

## DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE

## **CONTRACT RENEWAL AGREEMENT**

**DEPARTMENT: Finance** 

BID/RFP NUMBER: 22RFP092722C-MH

**BID/RFP TITLE: Healthcare Benefits Consulting Services** 

ORIGINAL APPROVAL DATE: February 15, 2023

RENEWAL EFFECTIVE DATES: January 1, 2025 through December 31, 2025

RENEWAL OPTION #: 2 OF 2

**NUMBER OF RENEWAL OPTIONS: 2** 

**RENEWAL AMOUNT: \$340,000.00** 

COMPANY'S NAME: The Segal Company (Southeast), Inc, (d/b/a/Segal)

ADDRESS: One Paces West, 2727 Paces Ferry Road SE, Suite 1400

**CITY: Atlanta** 

STATE:GA

ZIP:30339

This Renewal Agreement No. 2 was approved by the Fulton County Board of Commissioners on [Insert approval date and Item 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	THE SEGAL COMPANY (SOUTHEAST), INC, (D/B/A/SEGAL)
Robert L. Pitts, Chairman Fulton County Board of Commissioners	[Insert name] [Insert title]
ATTEST:	ATTEST:
Tonya R. Grier Clerk to the Commission	Secretary/ Assistant Secretary
(Affix County Seal)	(Affix Corporate Seal)
AUTHORIZATION OF RENEWAL:	ATTEST:
Hakeem Oshikoya, Finance Director	Notary Public
	County:
	Commission Expires:
	(Affix Notary Seal)
ITEM#: RM: REGULAR MEETING	ITEM#:2 <sup>nd</sup> RM: SECOND REGULAR MEETING

## **CERTIFICATE OF INSURANCE**