

## **CONTRACT RENEWAL AGREEMENT**

**DEPARTMENT:** Sheriff's Office

**BID/RFP# NUMBER:** 17RFP07012016B-BR

**BID/RFP# TITLE:** Inmate Medical Services

**ORIGINAL APPROVAL DATE:** November 15, 2017

**RENEWAL EFFECTIVE DATES:** January 1, 2026 to December 31, 2026

**RENEWAL OPTION #:** 8 OF 9

**NUMBER OF RENEWAL OPTIONS:** 1

**RENEWAL AMOUNT:** \$45,121,149.72

**COMPANY'S NAME:** NaphCare, of Fulton County, LLC.

**ADDRESS:** 2090 Columbiana Road Suite 4000

**CITY:** Birmingham

**STATE:** Georgia

**ZIP:** 35126

**This Renewal Agreement No. 8 was approved by the Fulton County Board of Commissioners on BOC DATE: December 3, 2025 BOC NUMBER: 25-0927**

**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**

**SIGNATURES:**

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**

**NAPHCARE OF FULTON COUNTY,  
LLC.**

*Bradford T. McLane*

**Bradford T. McLane  
Chairman of the Board**

**ATTEST:**

*Tonya R. Grier*

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

**(Affix County Seal)**



**AUTHORIZATION OF RENEWAL:**

*Patrick "Pat" Labat*

**Patrick "Pat" Labat, Sheriff  
Fulton County Sheriff's Office**

**ITEM#:** 25-0927 **RCS:** 12/03/2025  
**FIRST REGULAR MEETING**

**ITEM#:** \_\_\_\_\_ **RM:** \_\_\_\_\_  
**SECOND REGULAR MEETING**



**CERTIFICATE OF INSURANCE**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/4/2025

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).

<b>PRODUCER</b> VIG, LLC, The Vestavia Group 2090 Columbiana Road Ste. 2000 Birmingham AL 35216	<b>CONTACT</b> NAME: Hunter Williams PHONE (A/C, No, Ext): 205-266-7304 FAX (A/C, No): 205-244-8072 E-MAIL ADDRESS: hunter.williams@vestaviagroup.com														
<b>INSURED</b> NaphCare, Inc. NaphCare of Fulton County, LLC 2090 Columbiana Rd Ste. 4000 Birmingham AL 35216	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A: Ironshore Insurance Company "A" XV</td> <td style="text-align: center;">25445</td> </tr> <tr> <td>INSURER B: The Cincinnati Insurance Company "A+" XV</td> <td style="text-align: center;">10677</td> </tr> <tr> <td>INSURER C: The Travelers Insurance Company "A++" XV</td> <td style="text-align: center;">25615</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: Ironshore Insurance Company "A" XV	25445	INSURER B: The Cincinnati Insurance Company "A+" XV	10677	INSURER C: The Travelers Insurance Company "A++" XV	25615	INSURER D:		INSURER E:		INSURER F:	
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INSURER C: The Travelers Insurance Company "A++" XV	25615														
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														
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR Retro Date: 12/31/2018  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	HC7BAB5A62005	12/31/2024	12/31/2025	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$ 2,000,000</td></tr> <tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td style="text-align: right;">\$ 100,000</td></tr> <tr><td>MED EXP (Any one person)</td><td style="text-align: right;">\$ 5,000</td></tr> <tr><td>PERSONAL &amp; ADV INJURY</td><td style="text-align: right;">\$ 2,000,000</td></tr> <tr><td>GENERAL AGGREGATE</td><td style="text-align: right;">\$ 12,000,000</td></tr> <tr><td>PRODUCTS - COMP/OP AGG</td><td style="text-align: right;">\$ 2,000,000</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> </table>	EACH OCCURRENCE	\$ 2,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	MED EXP (Any one person)	\$ 5,000	PERSONAL & ADV INJURY	\$ 2,000,000	GENERAL AGGREGATE	\$ 12,000,000	PRODUCTS - COMP/OP AGG	\$ 2,000,000		\$
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PRODUCTS - COMP/OP AGG	\$ 2,000,000																				
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B	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	EBA0758413	9/30/2025	9/30/2026	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>BODILY INJURY (Per person)</td><td style="text-align: right;">\$ XXXXXXXX</td></tr> <tr><td>BODILY INJURY (Per accident)</td><td style="text-align: right;">\$ XXXXXXXX</td></tr> <tr><td>PROPERTY DAMAGE (Per accident)</td><td style="text-align: right;">\$ XXXXXXXX</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> </table>	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	BODILY INJURY (Per person)	\$ XXXXXXXX	BODILY INJURY (Per accident)	\$ XXXXXXXX	PROPERTY DAMAGE (Per accident)	\$ XXXXXXXX		\$				
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A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE	Y	Y	HC7BAB5A67005	12/31/2024	12/31/2025	<table border="1" style="width: 100%; border-collapse: collapse;"> <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> <tr><td></td><td style="text-align: right;">\$</td></tr> </table>	EACH OCCURRENCE	\$ 5,000,000	AGGREGATE	\$ 5,000,000		\$								
EACH OCCURRENCE	\$ 5,000,000																				
AGGREGATE	\$ 5,000,000																				
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C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	Y	UB-1P248768-25-51-K UB-1P250924-25-51-R	9/30/2025	9/30/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER <table border="1" style="width: 100%; border-collapse: collapse;"> <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>	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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E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000																				
E.L. DISEASE - POLICY LIMIT	\$ 1,000,000																				
A	Professional Liability Claims Made Retro Date: 07/01/03	N	Y	HC7BAB5A62005	12/31/2024	12/31/2025	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Each Med Incident</td><td style="text-align: right;">2,000,000</td></tr> <tr><td>Aggregate</td><td style="text-align: right;">12,000,000</td></tr> </table>	Each Med Incident	2,000,000	Aggregate	12,000,000										
Each Med Incident	2,000,000																				
Aggregate	12,000,000																				

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

17RFP07012016B-BR/Inmate Medical Services

It is understood and agreed Fulton County Government shall be named as Additional Insured, as respects their contract with NaphCare of Fulton County, LLC. A Waiver of Subrogation shall be provided for Fulton County as respects their contract with NaphCare of Fulton County, LLC. Insurance policies shall be primary and non-contributory. Any material modifications made to the above policies shall result in a thirty (30) day written notice provided to Fulton County, respecting their contract with NaphCare of Fulton County, LLC.

**CERTIFICATE HOLDER****CANCELLATION**

Fulton County Government Purchasing &  
Contracting Compliance Department  
130 Peachtree Street S.W., 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

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# LARGE GROUP COMBINED LIABILITY POLICY BLANKET ADDITIONAL INSURED ENDORSEMENT

**POLICYHOLDER:** NaphCare of Fulton County, LLC

**ENDORSEMENT**

**EFFECTIVE DATE:** December 31, 2024

**POLICY NUMBER:** HC7BAB5A62005

The **policy** is hereby amended as follows:

Each organization contracting with the **policyholder** for the provision of professional services is included as an additional insured under the **policy**, but only with respect to vicarious liability arising solely and entirely out of the rendering of or failure to render **professional services** directly by an **insured professional** and provided that the alleged acts or omissions giving rise to the liability are otherwise covered by the **policy**. Each additional insured described in this endorsement shall not have its own insurance coverage, but shall share in the coverage of the **insured** whose acts or omissions gave rise to the liability of the additional insured.

## LARGE GROUP COMBINED LIABILITY POLICY WAIVER OF SUBROGATION ENDORSEMENT

**POLICYHOLDER:** NaphCare of Fulton County, LLC

**ENDORSEMENT**

**EFFECTIVE DATE:** December 31, 2024

**POLICY NUMBER:** HC7BAB5A62005

THIS ENDORSEMENT MODIFIES THE GENERAL CONDITIONS OF THE POLICY AS FOLLOWS:

1. Section VII. SUBROGATION of the GENERAL CONDITIONS is amended by adding the following:

**We** waive any right of recovery **we** may have against the additional insured(s) shown in the Schedule below because of payments **we** make under this **policy** for liability arising solely from the **policyholder's** rendering of or failing to render **professional services**.

2. Paragraph 7. SUBROGATION of Section IV GENERAL CONDITIONS is amended by adding the following :

**We** waive any right of recovery **we** may have against the additional insured(s) shown in the Schedule below because of payments we make under this policy for liability arising solely because of a covered **occurrence**.

SCHEDULE OF ADDITIONAL INSURED(S)

Any organization to whom the **Policyholder** is obligated by valid written contract or written agreement.

**VIG**2090 Columbiana Road, Suite 2000  
Birmingham, AL 35216

December 4, 2025

To Whom It May Concern:

VIG, LLC is the broker of record for NaphCare of Fulton County, LLC. ("NaphCare") and currently places all insurance coverage and bonds on their behalf. Any new proposed contracts would be a part of the insurance program currently in place for NaphCare.

NaphCare maintains professional liability insurance coverage with IronShore Specialty Insurance which holds an A.M. Best rating of "A, XV" ("policy"). The policy provides limits of \$2,000,000 per medical incident and includes an \$12,000,000 annual aggregate. In the event of a termination of coverage for the above-referenced policy, a reporting endorsement provision built into the policy and issued by the company will afford NaphCare the right to provide coverage for professional incidents occurring prior to any termination date and otherwise covered by this policy, which are first reported on or after a termination date. Insured professionals, other covered employees/contractors shall continue to be covered under the policy or any active renewal thereof provided the professional incident occurred (1) on or after the retroactive date (July 1, 2003) applicable to the scheduled location at or from which the professional incident occurred (2) occurred before the termination of the policy and while the insured professionals or other covered individuals were employed/contracted by NaphCare acting within the scope of their employment/contract with NaphCare while engaged in the performance of professional services that they hold all required licenses to perform (3) is first reported within a period of active coverage and (4) otherwise satisfies all terms and conditions of the policy.

The policy terms and conditions provide continuous, automatic coverage for claims which are incurred but not reported and the tail coverage is built into the policy. Should you require additional information, please do not hesitate to contact me at (205) 406-2257 or via email at [insurance@naphcare.com](mailto:insurance@naphcare.com).

Kind regards,

Hunter Williams  
President of Insurance and Risk Services



# Fulton County

## Legislation Details

**File #:** 25-0927      **Version:** 1      **Name:**  
**Type:** CM Action Item - Justice and Safety      **Status:** Agenda Ready  
**File created:** 11/12/2025      **In control:** Board of Commissioners  
**On agenda:** 12/3/2025      **Final action:**  
**Title:** Request approval to renew an existing contract - Sheriff's Office, 17RFP07012016B-BR, Inmate Medical Services with NaphCare of Fulton County, LLC (Birmingham, AL) in an amount not to exceed \$38,521,149.72 to provide physical and mental health services to inmates at the Fulton County Jail and other locations and an estimated not to exceed amount of \$6,600,000.00 for annual medication pass through costs for a total not to exceed amount of \$45,121,149.72. This action exercises the eighth of nine renewal options. One renewal option remains. Effective dates: January 1, 2026, through December 31, 2026.

**Sponsors:**

**Indexes:**

**Code sections:**

**Attachments:** 1. Exhibit 1: Renewal Agreement NO.pdf, 2. Exhibit 2: Vendor Performance Evaluation

Date	Ver.	Action By	Action	Result
12/3/2025	1	Board of Commissioners	approve	Pass

## Certificate Of Completion

Envelope Id: 373DBBEA-5081-4C06-A43B-1B73093E3C91

Status: Completed

Subject: 17RFP07012016B-BR Inmate Medical Services-Naphcare-Renewal No. 8

Parcel ID:

Source Envelope:

Document Pages: 8

Signatures: 3

Envelope Originator:

Certificate Pages: 6

Initials: 0

Elsa D. Castro

AutoNav: Enabled

Stamps: 1

141 Pryor Street

Envelopeld Stamping: Enabled

Purchasing & Contract Compliance, Suite 1168

Time Zone: (UTC-05:00) Eastern Time (US & Canada)

Atlanta, GA 30303

elsa.castro@fultoncountyga.gov

IP Address: 144.125.1.75

## Record Tracking

Status: Original

Holder: Elsa D. Castro

Location: DocuSign

12/10/2025 11:35:41 AM

elsa.castro@fultoncountyga.gov

Security Appliance Status: Connected

Pool: StateLocal

Storage Appliance Status: Connected

Pool: Fulton County Government

Location: Docusign

## Signer Events

## Signature

## Timestamp

Patrick "Pat" Labat

Pat.Labat@fultoncountyga.gov

Sheriff

Security Level: Email, Account Authentication (None)

Signature Adoption: Drawn on Device

Using IP Address: 2600:387:f:222::6

Signed using mobile

Sent: 12/10/2025 11:45:18 AM

Resent: 12/12/2025 10:06:18 AM

Viewed: 12/12/2025 1:28:34 PM

Signed: 12/12/2025 1:30:11 PM

## Electronic Record and Signature Disclosure:

Accepted: 12/12/2025 1:28:34 PM

ID: 3417b8bd-6fe1-494a-a05e-f1587a4ae8a2

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: 12/12/2025 1:30:13 PM

Viewed: 12/12/2025 1:45:06 PM

Signed: 12/12/2025 1:45:36 PM

## Electronic Record and Signature Disclosure:

Accepted: 11/27/2017 1:39:37 PM

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: 2600:387:2:824::c

Signed using mobile

Sent: 12/12/2025 1:45:37 PM



Viewed: 12/12/2025 2:05:52 PM

Signed: 12/12/2025 2:06:04 PM

## Electronic Record and Signature Disclosure:

Accepted: 12/12/2025 2:05:52 PM

ID: cdb8c8c-9f07-4e6a-ba5d-21763425ebe9

Signer Events	Signature	Timestamp
Tonya Grier Tonya.Grier@fultoncountyga.gov Clerk to the Commission Fulton County Government Security Level: Email, Account Authentication (None)	  	Sent: 12/12/2025 2:06:06 PM Viewed: 12/12/2025 2:07:02 PM Signed: 12/12/2025 2:07:13 PM
Signature Adoption: Uploaded Signature Image Using IP Address: 74.174.59.10		

**Electronic Record and Signature Disclosure:**  
 Accepted: 10/27/2025 11:21:47 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
Dian DeVaughn dian.devaughn@fultoncountyga.gov Security Level: Email, Account Authentication (None)	<div>COPIED</div>	Sent: 12/12/2025 2:07:15 PM Viewed: 12/12/2025 2:35:16 PM
<b>Electronic Record and Signature Disclosure:</b> Not Offered via Docusign		
Elsa D. Castro elsa.castro@fultoncountyga.gov Chief Assistant Purchasing Agent Fulton County Government Security Level: Email, Account Authentication (None)	<div>COPIED</div>	Sent: 12/12/2025 2:07:16 PM Resent: 12/12/2025 2:07:23 PM Viewed: 12/12/2025 2:17:51 PM
<b>Electronic Record and Signature Disclosure:</b> Not Offered via Docusign		
Bradford T. McLane brad.mclane@naphcare.com CEO Everhealth Security Level: Email, Account Authentication (None)	<div>COPIED</div>	Sent: 12/12/2025 2:07:18 PM
<b>Electronic Record and Signature Disclosure:</b> Accepted: 12/4/2025 10:45:40 AM ID: 58ea70ec-ad74-4352-9a72-04e9d2f7a904		
Damichell Hightower damichell.hightower@fultoncountyga.gov Security Level: Email, Account Authentication (None)	<div>COPIED</div>	Sent: 12/12/2025 2:07:19 PM
<b>Electronic Record and Signature Disclosure:</b> Not Offered via Docusign		

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	12/10/2025 11:45:18 AM
Certified Delivered	Security Checked	12/12/2025 2:07:02 PM
Signing Complete	Security Checked	12/12/2025 2:07:13 PM
Completed	Security Checked	12/12/2025 2:07:19 PM

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](mailto: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](mailto: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](mailto: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](mailto: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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able to read this electronic disclosure and that you also were able to print on paper or electronically save this page for your future reference and access or that you were able to e-mail this disclosure and consent to an address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format on the terms and conditions described above, please let us know by clicking the 'I agree' button below.

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