



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
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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 Edgewood Partners Insurance Centers (EPIC) (San Ramon – Branch ID14394) P.O. Box 5003 San Ramon, CA 94583	Phone No.: (212) 488-0200 CONTACT NAME: Laura Alvarez PHONE: 212.488.0200 FAX: 212.488.0220 E-MAIL: laura.alvarez@epicbrokers.com ADDRESS: <table style="width: 100%;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: TRAVELERS PROP CAS CO OF AMER</td> <td>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(S) AFFORDING COVERAGE	NAIC #	INSURER A: TRAVELERS PROP CAS CO OF AMER	25674	INSURER B: TRAVELERS INDEMNITY CO. OF CT	25682	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER E:															
INSURER F:															
INSURED Edgewood Partners Insurance Center 1 California Street, Suite 400 San Francisco, CA 94111															

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												
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> OTHER: </div> <div> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> PRO JECT <input type="checkbox"/> LOC </div> </div> <div style="margin-top: 5px;"> GEN'L AGGREGATE LIMIT APPLIES PER: </div>			6602F961480	12/01/2024	12/01/2025	<table style="width: 100%;"> <tr> <td>EACH OCCURRENCE</td> <td style="text-align: right;">\$1,000,000</td> </tr> <tr> <td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td> <td style="text-align: right;">\$1,000,000</td> </tr> <tr> <td>MED EXP (Any one person)</td> <td style="text-align: right;">\$15,000</td> </tr> <tr> <td>PERSONAL & ADV INJURY</td> <td style="text-align: right;">\$1,000,000</td> </tr> <tr> <td>GENERAL AGGREGATE</td> <td style="text-align: right;">\$2,000,000</td> </tr> <tr> <td>PRODUCTS - COMP/OP AGG</td> <td style="text-align: right;">\$2,000,000</td> </tr> </table>	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
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A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> RETENTION \$0 </div> <div> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE </div> </div>			CUP9G448756	12/01/2024	12/01/2025	<table style="width: 100%;"> <tr> <td>EACH OCCURRENCE</td> <td style="text-align: right;">\$5,000,000</td> </tr> <tr> <td>AGGREGATE</td> <td style="text-align: right;">\$5,000,000</td> </tr> </table>	EACH OCCURRENCE	\$5,000,000	AGGREGATE	\$5,000,000								
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A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	UB7R975106	12/01/2024	12/01/2025	<table style="width: 100%;"> <tr> <td> <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER </td> <td></td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td style="text-align: right;">\$1,000,000</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td style="text-align: right;">\$1,000,000</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td style="text-align: right;">\$1,000,000</td> </tr> </table>	<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				
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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 <div style="text-align: center;"> </div>
	EPIC Code: 50



CERTIFICATE OF LIABILITY INSURANCE

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

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PRODUCER Edgewood Partners Insurance Centers (EPIC) 1140 Avenue of the Americas- 15th Floor New York, NY 10036	Phone No.: (212) 488-0200 CONTACT NAME: Laura Alvarez PHONE: 212.488.0200 FAX: 212.488.0220 E-MAIL: laura.alvarez@epicbrokers.com ADDRESS: <table style="width: 100%;"> <tr> <td style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> <td style="text-align: center;">NAIC #</td> </tr> <tr> <td>INSURER A: BERKLEY INSURANCE COMPANY</td> <td>32603</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: BERKLEY INSURANCE COMPANY	32603	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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COVERAGES
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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 EPIC Code: 13



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/10/2025

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	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 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

ACORD 25 (2016/03)

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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

Envelope Originator:

Certificate Pages: 6

Initials: 0

Mark Hawks

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

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 K. Parker

Sent: 11/20/2025 6:24:51 AM

Brennen.Parker@epicbrokers.com

Resent: 11/20/2025 9:55:17 AM

South East Growth Leader• Commercial

Resent: 11/20/2025 9:55:42 AM

EPIC Insurance Brokers and Consultants

Viewed: 11/20/2025 10:12:48 AM

Security Level: Email, Account Authentication (None)

Signature Adoption: Pre-selected Style

Signed: 11/25/2025 5:29:17 AM

Using IP Address: 149.20.205.74

Electronic Record and Signature Disclosure:

Accepted: 11/20/2025 10:12:48 AM

ID: a6d838ab-f32a-4fa0-8f2d-c2e48ac5399b

Mark Hawks

Completed

Sent: 11/25/2025 5:29:18 AM

mark.hawks@fultoncountyga.gov

Viewed: 11/26/2025 7:09:51 AM

Chief Assistant Purchasing Agent

Signed: 11/26/2025 7:09:57 AM

Purchasing and Contract Compliance

Using IP Address: 134.231.232.249

Security Level: Email, Account Authentication (None)

Electronic Record and Signature Disclosure:

Not Offered via Docusign

Ray Turner

Ray Turner

Sent: 11/26/2025 7:09:58 AM

Ray.Turner@fultoncountyga.gov

Viewed: 11/26/2025 7:10:28 AM

Deputy Director

Signed: 11/26/2025 7:10:43 AM

Fulton County Government

Signature Adoption: Pre-selected Style

Security Level: Email, Account Authentication (None)

Using IP Address: 134.231.232.250

Electronic Record and Signature Disclosure:

Not Offered via Docusign

Nikki Peterson

Completed

Sent: 11/26/2025 7:10:44 AM

nikki.peterson@fultoncountyga.gov

Viewed: 12/2/2025 12:22:04 PM

Chief Deputy Clerk to the Board of Commissioners

Signed: 12/2/2025 12:23:09 PM

Fulton County Government




Using IP Address: 74.174.59.10

Security Level: Email, Account Authentication (None)

Electronic Record and Signature Disclosure:

Accepted: 11/27/2017 10:39:37 AM

ID: b7ce88ee-0c66-4f3a-bfee-705e0af602d8

Signer Events	Signature	Timestamp
Robert L. Pitts harriet.thomas@fultoncountygga.gov Chairman Fulton County Security Level: Email, Account Authentication (None)	 Signature Adoption: Pre-selected Style Using IP Address: 74.174.59.10	Sent: 12/2/2025 12:23:11 PM Viewed: 12/2/2025 2:03:30 PM Signed: 12/2/2025 2:03:40 PM
Electronic Record and Signature Disclosure: Accepted: 12/2/2025 2:03:30 PM ID: fa2c2f59-d257-44b4-90ad-999a8af0d74b		
Tonya Grier tonya.grier@fultoncountygga.gov Clerk to the Commission Fulton County Government Security Level: Email, Account Authentication (None)	  Signature Adoption: Uploaded Signature Image Using IP Address: 134.231.232.249	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@fultoncountygga.gov Employee Benefits Manager FINANCE DEPARTMENT Security Level: Email, Account Authentication (None)	<div>COPIED</div>	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@fultoncountygga.gov Security Level: Email, Account Authentication (None)	<div>COPIED</div>	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
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
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Electronic Record and Signature Disclosure

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Operating Systems:	Windows® 2000, Windows® XP, Windows Vista®; Mac OS® X
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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

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