



DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE

CONTRACT RENEWAL AGREEMENT

DEPARTMENT: Finance- Risk Management

BID/RFP# NUMBER: 2524RFP1336388C-MH

BID/RFP# TITLE: Property and Casualty Broker Services

ORIGINAL APPROVAL DATE: January 29, 2025 Item# 25-0074

RENEWAL EFFECTIVE DATES: January 1, 2026 thru December 31, 2026

RENEWAL OPTION #: 1 OF 2

NUMBER OF RENEWAL OPTIONS: 2

RENEWAL AMOUNT: \$ 94,500

COMPANY'S NAME: Edgewood Partners Insurance Center (EPIC)

ADDRESS: 3780 Mansell Road, Suite 370

CITY: Alpharetta

STATE: GA

ZIP: 30022

This Renewal Agreement No. 1 was approved by the Fulton County Board of Commissioners on BOC DATE: 11/19/2025 BOC NUMBER: 25-0852

RENEWAL OF CERTIFICATE OF INSURANCE: The Contractor is required to maintain insurance during the entire term of this Agreement, including contract renewal options. The Contractor must furnish the County a renewal Certificate of Insurance showing the required coverage as specified in the Contract Agreement. A current COI must be provided before the commencement of work on this project. 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

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

Robert L. Pitts

Robert L. Pitts, Chairman
Fulton County Board of Commissioners

ATTEST:

Tonya R. Grier

Tonya R. Grier
Clerk to the Commission

(Affix County Seal)



AUTHORIZATION OF RENEWAL:

Ray Turner

Ray Turner, Interim Finance Director

EDGEWOOD PARTNERS INSURANCE CENTER

Brennen K. Parker

Brennen Parker,
South East Growth Leader• Commercial

ATTEST:

ITEM#: _____	RM: _____
FIRST REGULAR MEETING	

ITEM#: 25-0852	RM: 11/19/2025
2ND REGULAR MEETING	

CERTIFICATE OF INSURANCE





CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)
 11/13/2024

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	Phone No.: (212) 488-0200	CONTACT NAME: Laura Alvarez														
Edgewood Partners Insurance Centers (EPIC) (San Ramon – Branch ID14394) P.O. Box 5003 San Ramon, CA 94583		PHONE: 212.488.0200		FAX: 212.488.0220												
		E-MAIL: laura.alvarez@epicbrokers.com		ADDRESS:												
INSURER(S) AFFORDING COVERAGE																
<table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">INSURER A: TRAVELERS PROP CAS CO OF AMER</td> <td style="width: 50%;">NAIC # 25674</td> </tr> <tr> <td>INSURER B: TRAVELERS INDEMNITY CO. OF CT</td> <td>25682</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 A: TRAVELERS PROP CAS CO OF AMER	NAIC # 25674	INSURER B: TRAVELERS INDEMNITY CO. OF CT	25682	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER A: TRAVELERS PROP CAS CO OF AMER	NAIC # 25674															
INSURER B: TRAVELERS INDEMNITY CO. OF CT	25682															
INSURER C:																
INSURER D:																
INSURER E:																
INSURER F:																

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
<p>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.</p>		

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 <input type="checkbox"/> <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO JECT <input type="checkbox"/> LOC OTHER:			6602F961480	12/01/2024	12/01/2025	EACH OCCURRENCE	\$1,000,000	
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000	
							MED EXP (Any one person)	\$15,000	
							PERSONAL & ADV INJURY	\$1,000,000	
							GENERAL AGGREGATE	\$2,000,000	
							PRODUCTS - COMP/OP AGG	\$2,000,000	
B	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			BA1L111046	12/01/2024	12/01/2025	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 <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$0			CUP9G448756	12/01/2024	12/01/2025	EACH OCCURRENCE	\$5,000,000	
							AGGREGATE	\$5,000,000	
A	<input type="checkbox"/> 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	UB7R975106	12/01/2024	12/01/2025	<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	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)		
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CERTIFICATE HOLDER	CANCELLATION
Evidence of Insurance	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISION
	AUTHORIZED REPRESENTATIVE



CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)
 7/22/2025

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.

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PRODUCER	Phone No.: (212) 488-0200	CONTACT NAME: Laura Alvarez	
Edgewood Partners Insurance Centers (EPIC) 1140 Avenue of the Americas- 15th Floor New York, NY 10036		PHONE: 212.488.0200	FAX: 212.488.0220
		E-MAIL: laura.alvarez@epicbrokers.com	ADDRESS:
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: BERKLEY INSURANCE COMPANY	NAIC # 32603
		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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$
	CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$
							PRODUCTS - COMP/OP AGG	\$
	GEN'L AGGREGATE LIMIT APPLIES PER:							
	POLICY <input type="checkbox"/> PRO JECT <input type="checkbox"/> LOC							
	OTHER:							
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	ANY AUTO <input type="checkbox"/>						BODILY INJURY (Per person)	\$
	ALL OWNED AUTOS <input type="checkbox"/>						BODILY INJURY (Per accident)	\$
	HIRED AUTOS <input type="checkbox"/>						PROPERTY DAMAGE (Per accident)	\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR						EACH OCCURRENCE	\$
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE	\$
	DED <input type="checkbox"/> RETENTION\$ <input type="checkbox"/>							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y / N <input type="checkbox"/>	N / A				PER STATUTE	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
A	EMPLOYEE DISHONESTY			BCCR4500223929	07/26/2025	07/26/2026	\$50,000 DEDUCTIBLE	10,000,000

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

CERTIFICATE HOLDER

CANCELLATION

Evidence of Insurance	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISION	
	AUTHORIZED REPRESENTATIVE	
	Laura Alvarez	
	EPIC Code: 13	

**CERTIFICATE OF LIABILITY INSURANCE**DATE (MM/DD/YYYY)
7/10/2025

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PRODUCER	Phone No.: (212) 488-0200	CONTACT NAME: Laura Alvarez
Edgewood Partners Insurance Centers (EPIC) 1140 Avenue of the Americas- 15 th Floor New York, NY 10036		PHONE: 212.488.0200 E-MAIL: laura.alvarez@epicbrokers.com ADDRESS:
		INSURER(S) AFFORDING COVERAGE INSURER A: ALLIED WORLD SURPLUS LINES INS CO
		NAIC # 24319
INSURED	INSURER B:	
Edgewood Partners Insurance Center 1140 Avenue of the Americas, 15th Floor New York, NY 10036	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERS**CERTIFICATE NUMBER:****REVISION NUMBER:**

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	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$
	CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (EA occurrence) \$
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
							GENERAL AGGREGATE \$
							PRODUCTS - COMP/OP AGG \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						
	POLICY PRO JECT <input type="checkbox"/> LOC						
	OTHER: <input type="checkbox"/> LOC						
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (EA accident) \$
	ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS	SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR						EACH OCCURRENCE \$
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$
	DED <input type="checkbox"/> RETENTION\$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y / N	N / A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	INSURANCE AGENTS E&O			03129988	07/26/2025	07/26/2026	EA CLM/AGGREGATE \$750K RETENTION \$10,000,000

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

CERTIFICATE HOLDER**CANCELLATION**

Evidence of Insurance	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISION
	AUTHORIZED REPRESENTATIVE  EPIC Code: 1

Certificate Of Completion

Envelope Id: 290E291F-75CD-4814-B4F0-C50A2A66170E Status: Completed
 Subject: RENEWAL EPIC Contract Property and Casualty Broker Services 11-19-25 BOC#-25-0852
 Parcel ID:
 Source Envelope:
 Document Pages: 6 Signatures: 4
 Certificate Pages: 6 Initials: 0
 AutoNav: Enabled Stamps: 1
 Envelope Stamping: Enabled
 Time Zone: (UTC-08:00) Pacific Time (US & Canada)
 Envelope Originator:
 Mark Hawks
 141 Pryor Street
 Purchasing & Contract Compliance, Suite 1168
 Atlanta, GA 30303
 mark.hawks@fultoncountyga.gov
 IP Address: 144.125.34.76

Record Tracking

Status: Original	Holder: Mark Hawks	Location: DocuSign
11/20/2025 6:15:31 AM	mark.hawks@fultoncountyga.gov	
Security Appliance Status: Connected	Pool: StateLocal	
Storage Appliance Status: Connected	Pool: Fulton County Government	Location: Docusign

Signer Events

Signature

Timestamp

Brennen K. Parker
 Brennen.Parker@epicbrokers.com
 South East Growth Leader - Commercial
 EPIC Insurance Brokers and Consultants
 Security Level: Email, Account Authentication (None)

Brennen K. Parker
 Signature Adoption: Pre-selected Style
 Using IP Address: 149.20.205.74

Sent: 11/20/2025 6:24:51 AM
 Resent: 11/20/2025 9:55:17 AM
 Resent: 11/20/2025 9:55:42 AM
 Viewed: 11/20/2025 10:12:48 AM
 Signed: 11/25/2025 5:29:17 AM

Electronic Record and Signature Disclosure:

Accepted: 11/20/2025 10:12:48 AM
 ID: a6d838ab-f32a-4fa0-8f2d-c2e48ac5399b

Completed

Sent: 11/25/2025 5:29:18 AM
 Viewed: 11/26/2025 7:09:51 AM
 Signed: 11/26/2025 7:09:57 AM

Mark Hawks
 mark.hawks@fultoncountyga.gov
 Chief Assistant Purchasing Agent
 Purchasing and Contract Compliance
 Security Level: Email, Account Authentication (None)

Using IP Address: 134.231.232.249

Electronic Record and Signature Disclosure:

Not Offered via Docusign

Ray Turner
 Ray.Turner@fultoncountyga.gov
 Deputy Director
 Fulton County Government
 Security Level: Email, Account Authentication (None)

Ray Turner

Sent: 11/26/2025 7:09:58 AM
 Viewed: 11/26/2025 7:10:28 AM
 Signed: 11/26/2025 7:10:43 AM

Electronic Record and Signature Disclosure:

Not Offered via Docusign

Completed

Sent: 11/26/2025 7:10:44 AM
 Viewed: 12/2/2025 12:22:04 PM
 Signed: 12/2/2025 12:23:09 PM

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

Using IP Address: 74.174.59.10

Electronic Record and Signature Disclosure:

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

Signer Events	Signature	Timestamp
<p>Robert L. Pitts harriet.thomas@fultoncountyga.gov Chairman Fulton County Security Level: Email, Account Authentication (None)</p>		<p>Sent: 12/2/2025 12:23:11 PM Viewed: 12/2/2025 2:03:30 PM Signed: 12/2/2025 2:03:40 PM</p>

Electronic Record and Signature Disclosure:

Accepted: 12/2/2025 2:03:30 PM
ID: fa2c2f59-d257-44b4-90ad-999a8af0d74b

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




Sent: 12/2/2025 2:03:41 PM
Viewed: 12/2/2025 2:14:23 PM
Signed: 12/2/2025 2:14:57 PM

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
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

Verna Thomas
verna.thomas@fultoncountyga.gov
Employee Benefits Manager
FINANCE DEPARTMENT
Security Level: Email, Account Authentication (None)



Sent: 12/2/2025 2:15:00 PM

Electronic Record and Signature Disclosure:
Accepted: 8/22/2025 6:35:20 AM
ID: 3e69db81-0350-40c9-8377-7ab7c8c55cae

Dian DeVaughn
dian.devaughn@fultoncountyga.gov
Security Level: Email, Account Authentication (None)



Sent: 12/2/2025 2:15:01 PM
Viewed: 12/3/2025 7:33:03 AM

Electronic Record and Signature Disclosure:
Not Offered via DocuSign

Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps

Envelope Sent Hashed/Encrypted 11/20/2025 6:24:51 AM

Envelope Summary Events	Status	Timestamps
Envelope Updated	Security Checked	11/20/2025 9:55:16 AM
Envelope Updated	Security Checked	11/20/2025 9:55:16 AM
Envelope Updated	Security Checked	11/20/2025 9:55:16 AM
Envelope Updated	Security Checked	11/20/2025 9:55:16 AM
Envelope Updated	Security Checked	11/20/2025 9:55:17 AM
Envelope Updated	Security Checked	11/20/2025 9:55:17 AM
Envelope Updated	Security Checked	11/20/2025 9:55:17 AM
Envelope Updated	Security Checked	11/20/2025 9:55:17 AM
Certified Delivered	Security Checked	12/2/2025 2:14:23 PM
Signing Complete	Security Checked	12/2/2025 2:14:57 PM
Completed	Security Checked	12/2/2025 2:15:01 PM

Payment Events	Status	Timestamps
Electronic Record and Signature Disclosure		

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..

In addition, you must notify DocuSign, Inc. to arrange for your new email address to be reflected in your DocuSign account by following the process for changing e-mail in the DocuSign system.

To request paper copies from Carahsoft OBO Fulton County, Georgia

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an e-mail to glenn.king@fultoncountyga.gov and in the body of such request you must state your e-mail address, full name, US Postal address, and telephone number. We will bill you for any fees at that time, if any.

To withdraw your consent with Carahsoft OBO Fulton County, Georgia

To inform us that you no longer want to receive future notices and disclosures in electronic format you may:

- i. decline to sign a document from within your DocuSign session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;
- ii. send us an e-mail to glenn.king@fultoncountyga.gov and in the body of such request you must state your e-mail, full name, US Postal Address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

Required hardware and software

Operating Systems:	Windows® 2000, Windows® XP, Windows Vista®; Mac OS® X
Browsers:	Final release versions of Internet Explorer® 6.0 or above (Windows only); Mozilla Firefox 2.0 or above (Windows and Mac); Safari™ 3.0 or above (Mac only)
PDF Reader:	Acrobat® or similar software may be required to view and print PDF files
Screen Resolution:	800 x 600 minimum
Enabled Security Settings:	Allow per session cookies

** These minimum requirements are subject to change. If these requirements change, you will be asked to re-accept the disclosure. Pre-release (e.g. beta) versions of operating systems and browsers are not supported.

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