



Fulton County, GA

**DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE**

**CONTRACT RENEWAL**

**DEPARTMENT:** Office of the County Auditor

**BID/RFP# DESCRIPTION:** Financial Collection Services

**BID/RFP# NUMBER:** 11RFP05242011C-MT

**ORIGINAL APPROVAL DATE:** September 7, 2011

**RENEWAL PERIOD:** January 1, 2015 through December 31, 2015

**RENEWAL OPTION #:** 3 of 3

**NUMBER OF RENEWAL OPTIONS:** 3

**RENEWAL AMOUNT:** \$ Revenue Generating

**COMPANY'S NAME:** Linebarger Goggan Blair & Sampson, LLP

**ADDRESS:** 2323 Bryan, Suite 1600

**CITY:** Dallas

**STATE:** TX

**ZIP:** 75201

**SIGNATURES:** SEE NEXT PAGE

Vendor agrees to accept the renewal option and abide by the terms and conditions set forth in the contract and specifications for Bid/RFP# 11RFP05242011C-MT

(Person signing must have signature authority for the company/corporation)

NAME: LINEBARGER GOGGAN BLAIR & SAMSON, LLP

VENDOR'S SIGNATURE: Budget Lopez DATE 1/13/15

ATTEST:

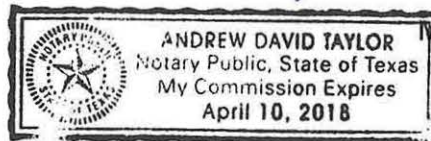
[Signature]

NOTARY PUBLIC: Andrew David Taylor

TITLE: Client Relations Manager

COUNTY: Dallas

SEAL (Affix)



MY COMMISSION EXPIRES: April 10, 2018

ATTEST:

FULTON COUNTY, GEORGIA

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

DATE: 2/3/2015

[Signature]  
MARK MASSEY  
CLERK TO THE COMMISSIONERS

DATE: 2/3/2015

DEPARTMENT AUTHORIZES RENEWAL OPTION ON THE AFOREMENTIONED  
BID/RFP:

DEPARTMENT HEAD: Anthony Nicks

DEPARTMENT HEAD SIGNATURE: Anthony Nicks

DATE 1/26/15

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 four (4) signature pages required.

ITEM # 14-0856 RCS 10.15.14  
RECESS MEETING



# CERTIFICATE OF LIABILITY INSURANCE

LINEB-1

OP ID: JG

DATE (MM/DD/YYYY)

12/09/2014

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> PIA-Pathfinder/LL&D Ins Grp 1160 Dairy Ashford, Suite 220 Houston, TX 77079 Scott B West		<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> 281-556-9999 <b>FAX (A/C, No):</b> 281-556-9609 <b>E-MAIL ADDRESS:</b>		
<b>INSURED</b> Linebarger, Goggan Blair & Sampson, LLP PO Box 17428 Austin, TX 78760		<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
		<b>INSURER A:</b> Endurance American Specialty		41718
		<b>INSURER B:</b> National Union Fire Ins. Co.		19445
		<b>INSURER C:</b> Catlin Specialty Insurance Co		15989
		<b>INSURER D:</b>		
		<b>INSURER E:</b>		
		<b>INSURER F:</b>		

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

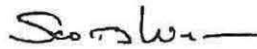
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 SUBR INSR WYD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (PER ACCIDENT) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <b>DED</b> <input type="checkbox"/> <b>RETENTION \$</b>					EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liab		LPL10004865800	05/01/2014	05/01/2015	Per Claim 5,000,000 Aggregate 10,000,000

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

Project Name: 3 Financial Collection Services  
Request for Proposal No.11RFP05242011C-MT  
Scope of services: Financial collection services to collect outstanding County accounts receivables  
Continental Casualty A.M. Best Rating: A(Excellent) XV (see attached)

**CERTIFICATE HOLDER****CANCELLATION**

<b>FULTO-4</b>  Fulton County Government Purchasing Department 130 Peachtree Street, S.W. Suite 1168 Atlanta, GA 30303-3459	<b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b>  <b>AUTHORIZED REPRESENTATIVE</b> 
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**NOTEPAD**

INSURED'S NAME Linebarger, Goggan Blair &amp;

LINEB-1  
OP ID: JGPAGE 2  
Date 12/09/2014

B. Directors & Officers Policy # 19570611  
Carrier: National Union Fire Insurance Company of Pittsburgh, Pa.  
Policy Period: 12-13-14 to 12-13-15  
Limit of Liability: \$5,000,000  
Retention: \$50,000

C. Professional Liability (Quota Share Policy)  
Carrier: Catlin Specialty Insurance Company  
Policy # LPPQ-685441-0514  
Policy Period: 5-01-14 to 5-01-15  
Limit of Liability: \$2,500,000 part of \$7,500,000 Each Claim  
\$5,000,000 part of \$15,000,000 Aggregate Limit  
Quotashare Percentages: Endurance: 66.66% & Catlin: 33.33%

**NOTEPAD:**

HOLDER CODE FULTO-4  
INSURED'S NAME Linebarger, Goggan Blair &

LINEB-1  
OP ID: JG

PAGE 3  
Date 12/09/2014

In the event of policy cancellation, Continental Casualty Company will provide the Named Insured 90 days advance notice. Pathfinder/LLD Insurance Group will provide Fulton County Government 45 days advance notice.



Fulton County, GA

**DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE**

**CONTRACT RENEWAL**

**DEPARTMENT:** Office of the County Auditor

**BID/RFP# DESCRIPTION:** Financial Collection Services

**BID/RFP# NUMBER:** 11RFP05242011C-MT

**ORIGINAL APPROVAL DATE:** 9/7/2011

**RENEWAL PERIOD: FROM:** 1/1/2015 **THROUGH** 12/31/2015

**RENEWAL OPTION # 3 OF 3**

**NUMBER OF RENEWAL OPTIONS:** Three

**RENEWAL AMOUNT:** \$Revenue Generating

**COMPANY'S NAME:** Gila d/b/a Municipal Services Bureau

**ADDRESS:** 8325 Tuscany Way Bldg. 4, Suite 100

**CITY:** Austin

**STATE:** TX

**ZIP:** 78754

**SIGNATURES: SEE NEXT PAGE**



Vendor agrees to accept the renewal option and abide by the terms and conditions set forth in the contract and specifications for Bid/RFP# 11RFP05242011C-MT

(Person signing must have signature authority for the company/corporation)

NAME:

VENDOR'S SIGNATURE: \_\_\_\_\_

DATE 12-23-2014

ATTEST:

NOTARY PUBLIC: \_\_\_\_\_

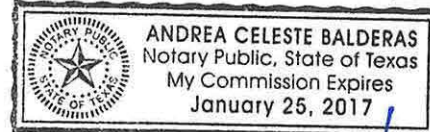
TITLE: \_\_\_\_\_

COUNTY: Travis

SEAL (Affix)

MY COMMISSION EXPIRES: 01-25-2017

ATTEST:



FULTON COUNTY, GEORGIA

DATE: 1/13/2015

John H. Eaves  
JOHN H. EAVES, CHAIRMAN  
BOARD OF COMMISSIONERS

DATE: 1/13/2015

Mark Massey  
MARK MASSEY \*  
CLERK TO THE COMMISSION

DEPARTMENT AUTHORIZES RENEWAL OPTION ON THE AFOREMENTIONED  
BID/RFP:

DEPARTMENT HEAD: Anthony Nicks

DEPARTMENT HEAD 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 four (4) signature pages required.

ITEM # 14-0856 RCS 10/15/14  
RECESS MEETING

**ACORD**<sup>TM</sup>**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

2/28/2014

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> Wortham Insurance & Risk Mgmt. 221 West 6th Street, Suite1400 Austin, TX 78701 512 453-0031		<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): 512 453-0031 FAX (A/C, No): 512 453-0041 E-MAIL ADDRESS:															
<b>INSURED</b> Gila LLC 8325 Tuscany Way, Building 4 Austin, TX 78754		<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A : Great American Fidelity Insuran</td> <td>41858</td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Great American Fidelity Insuran	41858	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #																
INSURER A : Great American Fidelity Insuran	41858																
INSURER B :																	
INSURER C :																	
INSURER D :																	
INSURER E :																	
INSURER F :																	

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b>						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	<b>Professional Liab (E&amp;O)</b> <b>Claims-Made</b>			MPL1751130	03/01/2014	03/01/2015	\$3 Million Limit \$3 Million Aggregate \$100,000 Retention

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

Financial Collection Services - 11RFP05242011C-MT

**CERTIFICATE HOLDER****CANCELLATION**

Fulton County Government -  
 Purchasing Department  
 130 Peachtree Street, SW  
 Suite 1168  
 Atlanta, GA 30303-3459

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

*Devin Ginn*

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Fulton County, GA

**DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE**

**CONTRACT RENEWAL**

**DEPARTMENT:** Office of the County Auditor

**BID/RFP# DESCRIPTION:** Financial Collection Services

**BID/RFP# NUMBER:** 11RFP05242011C-MT

**ORIGINAL APPROVAL DATE:** September 7, 2011

**RENEWAL PERIOD:** January 1, 2015 through December 31, 2015

**RENEWAL OPTION #:** 3 of 3

**NUMBER OF RENEWAL OPTIONS:** 3

**RENEWAL AMOUNT:** \$ Revenue Generating

**COMPANY'S NAME:** Penn Credit Corporation

**ADDRESS:** 916 South, 14<sup>th</sup> Street

**CITY:** Harrisburg

**STATE:** PA

**ZIP:** 17104

**SIGNATURES:** SEE NEXT PAGE

Commonwealth of Pennsylvania

County of Dauphin

Vendor agrees to accept the renewal option and abide by the terms and conditions set forth in the contract and specifications for Bid/RFP# 11RFP05242011C-MT

(Person signing must have signature authority for the company/corporation)

NAME: Penn Credit Corporation

VENDOR'S SIGNATURE: [Signature]

DATE 12/31/14

ATTEST: [Signature]

NOTARY PUBLIC: [Signature]

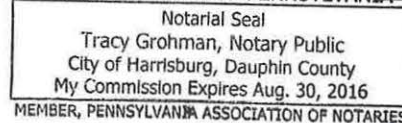
TITLE: Secretary / COO

COUNTY: Dauphin

SEAL (Affix)

MY COMMISSION EXPIRES 8.30.16

ATTEST:



FULTON COUNTY, GEORGIA

[Signature]

DATE: 1/15/2015

JOHN H. EAVES, CHAIRMAN  
BOARD OF COMMISSIONERS

[Signature]

DATE: 1/15/2015

MARK MASSEY  
CLERK TO THE COMMISSION

DEPARTMENT AUTHORIZES RENEWAL OPTION ON THE AFOREMENTIONED  
BID/RFP:

DEPARTMENT HEAD: Anthony Nicks

DEPARTMENT HEAD SIGNATURE: [Signature]

DATE 1/9/15

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 four (4) signature pages required.

ITEM # 14-0856 RCS 10115114  
RECESS MEETING



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/05/2015

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.

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<b>PRODUCER</b> E. K. McConkey & Co., Inc. 2555 Kingston Rd., Suite 100 York, PA 17402	<b>Phone:</b> 717-755-9266	<b>CONTACT NAME:</b> Amanda Sides	
	<b>Fax:</b> 717-755-9237	<b>PHONE (A/C, No, Ext):</b> 717-505-3130	<b>FAX (A/C, No):</b> 717-755-9237
		<b>E-MAIL ADDRESS:</b> asides@ekmccconkey.com	
		<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
		<b>INSURER A:</b> Cincinnati Insurance Company	10677
		<b>INSURER B:</b> Cincinnati Indemnity Company	23280
		<b>INSURER C:</b> Federal Insurance	20281
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

**INSURED**  
Penn Credit Corporation  
916 S 14th Street PO Box 988  
Harrisburg, PA 17104

**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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY		CPP3669867	08/19/2014	08/19/2015	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person) \$ 10,000
						PERSONAL & ADV INJURY \$ Excluded
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$ 2,000,000
						PRODUCTS - COMP/OP AGG \$ 2,000,000
						\$
	<input type="checkbox"/> AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$
						\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR	CPP3669867	08/19/2014	08/19/2015	EACH OCCURRENCE \$ 10,000,000
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$ 10,000,000
	DED <input checked="" type="checkbox"/> RETENTION \$ 0					\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N <input type="checkbox"/>	WC1875254	08/19/2014	08/19/2015	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A				E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
						E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Crime		68035829	10/20/2014	10/20/2015	EE Dishon 5,000,000 3rd Party 5,000,000

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

RE: 11RFP0524201C-MT-Financial Collection Services

**CERTIFICATE HOLDER****CANCELLATION****FULTCOG**

Fulton County  
Department of Purchasing &  
Contract Compliance, 130  
Peachtree St, S.W. Ste 1168  
Atlanta, GA 30303-3459

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