



**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

VACUTEK INTEGRATED SERVICES

*Robert L. Pitts*  
Robert L. Pitts, Chairman  
Fulton County Board of Commissioners

*Billy Holliday*  
Billy Holliday  
President

ATTEST:

*Tonya R. Grier*  
Tonya R. Grier  
Clerk to the Commission  
(Affix County Seal)



AUTHORIZATION OF RENEWAL:

*David Clark*  
David Clark, Director  
Public Works

ITEM#: 25-0738B	RM: 10/01/2025	ITEM#: _____	2 <sup>nd</sup> RM: _____
REGULAR MEETING		SECOND REGULAR MEETING	

## **CERTIFICATE OF INSURANCE**

**ACORD**<sup>TM</sup>**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).

<b>PRODUCER</b> <b>McGriff, a MMA LLC Company</b> <b>2520 Northwinds Pkwy Suite 600</b> <b>Alpharetta, GA 30009</b> <b>770 664-6818</b>	<b>CONTACT NAME: Pauline Boaz</b> <b>PHONE (A/C, No, Ext): 770 664-6818</b> <b>FAX (A/C, No): 888 827-9870</b> <b>E-MAIL ADDRESS: pboaz@mcgriff.com</b>														
<b>INSURED</b> <b>Vacutec LLC-Integrated Services</b> <b>2500 Clean Water Court, Bdg A, Sre 4</b> <b>Buford, GA 30518-5733</b>	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Continental Casualty Company</td> <td>20443</td> </tr> <tr> <td>INSURER B : Valley Forge Insurance Company</td> <td>20508</td> </tr> <tr> <td>INSURER C : Westchester Surplus Lines Insurance</td> <td>10172</td> </tr> <tr> <td>INSURER D : The Continental Insurance Company</td> <td>35289</td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>	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 :	
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**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/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			7094377458	08/27/2025	08/27/2026	EACH OCCURRENCE \$2,000,000 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 PRODUCTS - COMP/OP AGG \$4,000,000 \$
D	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			BUA709437744	08/27/2025	08/27/2026	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$10,000			7094377461	08/27/2025	08/27/2026	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	7094377475	08/27/2025	08/27/2026	<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
C	Pollution CL			G48756438001	09/12/2025	09/12/2026	\$3,000,000 /\$3,00,000
A	Inland Marin			8033386781	08/27/2025	08/27/2026	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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**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 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 \_\_\_\_\_

**WC 00 03 13**

(Ed. 4-84)

Copyright 1983 National Council on Compensation Insurance.

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	<p style="text-align: right;"><b>CNA PARAMOUNT</b></p> <p style="text-align: center;"><b>Blanket Additional Insured - Owners, Lessees or Contractors - with Products-Completed Operations Coverage Endorsement</b></p>
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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

	<p style="text-align: right;"><b>CNA PARAMOUNT</b></p> <p style="text-align: center;"><b>Blanket Additional Insured - Owners, Lessees or Contractors - with Products-Completed Operations Coverage Endorsement</b></p>
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**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.

**VI. 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



## **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

	<b>CNA PARAMOUNT</b> <b>Policy Holder Notice - Countrywide</b>
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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: CNA 75014XX (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 Expiration Date:

Policy No: BUA709437744

Policy EffectiveDate: 08/27/2025

Endorsement No: 1 Page 4 of 4

Underwriting Company: Continental Casualty Company



**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 No: 1 Page 4 of 4

Underwriting Company: Continental Casualty Company

Endorsement Expiration Date:

Policy No: BUA709437744

Policy EffectiveDate: 08/27/2025



**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 No: 1 Page 4 of 4

Underwriting Company: Continental Casualty Company

Endorsement Expiration Date:

Policy No: BUA709437744

Policy Effective Date: 08/27/2025



**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 No: 1 Page 4 of 4

Underwriting Company: Continental Casualty Company

Endorsement Expiration Date:

Policy No: BUA709437744

Policy EffectiveDate: 08/27/2025

BUA709437744

**Business Auto Policy  
Policy Endorsement****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.

This page has been left blank intentionally.



## 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 <b>to</b> 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(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 Vacuthek 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 <b>to</b> 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:**

#### 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

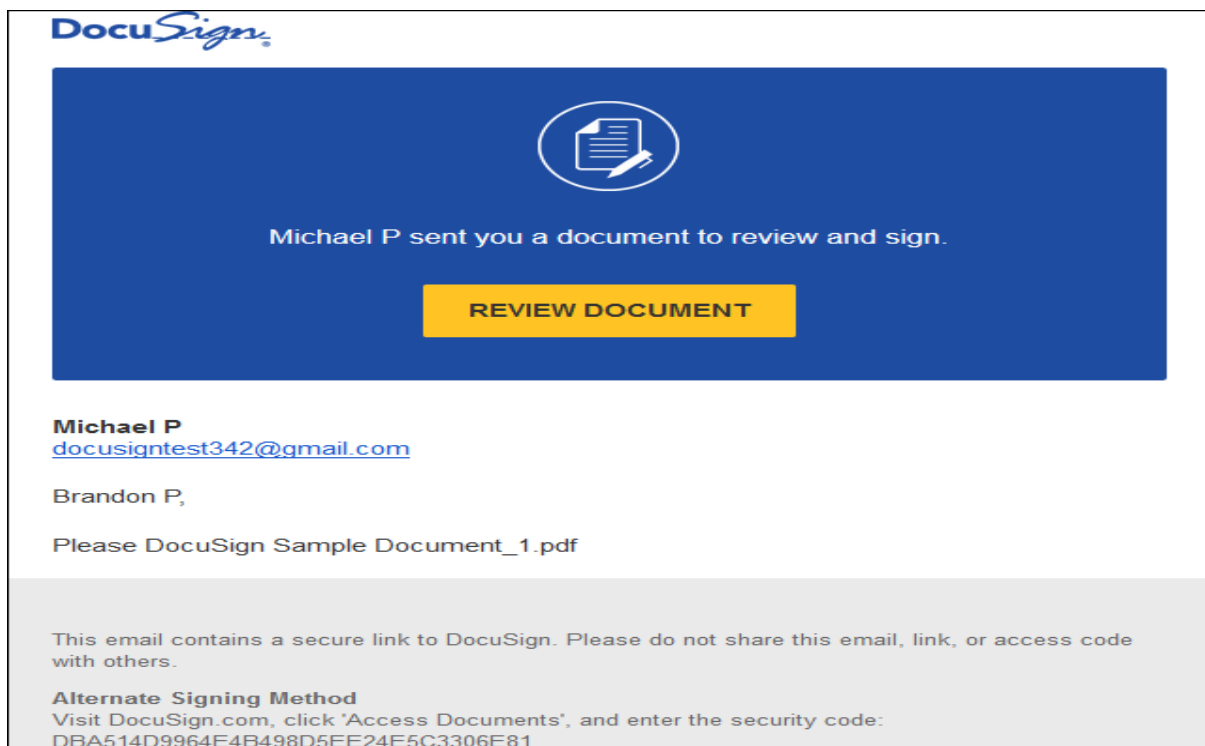
When someone sends you a DocuSign document for your electronic signature, you will receive an email from DocuSign sent on behalf of the sender (Fulton County Government).

### 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

DocuSign

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: x

Date: 12/2/2014

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

Signature: x

SIGN

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

×

## Adopt Your Signature

Confirm your name, initials, and signature.

Full Name

Michael P

Initials

MP

Select Style

Draw

Preview

DocuSigned by:

Michael P

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

Michael P

Initials

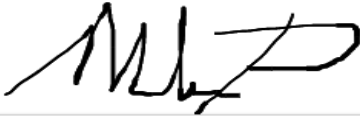
MP

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 \*\*\*\*\*

Digitized by: David Guerrero

Signature CC/PA/MSK/08/04/14

Printed Name David Guerrero

Date: 7/14/2014

AGREED TO:

Signature \s2\

Printed Name \s2\

Date:

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

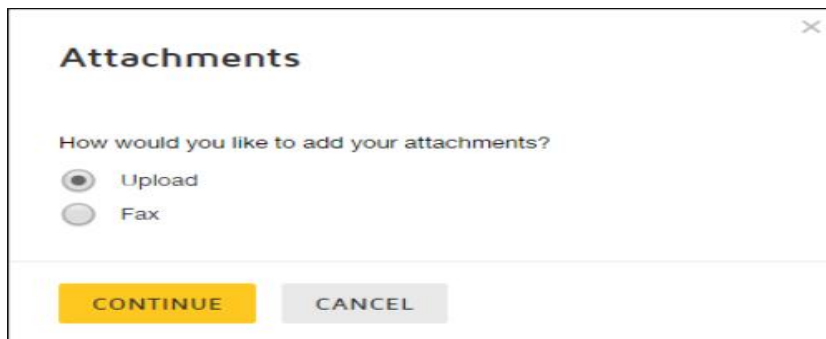
The Signer Attachment feature has a request for the signer to provide supporting documentation to the sender by uploading to the DocuSign® envelope during the signing process.

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.

A dialog box titled "Attachments" with a close button (X) in the top right corner. Below the title, it asks "How would you like to add your attachments?". There are two radio button options: "Upload" (which is selected) and "Fax". At the bottom, there are two buttons: "CONTINUE" (yellow) and "CANCEL" (gray).

**Attachments**

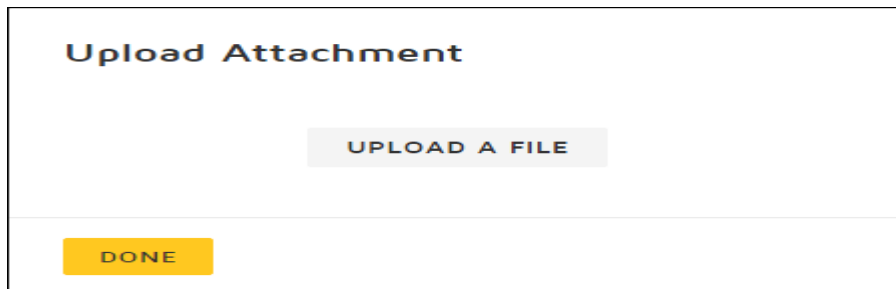
How would you like to add your attachments?

☒ Upload

☐ Fax

**CONTINUE** **CANCEL**

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

A dialog box titled "Upload Attachment". In the center, there is a button labeled "UPLOAD A FILE". At the bottom left, there is a yellow button labeled "DONE".

**Upload Attachment**

**UPLOAD A FILE**

**DONE**

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).

<b>PRODUCER</b> The Insurance Company 12345678 The Insurance Company Service Center 10000 Good Street Anytown, GA 30301	<b>CONTACT NAME:</b> PHONE (888) 555-9876 (A/C, No, Ext):		FAX (888) 555-9877 (A/C, No):
	<b>E-MAIL ADDRESS:</b>		
<b>INSURED</b> INC 999 Any Street NW ATLANTA GA 30303-1234	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC#</b>
	<b>INSURER A :</b> The Fire Insurance Company		12345
	<b>INSURER B :</b>		
	<b>INSURER C :</b>		
	<b>INSURER D :</b>		
	<b>INSURER E :</b>		
	<b>INSURER F :</b>		

## 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 YYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> General Liability	X		11 XXX ZI000	01/01/2023	01/01/2024	EACH OCCURRENCE \$100,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$100,000 PRODUCTS - COMP/OP AGG \$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:						
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						EACH OCCURRENCE \$1,000,000 AGGREGATE \$1,000,000
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$500,000 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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ACORD 25 (2016/03)

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\*\*\*In additions to meeting the insurance limits outlined on pp.1-2, the highlighted areas must also be included-checked box under "ADDL INSR", Fulton County Government listed as Certificate Holder and an Authorized Representative Signature.\*\*\*

## 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

Envelopeld 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

Holder: Shondra Turner

Location: DocuSign

12/4/2025 1:02:44 PM

shondra.turner@fultoncountyga.gov

Security Appliance Status: Connected

Pool: StateLocal

Storage Appliance Status: Connected

Pool: Fulton County Government

Location: Docusign

## Signer Events

## Signature

## Timestamp

Billy Holliday

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

bholliday@vacutek.com

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

Security Level: Email, Account Authentication (None)

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

Signature Adoption: Drawn on Device

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

Using IP Address:

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

2601:c2:e82:df90:9508:f99:1f8a:5be8

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

Signed using mobile

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

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

david.clark@fultoncountyga.gov

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

Director

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

Public Works

Signature Adoption: Pre-selected Style

Security Level: Email, Account Authentication (None)

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**

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

Nikki.Peterson@fultoncountyga.gov

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

Chief Deputy Clerk to the Board of Commissioners

Using IP Address: 74.174.59.10

Fulton County Government


Security Level: Email, Account Authentication (None)

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)	  Signature Adoption: Pre-selected Style Using IP Address: 74.174.59.10	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)




Signature Adoption: Uploaded Signature Image  
Using IP Address: 134.231.232.249

Sent: 12/15/2025 11:12:38 AM  
Viewed: 12/15/2025 11:25:48 AM  
Signed: 12/15/2025 11:26:13 AM

**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)

**COPIED**

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)

**COPIED**

Sent: 12/15/2025 11:26:18 AM

**Electronic Record and Signature Disclosure:**  
Not Offered via Docusign

Dian DeV Vaughn  
dian.dev Vaughn@fultoncountyga.gov  
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Witness Events	Signature	Timestamp
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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
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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
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