



DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE

CONTRACT RENEWAL

DEPARTMENT: FINANCE (RISK MANAGEMENT DIVISION)

**BID/RFP# DESCRIPTION: LIFE, DISABILITY & ADMINISTRATOR/BROKER
SERVICES**

BID/RFP# NUMBER: 12RFP84430C-DR

ORIGINAL APPROVAL DATE: AUGUST 21, 2013 ITEM #13-0674

RENEWAL PERIOD: FROM: JANUARY 1, 2015 THROUGH DECEMBER 31, 2015

RENEWAL OPTION # 2 OF 2

NUMBER OF RENEWAL OPTIONS: 2

RENEWAL AMOUNT: \$ 120,000.00

COMPANY'S NAME: RESURGENS RISK MANAGEMENT/WILLIS (JV)

ADDRESS: 1201 PEACHTREE STREET, SUITE 1730

CITY: ATLANTA

STATE: GEORGIA

ZIP: 30361

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 for Bid/RFP# 12RFP84430C-DR (Person signing must have signature authority for the company/corporation)

NAME: Kimberly Cruz, SVP (Print)
(CEO, President, Vice President)

VENDOR'S SIGNATURE: [Signature] DATE 1/15/15

ATTEST:

TITLE: _____

SEAL (Affix)

NOTARY PUBLIC: Tasha Thames
Notary Public
County of Fulton
State of Georgia
My Comm. Exp. 01/10/2017
MY COMMISSION EXPIRES: _____

ATTEST:

FULTON COUNTY, GEORGIA

[Signature]
JOHN H. EAVES, CHAIRMAN
BOARD OF COMMISSIONERS

DATE: 1/20/2015

[Signature]
MARK MASSEY
CLERK TO THE COMMISSION

DATE: 1/20/2015

DEPARTMENT AUTHORIZES RENEWAL OPTION ON THE AFOREMENTIONED
BID/RFP:

DEPARTMENT HEAD: Sharon Whitmore (Print)

DEPARTMENT HEAD SIGNATURE: [Signature] DATE 1-16-15

Please indicate if the following are provided:

- ☐ BOC Chairperson's signature required on renewals \$ 50,000.00 or more or any Bid/RFP previously approved by the Board of Commissioners of Fulton County.
- ☐ A copy of the current Certificate of Insurance must be attached to all renewals.
- ☐ Current Performance and Payment Bonds attached (If required)
- ☐ Minimum of five (5) signature pages required.

ITEM # 14-0849 RCS 10/15/14
RECESS MEETING



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/20/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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

PRODUCER
Resurgens Risk Management, Inc
1201 Peachtree Street
400 Colony Square, Suite 1730
Atlanta GA 30361

CONTACT NAME: Mary Ann Ryan
PHONE (A/C, No, Ext): (404) 873-1561 FAX (A/C, No): (404) 873-1574
E-MAIL ADDRESS: mryan@rrmgt.com

INSURED
Resurgens Risk Management (PC)

1201 Peachtree Street
400 Colony Square, Suite 1730
Atlanta GA 30361

(404) 873-1561

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Maryland Casualty: A+, XV	19356
INSURER B: Great American E&S Ins Co A, XII	37532
INSURER C: Northern Ins Co of N.Y. A+, XV	19372
INSURER D:	
INSURER E:	
INSURER F:	

COVERAGES

CERTIFICATE NUMBER: Cert ID 2270

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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY					EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY		PAS42324567	7/1/2014	7/1/2015	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person) \$ 10,000
	<input checked="" type="checkbox"/> Hired & Non-Owned					PERSONAL & ADV INJURY \$ 1,000,000
	<input checked="" type="checkbox"/> Contractual Liab.					GENERAL AGGREGATE \$ 3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG \$ 3,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC					\$
A	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO		PAS003637768	6/3/2014	6/3/2015	BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS					BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
						\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR		PAS42324567	7/1/2014	7/1/2015	EACH OCCURRENCE \$ 5,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$ 5,000,000
	DED <input type="checkbox"/> RETENTION \$					\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		WC42324609	7/1/2014	7/1/2015	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N				E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	N				E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
		N/A				E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B	Professional Liability		TER 2402208	12/31/2014	12/31/2015	Each Claim \$ 5,000,000
						Aggregate \$ 5,000,000

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

CERTIFICATE HOLDER**CANCELLATION**

Fulton County Government
Risk Management-WC Division
141 Pryor Street, 5th Floor

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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