST:

Signed by:

EEC478C4837C48D...
Tonya R. Glier
Clerk to the Commission

(Affix County Seal)



APPROVED AS TO FORM:

DocuSigned by:

5A8A2E7D47644DA...
Office of the County Attorney

ITEM#: _____ RM: _____ REGULAR MEETING	ITEM#: 25-0620C 2 ND RM: 08/20/2025 SECOND REGULAR MEETING
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/16/2025

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 have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER MARSH USA LLC 30 South 17th Street Philadelphia, PA 19103 Attn: Philadelphia.certs@marsh.com / Fax: (212) 948-0360 CN118025105-ALL-STAND-25-26	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">CONTACT NAME: Marsh U.S. Operations</td> </tr> <tr> <td>PHONE (A/C, No, Ext): 866-966-4664</td> <td>FAX (A/C, No):</td> </tr> <tr> <td colspan="2">E-MAIL ADDRESS: Philadelphia.Certs@marsh.com</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A: Indian Harbor Insurance Company</td> <td style="text-align: center;">36940</td> </tr> <tr> <td>INSURER B: Greenwich Insurance Company</td> <td style="text-align: center;">22322</td> </tr> <tr> <td>INSURER C: XL Insurance America</td> <td style="text-align: center;">24554</td> </tr> <tr> <td>INSURER D: Indemnity Insurance Company of North America</td> <td style="text-align: center;">43575</td> </tr> <tr> <td>INSURER E: XL Specialty Insurance Company</td> <td style="text-align: center;">37885</td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	CONTACT NAME: Marsh U.S. Operations		PHONE (A/C, No, Ext): 866-966-4664	FAX (A/C, No):	E-MAIL ADDRESS: Philadelphia.Certs@marsh.com		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Indian Harbor Insurance Company	36940	INSURER B: Greenwich Insurance Company	22322	INSURER C: XL Insurance America	24554	INSURER D: Indemnity Insurance Company of North America	43575	INSURER E: XL Specialty Insurance Company	37885	INSURER F:	
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INSURER F:																					
INSURED Allied Universal Topco, LLC (See Attached for Additional Named Insureds) 161 Washington Street, Suite 600 Conshohocken, PA 19428																					

COVERAGES**CERTIFICATE NUMBER:**

CLE-006641031-21

REVISION NUMBER: 8

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
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CONTRACTUAL LIABILITY <input checked="" type="checkbox"/> SIR \$1,750,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			RES943799405	01/01/2025	01/01/2026	EACH OCCURRENCE \$ 30,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 30,000,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 30,000,000 GENERAL AGGREGATE \$ 55,000,000 PRODUCTS - COMP/OP AGG \$ 55,000,000 \$
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			RAD943781808	01/01/2025	01/01/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
D	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			XSM G72500027 005 Excess of General Liability, Auto Liability, and Workers' Comp	01/01/2025	01/01/2026	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	RWD300120309 (AOS) RWR300120409 (WI) RWE943548209 (CA, OH)	01/01/2025	01/01/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Professional Liability			RES943799405 SIR: \$1,750,000	01/01/2025	01/01/2026	Claim 2,000,000 Aggregate 2,000,000

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

Fulton County Government is included as additional insured (except workers' compensation and crime) where required by written contract. Liability coverage shall be primary and non-contributory where required by written contract. Waiver of subrogation is applicable where required by written contract.

CERTIFICATE HOLDER**CANCELLATION**

Fulton County Government Attn: Charlie Crockett 141 Pryor St Atlanta, GA 30303	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p> <p style="text-align: right;"><i>Marsh USA LLC</i></p>
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ADDITIONAL REMARKS SCHEDULE

AGENCY MARSH USA LLC		NAMED INSURED Allied Universal Topco, LLC (See Attached for Additional Named Insureds) 161 Washington Street, Suite 600 Conshohocken, PA 19428
POLICY NUMBER		
CARRIER	NAIC CODE	
EFFECTIVE DATE:		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Excess Workers' Compensation
Policy No.: RWE943548209
Insurer: XL Specialty Insurance Company
Effective Dates: 1/1/2025 - 1/1/2026
Limit:
Employers Liability Each Accident: \$1,000,000
Employers Liability Disease-Policy Limit: \$1,000,000
Employers Liability Disease-Each Employee: \$1,000,000
SIR: \$1,000,000

Crime
Policy No.: 01-468-22-46
Insurer: National Union Fire Insurance Co.
Effective Dates: 08/15/2024 - 08/15/2025
Limit:
Employee Theft or Dishonesty: \$2,000,000
Clients' Property: \$2,000,000
Deductible: \$750,000

Contractors Pollution Liability
Policy No.: CPO13303734
Insurer: Commerce and Industry Insurance Company
Effective Dates: 01/01/2024 - 01/01/2026
Limit: \$5,000,000
Deductible: \$250,000

The General Liability and Professional Liability policies evidenced above share in the limits shown. The limits do not apply separately to the individual coverages

Allied Universal - List of Additional Insured
Last Updated December 20, 2024

Adesta LLC
Advent Systems, LLC
Advent Systems, LLC, dba Allied Universal
Technology Services
Allied Universal Compliance and Investigations,
Inc.
Allied Universal Compliance and Investigations,
Inc., fka G4S Compliance & Investigations, Inc.
Allied Universal Event Services, Inc.
Allied Universal Executive Protection and
Intelligence Services, Inc.
Allied Universal Executive Protection and
Intelligence Services, Inc. f/k/a AS Solution
North America, Inc.
Allied Universal Finance Corporation
Allied Universal Holdco LLC
Allied Universal Risk Advisory and Consulting
Services, Inc.
Allied Universal Risk Advisory and Consulting
Services, Inc. f/k/a Andrews International
Government Services, Inc.
Allied Universal Sideco, Inc.
AlliedBarton (NC) LLC
AlliedBarton (NC) LLC, dba Allied Universal
Security Services
AMAG Technology, Inc.
American Security Programs, Inc.
Clean Sweep Building Services, LLC
FJC Security Services, Inc.
FJC Security Services, Inc., dba Allied Universal
Security Services
G4S Holding One LLC
G4S Retail Solutions (Canada) Inc.
G4S Retail Solutions (Canada) Inc. dba
Deposita, an Allied Universal Company
G4S Retail Solutions (USA) Inc.
G4S Retail Solutions (USA) Inc., dba Deposita,
an Allied Universal Company
G4S Secure Integration LLC
G4S Secure Integration LLC dba Allied
Universal Technology Services
G4S Secure Solutions International Inc.
G4S Secure Solutions (Puerto Rico) Inc.
G4S Secure Solutions (USA) Inc.
G4S Secure Solutions (USA) Inc., dba Allied
Universal
G4S Technology Software LLC
Guardsmark (Puerto Rico), LLC
Guardsmark (Puerto Rico), LLC, dba Allied
Universal Security Services, LLC
Guardsmark (Puerto Rico), LLC, dba Universal
Protection Service, LLC

Intelligent Access Systems of North Carolina,
LLC
Intelligent Access Systems of North Carolina,
LLC, dba Allied Universal Technology Services
Michael Stapleton Associates, Ltd.
Michael Stapleton Associates, Ltd., dba MSA
Security
Michael Stapleton Associates, Ltd. dba Allied
Universal Enhanced Protection Services
MSA Investigations, Inc.
MSA Investigations, Inc. dba Allied Universal
Enhanced Protection Services
MSA Security Canada Limited
MSA Security Limited
MSAS Parent Inc.
Naki Cleaning Services, LLC
Peoplemark, Inc.
Peoplemark Inc. dba Allied Universal Workforce
Solutions
Renaissance Center Management Company
RONCO Consulting Corporation
Securadyne Systems Intermediate LLC
Securadyne Systems Intermediate LLC, dba
Allied Universal Technology Services
Securadyne Systems Texas LLC
Securadyne Systems Texas LLC, dba Allied
Universal Technology Services
SFI Electronics, LLC
SFI Electronics, LLC, dba Allied Universal
Security Systems
SFI Electronics, LLC, dba Allied Universal
Technology Services
SFI Electronics, LLC, dba Universal Protection
Security Systems
SOS Security LLC
SOS Security LLC, dba Allied Universal Risk
Advisory and Consulting Services
SOS Security LLC, dba Allied Universal Security
Services
Spectaguard Acquisition LLC
Staff Pro Inc.
Staff Pro Inc., dba Allied Universal Event
Services
Titania Insurance Co. of America
U.S. Security Associates Holding Corp.
Universal Building Maintenance, LLC
Universal Building Maintenance, LLC, dba Allied
Universal Janitorial Services
Universal Building Maintenance, LLC, dba Allied
Universal Landscaping Services
Universal Group Holdings LLC
Universal Protection GP, Inc.

Allied Universal - List of Additional Insured
Last Updated December 20, 2024

Universal Protection Security Systems, LP
Universal Protection Security Systems, LP, dba
Allied Universal Security Systems
Universal Protection Security Systems, LP, dba
Allied Universal Technology Services
Universal Protection Service of Canada
Corporation
Universal Protection Service of Canada
Corporation, dba Allied Universal Security
Services of Canada
Universal Protection Service of Canada
Corporation, dba Allied Universal Technology
Services
Universal Protection Service, LLC
Universal Protection Service, LLC, dba Allied
Universal Risk Advisory and Consulting Services
Universal Protection Service, LLC, dba Allied
Universal Security Services
Universal Protection Service, LLC, dba Allied
Universal Security Services, LLC
Universal Protection Service, LP
Universal Protection Service, LP, dba Allied
Universal Risk Advisory and Consulting Services
Universal Protection Service, LP, dba Allied
Universal Security Services
Universal Protection Service, LP, dba Allied
Universal Security Services, LP
Universal Services of America, LP
Universal Services of America, LP, dba Allied
Universal
Universal Thrive Technologies, LLC
Universal Thrive Technologies, LLC, dba Allied
Universal Monitoring and Response Center
Universal Thrive Technologies, LLC, dba Allied
Universal Technology Services
Universal Thrive Technologies, LLC, dba Thrive
Intelligence
UPSH Inc.
USA GP Sub LLC
USA Intermediate, Inc.
USAGM Acquisition, LLC
Vance Executive Protection, Inc.
Vance International Consulting, Inc.

POLICY NUMBER: RAD943781808

XIC 414 1013

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**ADDITIONAL INSURED**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
AUTO DEALERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

Schedule

Additional Insured(s)	Work
Any person or organization you have agreed to include as an additional insured under written contract, provided such contract was executed prior to the date of loss.	All Operations

COVERED AUTOS LIABILITY COVERAGE, Who Is An Insured, is amended to include as an "insured" the person or organization listed in the Schedule above, but only with respect to liability for "bodily injury" or "property damage" otherwise covered under this policy caused, in whole or in part, by the negligent acts or omissions of:

1. You, while using a covered "auto"; or
2. Any other person, except the additional insured or any employee or agent of the additional insured, operating a covered "auto" with your permission;

in the performance of your work as described in the Schedule above.

In no event shall any person or organization listed in the Schedule become an "insured" pursuant to this Endorsement if such person or organization is solely negligent.

IT IS FURTHER AGREED THAT IN NO EVENT SHALL ANY CONTRACT OR AGREEMENT ALTER THE CONDITIONS, COVERAGES OR EXCLUSIONS SET FORTH IN THIS POLICY.

All other terms and conditions of this policy remain unchanged.

POLICY NUMBER: RAD943781808

COMMERCIAL AUTO
CA 04 44 10 13**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.****WAIVER OF TRANSFER OF RIGHTS OF RECOVERY
AGAINST OTHERS TO US (WAIVER OF SUBROGATION)**

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM
BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured: ALLIED UNIVERSAL TOPCO, LLC**Endorsement Effective Date:** January 1, 2025**SCHEDULE****Name(s) Of Person(s) Or Organization(s):**

Any person or organization where waiver of our right to recover is required by written contract with such person or organization provided such contract was executed prior to the date of loss.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The **Transfer Of Rights Of Recovery Against Others To Us** condition does not apply to the person(s) or organization(s) shown in the Schedule, but only to the extent that subrogation is waived prior to the "accident" or the "loss" under a contract with that person or organization.

ENDORSEMENT #050

This endorsement, effective on 01/01/2025 at 12:01 A.M. standard time, forms a part of
Policy No. RES943799405 of the INDIAN HARBOR INSURANCE COMPANY
Issued to ALLIED UNIVERSAL TOPCO, LLC

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided by the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

A. SECTION II - Who Is an Insured is amended to include as an additional insured a person(s) or organization(s) who is required to be added by written contract or written agreement which does not require that a specific form number be used.

B. The insurance provided to additional insureds applies only to "bodily injury", "property damage", "professional liability" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf

In the performance of your ongoing operations for the additional insured; or "your work" performed for that additional insured and included in the "products-completed operations hazard"

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

C. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations; whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

D. The additional insured must see to it that:

1. We are notified as soon as practicable of an "occurrence" or offense that may result in a claim.
2. We receive written notice of a claim or "suit" as soon as practicable; and
3. A request for defense and indemnity of the claim or "suit" will promptly be brought against any policy issued by another insurer under which the additional insured also has rights an insured or additional insured.

E. This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

1. The additional insured is a Named Insured under such other insurance; and
2. You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.

All other terms and conditions remain as written.

ENDORSEMENT #024

This endorsement, effective on 01/01/2025 at 12:01 A.M. standard time, forms a part of
Policy No. RES943799405 of the INDIAN HARBOR INSURANCE COMPANY
Issued to ALLIED UNIVERSAL TOPCO, LLC

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

SCHEDULE

Name of person or Organization:

Where required by written contract.

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement)

The TRANSFER OF RECOVERY AGAINST OTHERS TO US Condition (Section IV – CONDITIONS) is amended by the addition of the following:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or “your work” done under a contract with that person or organization and included in the “products-completed operations hazard.” This waived applies only to the person or organization shown in the Schedule above.

All other terms and conditions remain as written.

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

WC 00 03 13

(Ed. 4-84)

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

Schedule

Any person or organization where waiver of our right to recover is required by written contract with such person or organization provided such contract was executed prior to the date of loss.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective 01-01-2025

Policy No. RWD3001203-09

Endorsement No.

Insured Allied Universal Topco, LLC

Insurance Company
XL Insurance America, Inc.

Countersigned by



WC 00 03 13
(Ed. 4-84)



Fulton County

Legislation Details

File #: 25-0620 **Version:** 1 **Name:**

Type: Executive Session **Status:** Passed

File created: 8/11/2025 **In control:** Board of Commissioners

On agenda: 8/20/2025 **Final action:** 8/20/2025

Title: Executive (CLOSED) Sessions regarding litigation (County Attorney), real estate (County Manager), and personnel (Pitts).

PRESENT IN THE EXECUTIVE SESSION REGARDING LITIGATION, REAL ESTATE, AND PERSONNEL: Chairman Pitts, Vice-Chairman Ellis, Commissioners: Thorne, Barrett, Ivory, and Abdur-Rahman; County Manager Dick Anderson; County Attorney Y. Soo Jo; and Clerk to the Commission Tonya R. Grier. Commissioner Arrington was absent.

Sponsors:

Indexes:

Code sections:

Attachments:

Date	Ver.	Action By	Action	Result
8/20/2025	1	Board of Commissioners	enter into executive session	Pass
8/20/2025	1	Board of Commissioners	approve	Pass
8/20/2025	1	Board of Commissioners	approve	Pass
8/20/2025	1	Board of Commissioners	approve	Pass

Certificate Of Completion

Envelope Id: 12030833-492F-448D-832C-9975DBA44461
 Subject: Allied-23RFP139745B-EC-Amendment No. 2 -\$2,025,761.71
 Parcel ID:
 Employee Name:
 Source Envelope:
 Document Pages: 14
 Certificate Pages: 6
 AutoNav: Enabled
 Envelopeld Stamping: Enabled
 Time Zone: (UTC-05:00) Eastern Time (US & Canada)

Status: Completed

Envelope Originator:
 Elsa D. Castro
 141 Pryor Street
 Purchasing & Contract Compliance, Suite 1168
 Atlanta, GA 30303
 elsa.castro@fultoncountyga.gov
 IP Address: 144.125.1.75

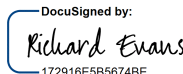
Record Tracking

Status: Original 9/22/2025 8:52:30 AM	Holder: Elsa D. Castro elsa.castro@fultoncountyga.gov	Location: DocuSign
Security Appliance Status: Connected	Pool: StateLocal	
Storage Appliance Status: Connected	Pool: Fulton County Government	Location: Docusign

Signer Events

Richard Evans
 richard.evans@aus.com
 Regional Vice President
 Security Level: Email, Account Authentication (None)

Signature

DocuSigned by:

 172916E5B5674BE...
 Signature Adoption: Pre-selected Style
 Using IP Address:
 2600:6c5e:367f:f111:1420:9989:5dd8:cc48

Timestamp

Sent: 9/22/2025 9:17:35 AM
 Resent: 9/25/2025 4:44:00 PM
 Resent: 9/29/2025 4:25:30 PM
 Resent: 9/29/2025 4:26:35 PM
 Resent: 9/30/2025 11:09:54 AM
 Resent: 9/30/2025 11:31:42 AM
 Resent: 10/1/2025 9:50:39 AM
 Viewed: 10/1/2025 9:51:32 AM
 Signed: 10/1/2025 9:51:55 AM

Electronic Record and Signature Disclosure:

Accepted: 9/29/2025 6:37:38 PM
 ID: 1ff705e9-5834-4763-8833-12f4b9a0043d

Shalanda M. J. Miller
 Shalanda.Miller@fultoncountyga.gov
 Fulton County Government
 Security Level: Email, Account Authentication (None)

DocuSigned by:

 5A8A2E7047644DA...
 Signature Adoption: Uploaded Signature Image
 Using IP Address: 136.226.3.112

Sent: 10/1/2025 9:51:57 AM
 Viewed: 10/1/2025 6:59:42 PM
 Signed: 10/1/2025 7:01:42 PM

Electronic Record and Signature Disclosure:

Not Offered via Docusign

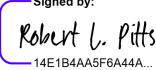
Nikki Peterson
 nikki.peterson@fultoncountyga.gov
 Chief Deputy Clerk to the Board of Commissioners
 Fulton County Government
 Security Level: Email, Account Authentication (None)

Completed
 Using IP Address: 66.56.23.82

Sent: 10/1/2025 7:01:43 PM
 Resent: 10/2/2025 12:44:54 PM
 Viewed: 10/3/2025 12:24:12 PM
 Signed: 10/3/2025 12:25:07 PM

Electronic Record and Signature Disclosure:

Accepted: 11/27/2017 1:39:37 PM
 ID: b7ce88ee-0c66-4f3a-bfee-705e0af602d8

Signer Events	Signature	Timestamp
Robert L. Pitts harriet.thomas@fultoncountyga.gov Chairman Fulton County Security Level: Email, Account Authentication (None)	<div>Signed by:  14E1B4AA5F6A44A...</div> <div>Signature Adoption: Pre-selected Style Using IP Address: 74.174.59.10</div>	Sent: 10/3/2025 12:25:09 PM Viewed: 10/3/2025 1:43:29 PM Signed: 10/3/2025 1:43:38 PM

Electronic Record and Signature Disclosure:
Accepted: 10/3/2025 1:43:29 PM
ID: b8226a05-aa4a-4edd-b022-6a591c2fa235

Tonya Grier
tonya.grier@fultoncountyga.gov
Clerk to the Commission
Fulton County Government
Security Level: Email, Account Authentication (None)

Signed by:

EEC476C4837648D...



Signature Adoption: Uploaded Signature Image
Using IP Address: 104.129.207.95

Sent: 10/3/2025 1:43:40 PM
Viewed: 10/3/2025 1:44:35 PM
Signed: 10/3/2025 1:45:10 PM

Electronic Record and Signature Disclosure:
Accepted: 3/16/2018 10:54:59 AM
ID: f3f241e8-3027-4447-9476-6cf20ae25dd4

In Person Signer Events	Signature	Timestamp
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Editor Delivery Events	Status	Timestamp
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Agent Delivery Events	Status	Timestamp
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Intermediary Delivery Events	Status	Timestamp
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Certified Delivery Events	Status	Timestamp
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Carbon Copy Events	Status	Timestamp
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Dian DeVaughn
dian.devaughn@fultoncountyga.gov
Security Level: Email, Account Authentication (None)

COPIED

Sent: 10/3/2025 1:45:13 PM
Viewed: 10/3/2025 3:27:52 PM

Electronic Record and Signature Disclosure:
Not Offered via Docusign

Delia Dickerson
Delia.Dickerson@fultoncountyga.gov
Security Level: Email, Account Authentication (None)

COPIED

Sent: 10/3/2025 1:45:14 PM

Electronic Record and Signature Disclosure:
Accepted: 8/23/2021 11:41:28 AM
ID: 13ef99c6-a2aa-4947-a9d4-2fae81d04d59

Witness Events	Signature	Timestamp
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Notary Events	Signature	Timestamp
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Envelope Summary Events	Status	Timestamps
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Envelope Sent	Hashed/Encrypted	9/22/2025 9:17:35 AM
Envelope Updated	Security Checked	9/25/2025 4:43:59 PM
Envelope Updated	Security Checked	9/25/2025 4:43:59 PM

Envelope Summary Events	Status	Timestamps
Envelope Updated	Security Checked	9/30/2025 11:31:37 AM
Envelope Updated	Security Checked	9/30/2025 11:31:37 AM
Envelope Updated	Security Checked	9/30/2025 11:31:37 AM
Envelope Updated	Security Checked	9/30/2025 11:31:37 AM
Envelope Updated	Security Checked	9/30/2025 11:31:37 AM
Envelope Updated	Security Checked	9/30/2025 11:31:37 AM
Certified Delivered	Security Checked	10/3/2025 1:44:35 PM
Signing Complete	Security Checked	10/3/2025 1:45:10 PM
Completed	Security Checked	10/3/2025 1:45:14 PM
Payment Events	Status	Timestamps
Electronic Record and Signature Disclosure		

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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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