



DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE

CONTRACT RENEWAL AGREEMENT

DEPARTMENT: Real Estate and Asset Management

BID/RFP# NUMBER: 19ITB118796C-BKJ

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

ORIGINAL APPROVAL DATE: 11/6/2019

RENEWAL EFFECTIVE DATES: 1/ 1/ 2021 **THROUGH** 12/ 31/2021

RENEWAL OPTION #: 1 OF 2

NUMBER OF RENEWAL OPTIONS: 2

RENEWAL AMOUNT: \$100,000.00

COMPANY'S NAME: ProTec Fire Protection, Inc.

ADDRESS: 2330 Protec Way

CITY: Loganville

STATE: GA

ZIP: 30052

This Renewal Agreement No. 1 was approved by the Fulton County Board of Commissioners on BOC DATE: 10-7-20 BOC NUMBER: 20-0684

SIGNATURES: SEE NEXT PAGE

SIGNATURES:

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

Pro Tec Fire Protection Inc.

DocuSigned by:

Robert L. Pitts

EEAD7CADD33E4E8...

Robert L. Pitts, Chairman

Fulton County Board of Commissioners

Please select Attest or Notary from checkbox

☒ Attest

ATTEST:

DocuSigned by:

Tonya R. Grier

EEC476C4837046D...

Tonya R. Grier

Interim Clerk to the Commission

(Affix County Seal)



AUTHORIZATION OF RENEWAL:

DocuSigned by:

Joseph Davis

0E0566173E2143F...

Full Name

Director

Real Estate and Asset Management

DocuSigned by:

Traci Ford

72A9CFCF189C45A...

Full Name

Office Administrator

Notary

ATTEST:

Joy Wilson

**Secretary/
Assistant Secretary**

(Affix Corporate Seal)

DocuSigned by:



ATTEST:

Notary Public

County: _____

Commission Expires: _____

(Affix Notary Seal)

Please select RCS or RM from the checkbox

☒

RCS

☐

RM

ITEM#: x **RCS: x**
RECESS MEETING

ITEM#: 2020-0684 **RM: 10/7/2020**
REGULAR MEETING





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/17/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must 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 Insurance Solutions of America 925 West State Road 434, Ste 201 Winter Springs FL 32708	CONTACT NAME: PHONE (A/C, No, Ext): 407-332-0033 FAX (A/C, No): 407-332-0030 E-MAIL ADDRESS: certs@isolutionsfl.com														
INSURED Pro-Tec Fire Protection LLC 2330 Pro-Tec Way Loganville GA 30052	<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 : Bridgefield Casualty Ins. Co.</td> <td style="text-align: center;">10335</td> </tr> <tr> <td>INSURER B : Evanston Insurance Company</td> <td style="text-align: center;">35378</td> </tr> <tr> <td>INSURER C : Old Dominion Insurance Company</td> <td></td> </tr> <tr> <td>INSURER D : Hudson Excess Insurance Company</td> <td style="text-align: center;">14484</td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Bridgefield Casualty Ins. Co.	10335	INSURER B : Evanston Insurance Company	35378	INSURER C : Old Dominion Insurance Company		INSURER D : Hudson Excess Insurance Company	14484	INSURER E :		INSURER F :	
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COVERAGES**CERTIFICATE NUMBER:** 2093523840**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
D	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		FSL000705-01	7/20/2020	7/20/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 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 \$
C	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y		B1P0077U 00	5/27/2020	5/27/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	Y		FSLU000345-01	7/20/2020	7/20/2021	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
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	0196-46721	7/20/2020	7/20/2021	<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
D	Excess over Excess			MKLV2EUE100928	7/20/2020	7/20/2021	Occ 5,000,000 Agg 5,000,000

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

Certificate is subject to all policy limits, conditions and exclusions.

Fulton County Government, its employees, servants, and agents are named as additional insured with respects to general liability (on a primary and non-contributory basis), auto liability, and excess liability if required by written contract.

CERTIFICATE HOLDER**CANCELLATION**

Fulton County Government - Purchasing Department
 130 Peachtree Street SW, Ste 1168
 Atlanta GA 30303

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

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