

DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE

CONTRACT RENEWAL AGREEMENT

DEPARTMENT: Department of Real Estate and Asset Management

BID/RFP# NUMBER: 23ITB136993C-GS

BID/RFP# TITLE: Medical and Clinical General Cleaning Services

ORIGINAL APPROVAL DATE: 5/3/2023

RENEWAL EFFECTIVE DATES: 1/01/2024 THROUGH 12/31/2024

RENEWAL OPTION #: 1 of 2

NUMBER OF RENEWAL OPTIONS: 2

RENEWAL AMOUNT: \$440,290.00

COMPANY'S NAME: Intercontinental Commercial Services, Inc. (ICS, Inc.)

ADDRESS: 912 Hurricane Shoals Road, NE

CITY: Lawrenceville

STATE: GA

ZIP: 30043

This Renewal Agreement No. 1 was approved by the Fulton County Board of

Commissioners on BOC DATE: 10/18/2023 BOC NUMBER: 23-0713

SIGNATURES: SEE NEXT PAGE

SIGNATURES:

Vendor agrees to accept the renewal option and abide by the terms and conditions set forth in the contract and specifications as referenced herein: <u>Bid #23ITB136993C-GS</u>

FULTON COUNTY, GE	EORGIA	INTERCONTINENTAL COMMERCIAL SERVICES, INC. (ICS, INC.)
DocuSigned by:		DocuSigned by:
Robert L. Pitts BA715B1A26544E7		telly B. Ildamson E2B232C96FE040C
Robert L. Pitts, Chair	man	Kelly B. Adamson
Fulton County Board	of Commissioners	Vice President of Sales
ATTEST:		ATTEST:
Docusigned by: Tonya R. Gricr EEC476C4837648D		
Tonya R. Grier	DocuSigned by:	Secretary/
Clerk to the Commiss	sion	Assistant Secretary
(Affix County Seal)	A THOMAS IN THE STATE OF THE ST	(Affix Corporate Seal)
AUTHORIZATION OF	RENEWAL:	ATTEST:
DocuSigned by:		DocuSigned by:
Joseph N. Davis		Loren kim
Joseph N. Davis, Dire Department of Real E		Notary Public
Management		Forsyth
•		County:
		Commission Expires: 3/16/2026
		(Affix Notary Seal)
_		
	23-0713 ITEM#: R	10/18/2023 CS:
	RECESS MEETING	

23-0712 Real Estate and Asset Management

Request approval to renew an existing contract - Department of Real Estate and Asset Management, RFP#21RFP131973C-MH, Bus and Shuttle Services in an amount not to exceed \$760,000.00 with MTI Limo and Shuttle Services, Inc. (College Park, GA), to provide bus and shuttle services for Fulton County employees and jurors. This action exercises the second of two renewal options. No renewal options remain. Effective dates: January 1, 2024 through December 31, 2024.

23-0713 Real Estate and Asset Management

Request approval to renew an existing contract - Department of Real Estate and Asset Management, 23ITB136993C-GS, Medical and Clinical General Cleaning Services in an amount not to exceed \$440,290.00 with Intercontinental Commercial Services, Inc. (ICS, Inc.) (Lawrenceville, GA), to provide the highest quality medical and clinical general cleaning services for selected Fulton County Health facilities. This action exercises the first of two renewal options. One renewal option remains. Effective dates: January 1, 2024, through December 31, 2024.

23-0714 Real Estate and Asset Management

Request approval to renew existing contracts - Department of Real Estate and Asset Management, 21ITB130147C-GS, Modular Workstations and Free Standing Furniture Countywide, in an amount not to exceed \$1,500,000.00 with (A) 5 Star Office Furniture, Inc. (Avondale Estates, GA) in an amount not to exceed \$675,000.00 and (B) Office Design Concepts Georgia, LLC (Atlanta, GA) in an amount not to exceed \$575,000.00 to provide office modular workstation systems and free standalone furniture for Fulton County agencies on an "as needed" basis; and (C) Beltmann Relocation (Stone Mountain, GA) in an amount not to exceed \$250,000.00, to provide all labor for breaking down and reconfigurations of existing workstations and office relocation by requested user departments on an "as needed" basis for Fulton County agencies. This action exercises the second of two renewal options. No renewal options remain. Effective dates: January 1, 2024, through December 31, 2024.

23-0715 Real Estate and Asset Management

Request approval to renew existing contracts - Department of Real Estate and Asset Management, 22ITB135741C-GS, Fire Sprinkler Protection System Maintenance Services in an amount not to exceed \$215,000.00 with VSC Fire & Security, Inc. (Norcross, GA), to provide fire sprinkler protection system maintenance services for Countywide facilities. This action exercises the first of two renewal options. One renewal option remains. Effective dates: January 1, 2024, through December 31, 2024.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/02/2023

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

PRODUCER		CONTACT NAME:	Jennifer Heidt		
	Hanc Corporation dba Ace Insurance	PHONE (A/C, No, Ext):	(770)710-0238	FAX (A/C, No):	
	11539 Park Woods Circle Suite 303 ALPHARETTA, GA 30005	E-MAIL ADDRESS:	jennifer@hancgroup.com		
			INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A:	Liberty Mutual		23043
NSURED	INTERCONTINENTAL COMMERCIAL SERVICE INC	INSURER B :			
	DBA ICS INC	INSURER C:			
912	912 HURRICANE SHOALS RD NE	INSURER D :			
	LAWRENCEVILLE, GA 30043	INSURER E :			
		INSURER F :			

COVERAGES CERTIFICATE NUMBER: 00000516-3991955 REVISION NUMBER: 331

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 ADDLISUBR POLICY EXP									
`	TYPE OF INSURANCE				(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	s	
X	COMMERCIAL GENERAL LIABILITY	Υ		BKS (23) 62 84 93 35	11/01/2022	11/01/2023	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	500,000
X	GENERAL LIABILITY						MED EXP (Any one person)	\$	15,000
							PERSONAL & ADV INJURY	\$	1,000,000
GEN							GENERAL AGGREGATE	\$	2,000,000
	POLICY X PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:							\$	
AUT	OMOBILE LIABILITY	Υ		BAS (23) 62 84 93 35	11/01/2022	11/01/2023	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
X	ANY AUTO						BODILY INJURY (Per person)	\$	
X	AUTOS ONLY AUTOS						BODILY INJURY (Per accident)	\$	
X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
								\$	
Х	UMBRELLA LIAB X OCCUR	Υ		USO (23) 62 84 93 35	11/01/2022	11/02/2023	EACH OCCURRENCE	\$	5,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	5,000,000
	DED RETENTION \$							\$	
	EMPLOYEDELLIABILITY			XWS (23) 62 84 93 35	11/01/2022	11/01/2023	X PER OTH-		
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		NI / A		, ,			E.L. EACH ACCIDENT	\$	1,000,000
		N/A	N/A				E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Bu	ilding			BKS (23) 62 84 93 35	11/01/2022	11/01/2023			1,743,000
BP	P			BKS (23) 62 84 93 35	11/01/2022	11/01/2023			848,000
	X X GEN AUT X X X X WORAND ANY OFFI (Marie DES) Bu	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X GENERAL LIABILITY GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS ONLY X HIRED AUTOS ONLY X AUTOS ONLY X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X GENERAL LIABILITY GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS ONLY X HIRED AUTOS ONLY X AUTOS ONLY X AUTOS ONLY X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ((Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Building	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X GENERAL LIABILITY GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X JECT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY X HIRED AUTOS ONLY X AUTOS ONLY X AUTOS ONLY X LIABILITY X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTINER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Building	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X GENERAL LIABILITY GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- OTHER: AUTOMOBILE LIABILITY AUTOS ONLY X AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY X WIMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Building BKS (23) 62 84 93 35	TYPE OF INSURANCE INSD WYD POLICY NUMBER (MM/DD/YYYY) X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X GENERAL LIABILITY GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X JECT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY X NON-OWNED AUTOS ONLY X HIRED AUTOS ONLY X AUTOS ONLY X LIABILITY X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/RM/BMER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Building BKS (23) 62 84 93 35 11/01/2022	TYPE OF INSURANCE INSD WVD POLICY NUMBER MM/DD/YYYYYY MM/DD/YYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYY	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY Y BKS (23) 62 84 93 35 11/01/2022 11/01/2023 11	TYPE OF INSURANCE NSD WVD POLICY NUMBER (MM/DD/YYYY) (MM/DD/YYYY) (MM/DD/YYYY) (MM/DD/YYYY)

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

Certificate holder is a Additionally Insured

CERTIFICATE HOLDER	CANCELLATIO
CERTIFICATE HULDER	CANCELLATIO

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

(JJH)

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