



DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE

CONTRACT RENEWAL AGREEMENT

DEPARTMENT: Public Works

BID/RFP NUMBER: 25ITB1357598A-ST

BID/RFP TITLE: Soft Dig Services

ORIGINAL APPROVAL DATE: May 21, 2025

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

RENEWAL OPTION #1 OF 2

NUMBER OF RENEWAL OPTIONS: 2

RENEWAL AMOUNT: \$127,500.00

COMPANY'S NAME: VACUTEK INTEGRATED SERVICES

ADDRESS: 1435 North Countyline Road

CITY: Alto

STATE: GA

ZIP: 30510

**This Renewal Agreement No.1 was approved by the Fulton County Board of
Commissioners on BOC DATE: 10-01-2025 BOC NUMBER: 25-0738**

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

Robert L. Pitts

Robert L. Pitts, Chairman
Fulton County Board of Commissioners

VACUTEK INTEGRATED SERVICES

Billy Holliday

Billy Holliday
President

ATTEST:

Tonya R. Grier

Tonya R. Grier
Clerk to the Commissioners

(Affix County Seal)



AUTHORIZATION OF RENEWAL:

David Clark

David Clark, Director
Public Works

ITEM#: 25-0738B RM: 10/01/2025

REGULAR MEETING

ITEM#: _____ 2nd RM: _____

SECOND REGULAR MEETING

CERTIFICATE OF INSURANCE

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE \MM/DD/YYYY)
8/29/2025

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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER		CONTACT NAME: Pauline Boaz	
McGriff, a MMA LLC Company 2520 Northwinds Pkwy Suite 600 Alpharetta, GA 30009 770 664-6818		PHONE \A/C, No, Ext) 770 664-6818 FAX \A/C, No) 888 827-9870	
		E-MAIL ADDRESS: pboaz@mcgriff.com	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A : Continental Casualty Company	20443
		INSURER B : Valley Forge Insurance Company	20508
		INSURER C : Westchester Surplus Lines Insurance	10172
		INSURER D : The Continental Insurance Company	35289
		INSURER E :	
		INSURER F :	

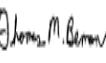
COVERAGES		CERTIFICATE NUMBER:		REVISION NUMBER:												
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO 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 INSR	WVD	POLICY NUMBER	POLICY EFF \MM/DD/YYYY	POLICY EXP \MM/DD/YYYY	LIMITS								
A	COMMERCIAL GENERAL LIABILITY				7094377458	08/27/2025	08/27/2026	EACH OCCURRENCE	\$2,000,000							
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/>							DAMAGE TO RENTED PREMISES \EA occurrence)	\$50,000							
								MED EXP \Any one person)	\$5,000							
								PERSONAL & ADV INJURY	\$2,000,000							
								GENERAL AGGREGATE	\$4,000,000							
D	AUTOMOBILE LIABILITY				BUA709437744	08/27/2025	08/27/2026	PRODUCTS - COMP/OP AGG	\$4,000,000							
	ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/>							SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/>	COMBINED SINGLE LIMIT \EA accident)	\$1,000,000						
									BODILY INJURY \Per person)	\$						
									BODILY INJURY \Per accident)	\$						
									PROPERTY DAMAGE \Per accident)	\$						
A	UMBRELLA LIAB				7094377461	08/27/2025	08/27/2026	EACH OCCURRENCE	\$5,000,000							
	EXCESS LIAB							OCCUR <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/>	AGGREGATE	\$5,000,000						
	DED <input checked="" type="checkbox"/> RETENTION \$10,000									\$						
	B							WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y / N	N / A		7094377475	08/27/2025	08/27/2026	X PER STATUTE	OTH-ER
								ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> \Mandatory in NH)							E.L. EACH ACCIDENT	\$1,000,000
If yes, describe under DESCRIPTION OF OPERATIONS below		E.L. DISEASE - EA EMPLOYEE	\$1,000,000													
		E.L. DISEASE - POLICY LIMIT	\$1,000,000													
C A		Pollution CL Inland Marin				G48756438001 8033386781	09/12/2025 08/27/2025	09/12/2026 08/27/2026							\$3,000,000 /\$3,00,000 Lsd & rntd \$25,000	

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

Certificate holder is a "Additionally Insured" per the Coverage Form attached to this policy.

CERTIFICATE HOLDER

CANCELLATION

Fulton County Government 141 Pryor St SW 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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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 ON WHOSE BEHALF YOU ARE REQUIRED TO OBTAIN THIS WAIVER TO RECOVER UNDER A WRITTEN CONTRACT OR AGREEMENT.

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 08/27/2025

Policy No. 7094377475

Endorsement No.

Insured Vacutek LLC-Integrated Services

Premium \$

Insurance Company Continental Casualty Company

Countersigned by _____

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CNA	CNA PARAMOUNT
Blanket Additional Insured - Owners, Lessees or Contractors - with Products-Completed Operations Coverage Endorsement	

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

It is understood and agreed as follows:

- I. WHO IS AN INSURED** is amended to include as an **Insured** any person or organization whom you are required by **written contract** to add as an additional insured on this **coverage part**, but only with respect to liability for **bodily injury, property damage or personal and advertising injury** caused in whole or in part by your acts or omissions, or the acts or omissions of those acting on your behalf:
 - A. in the performance of your ongoing operations subject to such **written contract**; or
 - B. in the performance of **your work** subject to such **written contract**, but only with respect to **bodily injury or property damage** included in the **products-completed operations hazard**, and only if:
 - 1. the **written contract** requires you to provide the additional insured such coverage; and
 - 2. this **coverage part** provides such coverage.
- II. But if the **written contract** requires:**
 - A. additional insured coverage under the 11-85 edition, 10-93 edition, or 10-01 edition of CG2010, or under the 10-01 edition of CG2037; or
 - B. additional insured coverage with "arising out of" language; or
 - C. additional insured coverage to the greatest extent permissible by law;
 then paragraph **I.** above is deleted in its entirety and replaced by the following:
- WHO IS AN INSURED** is amended to include as an **Insured** any person or organization whom you are required by **written contract** to add as an additional insured on this **coverage part**, but only with respect to liability for **bodily injury, property damage or personal and advertising injury** arising out of **your work** that is subject to such **written contract**.
- III. Subject always to the terms and conditions of this policy, including the limits of insurance, the Insurer will not provide such additional insured with:**
 - A. coverage broader than required by the **written contract**; or
 - B. a higher limit of insurance than required by the **written contract**.
- IV. The insurance granted by this endorsement to the additional insured does not apply to **bodily injury, property damage, or personal and advertising injury** arising out of:**
 - A. the rendering of, or the failure to render, any professional architectural, engineering, or surveying services, including:
 - 1. the preparing, approving, or failing to prepare or approve maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; and
 - 2. supervisory, inspection, architectural or engineering activities; or
 - B. any premises or work for which the additional insured is specifically listed as an additional insured on another endorsement attached to this **coverage part**.
- V. Under COMMERCIAL GENERAL LIABILITY CONDITIONS, the Condition entitled **Other Insurance** is amended to add the following, which supersedes any provision to the contrary in this Condition or elsewhere in this **coverage part**:**

CNA75079XX (10-16)

Page 1 of 2



CNA PARAMOUNT

Blanket Additional Insured - Owners, Lessees or Contractors - with Products-Completed Operations Coverage Endorsement

Primary and Noncontributory Insurance

With respect to other insurance available to the additional insured under which the additional insured is a named insured, this insurance is primary to and will not seek contribution from such other insurance, provided that a **written contract** requires the insurance provided by this policy to be:

1. primary and non-contributing with other insurance available to the additional insured; or
2. primary and to not seek contribution from any other insurance available to the additional insured.

But except as specified above, this insurance will be excess of all other insurance available to the additional insured.

VII. Solely with respect to the insurance granted by this endorsement, the section entitled **COMMERCIAL GENERAL LIABILITY CONDITIONS** is amended as follows:

The Condition entitled **Duties In The Event of Occurrence, Offense, Claim or Suit** is amended with the addition of the following:

Any additional insured pursuant to this endorsement will as soon as practicable:

1. give the Insurer written notice of any **claim**, or any **occurrence** or offense which may result in a **claim**;
2. send the Insurer copies of all legal papers received, and otherwise cooperate with the Insurer in the investigation, defense, or settlement of the **claim**; and
3. make available any other insurance, and tender the defense and indemnity of any **claim** to any other insurer or self-insurer, whose policy or program applies to a loss that the Insurer covers under this **coverage part**. However, if the **written contract** requires this insurance to be primary and non-contributory, this paragraph 3. does not apply to insurance on which the additional insured is a named insured.

The Insurer has no duty to defend or indemnify an additional insured under this endorsement until the Insurer receives written notice of a **claim** from the additional insured.

VII. Solely with respect to the insurance granted by this endorsement, the section entitled **DEFINITIONS** is amended to add the following definition:

Written contract means a written contract or written agreement that requires you to make a person or organization an additional insured on this **coverage part**, provided the contract or agreement:

- A. is currently in effect or becomes effective during the term of this policy; and
- B. was executed prior to:
 1. the **bodily injury** or **property damage**; or
 2. the offense that caused the **personal and advertising injury**;for which the additional insured seeks coverage.

Any coverage granted by this endorsement shall apply solely to the extent permissible by law.

All other terms and conditions of the Policy remain unchanged.

This endorsement, which forms a part of and is for attachment to the Policy issued by the designated Insurers, takes effect on the effective date of said Policy at the hour stated in said Policy, unless another effective date is shown below, and expires concurrently with said Policy.

CNA75079XX (10-16)

Page 2 of 2



ENVIRONMENTAL
POLICY NUMBER: 15PKGSE20197

Evanston Insurance Company

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AUTOMATIC PRIMARY AND NON-CONTRIBUTORY INSURANCE

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE FORM
CONTRACTOR'S POLLUTION LIABILITY COVERAGE FORM

SCHEDULE

Name of Person or Organization:

Any additional insured to whom you agree in a written contract signed by both parties and executed prior to the commencement of operations to provide Primary and/or Non-Contributory status under this insurance.

As respects the above scheduled person(s) or organization(s), the following changes are made a part of this insurance:

1. Coverage available under this coverage part shall apply as primary insurance.
2. Any other insurance available to the above scheduled person(s) or organization(s) under any other third party liability policy shall apply as excess and not contribute as primary to the insurance afforded by this endorsement.

It is further agreed that coverage provided by this endorsement for the entities identified by the above schedule shall not apply as respects any claim, loss or liability resulting from the sole negligence of the entities identified by the above schedule.

All other terms and conditions remain unchanged.

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Vacutek LLC-Integrated Services
7094377458
08/27/2025 - 08/27/2026



CNA PARAMOUNT
Policy Holder Notice - Countrywide

It is understood and agreed that:

If the **Named Insured** has agreed under written contract to provide notice of cancellation to a party to whom the Agent of Record has issued a Certificate of Insurance, and if the Insurer cancels a policy term described on that Certificate of Insurance for any reason other than nonpayment of premium, then notice of cancellation will be provided to such Certificate holders at least 30 days in advance of the date cancellation is effective.

If notice is mailed, then proof of mailing to the last known mailing address of the Certificate holder on file with the Agent of Record will be sufficient to prove notice.

Any failure by the Insurer to notify such persons or organizations will not extend or invalidate such cancellation, or impose any liability or obligation upon the Insurer or the Agent of Record.

All other terms and conditions of the Policy remain unchanged.

This endorsement, which forms a part of and is for attachment to the Policy issued by the designated Insurers, takes effect on the effective date of said Policy at the hour stated in said Policy, unless another effective date is shown below, and expires concurrently with said Policy.

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Vacutek LLC-Integrated Services



**CNA Paramount Excess and Umbrella Liability
Policyholder Notice**

POLICY HOLDER NOTICE - COUNTRYWIDE

It is understood and agreed that:

If the **Named Insured** has agreed under written contract to provide notice of cancellation to a party to whom the Agent of Record has issued a Certificate of Insurance, and if the Insurer cancels a policy term described on that Certificate of Insurance for any reason other than nonpayment of premium, then notice of cancellation will be provided to such Certificate holders at least 30 days in advance of the date cancellation is effective.

If notice is mailed, then proof of mailing to the last known mailing address of the Certificate holder on file with the Agent of Record will be sufficient to prove notice.

Any failure by the Insurer to notify such persons or organizations will not extend or invalidate such cancellation, or impose any liability or obligation upon the Insurer or the Agent of Record.

Form No: CNA75014XX (01-2015)

Policy No: 7094377461
Policy Effective Date: 08/27/2025

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**Business Auto Policy
Policy Endorsement**

CONTRACTORS EXTENDED COVERAGE ENDORSEMENT - BUSINESS AUTO PLUS

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

I. LIABILITY COVERAGE

A. Who Is An Insured

The following is added to **Section II, Paragraph A.1., Who Is An Insured**:

1. a. Any incorporated entity of which the Named Insured owns a majority of the voting stock on the date of inception of this Coverage Form; provided that,
 - b. The insurance afforded by this provision **A.1.** does not apply to any such entity that is an **insured** under any other liability "policy" providing **auto** coverage.
2. Any organization you newly acquire or form, other than a limited liability company, partnership or joint venture, and over which you maintain majority ownership interest.

The insurance afforded by this provision **A.2.:**

- a. Is effective on the acquisition or formation date, and is afforded only until the end of the policy period of this Coverage Form, or the next anniversary of its inception date, whichever is earlier.
- b. Does not apply to:
 - (1) **Bodily injury or property damage** caused by an **accident** that occurred before you acquired or formed the organization; or
 - (2) Any such organization that is an **insured** under any other liability "policy" providing **auto** coverage.

3. Any person or organization that you are required by a written contract to name as an additional insured is an **insured** but only with respect to their legal liability for acts or omissions of a person, who qualifies as an **insured** under **SECTION II – WHO IS AN INSURED** and for whom Liability Coverage is afforded under this policy. If required by written contract, this insurance will be primary and non-contributory to insurance on which the additional insured is a Named Insured.
4. An **employee** of yours is an **insured** while operating an **auto** hired or rented under a contract or agreement in that **employee's** name, with your permission, while performing duties related to the conduct of your business.

"Policy", as used in this provision **A. Who Is An Insured**, includes those policies that were in force on the inception date of this Coverage Form but:

1. Which are no longer in force; or
2. Whose limits have been exhausted.

B. Bail Bonds and Loss of Earnings

Section II, Paragraphs A.2. (2) and A.2. (4) are revised as follows:

1. In a.(2), the limit for the cost of bail bonds is changed from \$2,000 to \$5,000; and
2. In a.(4), the limit for the loss of earnings is changed from \$250 to \$500 a day.

Form No: CNA63359XX (04-2012)

Endorsement Effective Date:

Endorsement No: 18page4 of 4

Underwriting Company: Continental Casualty Company

Policy No: BUA709437744

Policy Effective Date: 08/27/2025



**Business Auto Policy
Policy Endorsement**

C. Fellow Employee

Section II, Paragraph B.5 does not apply.

Such coverage as is afforded by this provision C. is excess over any other collectible insurance.

II. PHYSICAL DAMAGE COVERAGE

A. Glass Breakage – Hitting A Bird Or Animal – Falling Objects Or Missiles

The following is added to **Section III, Paragraph A.3.:**

With respect to any covered **auto**, any deductible shown in the Declarations will not apply to glass breakage if such glass is repaired, in a manner acceptable to us, rather than replaced.

B. Transportation Expenses

Section III, Paragraph A.4.a. is revised, with respect to transportation expense incurred by you, to provide:

- a. \$60 per day, in lieu of \$20; subject to
- b. \$1,800 maximum, in lieu of \$600.

C. Loss of Use Expenses

Section III, Paragraph A.4.b. is revised, with respect to loss of use expenses incurred by you, to provide:

- a. \$1,000 maximum, in lieu of \$600.

D. Hired "Autos"

The following is added to **Section III. Paragraph A.:**

5. Hired "Autos"

If Physical Damage coverage is provided under this policy, and such coverage does not extend to Hired Autos, then Physical Damage coverage is extended to:

- a. Any covered **auto** you lease, hire, rent or borrow without a driver; and
- b. Any covered **auto** hired or rented by your **employee** without a driver, under a contract in that individual **employee's** name, with your permission, while performing duties related to the conduct of your business.
- c. The most we will pay for any one **accident or loss** is the actual cash value, cost of repair, cost of replacement or \$75,000, whichever is less, minus a \$500 deductible for each covered auto. No deductible applies to **loss** caused by fire or lightning.
- d. The physical damage coverage as is provided by this provision is equal to the physical damage coverage(s) provided on your owned **autos**.
- e. Such physical damage coverage for hired **autos** will:
 - (1) Include loss of use, provided it is the consequence of an **accident** for which the Named Insured is legally liable, and as a result of which a monetary loss is sustained by the leasing or rental concern.
 - (2) Such coverage as is provided by this provision will be subject to a limit of \$750 per **accident**.

E. Airbag Coverage

The following is added to **Section III, Paragraph B.3.:**

The accidental discharge of an airbag shall not be considered mechanical breakdown.

Form No: CNA63359XX (04-2012)

Endorsement Effective Date:

Endorsement Expiration Date:

Policy No: BUA709437744

Policy Effective Date: 08/27/2025

Endorsement No: 18a9e464f4f4

Underwriting Company: Continental Casualty Company



**Business Auto Policy
Policy Endorsement**

F. Electronic Equipment

Section III, Paragraphs B.4.c and B.4.d. are deleted and replaced by the following:

- c. Physical Damage Coverage on a covered **auto** also applies to **loss** to any permanently installed electronic equipment including its antennas and other accessories
- d. A \$100 per occurrence deductible applies to the coverage provided by this provision.

G. Diminution In Value

The following is added to **Section III, Paragraph B.6.:**

Subject to the following, the **diminution in value** exclusion does not apply to:

- a. Any covered **auto** of the private passenger type you lease, hire, rent or borrow, without a driver for a period of 30 days or less, while performing duties related to the conduct of your business; and
- b. Any covered **auto** of the private passenger type hired or rented by your **employee** without a driver for a period of 30 days or less, under a contract in that individual **employee's** name, with your permission, while performing duties related to the conduct of your business.
- c. Such coverage as is provided by this provision is limited to a **diminution in value** loss arising directly out of accidental damage and not as a result of the failure to make repairs; faulty or incomplete maintenance or repairs; or the installation of substandard parts.
- d. The most we will pay for **loss** to a covered **auto** in any one accident is the lesser of:
 - (1) \$5,000; or
 - (2) 20% of the **auto's** actual cash value (ACV).

III. Drive Other Car Coverage – Executive Officers

The following is added to **Sections II and III:**

- 1. Any **auto** you don't own, hire or borrow is a covered **auto** for Liability Coverage while being used by, and for Physical Damage Coverage while in the care, custody or control of, any of your "executive officers", except:
 - a. An **auto** owned by that "executive officer" or a member of that person's household; or
 - b. An **auto** used by that "executive officer" while working in a business of selling, servicing, repairing or parking **autos**.

Such Liability and/or Physical Damage Coverage as is afforded by this provision.

- (1) Equal to the greatest of those coverages afforded any covered **auto**; and
- (2) Excess over any other collectible insurance.

- 2. For purposes of this provision, "executive officer" means a person holding any of the officer positions created by your charter, constitution, by-laws or any other similar governing document, and, while a resident of the same household, includes that person's spouse.

Such "executive officers" are **insureds** while using a covered **auto** described in this provision.

IV. BUSINESS AUTO CONDITIONS

A. Duties In The Event Of Accident, Claim, Suit Or Loss

The following is added to **Section IV, Paragraph A.2.a.:**

Form No: CNA63359XX (04-2012)

Endorsement Effective Date:

Endorsement Expiration Date:

Policy No: BUA709437744

Policy Effective Date: 08/27/2025

Endorsement No: 18page4 of 4

Underwriting Company: Continental Casualty Company



**Business Auto Policy
Policy Endorsement**

(4) Your **employees** may know of an **accident or loss**. This will not mean that you have such knowledge, unless such **accident or loss** is known to you or if you are not an individual, to any of your executive officers or partners or your insurance manager.

The following is added to **Section IV, Paragraph A.2.b.:**

(6) Your **employees** may know of documents received concerning a claim or **suit**. This will not mean that you have such knowledge, unless receipt of such documents is known to you or if you are not an individual, to any of your executive officers or partners or your insurance manager.

B. Transfer Of Rights Of Recovery Against Others To Us

The following is added to **Section IV, Paragraph A.5. Transfer Of Rights Of Recovery Against Others To Us:**

We waive any right of recovery we may have, because of payments we make for injury or damage, against any person or organization for whom or which you are required by written contract or agreement to obtain this waiver from us.

This injury or damage must arise out of your activities under a contract with that person or organization.

You must agree to that requirement prior to an **accident or loss**.

C. Concealment, Misrepresentation or Fraud

The following is added to **Section IV, Paragraph B.2.:**

Your failure to disclose all hazards existing on the date of inception of this Coverage Form shall not prejudice you with respect to the coverage afforded provided such failure or omission is not intentional.

D. Other Insurance

The following is added to **Section IV, Paragraph B.5.:**

Regardless of the provisions of Paragraphs 5.a. and 5.d. above, the coverage provided by this policy shall be on a primary non-contributory basis. This provision is applicable only when required by a written contract.

That written contract must have been entered into prior to **Accident or Loss**.

E. Policy Period, Coverage Territory

Section IV, Paragraph B. 7.(5).(a). is revised to provide:

a. 45 days of coverage in lieu of 30 days.

V. DEFINITIONS

Section V. paragraph C. is deleted and replaced by the following:

Bodily injury means bodily injury, sickness or disease sustained by a person, including mental anguish, mental injury or death resulting from any of these.

Form No: CNA63359XX (04-2012)

Endorsement Effective Date:

Endorsement Expiration Date:

Policy No: BUA709437744

Endorsement No: 18a@ge@: df 4f 4

Policy Effective Date: 08/27/2025

Underwriting Company: Continental Casualty Company


NOTICE OF CANCELLATION OR MATERIAL CHANGE - DESIGNATED PERSON OR ORGANIZATION

It is understood and agreed that this endorsement amends the following:

AUTO DEALERS COVERAGE FORM

BUSINESS AUTO COVERAGE FORM

MOTOR CARRIER COVERAGE FORM

In the event of cancellation or material change that reduces or restricts the insurance provided by this Coverage Form, we agree to send prior notice of cancellation or material change to the person or organization scheduled below at the address scheduled below. This endorsement does not amend our obligation to notify the Named Insured of cancellation as described in the Common Policy Conditions or in another endorsement attached to this policy.

SCHEDULE
1. Number of days advance notice:

10 Days if we cancel for non-payment of premium.

30 Days if the policy is cancelled for any other reason, or if coverage is restricted or reduced by endorsement.

2. Person or Organization's Name and Address

Name:	Fulton County Government
Attention:	
Street Address:	141 Pryor St SW Atlanta, GA 30303
City, State, ZIP:	
e-mail address:	

All other terms and conditions of the policy remain unchanged

This endorsement, which forms a part of and is for attachment to the policy issued by the designated Insurers, takes effect on the Policy Effective date of said policy at the hour stated in said policy, unless another effective date (the Endorsement Effective Date) is shown below, and expires concurrently with said policy.

Form No: CNA72315XX (04-2019)
 Endorsement Effective Date:
 Endorsement No: ; Page: 1 of 1
 Underwriting Company:

Endorsement Expiration Date:

Policy No: BUA709437744
 Policy Effective Date: 08/27/2025
 Policy Page:

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Named Insured Vacutek LLC-Integrated Services			Endorsement Number
Policy Symbol	Policy Number 7094377458	Policy Period 08/27/2025 to 08/27/2026	Effective Date of Endorsement
Issued By (Name of Insurance Company)			

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

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 PART
CONTRACTORS POLLUTION LIABILITY COVERAGE PART**

SCHEDULE

Name of Person or Organization:

Any person or organization that is an owner of real property or personal property on which you are performing operations, or a contractor on whose behalf you are performing operations, and only at the specific written request of such person or organization to you, wherein such request is made prior to commencement of operations.

(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 RIGHTS OF RECOVERY AGAINST OTHERS TO US Condition** 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 waiver applies only to the person or organization shown in the Schedule above.

All other terms and conditions remain the same.

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ADDITIONAL INSURED ENDORSEMENT – ONGOING WORK OR OPERATIONS

Named Insured Vacutek LLC-Integrated Services		Endorsement Number
Policy Symbol	Policy Number G48756438001	Policy Period 09/12/2025 to 09/12/2026
Issued By (Name of Insurance Company) Westchester Surplus Lines Insurance Company		

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

THIS ENDORSEMENT MODIFIES INSURANCE PROVIDED UNDER THE FOLLOWING:

CONTRACTORS POLLUTION LIABILITY COVERAGE PART

SCHEDULE:

Name of Person(s) or Organization(s): As required by written contract, prior to a loss to which this insurance applies

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

A. SECTION II - WHO IS AN INSURED is amended to include as an additional insured the persons or organizations shown in the Schedule, but only with respect to liability for injury or damage, to which this insurance applies, 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 insureds.

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.

B. With respect to the insurance afforded to these additional insureds, the following exclusion is added:

Exclusions

This insurance does not apply to injury or damage occurring after:

- a. All work or operations, including materials, parts or equipment furnished in connection with such work or operations, on the project (other than service, maintenance or repairs) to be performed by you or on your behalf at the site of the covered operations has been completed; or
- b. That portion of **your work** out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for the additional insured as a part of the same project.



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.

All other terms and conditions of this policy remain unchanged.



ADDITIONAL INSURED ENDORSEMENT – PRODUCTS-COMPLETED OPERATIONS HAZARD

Named Insured Vacutek LLC-Integrated Services			Endorsement Number
Policy Symbol	Policy Number G48756438001	Policy Period 09/12/2025 to 09/12/2026	Effective Date of Endorsement 09/12/2025
Issued By (Name of Insurance Company) Westchester Surplus Lines Insurance Company			

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

THIS ENDORSEMENT MODIFIES INSURANCE PROVIDED UNDER THE FOLLOWING:

CONTRACTORS POLLUTION LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization: As required by written contract, prior to a loss to which this insurance applies

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

A. SECTION II – WHO IS AN INSURED is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for injury or damage, to which this insurance applies, caused by or resulting from **your work** performed for that additional insured and included in the **products-completed operations hazard**, and only to the extent that such injury or damage is caused, in whole or in part, by your negligence or the negligence of those acting on your behalf.

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.

B. 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.

All other terms and conditions of this policy remain unchanged.

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PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION

Named Insured Vacutek LLC-Integrated Services			Endorsement Number
Policy Symbol	Policy Number G48756438001	Policy Period 09/12/2025	Effective Date of Endorsement 09/12/2025
Issued By (Name of Insurance Company) Westchester Surplus Lines Insurance Company			

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

THIS ENDORSEMENT MODIFIES INSURANCE PROVIDED UNDER THE FOLLOWING:

CONTRACTOR'S POLLUTION LIABILITY COVERAGE PART

The following is added to the **Other Insurance** Condition and supersedes any provision to the contrary:

Primary and Noncontributory Insurance

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

- a. The additional insured is a named insured under such other insurance; and
- b. The **named insured** has agreed in a written contract or agreement that this insurance would:
 - (1) act as primary insurance; and
 - (2) would not seek contribution from any other insurance available to the additional insured.

All other terms and conditions of this policy remain unchanged.

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DocuSign INSTRUCTIONS

The DocuSign instructions below explain the following:

- How to sign a DocuSign document
- How to seal a DocuSign document
- How to upload attachments to a DocuSign document

How to sign a DocuSign document

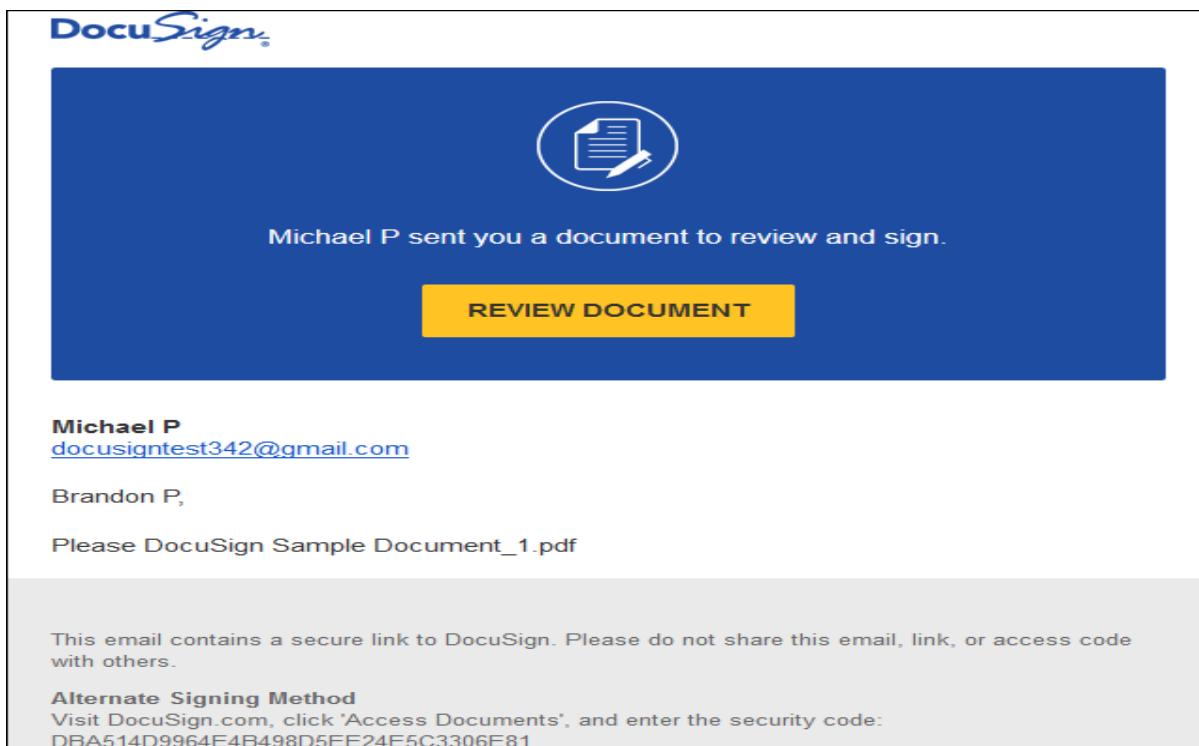
When someone sends you a DocuSign document for your electronic signature, you will receive an email from DocuSign sent on behalf of the sender (Fulton County Government).

Step 1: Review the DocuSign email

Open the email and review the message from the sender. Click **REVIEW DOCUMENT** to begin the signing process.

Note: Your experience as a signer may also vary depending on how the document sender wants you to sign. New signers have a different experience than returning signers and signers with a DocuSign account. To learn more, watch [Sign Video](#) by clicking the link.

[Sign Video](#)



Step 2: Agree to sign electronically

Review the consumer disclosure, and select the checkbox **I agree to use Electronic Records and Signatures**. Click **CONTINUE** to begin the signing process.

Please Review & Act on These Documents

 **Michael Palmer**
DocuSign Customer Service

 I agree to use Electronic Records and **CONTINUE** **OTHER ACTIONS ▾**

Signatures

DocuSign Envelope ID: 424E4A41-987E-4179-883E-DA3CEF1818D8

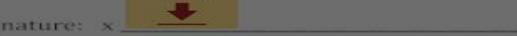
Sample Document

Primary Signer

Name: Michael Palmer

Gender: Male Female

Married:

Signature:  **SIGN** 

Date: 12/2/2014

DocuSign English (US) ▾ | Terms Of Use & Privacy ▾ | Copyright © 2014 DocuSign Inc.

Important! To view and sign the documents, you must agree to conduct business electronically.

Note: To view additional options, click **OTHER ACTIONS**. For more information of other actions available, please review our Signing Documentation.

Step 3: Start the signing process

1. Click the **START** tag on the left to begin the signing process.

START  DocuSign Envelope ID: 424E4A41-987E-4179-883E-DA3CEF1818D8

Sample Document

You are taken to the first tag requiring your action.

 **SIGN**  **SIGN** 

Signature: x

2. Click the **SIGN** tag. You are asked to Adopt Your Signature.

Adopt Your Signature

Confirm your name, initials, and signature.

Full Name **Initials**

[Select Style](#) [Draw](#)

Preview

DocuSigned by:

02367A3E9D33485...


DS
MP

[Change Style](#)

By clicking Adopt and Sign, I agree that the signature and initials will be the electronic representation of my signature and initials for all purposes when I (or my agent) use them on documents, including legally binding contracts - just the same as a pen-and-paper signature or initial.

[ADOPT AND SIGN](#) [CANCEL](#)

Step 4: Verify your name

Verify that your name and initials are correct. If not, change them as needed.

Step 5: Adopt a signature

Do one of the following:

- Accept the default signature and initial style, and go to the next step.
- Click **Change Style**, and select a different signature option.
- Click **Draw**. Draw your signature/initials using a mouse, or your finger or a stylus on a touchscreen.

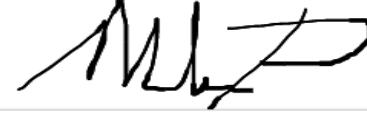
Adopt Your Signature

Confirm your name, initials, and signature.

Full Name **Initials**

[Select Style](#) [Draw](#)

Draw your signature [Clear](#)



By clicking Adopt and Sign, I agree that the signature and initials will be the electronic representation of my signature and initials for all purposes when I (or my agent) use them on documents, including legally binding contracts - just the same as a pen-and-paper signature or initial.

[ADOPT AND SIGN](#) [CANCEL](#)

Step 6: Save your signature

Click **ADOPT AND SIGN** to adopt and save your signature information and return to the document.

Step 7: Confirm signing

When you finish clicking all signature tags in the document, confirm signing by clicking **FINISH**.

AGREED TO:	
Social Security Number	<input type="text" value="000-00-0000"/>
Signature	
Printed Name	David Guerrero
Date:	7/14/2014
AGREED TO:	
Signature \s2\	<input type="text"/>
Printed Name \s2\	<input type="text"/>
Date:	<input type="text"/>

A message appears stating that you have completed your document. You can now download a PDF copy or print a copy of the document. The sender receives an email with the signed document attached, and the signed document appears in their DocuSign account.

How to Seal a Document

Step 1: To save the signature and seal

- Please get a white sheet of paper
- Sign and affix the seal to the paper
- Scan signature and seal to desktop (**Scan cannot be saved as .pdf. Must be saved as .jpeg or .bmp**)
- Or take a picture of the signature and seal with cell phone camera – send picture to email then save to desktop
- Once seal is properly saved to desktop and correct format (.jpeg or .bmp) – Open electronic contract from DocuSign email
- Correctly fill out designated fields
- Here is an example of a signed seal.



- If you are required to affix seal; you will be prompted to populate these fields:
Once you double click the signature flag on the contract, it will bring you to this screen
- Upload the document

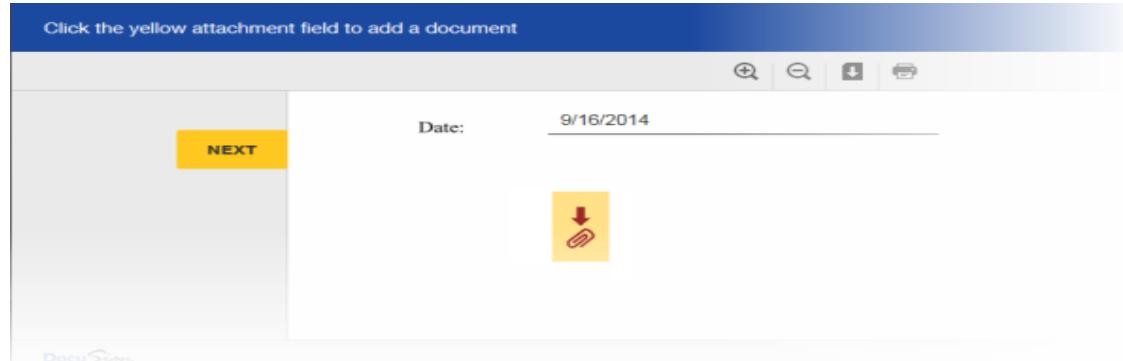


- After you Click **UPLOAD**, you will be taken to the following screen
- Click **UPLOAD YOUR SIGNATURE**
- This action will send you to your desktop
- Select the save Seal image
- Then the Signature and Seal will be uploaded to the electronic document

How to upload attachments to a DocuSign document

The Signer Attachment feature has a request for the signer to provide supporting documentation to the sender by uploading to the DocuSign® envelope during the signing process.

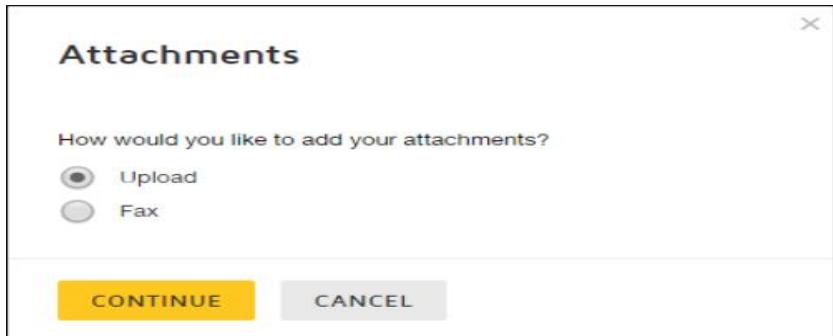
When the signer reaches an attachment field, the signer is prompted to provide a document.



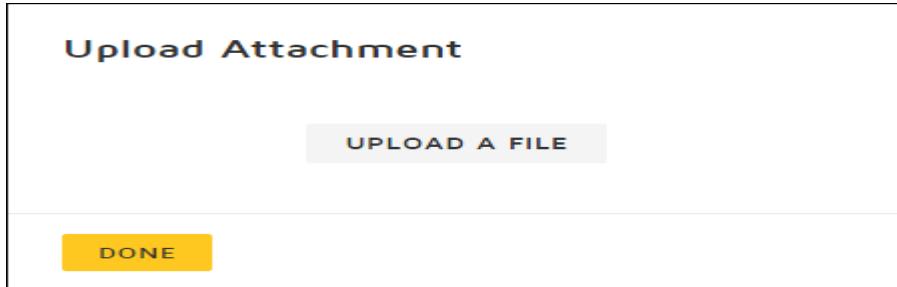
The steps taken by the signer depends on how they will submit the requested documents; by uploading them. The signer follows the instructions below:

Uploading Your Documents

If you want to upload the requested document, you must have an electronic copy (such as a scanned copy) of the document saved as a file on your computer. Click the attachment field, the Attachments dialog box is shown.



To upload the files, select **Upload** and click **CONTINUE**.



After uploading the file, you will be asked if you want to add another attachment. Add other attachments as needed following the same upload process.

After uploading the attachments, click **DONE** to continue the signing process. The system attaches the file as a new page after the current page and replaces the attachment field with an upload icon.

After uploading all your attachments, finish adding any more information to the document and review the documents.

After the documents have been uploaded and all other tags are filled out or signed, you can complete the signing process normally.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/11/2023

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

The Insurance Company
12345678
The Insurance Company Service Center
10000 Good Street
Anytown, GA 30301

CONTACT

NAME: _____
PHONE: (888) 555-9876
(A/C, No, Ext): _____

FAX (888) 555-9877
(A/C, No): _____

E-MAIL: _____
ADDRESS: _____

INSURER(S) AFFORDING COVERAGE

NAIC#

INSURED

INC
999 Any Street NW
ATLANTA GA 30303-1234

INSURER A : The Fire Insurance Company

12345

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			11 XXX ZI000	01/01/2023	01/01/2024	EACH OCCURRENCE	\$100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000
	<input checked="" type="checkbox"/> General Liability	<input checked="" type="checkbox"/>					MED EXP (Any one person)	
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	\$1,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC						GENERAL AGGREGATE	\$100,000
	OTHER:						PRODUCTS - COMP/OP AGG	\$2,000,000
A	AUTOMOBILE LIABILITY			11 XXX ZI000	01/01/2023	02/01/2024	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	ANY AUTO						BODILY INJURY (Per person)	
	<input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> Hired AUTOS	<input checked="" type="checkbox"/>	SCHEDULED AUTOS				BODILY INJURY (Per accident)	
	X		NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident)	
	UMBRELLA LIAB EXCESS LIAB	<input checked="" type="checkbox"/>	OCCUR CLAIMS-MADE				EACH OCCURRENCE	\$1,000,000
A	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			11 XXX ZI000	01/01/2023	01/01/2024	AGGREGATE	\$1,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE	OTHE-ER
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>		0123456789	01/01/2023	01/01/2024	E.L. EACH ACCIDENT	\$500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE -EA EMPLOYEE	\$500,000
							E.L. DISEASE - POLICY LIMIT	\$500,000

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

Certificate holder is a "Additionally Insured" per the Coverage Form attached to this policy.

CERTIFICATE HOLDER

Fulton County Government
141 PRYOR ST SW
ATLANTA GA 30303-3408

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

SIGN HERE

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Certificate Of Completion

Envelope Id: D5C21E5E-6875-4059-9E86-6F8284E3C8E2

Status: Completed

Subject: Contract Renewal Agreement - (B) Vacutek Integrated Services.pdf, DocuS...

Parcel ID:

Employee Name:

Source Envelope:

Document Pages: 36

Signatures: 4

Envelope Originator:

Certificate Pages: 6

Initials: 0

Shondra Turner

AutoNav: Enabled

Stamps: 1

141 Pryor Street

EnvelopeD Stamping: Enabled

Purchasing & Contract Compliance, Suite 1168

Time Zone: (UTC-05:00) Eastern Time (US & Canada)

Atlanta, GA 30303

shondra.turner@fultoncountyga.gov

IP Address: 169.224.182.188

Record Tracking

Status: Original

12/4/2025 1:02:44 PM

Holder: Shondra Turner

Location: DocuSign

Security Appliance Status: Connected

shondra.turner@fultoncountyga.gov

Storage Appliance Status: Connected

Pool: StateLocal

Location: Docusign

Signer Events

Billy Holliday



bholliday@vacutek.com

Holder: Shondra Turner

Timestamp

Security Level: Email, Account Authentication (None)

shondra.turner@fultoncountyga.gov

Sent: 12/4/2025 1:13:02 PM

Signature Adoption: Drawn on Device
Using IP Address:
2601:c2:e82:df90:9508:f99:1f8a:5be8
Signed using mobile

Resent: 12/4/2025 1:16:00 PM

Resent: 12/9/2025 10:04:38 AM

Resent: 12/11/2025 3:31:55 PM

Resent: 12/11/2025 4:15:49 PM

Viewed: 12/13/2025 8:59:54 AM

Signed: 12/13/2025 9:02:35 AM

Electronic Record and Signature Disclosure:

Accepted: 12/4/2025 1:30:24 PM

ID: e7723327-22f6-4ae7-8310-a9d68bea6f8f

David Clark



david.clark@fultoncountyga.gov

Director

Public Works

Security Level: Email, Account Authentication (None)

Holder: David Clark

Sent: 12/13/2025 9:02:37 AM

Viewed: 12/13/2025 8:36:10 PM

Signed: 12/13/2025 8:36:24 PM

Signature Adoption: Pre-selected Style
Using IP Address:
2601:c6:cb00:8910:6456:4801:f8eb:e033
Signed using mobile

Electronic Record and Signature Disclosure:

Accepted: 11/13/2017 1:07:14 PM

ID: 62e0a41e-60ea-4640-a1cb-69bfc2cfa732

Nikki Peterson

Completed

Nikki.Peterson@fultoncountyga.gov

Using IP Address: 74.174.59.10

Sent: 12/13/2025 8:36:26 PM

Viewed: 12/15/2025 9:45:01 AM

Signed: 12/15/2025 9:49:31 AM

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)		Sent: 12/15/2025 9:49:33 AM Viewed: 12/15/2025 11:12:24 AM Signed: 12/15/2025 11:12:36 AM
Electronic Record and Signature Disclosure:		
Accepted: 12/15/2025 11:12:24 AM ID: 3d36c864-7f54-4826-986d-5dd40997a1bf		
Tonya Grier Tonya.Grier@fultoncountyga.gov Clerk to the Commission Fulton County Government Security Level: Email, Account Authentication (None)	 	Sent: 12/15/2025 11:12:38 AM Viewed: 12/15/2025 11:25:48 AM Signed: 12/15/2025 11:26:13 AM
Signature Adoption: Uploaded Signature Image Using IP Address: 134.231.232.249		
Electronic Record and Signature Disclosure:		
Accepted: 10/27/2025 11:21:47 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
Shondra Turner shondra.turner@fultoncountyga.gov Security Level: Email, Account Authentication (None)		Sent: 12/15/2025 11:26:16 AM Resent: 12/15/2025 11:26:26 AM Viewed: 12/15/2025 11:29:56 AM
Electronic Record and Signature Disclosure:		
Not Offered via DocuSign		
Brian Jones brian.jones@fultoncountyga.gov President-Elect Fulton County Government Security Level: Email, Account Authentication (None)		Sent: 12/15/2025 11:26:18 AM
Electronic Record and Signature Disclosure:		
Not Offered via DocuSign		
Dian DeVaughn dian.devaughn@fultoncountyga.gov Security Level: Email, Account Authentication (None)		Sent: 12/15/2025 11:26:19 AM
Electronic Record and Signature Disclosure:		
Not Offered via DocuSign		

Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	12/4/2025 1:13:02 PM
Envelope Updated	Security Checked	12/12/2025 10:40:47 PM
Certified Delivered	Security Checked	12/15/2025 11:25:48 AM
Signing Complete	Security Checked	12/15/2025 11:26:13 AM
Completed	Security Checked	12/15/2025 11:26:19 AM
Payment Events	Status	Timestamps
Electronic Record and Signature Disclosure		

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.

Getting paper copies

At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. You will have the ability to download and print documents we send to you through the DocuSign system during and immediately after signing session and, if you elect to create a DocuSign signer account, you may access them for a limited period of time (usually 30 days) after such documents are first sent to you. You may request delivery of such paper copies from us by following the procedure described below.

Withdrawing your consent

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

Consequences of changing your mind

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. To indicate to us that you are changing your mind, you must withdraw your consent using the DocuSign 'Withdraw Consent' form on the signing page of a DocuSign envelope instead of signing it. This will indicate to us that you have withdrawn your consent to receive required notices and disclosures electronically from us and you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

All notices and disclosures will be sent to you electronically

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

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Screen Resolution:	800 x 600 minimum
Enabled Security Settings:	Allow per session cookies

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