



**FULTON
COUNTY**

**AMENDMENT #2, UNDER PO
16RFP071816K-DJ YR25
FORM TO CONTRACT**

#16RFP071816K-DJ

**OPERATIONS & MAINTENANCE
SERVICES FOR CAMP CREEK
MANAGED ASSETS**

For

DEPARTMENT OF PUBLIC WORKS

AMENDMENT NO. 2 TO FORM OF CONTRACT

Contractor: **Veolia Water North America – South, LLC**

Contract No.: **16RFP071816K-DJ, Operation & Maintenance (O&M) Services for Camp Creek Managed Assets**

Address: **387 18th Street, NW**
City, State **Atlanta, GA 30363**

Telephone: **678-925-6057**

Email: joseph.tackett@veolia.com

Contact: **Joseph Tackett,
Senior Vice President**

WITNESSETH

WHEREAS, Fulton County (“County”) entered into a Contract with Veolia Water North America – South, LLC, to provide operation and maintenance services for the Camp Creek water reclamation facility and associated pump stations in South Fulton County, dated 21st day of December 2016, on behalf of the Department of Public Works; and

WHEREAS, the County wishes to amend the existing contract to increase the spending authority to cover the added cost of disposing of biosolids and increased maintenance activities at the Camp Creek facility in accordance with the contract; and

WHEREAS, the Contractor has performed satisfactorily over the period of the contract; and

WHEREAS, this amendment was approved by the Fulton County Board of Commissioners on **December 17, 2025, BOC Item #25-0977**.

NOW, THEREFORE, the County and the Contractor agree as follows:

This Amendment No. 2 to Form of Contract is effective upon BOC approval, through March 31, 2026, or until services are no longer required as determined by Fulton County. This Amendment is entered into by and between Fulton County and Veolia Water North America – South, LLC, who agree that all services specified shall be performed in accordance with this Amendment No. 2 and the Contract Documents.

1. **SCOPE OF WORK TO BE PERFORMED:** The 2025 operations have experienced increased costs in biosolid disposal (actual costs of \$135/wet ton as compared to the planned \$95/wet ton) and increased maintenance activities (specifically, pump replacements and SCADA upgrades in managed assets) an additional \$890,000

is requested to cover these costs. Public Works staff have reviewed the additional costs and agree that they are reasonable and needed for the successful operation of the Camp Creek facilities.

As part of the 2026 Operation & Maintenance contract and Purchase Order #540 16RFP071816K-DJ YR25), Veolia Water North America – South, LLC is authorized to perform \$10,056,888.00 worth of work necessary to properly operate and maintain the Camp Creek wastewater treatment facility and the associated lift stations throughout South Fulton. The 2025 operations have experienced increased costs in biosolid disposal (actual costs of \$135/wet ton as compared to the planned \$95/wet ton), increased maintenance activities (specifically, pump replacements and SCADA upgrades in the managed assets), as explained above, and additional operational support associated with the Camp Creek primary and secondary clarifier repair and the Graham Drive Lift Station modernization construction projects. Public Works staff have reviewed the additional costs and agree that they are reasonable and needed for the successful operation of the Camp Creek facilities. Money is available for these expenses in the existing 2025 Public Works O&M budget and capital program.

2. **COMPENSATION:** The services described under Scope of Work herein shall be performed by Contractor in an amount not to exceed \$3,677,254.20 (Three Million Six Hundred Seventy-Seven Thousand Two Hundred Fifty-Four Dollars and Twenty Cents) approved by BOC.
3. **LIABILITY OF COUNTY:** This Amendment No. 2 to Form of Contract shall not become binding on the County and the County shall incur no liability upon same until such agreement has been executed by the Chair to the Commission, attested to by the Clerk to the Commission and delivered to Contractor.
4. **EFFECT OF AMENDMENT NO. 2 TO FORM OF CONTRACT:** Except as modified by this Amendment No 2 to Form of Contract, the Contract, and all Contract Documents, remain in full force and effect.

[INTENTIONALLY LEFT BLANK]

IN WITNESS WHEREOF, the Parties hereto have caused this Contract to be executed by their duly authorized representatives as attested and witnessed and their corporate seals to be hereunto affixed as of the day and year date first above written.

OWNER:

CONTRACTOR:

FULTON COUNTY, GEORGIA

VEOLIA WATER NORTH AMERICA- SOUTH, LLC

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

Joseph A. Tackett
Joseph Tackett, Chief Executive Officer, Municipal Water Contract Operations, Veolia North America

ATTEST:

Tonya R. Grier
Tonya R. Grier
Clerk to the Commission

(Affix Court Seal)



APPROVED AS TO FORM:

Kaye Burwell
Office of the County Attorney

APPROVED AS TO CONTENT:

David Clark
David E. Clark, Director
Department of Public Works

ITEM#: _____ RM: _____	ITEM#: 25-0977 2 ND RM: 12/17/2025
REGULAR MEETING	SECOND REGULAR MEETING

POLICY NUMBER: RM5GL00068252

COMMERCIAL GENERAL LIABILITY
CG 20 10 12 19

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location(s) Of Covered Operations
ANY PERSON OR ORGANIZATION THAT ENTERED INTO A WRITTEN CONTRACT WITH THE NAMED INSURED REQUIRING SUCH PERSON(S) OR ORGANIZATION(S) TO BE NAMED AS AN ADDITIONAL INSURED	AS REQUIRED BY WRITTEN CONTRACT
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

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 "bodily injury", "property damage" or "personal and advertising injury" 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 insured(s) at the location(s) designated above.

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 additional exclusions apply:

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

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. 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 a principal 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;
whichever is less.

This endorsement shall not increase the applicable limits of insurance.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/17/2025

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

PRODUCER MARSH USA, LLC. 155 N. WACKER, SUITE 1200 Chicago, IL 60661 Attn: Veolia.CertRequest@marsh.com Fax: 212-948-5053 VWNNAE BOSTN	CONTACT NAME: Marsh Business & Client Services PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: Chicago.CertRequest@marsh.com <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Everest National Insurance Company</td> <td style="text-align: center;">10120</td> </tr> <tr> <td>INSURER B : Everest Premier Insurance Company</td> <td style="text-align: center;">16045</td> </tr> <tr> <td>INSURER C : ACE Property and Casualty Insurance Company</td> <td style="text-align: center;">20699</td> </tr> <tr> <td>INSURER D : Berkley Assurance Company</td> <td style="text-align: center;">39462</td> </tr> <tr> <td>INSURER E : National Fire & Marine Insurance Co</td> <td style="text-align: center;">20079</td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Everest National Insurance Company	10120	INSURER B : Everest Premier Insurance Company	16045	INSURER C : ACE Property and Casualty Insurance Company	20699	INSURER D : Berkley Assurance Company	39462	INSURER E : National Fire & Marine Insurance Co	20079	INSURER F :	
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INSURED Veolia Water North America-South, LLC 100 Federal Street, 3rd Floor Boston, MA 02110															

COVERAGES **CERTIFICATE NUMBER:** CHI-009772894 **REVISION NUMBER:** 9

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		RM5GL00068-252	12/31/2025	01/01/2027	EACH OCCURRENCE \$ 10,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000.00 MED EXP (Any one person) \$ 10,000.00 PERSONAL & ADV INJURY \$ 10,000.00 GENERAL AGGREGATE \$ 25,000.00 PRODUCTS - COMP/OP AGG \$ 10,000.00
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y		RM5CA00066-252 (AOS) RM5CA00065-252 (MA)	12/31/2025 12/31/2025	01/01/2027	COMBINED SINGLE LIMIT (Ea accident) \$ 10,000.00 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED _____ RETENTION \$ _____	Y		XEU G27927865 011	12/31/2025	01/01/2027	EACH OCCURRENCE \$ 2,000.00 AGGREGATE \$ 2,000.00
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	RM5WC00092-252 (AOS) RM5WC00094-252 (FL,ME,NJ) RM5WC00095-252 (WI,MA)	12/31/2025 12/31/2025 12/31/2025	01/01/2027	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000.00 E.L. DISEASE - EA EMPLOYEE \$ 1,000.00 E.L. DISEASE - POLICY LIMIT \$ 1,000.00
E	CPL - SIR: \$1,000,000			42-CPL-326094-04	01/01/2026	01/01/2027	Occurrence/Aggregate \$ 5,000.00
D	E&O - SIR: \$25,000,000			PCAB-5030112-0126	01/01/2026	01/01/2027	Per Claim/Aggregate \$ 5,000.00

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Re: 16RFP071816K-DJ, Operation & Maintenance Services for Camp Creek Managed Assets
 Fulton County and Fulton County Government are included as additional insured (except as respects all coverage afforded by workers' compensation and professional liability) only for liability arising out of the operations of the named insured. This insurance is primary and non-contributory over any existing insurance and limited to liability arising out of and where required by written contract. A waiver of subrogation is granted as required by written contract but only for liability arising out of the operations of the named insured.

CERTIFICATE HOLDER Fulton County Government Attn: Purchasing Department 130 Peachtree Street, S.W., Suite 1168 Atlanta, GA 30303-3459	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 <p style="text-align: right;"><i>Marsh USA Inc.</i></p>
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AGENCY CUSTOMER ID: CN102584993

LOC #: Chicago



ADDITIONAL REMARKS SCHEDULE

AGENCY MARSH USA, LLC.		NAMED INSURED Veolia Water North America-South, LLC 100 Federal Street, 3rd Floor Boston, MA 02110	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance**

Veolia Water North America - South, LLC has agreed to provide 30 days notice of cancellation of the insurance policies referenced above and 10 days notice in the event of cancella premium. Veolia Water North America - South, LLC or its designee will send such notice to the Certificate Holder of this Certificate. Such notice is not a right or obligation within the amend any coverage, it will not extend any policy cancellation date and it will not negate any cancellation of the policy. Failure to provide a copy of such notice to the Certificate Hold obligation or liability of any kind upon the insurer or its agents or representatives.

POLICY NUMBER: RM5GL00068252

COMMERCIAL GENERAL LIABILITY
CG 20 10 12 19

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location(s) Of Covered Operations
ANY PERSON OR ORGANIZATION THAT ENTERED INTO A WRITTEN CONTRACT WITH THE NAMED INSURED REQUIRING SUCH PERSON(S) OR ORGANIZATION(S) TO BE NAMED AS AN ADDITIONAL INSURED	AS REQUIRED BY WRITTEN CONTRACT
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

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 "bodily injury", "property damage" or "personal and advertising injury" 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 insured(s) at the location(s) designated above.

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 additional exclusions apply:

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

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. 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 a principal 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;
whichever is less.**

This endorsement shall not increase the applicable limits of insurance.

POLICY NUMBER: RM5GL00068252

**COMMERCIAL GENERAL LIABILITY
CG 20 37 12 19**

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – OWNERS, LESSEES OR
CONTRACTORS – COMPLETED OPERATIONS**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location And Description Of Completed Operations
ANY PERSON OR ORGANIZATION THAT ENTERED INTO A WRITTEN CONTRACT WITH THE NAMED INSURED REQUIRING SUCH PERSON(S) OR ORGANIZATION(S) TO BE NAMED AS AN ADDITIONAL INSURED	AS REQUIRED BY WRITTEN CONTRACT

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

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 "bodily injury" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the Schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

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.

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This endorsement shall not increase the applicable limits of insurance.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/17/2025

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

PRODUCER MARSH USA, LLC. 155 N. WACKER, SUITE 1200 Chicago, IL 60661 Attn: Veolia.CertRequest@marsh.com Fax: 212-948-5053 VWNNAE BOSTN	CONTACT NAME: Marsh Business & Client Services PHONE (A/C, No. Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: Chicago.CertRequest@marsh.com <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Everest National Insurance Company</td> <td style="text-align: center;">10120</td> </tr> <tr> <td>INSURER B : Everest Premier Insurance Company</td> <td style="text-align: center;">16045</td> </tr> <tr> <td>INSURER C : ACE Property and Casualty Insurance Company</td> <td style="text-align: center;">20699</td> </tr> <tr> <td>INSURER D : Berkley Assurance Company</td> <td style="text-align: center;">39462</td> </tr> <tr> <td>INSURER E : National Fire & Marine Insurance Co</td> <td style="text-align: center;">20079</td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Everest National Insurance Company	10120	INSURER B : Everest Premier Insurance Company	16045	INSURER C : ACE Property and Casualty Insurance Company	20699	INSURER D : Berkley Assurance Company	39462	INSURER E : National Fire & Marine Insurance Co	20079	INSURER F :	
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INSURED Veolia Water North America-South, LLC 100 Federal Street, 3rd Floor Boston, MA 02110															

COVERAGES **CERTIFICATE NUMBER:** CHI-009773680 **REVISION NUMBER:** 21

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			RM5GL00068-252	12/31/2025	01/01/2027	EACH OCCURRENCE \$ 10,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000.00 MED EXP (Any one person) \$ \$10.00 PERSONAL & ADV INJURY \$ 10,000.00 GENERAL AGGREGATE \$ 25,000.00 PRODUCTS - COMP/OP AGG \$ 10,000.00
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C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			XEU G27927865 011	12/31/2025	01/01/2027	EACH OCCURRENCE \$ 5,000.00 AGGREGATE \$ 5,000.00
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E	CPL - SIR: \$1,000,000			42-CPL-326094-04	01/01/2026	01/01/2027	Occurrence/Aggregate \$ 5,000.00
D	E&O - SIR: \$25,000,000			PCAB-5030112-0126	01/01/2026	01/01/2027	Per Claim/Aggregate \$ 5,000.00

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Re: Operation & Maintenance Services for Fulton County Wastewater Facilities & Pump Stations 09RFP08155K-DJ and Keavin Nelson, President Veolia Water North America.

Fulton County Government is included as an Additional Insured under the General Liability, Automobile Liability and Contractors Pollution Liability, where required under Writer Primary - Non-contributory basis if required under contract for an Additional Insured. All above coverage provides a Waiver of Subrogation for Fulton County Government when writing prior to loss, as permitted by law.

CERTIFICATE HOLDER Fulton County Government Purchasing and Contract Compliance Department 130 Peachtree Street, S.W. Suite 1168 Atlanta, GA 30303-3459	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 <p style="text-align: right;"><i>Marsh USA Inc.</i></p>
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AGENCY CUSTOMER ID: CN102584993

LOC #: Chicago



ADDITIONAL REMARKS SCHEDULE

AGENCY MARSH USA, LLC.		NAMED INSURED Veolia Water North America-South, LLC 100 Federal Street, 3rd Floor Boston, MA 02110	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

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POLICY NUMBER: RM5GL00068252

COMMERCIAL GENERAL LIABILITY
CG 20 10 12 19

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location(s) Of Covered Operations
ANY PERSON OR ORGANIZATION THAT ENTERED INTO A WRITTEN CONTRACT WITH THE NAMED INSURED REQUIRING SUCH PERSON(S) OR ORGANIZATION(S) TO BE NAMED AS AN ADDITIONAL INSURED	AS REQUIRED BY WRITTEN CONTRACT
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

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 "bodily injury", "property damage" or "personal and advertising injury" 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 insured(s) at the location(s) designated above.

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 additional exclusions apply:

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

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. 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 a principal 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;
whichever is less.**

This endorsement shall not increase the applicable limits of insurance.

POLICY NUMBER: RM5GL00068252

**COMMERCIAL GENERAL LIABILITY
CG 20 37 12 19**

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – OWNERS, LESSEES OR
CONTRACTORS – COMPLETED OPERATIONS**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location And Description Of Completed Operations
ANY PERSON OR ORGANIZATION THAT ENTERED INTO A WRITTEN CONTRACT WITH THE NAMED INSURED REQUIRING SUCH PERSON(S) OR ORGANIZATION(S) TO BE NAMED AS AN ADDITIONAL INSURED	AS REQUIRED BY WRITTEN CONTRACT

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

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 "bodily injury" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the Schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

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;
- whichever is less.

This endorsement shall not increase the applicable limits of insurance.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/17/2025

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

PRODUCER MARSH USA, LLC. 155 N. WACKER, SUITE 1200 Chicago, IL 60661 Attn: Veolia.CertRequest@marsh.com Fax: 212-948-5053 VWNNAE BOSTN	CONTACT NAME: Marsh Business & Client Services PHONE (A/C. No. Ext): _____ FAX (A/C. No): _____ E-MAIL ADDRESS: Chicago.CertRequest@marsh.com <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Everest National Insurance Company</td> <td>10120</td> </tr> <tr> <td>INSURER B : Everest Premier Insurance Company</td> <td>16045</td> </tr> <tr> <td>INSURER C : N/A</td> <td>N/A</td> </tr> <tr> <td>INSURER D : Berkley Assurance Company</td> <td>39462</td> </tr> <tr> <td>INSURER E : National Fire & Marine Insurance Co</td> <td>20079</td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Everest National Insurance Company	10120	INSURER B : Everest Premier Insurance Company	16045	INSURER C : N/A	N/A	INSURER D : Berkley Assurance Company	39462	INSURER E : National Fire & Marine Insurance Co	20079	INSURER F :	
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INSURER D : Berkley Assurance Company	39462														
INSURER E : National Fire & Marine Insurance Co	20079														
INSURER F :															
INSURED Veolia Water North America-South, LLC 100 Federal Street, 3rd Floor Boston, MA 02110															

COVERAGES **CERTIFICATE NUMBER:** CHI-009773293 **REVISION NUMBER:** 16

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: _____	Y		RM5GL00068-252	12/31/2025	01/01/2027	EACH OCCURRENCE \$ 5,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000.00 MED EXP (Any one person) \$ 10,000.00 PERSONAL & ADV INJURY \$ 5,000.00 GENERAL AGGREGATE \$ 5,000.00 PRODUCTS - COMP/OP AGG \$ 5,000.00
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			RM5CA00066-252 (AOS) RM5CA00065-252 (MA)	12/31/2025 12/31/2025	01/01/2027 01/01/2027	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000.00 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED _____ RETENTION \$ _____						EACH OCCURRENCE \$ AGGREGATE \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	RM5WC00092-252 (AOS) RM5WC00094-252 (FL,ME,NJ) RM5WC00095-252 (WI,MA)	12/31/2025 12/31/2025 12/31/2025	01/01/2027 01/01/2027 01/01/2027	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000.00 E.L. DISEASE - EA EMPLOYEE \$ 1,000.00 E.L. DISEASE - POLICY LIMIT \$ 1,000.00
E	CPL - SIR: \$1,000,000			42-CPL-326094-04	01/01/2026	01/01/2027	Occurrence/Aggregate \$ 5,000.00
D	E&O - SIR: \$25,000,000			PCAB-5030112-0126	01/01/2026	01/01/2027	Per Claim/Aggregate \$ 5,000.00

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 RE: Contract RFP # 24RFP0820K-DB, Operations and Maintenance Service for the Atlanta-Fulton County Water Treatment Facility.

Fulton County Government, its Agents, Directors and Officers are included as additional insured where required by written contract but only for liability arising out of the operation to general liability. This insurance is primary and non-contributory over any existing insurance and limited to liability arising out of the operations of the named insured and when of subrogation is applicable where required by written contract.

CERTIFICATE HOLDER Fulton County Government, its Agents, Directors and Officers Attn: Department of Purchasing 130 Peachtree Streetm S.W., Suite 1168 Atlanta, GA 30303-3459	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 <p style="text-align: right;"><i>Marsh USA Inc.</i></p>
--	---

AGENCY CUSTOMER ID: CN102584993

LOC #: Chicago



ADDITIONAL REMARKS SCHEDULE

AGENCY MARSH USA, LLC.		NAMED INSURED Veolia Water North America-South, LLC 100 Federal Street, 3rd Floor Boston, MA 02110	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Veolia Water North America - South, LLC has agreed that, within 45 days after receipt of notice of cancellation of the insurance policies referenced above from the applicable insurer America - South, LLC or its designee will send a copy of such notice to the Certificate Holder of this Certificate. Such notice is not a right or obligation within the policies, it does not extend any policy cancellation date and it will not negate any cancellation of the policy. Failure to provide a copy of such notice to the Certificate Holder shall impose no obligation upon the insurer or its agents or representatives.

POLICY NUMBER: RM5GL00068252

COMMERCIAL GENERAL LIABILITY
CG 20 10 12 19

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION

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2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

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1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. 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 a principal as a part of the same project.

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**COMMERCIAL GENERAL LIABILITY
CG 20 37 12 19**

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**ADDITIONAL INSURED – OWNERS, LESSEES OR
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1. Required by the contract or agreement; or
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- whichever is less.

This endorsement shall not increase the applicable limits of insurance.

Certificate Of Completion

Envelope Id: 02FA0FCB-58E3-4BA3-92B9-7E8A41435671

Status: Completed

Subject: Contract Increase for \$3,677,254.20 to Veolia

Parcel ID:

Employee Name:

Source Envelope:

Document Pages: 25

Signatures: 5

Envelope Originator:

Certificate Pages: 6

Initials: 0

Darlene Banks

AutoNav: Enabled

Stamps: 1

141 Pryor Street

Envelopeld Stamping: Enabled

Purchasing & Contract Compliance, Suite 1168

Time Zone: (UTC-08:00) Pacific Time (US & Canada)

Atlanta, GA 30303

darlene.banks@fultoncountyga.gov

IP Address: 74.174.59.4

Record Tracking

Status: Original

Holder: Darlene Banks

Location: DocuSign

12/18/2025 7:04:11 AM

darlene.banks@fultoncountyga.gov

Security Appliance Status: Connected

Pool: StateLocal

Storage Appliance Status: Connected

Pool: Fulton County Government

Location: Docusign

Signer Events

Signature

Timestamp

Joseph A. Tackett

joseph.tackett@veolia.com

President

Security Level: Email, Account Authentication (None)

Joseph A. Tackett

Sent: 12/18/2025 7:16:42 AM

Viewed: 12/18/2025 7:38:13 AM

Signed: 12/18/2025 4:05:23 PM

Signature Adoption: Pre-selected Style

Using IP Address:

2601:248:5781:14b0:c882:16df:3a71:3027

Signed using mobile

Electronic Record and Signature Disclosure:

Accepted: 12/18/2025 4:04:49 PM

ID: ae24a48a-523f-4607-9f8b-da1add14792d

David Clark

david.clark@fultoncountyga.gov

Director

Public Works

Security Level: Email, Account Authentication (None)

David Clark

Sent: 12/18/2025 4:05:25 PM

Viewed: 12/18/2025 4:08:14 PM

Signed: 12/18/2025 4:08:22 PM

Signature Adoption: Pre-selected Style

Using IP Address:

2601:c6:cb00:8910:3473:179b:28a5:3080

Signed using mobile

Electronic Record and Signature Disclosure:

Accepted: 11/13/2017 10:07:14 AM

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

Kaye Burwell

kaye.burwell@fultoncountyga.gov

Deputy County Attorney

Security Level: Email, Account Authentication (None)

Kaye Burwell

Sent: 12/18/2025 4:08:24 PM

Resent: 12/22/2025 11:31:36 AM

Viewed: 12/22/2025 12:31:38 PM

Signed: 12/23/2025 9:56:36 AM

Signature Adoption: Pre-selected Style

Using IP Address: 74.174.59.10

Electronic Record and Signature Disclosure:

Accepted: 12/23/2025 9:56:22 AM

ID: 694fb53f-e275-481b-a64d-6cd19d11e4b2

Signer Events	Signature	Timestamp
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Nikki Peterson
 nikki.peterson@fultoncountyga.gov
 Chief Deputy Clerk to the Board of Commissioners
 Fulton County Government
 Security Level: Email, Account Authentication
 (None)

Completed
 Using IP Address: 134.231.232.250

Sent: 12/23/2025 9:56:37 AM
 Viewed: 12/29/2025 7:40:35 AM
 Signed: 12/29/2025 7:40:57 AM

Electronic Record and Signature Disclosure:
 Accepted: 11/27/2017 10:39:37 AM
 ID: b7ce88ee-0c66-4f3a-bfee-705e0af602d8

Robert L. Pitts
 harriet.thomas@fultoncountyga.gov
 Chairman
 Fulton County
 Security Level: Email, Account Authentication
 (None)

Robert L. Pitts
 Signature Adoption: Pre-selected Style
 Using IP Address: 74.174.59.10

Sent: 12/29/2025 7:40:58 AM
 Viewed: 12/29/2025 7:47:09 AM
 Signed: 12/29/2025 7:47:18 AM

Electronic Record and Signature Disclosure:
 Accepted: 12/29/2025 7:47:09 AM
 ID: b723a73a-4c14-4fbd-87b1-208ff46b996b

Tonya Grier
 tonya.grier@fultoncountyga.gov
 Clerk to the Commission
 Fulton County Government
 Security Level: Email, Account Authentication
 (None)

Tonya Grier

 Signature Adoption: Uploaded Signature Image
 Using IP Address: 74.174.59.10

Sent: 12/29/2025 7:47:19 AM
 Viewed: 12/29/2025 7:48:21 AM
 Signed: 12/29/2025 7:48:36 AM

Electronic Record and Signature Disclosure:
 Accepted: 10/27/2025 8:21:47 AM
 ID: 4889b84d-8ea3-4ba9-bf87-bf4c309e21ab

In Person Signer Events	Signature	Timestamp
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Editor Delivery Events	Status	Timestamp
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Agent Delivery Events	Status	Timestamp
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Intermediary Delivery Events	Status	Timestamp
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Certified Delivery Events	Status	Timestamp
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Carbon Copy Events	Status	Timestamp
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Darlene Banks
 darlene.banks@fultoncountyga.gov
 Assistant Purchasing Agent
 Fulton County Government
 Security Level: Email, Account Authentication
 (None)

COPIED

Sent: 12/18/2025 4:05:24 PM

Electronic Record and Signature Disclosure:
 Not Offered via DocuSign

Carbon Copy Events	Status	Timestamp
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<p>Darlene Banks darlene.banks@fultoncountyga.gov Assistant Purchasing Agent Fulton County Government Security Level: Email, Account Authentication (None)</p> <p>Electronic Record and Signature Disclosure: Not Offered via DocuSign</p>	<div style="border: 2px solid blue; padding: 5px; display: inline-block;">COPIED</div>	<p>Sent: 12/29/2025 7:48:38 AM</p>
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<p>Dian DeVaughn dian.devaughn@futoncountyga.gov Security Level: Email, Account Authentication (None)</p> <p>Electronic Record and Signature Disclosure: Not Offered via DocuSign</p>	<div style="border: 2px solid blue; padding: 5px; display: inline-block;">COPIED</div>	<p>Sent: 12/29/2025 7:48:40 AM</p>
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<p>Khandi Flowers khandi.flowers@fultoncountyga.gov Security Level: Email, Account Authentication (None)</p> <p>Electronic Record and Signature Disclosure: Not Offered via DocuSign</p>	<div style="border: 2px solid blue; padding: 5px; display: inline-block;">COPIED</div>	<p>Sent: 12/29/2025 7:48:41 AM</p>
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Witness Events	Signature	Timestamp
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Notary Events	Signature	Timestamp
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Envelope Summary Events	Status	Timestamps
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Envelope Sent	Hashed/Encrypted	12/18/2025 7:16:42 AM
Envelope Updated	Security Checked	12/18/2025 7:37:36 AM
Envelope Updated	Security Checked	12/18/2025 7:37:36 AM
Envelope Updated	Security Checked	12/18/2025 7:37:36 AM
Envelope Updated	Security Checked	12/18/2025 7:37:36 AM
Envelope Updated	Security Checked	12/18/2025 7:37:36 AM
Envelope Updated	Security Checked	12/18/2025 7:37:36 AM
Envelope Updated	Security Checked	12/18/2025 7:37:36 AM
Envelope Updated	Security Checked	12/18/2025 7:37:36 AM
Certified Delivered	Security Checked	12/29/2025 7:48:21 AM
Signing Complete	Security Checked	12/29/2025 7:48:36 AM
Completed	Security Checked	12/29/2025 7:48:41 AM

Payment Events	Status	Timestamps
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Electronic Record and Signature Disclosure
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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.

How to contact Carahsoft OBO Fulton County, Georgia:

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: glenn.king@fultoncountyga.gov

To advise Carahsoft OBO Fulton County, Georgia of your new e-mail address

To let us know of a change in your e-mail address where we should send notices and disclosures electronically to you, you must send an email message to us at glenn.king@fultoncountyga.gov and in the body of such request you must state: your previous e-mail address, your new e-mail address. We do not require any other information from you to change your email address..

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