



**DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE**

**CONTRACT RENEWAL AGREEMENT**

**DEPARTMENT:** Real Estate & Asset Management

**BID/RFP NUMBER:** 23RFP138765K-CRB (A)

**BID/RFP# TITLE:** Standby Professional Services for Environmental Engineering and Testing Services

**ORIGINAL APPROVAL DATE:** 2/6/2024

**RENEWAL EFFECTIVE DATES:** 1/1/2025 through 12/31/2025

**RENEWAL OPTION #:** 1 OF 2

**NUMBER OF RENEWAL OPTIONS:** 2

**RENEWAL AMOUNT:** \$50,000.00

**COMPANY'S NAME:** Atlas Technical Consultants, LLC

**ADDRESS:** 2450 Commerce Ave., Ste. 100

**CITY:** Duluth

**STATE:** Georgia

**ZIP:** 30096-8910

**This Renewal Agreement No. 1 was approved by the Fulton County Board of**

**Commissioners on BOC DATE:** 11/6/2024 **BOC NUMBER:** 24-0701

**CERTIFICATE OF INSURANCE:** The Contractor/Vendor is required to maintain insurance during the entire term of this Agreement, including any contract renewals. Upon request, the Contractor/Vendor must furnish the County a Certificate of Insurance showing the required coverage as specified in the Contract Agreement and any renewals. A current COI must be provided before the commencement of work on this project under this Contract Renewal. 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:

Contractor/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

Signed by:

*Robert L. Pitts*

**Robert L. Pitts, Chairman**  
**Fulton County Board of Commissioners**

Please select Attest or Notary Radio button

### ATTEST:

Signed by:

*Tonya R. Grier*

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

Signed by:



(Affix County Seal)

### AUTHORIZATION OF RENEWAL:

Signed by:

*Joseph N. Davis*

**Joseph N. Davis, Director**  
**Department of Real Estate and Asset Management**

### ATLAS TECHNICAL CONSULTANTS, LLC

DocuSigned by:

*Todd Long*

**Todd Long**  
**GA Division Lead**

### ATTEST:

**Secretary/  
Assistant Secretary**

(Affix Corporate Seal)

### ATTEST:

Signed by:

*Deborah Moon*

**Notary Public**

County: Gwinnett

Commission Expires: 8.15.2026

(Affix Notary Seal) Signed by:

**Deborah Moon**  
**NOTARY PUBLIC**  
**Gwinnett County**  
**State of Georgia**  
**mm. Expires 8/15/**

Please select RM or 2nd Regular Meeting Radio button.

☒ RM

☐ 2nd RM

ITEM#: <u>24-0701</u> RM: <u>11/6/2024</u>	ITEM#: <u>xxx</u> 2 <sup>ND</sup> RM: <u>xxx</u>
<b>REGULAR MEETING</b>	<b>SECOND REGULAR MEETING</b>

done

**CERTIFICATE OF INSURANCE**





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/13/2025

11/25/2024

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).

<b>PRODUCER</b> Lockton Insurance Brokers, LLC 777 S. Figueroa Street, 52nd Fl. CA License #0B99399 Los Angeles CA 90017 (213) 689-0065	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>CONTACT NAME:</b></td> </tr> <tr> <td><b>PHONE (A/C, No. Ext):</b></td> <td><b>FAX (A/C, No):</b></td> </tr> <tr> <td colspan="2"><b>E-MAIL ADDRESS:</b></td> </tr> </table> <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><b>INSURER A:</b> Steadfast Insurance Company</td> <td style="text-align: center;">26387</td> </tr> <tr> <td><b>INSURER B:</b> Zurich American Insurance Company</td> <td style="text-align: center;">16535</td> </tr> <tr> <td><b>INSURER C:</b> Westchester Surplus Lines Insurance Co</td> <td style="text-align: center;">10172</td> </tr> <tr> <td><b>INSURER D:</b></td> <td></td> </tr> <tr> <td><b>INSURER E:</b></td> <td></td> </tr> <tr> <td><b>INSURER F:</b></td> <td></td> </tr> </table>	<b>CONTACT NAME:</b>		<b>PHONE (A/C, No. Ext):</b>	<b>FAX (A/C, No):</b>	<b>E-MAIL ADDRESS:</b>		INSURER(S) AFFORDING COVERAGE	NAIC #	<b>INSURER A:</b> Steadfast Insurance Company	26387	<b>INSURER B:</b> Zurich American Insurance Company	16535	<b>INSURER C:</b> Westchester Surplus Lines Insurance Co	10172	<b>INSURER D:</b>		<b>INSURER E:</b>		<b>INSURER F:</b>	
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<b>INSURER E:</b>																					
<b>INSURER F:</b>																					
<b>INSURED</b> 1528939 Atlas Technical Consultants, LLC 13215 Bee Cave Parkway Building B, Suite 230 Austin, TX 78738																					

**COVERAGES****CERTIFICATE NUMBER:** 19958793**REVISION NUMBER:** XXXXXXXX

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 type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> X,C,U Included <input checked="" type="checkbox"/> Contractual Liab GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: Policy Aggregate \$6M	Y	Y	GPL-0217085-09	11/13/2024	11/13/2025	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 6,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000 \$
B	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	BAP-0217109-09	11/13/2024	11/13/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
A	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	Y	Y	SXS-0217077-09	11/13/2024	11/13/2025	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$ XXXXXXXX
B B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	Y N/A	WC-0217111-09 (AOS) WC-7306651-03 (WIS)	11/13/2024 11/13/2024	11/13/2025 11/13/2025	<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
A A C	Env Contr Poll Env Prof (E&O) Excess 2nd layer	N	Y	GPL-0217085-09 GPL-0217085-09 G48841491-001	11/13/2024 11/13/2024 11/13/2024	11/13/2025 11/13/2025 11/13/2025	Per Occur/Agg:\$2M/\$6M Per Claim/Agg:\$2M/\$6M Per Occur/Agg:\$5M/\$5M

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

THIS CERTIFICATE SUPERSEDES ALL PREVIOUSLY ISSUED CERTIFICATES FOR THIS HOLDER, APPLICABLE TO THE CARRIERS LISTED AND THE POLICY TERM(S) REFERENCED.

\*\* See Page 2 \*\*

**CERTIFICATE HOLDER****CANCELLATION** See Attachments**19958793**

Fulton County Government  
 Purchasing & Contract Compliance Dept.  
 Attn: Craig R Bogan  
 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

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RE: 23RFP138765K-CRB, Standby Professional Services for Environmental Engineering & Testing Services. Fulton County Government, its' Officials, Officers and Employees are Additional Insured(s) as per the attached endorsement or policy language. Insurance provided to Additional Insured(s) is primary and non-contributory as per the attached endorsements or policy language. Waiver of subrogation applies as per the attached endorsements or policy language, where allowed by law. Notice of Cancellation applies as per attached endorsement or policy language. Umbrella or Excess coverage is follow-form as per the policy language. The General Liability policy evidenced herein includes Contractual Liability.

**The Excess Liability policy is excess of the underlying General Liability, Automobile Liability, Employers' Liability, Professional Liability, and Contractor's Pollution Liability. Excess Liability policy is following form of the underlying policies.**

**The General Liability, Contractor's Pollution Liability and Professional Liability are part of a package policy. The Aggregate reflected for these coverages is a combined aggregate and not separate aggregates for each coverage.**

**The General Liability policy includes blanket additional insured and Waiver of Subrogation endorsements that provide additional insured status to the certificate holder and Waiver of Subrogation only when there is a written contract between the named insured and the Certificate Holder that requires it, as permitted by law. The General Liability policy contains a special endorsement with "Primary and Noncontributory" wording.**

**The Business Auto policy includes blanket additional insured and Waiver of Subrogation endorsements that provide additional insured status to the certificate holder and Waiver of Subrogation only when there is a written contract between the named insured and the Certificate Holder that requires it, as permitted by law. The Business Auto policy contains a special endorsement with "Primary and Noncontributory" wording.**

**Contractor's Pollution Liability policy includes blanket additional insured and Waiver of Subrogation endorsements that provide additional insured status to the certificate holder and Waiver of Subrogation only when there is a written contract between the named insured and the Certificate Holder that requires it, as permitted by law. The Contractor's Pollution Liability policy contains a special endorsement with "Primary and Noncontributory" wording.**

**The Workers Compensation policy includes a blanket automatic waiver of subrogation endorsement that provides this feature only when there is a written contract between the named insured and the certificate holder that requires it, as permitted by law.**

**Stop Gap coverage included. ND, OH, WA, WY.**

## **Atlas Technical Consultants, Inc.**

### **Schedule of Named Insureds**

1 Alliance Geomatics, LLC	Long Engineering, LLC
Alta Vista Engineering Services AG	Materials Testing & Inspection, LLC
Alta Vista Solutions Inc.	O'Neill Service Group, LLC
Arrow ATC Holdings, LLC	Oris Solutions, LLC
Arrow Environmental Holdings LP	Pavetex Engineering, LLC fka PaveTex Engineering & Testing
Arrow Environmental Holdings, GP LLC	Piedmont Geotechnical Consultants, LLC
ATC Associates of North Carolina, PC	Pipeline Environmental Services
ATC Associates of Ohio, LP	Plant Services
ATC Associates, Inc.	Quality Assurance Engineering, Inc.
ATC Construction Services, Inc.	Quality Assurance Engineering, Inc. dba Consolidated
ATC Engineering of Michigan, LP	Engineering Laboratories
ATC Engineering, LLP	Rocky Mountain PSI, LLC
ATC Environmental, Inc.	Sage ATC Environmental Consulting LLC
ATC Group Holdings LLC	Sage ATC Environmental Holdings LLC
ATC Group Partners LLC	Sge Engineering, Inc.
ATC Group Services LLC	Sage Environmental Consulting, LP
ATC Group Services, LLC dba Atlas Technical Consultants, LLC	Sage Environmental Holdings, LLC
ATC Holding, Inc.	SCST, LLC
ATC Leasing Company, LLC	Southwest Geophysics, LLC
ATC New England Corporation	The Environmental Institute
ATC Sole Member LLC	Transmart Technologies, LLC
Atlantic Engineering Laboratories of New York, Inc.	TanSmart, Inc.
Atlantic Engineering Laboratories, Inc.	TranSmart, LLC
Atlantic Engineering Laboratories, LLC	United Testing, LLC fka United Testing Corporation
Atlas ATC Engineering, Inc.	WesTest, LLC
Atlas Consulting Services	Wilkins Environmental Consulting, Inc.
Atlas Engineering West, Inc.	WSP- Atlas
Atlas Intermediate Holdings LLC	Midtown Engineers LLC
Atlas TC Holdings LLC	
Atlas Technical Consultants Holdings, LP	
Atlas Technical Consultants LLC	
Atlas Technical Consultants Sole Member LLC	
Atlas Technical Consultants, Inc.	
Banza Industries, Inc.	
BCM Engineering, Inc.	
Beest Express, LLC	
Caitcon, LLC	
Cardno ATC (MA), Inc.	
CEL Consulting, LLC	
Consolidated Engineering Laboratories	
Dexter ATC Field Services LLC	
Dexter Field Services, LP	
Engineering & Testing Services LLC	
Engineering Services, LLC	
Environmental Compliance Services, Inc.	
ETS-ESC Holdings LLC	
Geosphere Consultants, Inc.	
HES Testing, LLC	
Long Engineering, Inc.	

Additional Insured-Automatic-Owners, Lessees Or

Contractors

Coverage Part One-Commercial General Liability  
Coverage Part Two-Contractor's Pollution Liability



Policy No.	Eff. Date of Pol.	Exp Date of Pol.	E ff Date of End.	Producer	Add? Prem.	Return Prem.
GPL-0217085-09	11/13/2024	11/13/2025	11/13/2024	14317000	-	-

Named Insured and Mailing Address:Producer:

ATLAS TECHNICAL CONSULTANTS, INC.  
13215 BEE CAVE PKWY, BUILDING A, SUITE 250  
AUSTIN, TX 78738.

Lockton Insurance Brokers, LLC  
777 S. Figueroa Street, 52nd fl.  
Los Angeles CA 90017

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

Environmental Services Package Policy

- [X] COVERAGE PART ONE-COMMERCIAL GENERAL LIABILITY
- [X] COVERAGE PART TWO-CONTRACTOR'S POLLUTION LIABILITY

tWho is an Insured (Section I.) in the COMMON COVERAGE PROVISIONS is amended to include as an additional insured any person(s) or organization(s) whom you are required to add as an additional insured on this pol icy under a written contract or written agreement.

2. The insurance provided to the additional insured person(s) or organ zation(s) applies only to:
- a. "Bodily injury", "property damage" or "personal and advertising injury" under COVERAGE PART ONE- COMMERCIAL GENERAL LIABILITY, COVERAGE A- BODILY INJURY AND PROPERTY DAMAGE LIABILITY and COVERAGE B -PERSONAL AND ADVERTISING INJURY LIABILITY caused, in whole or in part, by:
    - (1) Your acts or omissions; or
    - (2) The acts or omissions of those acting on your behalf;In the performance of:
    - (a) Your ongoing operations performed for the additional insured, which is the subject of the written contract or written agreement; or
    - (b) "Your work' completed as included in the "products-competed operations hazard", performed for the additional insured, which is the subject of the written contract or written agreement; and/or
  - b. "Claims" arising out of a "pollution event" under COVERAGE PART TWO - CONTRACTOR'S POLLUTION LIABILITY, caused, in whole or in part, by:
    - (1) Your acts or omissions; or
    - (2) The acts or omissions of those acting on your behalf,In the performance of:
    - (a) "Covered operations" performed for the additional insured, which is the subject of the written contract or written agreement; or



(b) "Completed operations" of the "covered operations" performed for the additional insured, which is the subject of the written contract or written agreement.

3. However, regardless of the provisions of paragraphs 1. and 2. above, the insurance afforded to such additional insured:

- a. Only applies to the extent permitted by law: and
- b. Will not be broader than that which you are required by the written contract or written agreement to provide to such additional insured.

4. With respect to the insurance afforded to the additional insured under this endorsement, the following is added to **Section III —Limits Of Insurance and Deductible:**

The most we will pay on behalf of the additional insured is the amount of insurance:

- a. Required by the written contract or written agreement you have entered into with the additional insured; or
- b. Available under the applicable Limits of Insurance shown in the Declarations, whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations

5. The insurance provided to the additional insured person or organization does not apply to:

"Bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering or failure to render any professional architectural, engineering or surveying services including:

- (1) The preparing, approving or failing to prepare or approve maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications: and
- (2) Supervisory, inspection, architectural or engineering activities.

This exclusion applies even if the claims against any insured allege negligence or other wrongdoing in the supervision, hiring, employment, training or monitoring of others by that insured, if the "occurrence" which caused the "bodily injury" or "property damage", or the offense which caused the "personal and advertising injury", involved the rendering of or the failure to render any architectural, engineering or surveying services.

6. The additional insured must see to it that:

- a. We are notified as soon as practicable of an "occurrence", offense or "pollution event", as applicable, that may result in a claim:
- b. We receive written notice of a claim or "suit" as soon as practicable; and
- c. A request for defense and indemnity of the claim or "suit" will promptly be brought against any policy issued by another insurer under which the additional insured may be an insured in any capacity. This provision does not apply to insurance on which the additional insured is a Named Insured, if the written contract or written agreement requires that this coverage be primary and non-contributory.

7. For the coverage provided by this endorsement:

a. The following paragraph is added to Paragraph 8.a. Other Insurance, Conditions (Section V.) in the COMMON COVERAGE PROVISIONS:

Primary and Noncontributory Insurance

This Insurance is primary to and will not seek contribution from any other insurance available to an additional insured under this endorsement provided that

(1) The additional insured is a Named Insured under such other insurance: and

(2) You have agreed in a written contract or written agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.

b. The following paragraph is added to Paragraph 8.b. Other Insurance, Conditions (Section V.) in the COMMON COVERAGE PROVISIONS:

This insurance is excess over:

Any of the other insurance, whether primary, excess, contingent or on any other basis, available to an additional insured, in which the additional insured on our policy is also covered as an additional insured on another policy providing coverage for the same "occurrence", offense, claim or "suit". This provision does not apply to any policy in which the additional insured is a Named Insured on such other policy and where our policy is required by written contract or written agreement to provide coverage to the additional insured on a primary and noncontributory basis.

8. This endorsement does not apply to an additional insured which has been added to this policy by an endorsement shaving the additional insured in a Schedule of additional insureds, and which endorsement applies specifically to that identified additional insured.

**ALL OTHER TERMS AND CONDITIONS OF THE POLICY SHALL APPLY AND REMAIN UNCHANGED.**

# Waiver of Transfer of Rights of Recovery Against Others – Blanket as Required by Contract



Policy No.	Eff. Date of Pol.	Exp. Date of Pol.	Eff. Date of End.	Producer	Add'l Prem.	Return Prem.
GPL-0217085-09	11/13/2024	11/13/2025	11/13/2024	14317000	-----	

**Named Insured and Mailing Address:**

ATLAS TECHNICAL CONSULTANTS, INC.  
13215 BEE CAVE PKWY, BUILDING A, SUITE 250  
AUSTIN, TX 78738

**Producer:**

Lockton Insurance Brokers, LLC  
777 S. Figueroa Street, 52nd fl.  
Los Angeles CA 90017

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

This endorsement modifies insurance provided under the following:

- ☒ COVERAGE PART ONE – COMMERCIAL GENERAL
- ☒ COVERAGE PART TWO – CONTRACTOR'S POLLUTION
- ☒ COVERAGE PART THREE – PROFESSIONAL

In consideration of the payment of premium and the Deductible by you and in reliance upon the statements in the Application made a part hereof, we agree with you, subject to all the terms, exclusions and conditions that with respect to the coverage parts indicated above Conditions (Section V.) of the COMMON COVERAGE PROVISIONS, Condition 14. Subrogation is amended by the addition of the following:

We waive any right of recovery we may have against any person or organization whom you are required to waive your right of subrogation by a written contract or written agreement executed and effective prior to the performance of your services which is the subject of such written contract or permit or written agreement.

**ALL OTHER TERMS AND CONDITIONS OF THE POLICY SHALL APPLY AND REMAIN UNCHANGED.**



## Blanket Notification to Others of Cancellation

Policy No.	Eff. Date of Pol.	Exp. Date of Pol.	Eff. Date of End.	Producer	Add'l Prem.	Return Prem.
GPL-0217085-09	11/13/2024	11/13/2025	11/13/2024	14317000	-----	

**Named Insured and Mailing Address:**

ATLAS TECHNICAL CONSULTANTS, INC.  
13215 BEE CAVE PKWY, BUILDING A, SUITE 250  
AUSTIN, TX 78738

**Producer:**

Lockton Insurance Brokers, LLC  
777 S. Figueroa, 52nd Floor  
Los Angeles, CA 90017

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

This endorsement modifies insurance provided under the:

**Agribusiness Pollution Liability Insurance Policy - Claims Made and Reported Coverage**

**Commercial Umbrella Liability Policy**

**Commercial Umbrella Liability Policy – Claims Made and Reported Coverage**

**Contractor's Pollution Liability Insurance Policy**

**Contractor's Pollution Liability Insurance Policy - Claims Made and Reported Coverage**

**Environmental Cleanup and Liability Insurance Policy - Claims Made and Reported Coverage**

**Environmental Impairment Liability Insurance Policy - Claims Made and Reported Coverage**

**Environmental Services Package Policy**

**Excess Environmental Insurance Policy - Claims Made and Reported Coverage**

**Follow Form Excess Liability Policy**

**Follow Form Excess Liability Policy – Claims Made and Reported Coverage**

**Healthcare Pollution Liability Insurance Policy - Claims Made and Reported Coverage**

**Lender Environmental Collateral Protection and Liability Insurance Outstanding Loan Balance - Claims Made and Reported Coverage**

**Lender Environmental Collateral Protection and Liability Insurance Policy – Claims Made and Reported Coverage**

**Professional Consultant's Liability Insurance Policy - Claims Made and Reported Coverage**

**Professional Environmental Consultant's Liability Insurance Policy**

**Professional Environmental Consultant's Liability Insurance Policy - Claims Made and Reported Coverage**

**Public Entity Pollution Liability - Claims Made and Reported Coverage**

**Real Estate Environmental Liability Insurance Policy - Claims Made and Reported Coverage**

**Remediation Stop Loss**

**Z Choice Pollution Liability**

**Z Choice® Real Estate Environmental Liability - Claims Made and Reported Coverage**

**Z Choice™ Pollution Liability - Claims Made and Reported Coverage**

**Z Link® Commercial General and Pollution Liability**

**A.** If we cancel this policy by written notice to the first Named Insured for any reason other than nonpayment of premium, we will deliver electronic notification that such policy has been cancelled to each person or organization shown in a Schedule provided to us by the First Named Insured. Such Schedule:

1. Must be initially provided to us within 15 days:
  - a. After the beginning of the policy period shown in the Declarations; or
  - b. After this endorsement has been added to policy;
2. Must contain the names and e-mail addresses of only the persons or organizations requiring notification that such Coverage Part has been cancelled;
3. Must be in an electronic format that is acceptable to us; and
4. Must be accurate.

Such Schedule may be updated and provided to us by the First Named Insured during the policy period. Such updated Schedule must comply with Paragraphs **2.** **3.** and **4.** above.

- B.** Our delivery of the electronic notification as described in Paragraph **A.** of this endorsement will be based on the most recent Schedule in our records as of the date the notice of cancellation is mailed or delivered to the first Named Insured. Delivery of the notification as described in Paragraph **A.** of this endorsement will be completed as soon as practicable after the effective date of cancellation to the first Named Insured.
- C.** Proof of emailing the electronic notification will be sufficient proof that we have complied with Paragraphs **A.** and **B.** of this endorsement.
- D.** Our delivery of electronic notification described in Paragraphs **A.** and **B.** of this endorsement is intended as a courtesy only. Our failure to provide such delivery of electronic notification will not:
1. Extend the Coverage Part cancellation date;
  2. Negate the cancellation; or
  3. Provide any additional insurance that would not have been provided in the absence of this endorsement.
- E.** We are not responsible for the accuracy, integrity, timeliness and validity of information contained in the Schedule provided to us as described in Paragraphs **A.** and **B.** of this endorsement.

**ALL OTHER TERMS AND CONDITIONS OF THE POLICY SHALL APPLY AND REMAIN UNCHANGED.**

# Coverage Extension Endorsement – Liability Only



Policy f No.	Eff. Date of Pol.	Exp. Date of Pol.	Eff. Date of End.	Producer No.	Add'l. Prem	Return Prem.
BAP-0217109-09	11/13/2024	11/13/2025	11/13/2024	14317000		----- _

## THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the:

### Business Auto Coverage Form Motor Carrier Coverage Form

#### A. Amended Who Is An Insured

1. The following is added to the **Who Is An Insured** Provision in **Section II – Covered Autos Liability Coverage**:

The following are also "insureds":

- a.
- b. Any "employee" of yours is an "insured" while using a covered "auto" you don't own, hire or borrow for acts performed within the scope of employment by you. Any "employee" of yours is also an "insured" while operating an "auto" hired or rented under a contract or permit or agreement in an "employee's" name, with your permission, while performing duties related to the conduct of your business.
- c. Anyone volunteering services to you is an "insured" while using a covered "auto" you don't own, hire or borrow to transport your clients or other persons in activities necessary to your business.
- d. Anyone else who furnishes an "auto" referenced in Paragraphs **A.1.a.** and **A.1.b.** in this endorsement.
- e. Where and to the extent permitted by law, any person(s) or organization(s) where required by written contract or permit or written agreement with you executed prior to any "accident", including those person(s) or organization(s) directing your work pursuant to such written contract or written agreement with you, provided the "accident" arises out of operations governed by such contract or agreement and only up to the limits required in the written contract or permit or written agreement or the limits of Insurance shown in the Declarations, whichever is less Coverage for any person(s) or organization(s), where required by written contract or written agreement with you executed prior to any "accident", will apply on a primary and non-contributory basis and any insurance maintained

the terms and conditions of the Coverage Form.

#### B. Amendment – Supplementary Payments

Paragraphs **a.(2)** and **a.(4)** of the **Coverage Extensions** Provision in **Section II – Covered Autos Liability**

**Coverage** are replaced by the following:

- (2) Up to \$5,000 for the cost of bail bonds (including bonds for related traffic law violations) required because of an "accident" we cover. We do not have to furnish these bonds.
- (4) All reasonable expenses incurred by the "insured" at our request, including actual loss of earnings up to \$500 a day because of time off from work.

### C. Fellow Employee Coverage

The **Fellow Employee** Exclusion contained in **Section II – Covered Autos Liability Coverage** does not apply.

### D. Driver Safety Program Liability Coverage

The following is added to the **Racing** Exclusion in **Section II – Covered Autos Liability Coverage**:

This exclusion does not apply to covered "autos" participating in a driver safety program event, such as, but not limited to, auto or truck rodeos and other auto or truck agility demonstrations.

### E. Amended Duties In The Event Of Accident, Claim, Suit Or Loss

Paragraph **a.** of the **Duties In The Event Of Accident, Claim, Suit Or Loss** Condition is replaced by the following:

- a. In the event of "accident", claim, "suit" or "loss", you must give us or our authorized representative prompt notice of the "accident", claim, "suit" or "loss". However, these duties only apply when the "accident", claim, "suit" or "loss" is known to you (if you are an individual), a partner (if you are a partnership), a member (if you are a limited liability company) or an executive officer or insurance manager (if you are a corporation). The failure of any agent, servant or employee of the "insured" to notify us of any "accident", claim, "suit" or "loss" shall not invalidate the insurance afforded by this policy.

Include, as soon as practicable:

- (1) How, when and where the "accident" or "loss" occurred and if a claim is made or "suit" is brought, written notice of the claim or "suit" including, but not limited to, the date and details of such claim or "suit";
- (2) The "insured's" name and address; and
- (3) To the extent possible, the names and addresses of any injured persons and witnesses.

If you report an "accident", claim, "suit" or "loss" to another insurer when you should have reported to us, your failure to report to us will not be seen as a violation of these amended duties provided you give us notice as soon as practicable after the fact of the delay becomes known to you.

### F. Waiver of Transfer Of Rights Of Recovery Against Others To Us

The following is added to the **Transfer Of Rights Of Recovery Against Others To Us** Condition:

This Condition does not apply to the extent required of you by a written contract, executed prior to any "accident" or "loss", provided that the "accident" or "loss" arises out of operations contemplated by such contract. This waiver only applies to the person or organization designated in the contract or permit.

### G. Unintentional Failure to Disclose Hazards

The following is added to the **Concealment, Misrepresentation Or Fraud** Condition:

However, we will not deny coverage under this Coverage Form if you unintentionally:

- (1) Fail to disclose any hazards existing at the inception date of this Coverage Form; or
- (2) Make an error, omission, improper description of "autos" or other misstatement of information.

You must notify us as soon as possible after the discovery of any hazards or any other information that was not provided to us prior to the acceptance of this policy.

### H. Hired Auto – World Wide Coverage

Paragraph **7a.(5)** of the **Policy Period, Coverage Territory** Condition is replaced by the following:

- (5) Anywhere in the world if a covered "auto" is leased, hired, rented or borrowed for a period of 60 days or less,

### I. Bodily Injury Redefined

The definition of "bodily injury" in the **Definitions** Section is replaced by the following:

"Bodily injury" means bodily injury, sickness or disease, sustained by a person including death or mental anguish, resulting from any of these at any time. Mental anguish means any type of mental or emotional illness or disease.

#### **J. Expected Or Intended Injury**

The **Expected Or Intended Injury** Exclusion in Paragraph **B. Exclusions** under **Section II – Covered Auto Liability Coverage** is replaced by the following:

##### **Expected Or Intended Injury**

"Bodily injury" or "property damage" expected or intended from the standpoint of the "insured". This exclusion does not apply to "bodily injury" or "property damage" resulting from the use of reasonable force to protect persons or property.

All other terms, conditions, provisions and exclusions of this policy remain the same.





## Blanket Notification to Others of Cancellation or Non-Renewal

Policy No.	Eff. Date of Pol.	Exp. Date of Pol.	Eff. Date of End.	Producer No.	Add'l. Prem	Return Prem.
3AP-0217109-09	11/13/2024	11/13/2025	11/13/2024			

### THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the:

#### Commercial Automobile Coverage Part

- A.** If we cancel or non-renew this Coverage Part by written notice to the first Named Insured, we will mail or deliver notification that such Coverage Part has been cancelled or non-renewed to each person or organization shown in a list provided to us by the first Named Insured if you are required by written contract or written agreement to provide such notification. However, such notification will not be mailed or delivered if a conditional notice of renewal has been sent to the first Named Insured. Such list:
1. Must be provided to us prior to cancellation or non-renewal;
  2. Must contain the names and addresses of only the persons or organizations requiring notification that such Coverage Part has been cancelled or non-renewed; and
  3. Must be in an electronic format that is acceptable to us.
- B.** Our notification as described in Paragraph **A.** of this endorsement will be based on the most recent list in our records as of the date the notice of cancellation or non-renewal is mailed or delivered to the first Named Insured. We will mail or deliver such notification to each person or organization shown in the list:
1. Within seven days of the effective date of the notice of cancellation, if we cancel for non-payment of premium; or
  2. At least 30 days prior to the effective date of:
    - a. Cancellation, if cancelled for any reason other than nonpayment of premium; or
    - b. Non-renewal, but not including conditional notice of renewal.
- C.** Our mailing or delivery of notification described in Paragraphs **A.** and **B.** of this endorsement is intended as a courtesy only. Our failure to provide such mailing or delivery will not:
1. Extend the Coverage Part cancellation or non-renewal date;
  2. Negate the cancellation or non-renewal; or
  3. Provide any additional insurance that would not have been provided in the absence of this endorsement.
- D.** We are not responsible for the accuracy, integrity, timeliness and validity of information contained in the list provided to us as described in Paragraphs **A.** and **B.** of this endorsement.

All other terms and conditions of this policy remain unchanged.

## Underlying Insurance Amendment – Additional Insured



Policy No.	Eff. Date of Pol.	Exp. Date of Pol.	Eff. Date of End.	Producer	Add'l Prem.	Return Prem.
SXS-0217077-09	11/13/2024	11/13/2025	11/13/2024	14317000	-----	-----

**Named Insured and Mailing Address:**

ATLAS TECHNICAL CONSULTANTS, INC.  
13215 Bee Cave Pkwy, Building A  
Suite 250 Austin, TX 78738

**Producer:**

Lockton Insurance Brokers, LLC  
777 S. Figueroa Street, 52nd fl.  
Los Angeles CA 90017

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

The following is added to Definition **G.** of **SECTION VI. DEFINITIONS, underlying insurance**, as paragraph two

(2):

**Underlying insurance** also includes any person or organization qualifying as an additional insured in the **underlying insurance** but only to the same extent that such person or organization is an additional insured

**ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.**

BY: \_\_\_\_\_  
Authorized Representative

\_\_\_\_\_  
Date



Other Insurance Condition Amendment

Policy No.	Eff. Date of Pol.	Exp. Date of Pol.	Eff. Date of End.	Producer	Add'l Prem.	Return Prem.
SXS-0217077-09	11/13/2024	11/13/2025	11/13/2024	14317000	-----	-----

Named Insured and Mailing Address:

ATLAS TECHNICAL CONSULTANTS, INC.  
13215 Bee Cave Pkwy, Building A  
Suite 250  
Austin, TX 78738

Producer:

Lockton Insurance Brokers, LLC  
777 S. Figueroa Street, 52nd fl.  
Los Angeles CA 90017

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

SECTION V. CONDITIONS, CONDITION G. Other Insurance is deleted in its entirety and replaced with the following:

G. Other Insurance

If other insurance applies to damages that are also covered by this policy, this policy will apply excess of the other insurance. However, this provision will not apply:

1. If the other insurance is written to be excess of this policy; or
2. If the Named Insured has agreed in a written contract to carry insurance to apply prior to and be non-contributory with that of another person or organization's insurance, the other insurance of that person or organization will apply as excess and not contribute prior to the insurance afforded by this policy.

Nothing herein will be construed to make this policy subject to the terms, conditions and limitations of such other insurance.

ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.

Signed by: \_\_\_\_\_  
Authorized Representative

Date



Waiver of Subrogation – Blanket

Policy No.	Eff. Date of Pol.	Exp. Date of Pol.	Eff. Date of End.	Producer	Add'l Prem.	Return Prem.
SXS-0217077-09	11/13/2024	11/13/2025	11/13/2024	14317000	-----	-----

Named Insured and Mailing Address:

ATLAS TECHNICAL CONSULTANTS, INC.  
13215 Bee Cave Pkwy, Building A  
Suite 250  
Austin, TX 78738

Producer:

Lockton Insurance Brokers, LLC  
777 S. Figueroa Street, 52nd fl.  
Los Angeles CA 90017

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

The following is added to Condition I. **Transfer of Rights of Recovery Against Others to Us** of SECTION V. **CONDITIONS** as paragraph three (3) of Subsection 1.:

Also, if any **insured** is required by a written contract or agreement which is executed before a **loss** to waive their rights of recovery from any person or organization, we agree to waive our rights of recovery. This waiver of rights shall not be construed to be a waiver with respect to any other operations for which the **insured** has not waived their rights of recovery by Contract or Permit.

ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.

Signed by: \_\_\_\_\_  
Authorized Representative

\_\_\_\_\_ Date

**Excess 2nd Layer (\$5M x \$5M )**

Policy Number: G48841491-001

Per Occurrence Limit: \$5,000,000

Aggregate Limit: \$5,000,000

Effective Date: 11/13/2024

Expiration Date: 11/13/2025

Carrier D: Westchester Surplus Lines Insurance Company – NAIC #10172

WC-0217111-09 (AOS)

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY**

**WC 00 03 13**

**(Ed. 4-84)**

**WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT**

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

**SCHEDULE**

**ALL PERSONS AND/OR ORGANIZATIONS THAT ARE REQUIRED BY WRITTEN CONTRACT OR AGREEMENT WITH THE INSURED, EXECUTED PRIOR TO THE ACCIDENT OR LOSS, THAT WAIVER OF SUBROGATION BE PROVIDED UNDER THIS POLICY FOR WORK PERFORMED BY YOU FOR THAT PERSON AND/OR ORGANIZATION**

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(This information below is required only when this endorsement is issued subsequent to preparation of the policy.)

ENDORSEMENT EFFECTIVE: 11/13/2024

ENDORSEMENT NO.

POLICY NO. WC-0217111-09 (AOS)

PREMIUM

Insured: Atlas Technical Consultants, LLC

Insurance Company: Zurich American Insurance Company

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**BLANKET NOTIFICATION TO OTHERS OF CANCELLATION OR NONRENEWAL ENDORSEMENT**

This endorsement adds the following to Part Six of the policy.

**PART SIX  
CONDITIONS****Blanket Notification to Others of Cancellation or Nonrenewal**

1. If we cancel or non-renew this policy by written notice to you, we will mail or deliver notification that such policy has been cancelled or non-renewed to each person or organization shown in a list provided to us by you if you are required by written contract or written agreement to provide such notification. However, such notification will not be mailed or delivered if a conditional notice of renewal has been sent to you. Such list:
  - a. Must be provided to us prior to cancellation or non-renewal;
  - b. Must contain the names and addresses of only the persons or organizations requiring notification that such policy has been cancelled or non-renewed; and
  - c. Must be in an electronic format that is acceptable to us.
2. Our notification as described in Paragraph 1. above will be based on the most recent list in our records as of the date the notice of cancellation or non-renewal is mailed or delivered to you. We will mail or deliver such notification to each person or organization shown in the list:
  - a. Within seven days of the effective date of the notice of cancellation, if we cancel for non-payment of premium; or
  - b. At least 30 days prior to the effective date of:
    - (1) Cancellation, if cancelled for any reason other than nonpayment of premium; or
    - (2) Non-renewal, but not including conditional notice of renewal.
3. Our mailing or delivery of notification described in Paragraphs 1. and 2. above is intended as a courtesy only. Our failure to provide such mailing or delivery will not:
  - a. Extend the policy cancellation or non-renewal date;
  - b. Negate the cancellation or non-renewal; or
  - c. Provide any additional insurance that would not have been provided in the absence of this endorsement.
4. We are not responsible for the accuracy, integrity, timeliness and validity of information contained in the list provided to us as described in Paragraphs 1. and 2. above.

All other terms and conditions of this policy remain unchanged.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

**(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)**

Endorsement Effective 11/13/2024

Policy No. WC-0217111-09 (AOS)

Endorsement No.

Insured: Atlas Technical Consultants, LLC

Premium \$

Insurance Company: Zurich American Insurance Company



# BOARD OF COMMISSIONERS

## MEETING RESOURCE HUB

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Details Reports

File #:	24-0701	Version: 1	Name:	
Type:	Consent - Open & Responsible Government	Status:	Agenda Ready	
File created:	9/4/2024	In control:	Board of Commissioners	
On agenda:	11/6/2024	Final action:		
Title:	Request approval to renew existing contracts - Department of Real Estate and Asset Management,23RFP138765K-CRB, Standby Professional Services for Environmental Engineering & Testing Services in the total amount not to exceed \$150,000.00 with (A) Atlas Technical Consultants, LLC (Duluth, GA), in the amount not to exceed \$50,000.00; (B) Nova Engineering & Environmental, LLC (Kennesaw, GA), in an amount not to exceed \$50,000.00; and (C) Oasis Consulting Services, LLC (Roswell, GA), in an amount not to exceed \$50,000.00, to provide standby environmental engineering and testing services on an task order basis for a variety of professional services projects in support of the Department of Real Estate and Asset Management. This action exercises the first of two renewal options. One renewal option remains. Effective dates: January 1, 2025, through December 31, 2025. (APPROVED UPON ADOPTION OF THE CONSENT AGENDA)			
Attachments:	1. <a href="#">Exhibit 1 Contract Renewal Agreement- (A) Atlas Technical Consultants</a> , 2. <a href="#">Exhibit 1 Contract Renewal Agreement- (B) Nova Engineering</a> , 3. <a href="#">Exhibit 1 Contract Renewal Agreement- (C) Oasis Consulting</a> , 4. <a href="#">Exhibit 2 Contractor's Performance Report - Atlas</a> , 5. <a href="#">Exhibit 2 Contractor's Performance Report - NOVA</a> , 6. <a href="#">Exhibit 2 Contractor's Performance Report - Oassis</a> , 7. <a href="#">Exhibit 3 Contract Renewal Evaluation Form -Standby Professional Services for EET- FY2025</a>			

History (0) Text

**Department**  
Real Estate and Asset Management

**Requested Action** *(Identify appropriate Action or Motion, purpose, cost, timeframe, etc.)*

Request approval to renew existing contracts - Department of Real Estate and Asset Management,23RFP138765K-CRB, Standby Professional Services for Environmental Engineering & Testing Services in the total amount not to exceed \$150,000.00 with (A) Atlas Technical Consultants, LLC (Duluth, GA), in the amount not to exceed \$50,000.00; (B) Nova Engineering & Environmental, LLC (Kennesaw, GA), in an amount not to exceed \$50,000.00; and (C) Oasis Consulting Services, LLC (Roswell, GA), in an amount not to exceed \$50,000.00, to provide standby environmental engineering and testing services on an task order basis for a variety of professional services projects in support of the Department of Real Estate and Asset Management. This action exercises the first of two renewal options. One renewal option remains. Effective dates: January 1, 2025, through December 31, 2025. **(APPROVED UPON ADOPTION OF THE CONSENT AGENDA)**

**Requirement for Board Action** *(Cite specific Board policy, statute or code requirement)*

In accordance with Purchasing Code Section 102-394(6), the Purchasing Department shall present all renewal requests to the Board of Commissioners at least 90 days prior to the contract renewal date, or 60 days if the contract term is six (6) months or less.

**Strategic Priority Area related to this item** *(If yes, note strategic priority area below)*  
**Open and Responsible Government**

**Commission Districts Affected**

All Districts	<input checked="" type="checkbox"/>
District 1	<input type="checkbox"/>
District 2	<input type="checkbox"/>
District 3	<input type="checkbox"/>
District 4	<input type="checkbox"/>
District 5	<input type="checkbox"/>
District 6	<input type="checkbox"/>

**Is this a purchasing item?**  
Yes

**Summary & Background:** Request to renew Standby Professional Services for Standby Environmental Engineering and Testing Services for Fulton County for FY2025.

**Scope of Work:** The project Scope of Work is for one or more stand-by contracts for each group or discipline identified to provide standby environmental engineering and testing services on an "as needed-task order assignment" basis in support of the Department of Real Estate and Asset Management.

The services include but are not limited to the following:

- Pre-Design and Pre-Construction Activities:
  - Perform various Land Acquisition functions
  - Geotechnical, archeological, and environmental surveys
- Environmental Engineering, Materials Testing & Inspections Services (EETI):
  - Asbestos, lead based paint and contaminated soil surveys
  - Geotechnical sampling, testing, and reporting
  - Water testing & surveys
  - Phase I & II environmental assessments
- Indoor Air Quality Services (IAQ):
  - Qualified visual inspection for identifying indoor microbial and/or chemical contaminant
  - Direct-reading measurements of temperature, relative humidity, and carbon dioxide in air
  - Air sampling using IAQ-specific methodologies
  - Sample analysis performed by a laboratory, accredited, or certified by State of GA EPA



4. Code Required Special Construction Materials Inspection Services (SCMI):  
DocuSign Envelope ID: 711455D5-142A-40DE-836C-75DC7F6AD4E7 n  
(b) IBC Required Verification and Inspection of Concrete Construction  
(c) IBC Required Verification and Inspection of Masonry Construction  
(d) Construction Material Testing, Inspections

**Community Impact:** Contract allows DREAM to test and ensure proper air quality in County facilities visited by the public as well as facilitate environmental testing associated with land acquisitions, construction projects, etc.

**Department Recommendation:** The Department of Real Estate and Asset Management recommends approval.

**Project Implications:** The intent of these professional services contracts is for one or more firms to provide some, all or any combination of the various and diverse technical, professional, environmental engineering and testing services for the County on an “as-needed task order assignment” basis. Whenever services are requested by the County, the Contractor will submit a written proposal for the specific project based on the scope of services requested by the County.

**Community Issues/Concerns:** None of which the Department is aware.

**Department Issues/Concerns:** If these renewal contracts are not approved, the County does not have the internal capacity, or expertise, to perform these services in-house. Environmental testing and specialty testing/engineering services would not be performed in a timely or cost-effective manner.

**Contract Modification**

**(A) Atlas Technical Consultants, LLC**

Current Contract History	BOC Item	Date	Dollar Amount
Original Award Amount	24-0090	02/07/24	\$50,000.00
1st Renewal			\$50,000.00
Total Revised Amount			\$100,000.00

**(B) Nova Engineering & Environmental, LLC**

Current Contract History	BOC Item	Date	Dollar Amount
Original Award Amount	24-0090	02/07/24	\$50,000.00
1st Renewal			\$50,000.00
Total Revised Amount			\$100,000.00

**(C) Oasis Consulting Services, LLC**

Current Contract History	BOC Item	Date	Dollar Amount
Original Award Amount	24-0090	02/07/24	\$50,000.00
1st Renewal			\$50,000.00
Total Revised Amount			\$100,000.00

**Contract & Compliance Information** *(Provide Contractor and Subcontractor details.)*

**Contract Value:** \$150,000.00

**(A)**  
**Prime Vendor:** Atlas Technical Consultants, LLC  
**Prime Status:** Non-Minority  
**Location:** Duluth, GA  
**County:** Gwinnett County  
**Prime Value:** \$50,000.00 or 100.00%

**Total Contract Value:** \$50,000.00 or 100.00%  
**Total Certified Value:** \$0.00 or 0.00%

**(B)**  
**Prime Vendor:** Nova Engineering & Environmental, LLC  
**Prime Status:** Non-Minority  
**Location:** Kennesaw, GA  
**County:** Cobb County  
**Prime Value:** \$34,250.00 or 68.50%

**Subcontractor:** Analytical Environmental Services, Inc.  
**Subcontractor Status:** White Female Business Enterprise  
**Location:** Atlanta, GA  
**County:** DeKalb County  
**Subcontractor Value:** \$5,500.00 or 11.00%

**Subcontractor:** 2MNext  
**Subcontractor Status:** Asian Male Business Enterprise  
**Location:** Atlanta, GA  
**County:** Fulton County  
**Subcontractor Value:** \$3,000.00 or 6.00%

**Subcontractor:** GEOLAB Drilling, Inc  
**Subcontractor Status:** Asian Female Business Enterprise  
**Location:** Dacula, GA  
**County:** Gwinnett County  
**Subcontractor Value:** \$2,500.00 or 5.00%

**Subcontractor:** Ecological Solutions, Inc  
**Subcontractor Status:** Non-Minority

Subcontractor: OneVision Utility Services LLC  
Subcontractor Status: Non-Minority  
Location: Peachtree Corners, GA  
County: Cobb County  
Subcontractor Value: \$500.00 or 1.00%

Subcontractor: WSP  
Subcontractor Status: Non-Minority  
Location: Atlanta, GA  
County: Fulton County  
Subcontractor Value: \$3,750.00 or 7.50%

Total Contract Value: \$50,000.00 or 100.00%  
Total Certified Value: \$11,000.00 or 22.00%

(C)  
Prime Vendor: Oasis Consulting Services  
Prime Status: White Female Business Enterprise  
Location: Roswell, GA  
County: Fulton County  
Prime Value: \$35,000.00 or 70.00%

Subcontractor: Analytical Environmental Services  
Subcontractor Status: White Female Business Enterprise  
Location: Atlanta, GA  
County: DeKalb County  
Subcontractor Value: \$4,000.00 or 8.00%

Subcontractor: Professional Environmental Management  
Subcontractor Status: White Female Business Enterprise  
Location: Loganville, GA  
County: Gwinnett County  
Subcontractor Value: \$2,500.00 or 5.00%

Subcontractor: RIO Geo Engineering  
Subcontractor Status: Disadvantage Business Enterprise  
Location: Lilburn, GA  
County: Gwinnett County  
Subcontractor Value: \$8,500.00 or 17.00%

Subcontractor: GEO Lab, Inc.  
Subcontractor Status: Asian Female Business Enterprise  
Location: Dacula, GA  
County: Gwinnett County  
Subcontractor Value: TBD

Total Contract Value: \$50,000.00 or 100.00%  
Total Certified Value: \$50,000.00 or 100.00%

Grand Contract Value: \$150,000.00 or 100.00%  
Grand Certified Value: \$61,000.00 or 40.67%

Exhibits Attached

- Exhibit 1: Contract Renewal Agreements
- Exhibit 2: Performance Evaluation
- Exhibit 3: Contract Renewal Evaluation Form

Contact Information (Type Name, Title, Agency and Phone)  
Joseph N. Davis, Director, Department of Real Estate and Asset Management, (404) 612-3772

Contract Attached  
Yes

Previous Contracts  
Yes

Total Contract Value  
Original Approved Amount: \$150,000.00  
Previous Adjustments: \$0.00  
This Request: \$150,000.00  
TOTAL: \$300,000.00

Grant Information Summary  
Amount Requested: ☐ Cash  
Match Required: ☐ In-Kind  
Start Date: ☐ Approval to Award  
End Date: ☐ Apply & Accept  
Match Account \$:

Funding Line 1:

500-520-5200-TBD: Capital, Real Estate and Asset Management, To-Be Determine -\$150,000.00 This is a Standby Contract that is dependent on the availability of funding resources adopted for FY2025.

Key Contract Terms	
Start Date: 1/1/2025	End Date: 12/31/2025
Cost Adjustment:	Renewal/Extension Terms: One renewal option remains

Overall Contractor Performance Rating:

Atlas Technical Consultants, LLC	85
Nova Engineering & Environmental, LLC	85
Oasis Consulting Services	85

Would you select/recommend this vendor again?

Yes

Report Period Start:	Report Period End:
5/7/2024	8/6/2024



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/13/2025

11/25/2024

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).

<b>PRODUCER</b> Lockton Insurance Brokers, LLC 777 S. Figueroa Street, 52nd Fl. CA License #0B99399 Los Angeles CA 90017 (213) 689-0065	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>CONTACT NAME:</b></td> </tr> <tr> <td><b>PHONE (A/C. No. Ext):</b></td> <td><b>FAX (A/C. No):</b></td> </tr> <tr> <td colspan="2"><b>E-MAIL ADDRESS:</b></td> </tr> </table> <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><b>INSURER A:</b> Steadfast Insurance Company</td> <td style="text-align: center;">26387</td> </tr> <tr> <td><b>INSURER B:</b> Zurich American Insurance Company</td> <td style="text-align: center;">16535</td> </tr> <tr> <td><b>INSURER C:</b> Westchester Surplus Lines Insurance Co</td> <td style="text-align: center;">10172</td> </tr> <tr> <td><b>INSURER D:</b></td> <td></td> </tr> <tr> <td><b>INSURER E:</b></td> <td></td> </tr> <tr> <td><b>INSURER F:</b></td> <td></td> </tr> </table>	<b>CONTACT NAME:</b>		<b>PHONE (A/C. No. Ext):</b>	<b>FAX (A/C. No):</b>	<b>E-MAIL ADDRESS:</b>		INSURER(S) AFFORDING COVERAGE	NAIC #	<b>INSURER A:</b> Steadfast Insurance Company	26387	<b>INSURER B:</b> Zurich American Insurance Company	16535	<b>INSURER C:</b> Westchester Surplus Lines Insurance Co	10172	<b>INSURER D:</b>		<b>INSURER E:</b>		<b>INSURER F:</b>	
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<b>INSURED</b> 1528939 Atlas Technical Consultants, LLC 13215 Bee Cave Parkway Building B, Suite 230 Austin, TX 78738																					

**COVERAGES****CERTIFICATE NUMBER:** 19958793**REVISION NUMBER:** XXXXXXXX

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 type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> X,C,U Included <input checked="" type="checkbox"/> Contractual Liab GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: Policy Aggregate \$6M	Y	Y	GPL-0217085-09	11/13/2024	11/13/2025	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 6,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000 \$
B	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	BAP-0217109-09	11/13/2024	11/13/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
A	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	Y	Y	SXS-0217077-09	11/13/2024	11/13/2025	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$ XXXXXXXX
B B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	Y N/A	WC-0217111-09 (AOS) WC-7306651-03 (WIS)	11/13/2024 11/13/2024	11/13/2025 11/13/2025	<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
A A C	Env Contr Poll Env Prof (E&O) Excess 2nd layer	N	Y	GPL-0217085-09 GPL-0217085-09 G48841491-001	11/13/2024 11/13/2024 11/13/2024	11/13/2025 11/13/2025 11/13/2025	Per Occur/Agg:\$2M/\$6M Per Claim/Agg:\$2M/\$6M Per Occur/Agg:\$5M/\$5M

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

THIS CERTIFICATE SUPERSEDES ALL PREVIOUSLY ISSUED CERTIFICATES FOR THIS HOLDER, APPLICABLE TO THE CARRIERS LISTED AND THE POLICY TERM(S) REFERENCED.

\*\* See Page 2 \*\*

**CERTIFICATE HOLDER****CANCELLATION** See Attachments**19958793**

Fulton County Government  
 Purchasing & Contract Compliance Dept.  
 Attn: Craig R Bogan  
 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

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RE: 23RFP138765K-CRB, Standby Professional Services for Environmental Engineering & Testing Services. Fulton County Government, its' Officials, Officers and Employees are Additional Insured(s) as per the attached endorsement or policy language. Insurance provided to Additional Insured(s) is primary and non-contributory as per the attached endorsements or policy language. Waiver of subrogation applies as per the attached endorsements or policy language, where allowed by law. Notice of Cancellation applies as per attached endorsement or policy language. Umbrella or Excess coverage is follow-form as per the policy language. The General Liability policy evidenced herein includes Contractual Liability.

**The Excess Liability policy is excess of the underlying General Liability, Automobile Liability, Employers' Liability, Professional Liability, and Contractor's Pollution Liability. Excess Liability policy is following form of the underlying policies.**

**The General Liability, Contractor's Pollution Liability and Professional Liability are part of a package policy. The Aggregate reflected for these coverages is a combined aggregate and not separate aggregates for each coverage.**

**The General Liability policy includes blanket additional insured and Waiver of Subrogation endorsements that provide additional insured status to the certificate holder and Waiver of Subrogation only when there is a written contract between the named insured and the Certificate Holder that requires it, as permitted by law. The General Liability policy contains a special endorsement with "Primary and Noncontributory" wording.**

**The Business Auto policy includes blanket additional insured and Waiver of Subrogation endorsements that provide additional insured status to the certificate holder and Waiver of Subrogation only when there is a written contract between the named insured and the Certificate Holder that requires it, as permitted by law. The Business Auto policy contains a special endorsement with "Primary and Noncontributory" wording.**

**Contractor's Pollution Liability policy includes blanket additional insured and Waiver of Subrogation endorsements that provide additional insured status to the certificate holder and Waiver of Subrogation only when there is a written contract between the named insured and the Certificate Holder that requires it, as permitted by law. The Contractor's Pollution Liability policy contains a special endorsement with "Primary and Noncontributory" wording.**

**The Workers Compensation policy includes a blanket automatic waiver of subrogation endorsement that provides this feature only when there is a written contract between the named insured and the certificate holder that requires it, as permitted by law.**

**Stop Gap coverage included. ND, OH, WA, WY.**

## **Atlas Technical Consultants, Inc.**

### **Schedule of Named Insureds**

1 Alliance Geomatics, LLC	Long Engineering, LLC
Alta Vista Engineering Services AG	Materials Testing & Inspection, LLC
Alta Vista Solutions Inc.	O'Neill Service Group, LLC
Arrow ATC Holdings, LLC	Oris Solutions, LLC
Arrow Environmental Holdings LP	Pavetex Engineering, LLC fka PaveTex Engineering & Testing
Arrow Environmental Holdings, GP LLC	Piedmont Geotechnical Consultants, LLC
ATC Associates of North Carolina, PC	Pipeline Environmental Services
ATC Associates of Ohio, LP	Plant Services
ATC Associates, Inc.	Quality Assurance Engineering, Inc.
ATC Construction Services, Inc.	Quality Assurance Engineering, Inc. dba Consolidated
ATC Engineering of Michigan, LP	Engineering Laboratories
ATC Engineering, LLP	Rocky Mountain PSI, LLC
ATC Environmental, Inc.	Sage ATC Environmental Consulting LLC
ATC Group Holdings LLC	Sage ATC Environmental Holdings LLC
ATC Group Partners LLC	Sge Engineering, Inc.
ATC Group Services LLC	Sage Environmental Consulting, LP
ATC Group Services, LLC dba Atlas Technical Consultants, LLC	Sage Environmental Holdings, LLC
ATC Holding, Inc.	SCST, LLC
ATC Leasing Company, LLC	Southwest Geophysics, LLC
ATC New England Corporation	The Environmental Institute
ATC Sole Member LLC	Transmart Technologies, LLC
Atlantic Engineering Laboratories of New York, Inc.	TanSmart, Inc.
Atlantic Engineering Laboratories, Inc.	TranSmart, LLC
Atlantic Engineering Laboratories, LLC	United Testing, LLC fka United Testing Corporation
Atlas ATC Engineering, Inc.	WesTest, LLC
Atlas Consulting Services	Wilkins Environmental Consulting, Inc.
Atlas Engineering West, Inc.	WSP- Atlas
Atlas Intermediate Holdings LLC	Midtown Engineers LLC
Atlas TC Holdings LLC	
Atlas Technical Consultants Holdings, LP	
Atlas Technical Consultants LLC	
Atlas Technical Consultants Sole Member LLC	
Atlas Technical Consultants, Inc.	
Banza Industries, Inc.	
BCM Engineering, Inc.	
Beest Express, LLC	
Caitcon, LLC	
Cardno ATC (MA), Inc.	
CEL Consulting, LLC	
Consolidated Engineering Laboratories	
Dexter ATC Field Services LLC	
Dexter Field Services, LP	
Engineering & Testing Services LLC	
Engineering Services, LLC	
Environmental Compliance Services, Inc.	
ETS-ESC Holdings LLC	
Geosphere Consultants, Inc.	
HES Testing, LLC	
Long Engineering, Inc.	

Additional Insured-Automatic-Owners, Lessees Or

Contractors

Coverage Part One-Commercial General Liability  
Coverage Part Two-Contractor's Pollution Liability



Policy No.	Eff. Date of Pol.	Exp Date of Pol.	E ff Date of End.	Producer	Add? Prem.	Return Prem.
GPL-0217085-09	11/13/2024	11/13/2025	11/13/2024	14317000	-	-

Named Insured and Mailing Address:Producer:

ATLAS TECHNICAL CONSULTANTS, INC.  
13215 BEE CAVE PKWY, BUILDING A, SUITE 250  
AUSTIN, TX 78738.

Lockton Insurance Brokers, LLC  
777 S. Figueroa Street, 52nd fl.  
Los Angeles CA 90017

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provded under the following:

Environmental Services Package Policy

- [X] COVERAGE PART ONE-COMMERCIAL GENERAL LIABILITY
- [X] COVERAGE PART TWO-CONTRACTOR'S POLLUTION LIABILITY

tWho is an Insured (Section I.) in the COMMON COVERAGE PROVISIONS is amended to include as an additional insured any person(s) or organization(s) whom you are required to add as an additional insured on this pol icy under a written contract or written agreement.

2. The insurance provided to the additional insured person(s) or organ zation(s) applies only to:
- a. "Bodily injury", "property damage" or "personal and advertising injury" under COVERAGE PART ONE- COMMERCIAL GENERAL LIABILITY, COVERAGE A- BODILY INJURY AND PROPERTY DAMAGE LIABILITY and COVERAGE B -PERSONAL AND ADVERTISING INJURY LIABILITY caused, in whole or in part, by:
    - (1) Your acts or omissions; or
    - (2) The acts or omissions of those acting on your behalf;In the performance of:
    - (a) Your ongoing operations performed for the additional insured, which is the subject of the written contract or written agreement; or
    - (b) "Your work' completed as included in the "products-competed operations hazard", performed for the additional insured, which is the subject of the written contract or written agreement; and/or
  - b. "Claims" arising out of a "pollution event" under COVERAGE PART TWO - CONTRACTOR'S POLLUTION LIABILITY, caused, in whole or in part, by:
    - (1) Your acts or omissions; or
    - (2) The acts or omissions of those acting on your behalf,In the performance of:
    - (a) "Covered operations" performed for the additional insured, which is the subject of the written contract or written agreement; or



(b) "Completed operations" of the "covered operations" performed for the additional insured, which is the subject of the written contract or written agreement.

3. However, regardless of the provisions of paragraphs 1. and 2. above, the insurance afforded to such additional insured:

- a. Only applies to the extent permitted by law: and
- b. Will not be broader than that which you are required by the written contract or written agreement to provide to such additional insured.

4. With respect to the insurance afforded to the additional insured under this endorsement, the following is added to **Section III —Limits Of Insurance and Deductible:**

The most we will pay on behalf of the additional insured is the amount of insurance:

- a. Required by the written contract or written agreement you have entered into with the additional insured; or
- b. Available under the applicable Limits of Insurance shown in the Declarations, whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations

5. The insurance provided to the additional insured person or organization does not apply to:

"Bodily injury", "property damage or "personal and advertising injury" arising out of the rendering or failure to render any professional architectural, engineering or surveying services including:

- (1) The preparing, approving or failing to prepare or approve maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications: and
- (2) Supervisory, inspection, architectural or engineering activities.

This exclusion applies even if the claims against any insured allege negligence or other wrongdoing in the supervision, hiring, employment, training or monitoring of others by that insured, if the "occurrence" which caused the "bodily injury" or "property damage", or the offense which caused the "personal and advertising injury", involved the rendering of or the failure to render any architectural, engineering or surveying services.

6. The additional insured must see to it that:

- a. We are notified as soon as practicable of an "occurrence", offense or "pollution event", as applicable, that may result in a claim:
- b. We receive written notice of a claim or "suit" as soon as practicable; and
- c. A request for defense and indemnity of the claim or "suit" will promptly be brought against any policy issued by another insurer under which the additional insured may be an insured in any capacity. This provision does not apply to insurance on which the additional insured is a Named Insured, if the written contract or written agreement requires that this coverage be primary and non-contributory.

7. For the coverage provided by this endorsement:

a. The following paragraph is added to Paragraph 8.a. Other Insurance, Conditions (Section V.) in the COMMON COVERAGE PROVISIONS:

Primary and Noncontributory Insurance

This Insurance is primary to and will not seek contribution from any other insurance available to an additional insured under this endorsement provided that

(1) The additional insured is a Named Insured under such other insurance: and

(2) You have agreed in a written contract or written agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.

b. The following paragraph is added to Paragraph 8.b. Other Insurance, Conditions (Section V.) in the COMMON COVERAGE PROVISIONS:

This insurance is excess over:

Any of the other insurance, whether primary, excess, contingent or on any other basis, available to an additional insured, in which the additional insured on our policy is also covered as an additional insured on another policy providing coverage for the same "occurrence", offense, claim or "suit". This provision does not apply to any policy in which the additional insured is a Named Insured on such other policy and where our policy is required by written contract or written agreement to provide coverage to the additional insured on a primary and noncontributory basis.

8. This endorsement does not apply to an additional insured which has been added to this policy by an endorsement shaving the additional insured in a Schedule of additional insureds, and which endorsement applies specifically to that identified additional insured.

**ALL OTHER TERMS AND CONDITIONS OF THE POLICY SHALL APPLY AND REMAIN UNCHANGED.**

# Waiver of Transfer of Rights of Recovery Against Others – Blanket as Required by Contract



Policy No.	Eff. Date of Pol.	Exp. Date of Pol.	Eff. Date of End.	Producer	Add'l Prem.	Return Prem.
GPL-0217085-09	11/13/2024	11/13/2025	11/13/2024	14317000	-----	

**Named Insured and Mailing Address:**

ATLAS TECHNICAL CONSULTANTS, INC.  
13215 BEE CAVE PKWY, BUILDING A, SUITE 250  
AUSTIN, TX 78738

**Producer:**

Lockton Insurance Brokers, LLC  
777 S. Figueroa Street, 52nd fl.  
Los Angeles CA 90017

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

This endorsement modifies insurance provided under the following:

- [ ☒ ] COVERAGE PART ONE – COMMERCIAL GENERAL
- [ ☒ ] COVERAGE PART TWO – CONTRACTOR'S POLLUTION
- [ ☒ ] COVERAGE PART THREE – PROFESSIONAL

In consideration of the payment of premium and the Deductible by you and in reliance upon the statements in the Application made a part hereof, we agree with you, subject to all the terms, exclusions and conditions that with respect to the coverage parts indicated above Conditions (Section V.) of the COMMON COVERAGE PROVISIONS, Condition 14. Subrogation is amended by the addition of the following:

We waive any right of recovery we may have against any person or organization whom you are required to waive your right of subrogation by a written contract or written agreement executed and effective prior to the performance of your services which is the subject of such written contract or permit or written agreement.

**ALL OTHER TERMS AND CONDITIONS OF THE POLICY SHALL APPLY AND REMAIN UNCHANGED.**



## Blanket Notification to Others of Cancellation

Policy No.	Eff. Date of Pol.	Exp. Date of Pol.	Eff. Date of End.	Producer	Add'l Prem.	Return Prem.
GPL-0217085-09	11/13/2024	11/13/2025	11/13/2024	14317000	-----	

**Named Insured and Mailing Address:**

ATLAS TECHNICAL CONSULTANTS, INC.  
13215 BEE CAVE PKWY, BUILDING A, SUITE 250  
AUSTIN, TX 78738

**Producer:**

Lockton Insurance Brokers, LLC  
777 S. Figueroa, 52nd Floor  
Los Angeles, CA 90017

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

This endorsement modifies insurance provided under the:

**Agribusiness Pollution Liability Insurance Policy - Claims Made and Reported Coverage**

**Commercial Umbrella Liability Policy**

**Commercial Umbrella Liability Policy – Claims Made and Reported Coverage**

**Contractor's Pollution Liability Insurance Policy**

**Contractor's Pollution Liability Insurance Policy - Claims Made and Reported Coverage**

**Environmental Cleanup and Liability Insurance Policy - Claims Made and Reported Coverage**

**Environmental Impairment Liability Insurance Policy - Claims Made and Reported Coverage**

**Environmental Services Package Policy**

**Excess Environmental Insurance Policy - Claims Made and Reported Coverage**

**Follow Form Excess Liability Policy**

**Follow Form Excess Liability Policy – Claims Made and Reported Coverage**

**Healthcare Pollution Liability Insurance Policy - Claims Made and Reported Coverage**

**Lender Environmental Collateral Protection and Liability Insurance Outstanding Loan Balance - Claims Made and Reported Coverage**

**Lender Environmental Collateral Protection and Liability Insurance Policy – Claims Made and Reported Coverage**

**Professional Consultant's Liability Insurance Policy - Claims Made and Reported Coverage**

**Professional Environmental Consultant's Liability Insurance Policy**

**Professional Environmental Consultant's Liability Insurance Policy - Claims Made and Reported Coverage**

**Public Entity Pollution Liability - Claims Made and Reported Coverage**

**Real Estate Environmental Liability Insurance Policy - Claims Made and Reported Coverage**

**Remediation Stop Loss**

**Z Choice Pollution Liability**

**Z Choice® Real Estate Environmental Liability - Claims Made and Reported Coverage**

**Z Choice™ Pollution Liability - Claims Made and Reported Coverage**

**Z Link® Commercial General and Pollution Liability**

**A.** If we cancel this policy by written notice to the first Named Insured for any reason other than nonpayment of premium, we will deliver electronic notification that such policy has been cancelled to each person or organization shown in a Schedule provided to us by the First Named Insured. Such Schedule:

1. Must be initially provided to us within 15 days:
  - a. After the beginning of the policy period shown in the Declarations; or
  - b. After this endorsement has been added to policy;
2. Must contain the names and e-mail addresses of only the persons or organizations requiring notification that such Coverage Part has been cancelled;
3. Must be in an electronic format that is acceptable to us; and
4. Must be accurate.

Such Schedule may be updated and provided to us by the First Named Insured during the policy period. Such updated Schedule must comply with Paragraphs **2.** **3.** and **4.** above.

- B.** Our delivery of the electronic notification as described in Paragraph **A.** of this endorsement will be based on the most recent Schedule in our records as of the date the notice of cancellation is mailed or delivered to the first Named Insured. Delivery of the notification as described in Paragraph **A.** of this endorsement will be completed as soon as practicable after the effective date of cancellation to the first Named Insured.
- C.** Proof of emailing the electronic notification will be sufficient proof that we have complied with Paragraphs **A.** and **B.** of this endorsement.
- D.** Our delivery of electronic notification described in Paragraphs **A.** and **B.** of this endorsement is intended as a courtesy only. Our failure to provide such delivery of electronic notification will not:
1. Extend the Coverage Part cancellation date;
  2. Negate the cancellation; or
  3. Provide any additional insurance that would not have been provided in the absence of this endorsement.
- E.** We are not responsible for the accuracy, integrity, timeliness and validity of information contained in the Schedule provided to us as described in Paragraphs **A.** and **B.** of this endorsement.

**ALL OTHER TERMS AND CONDITIONS OF THE POLICY SHALL APPLY AND REMAIN UNCHANGED.**

# Coverage Extension Endorsement – Liability Only



Policy f No.	Eff. Date of Pol.	Exp. Date of Pol.	Eff. Date of End.	Producer No.	Add'l. Prem	Return Prem.
BAP-0217109-09	11/13/2024	11/13/2025	11/13/2024	14317000		----- _

## THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the:

### Business Auto Coverage Form Motor Carrier Coverage Form

#### A. Amended Who Is An Insured

1. The following is added to the **Who Is An Insured** Provision in **Section II – Covered Autos Liability Coverage**:

The following are also "insureds":

- a.
- b. Any "employee" of yours is an "insured" while using a covered "auto" you don't own, hire or borrow for acts performed within the scope of employment by you. Any "employee" of yours is also an "insured" while operating an "auto" hired or rented under a contract or permit or agreement in an "employee's" name, with your permission, while performing duties related to the conduct of your business.
- c. Anyone volunteering services to you is an "insured" while using a covered "auto" you don't own, hire or borrow to transport your clients or other persons in activities necessary to your business.
- d. Anyone else who furnishes an "auto" referenced in Paragraphs **A.1.a.** and **A.1.b.** in this endorsement.
- e. Where and to the extent permitted by law, any person(s) or organization(s) where required by written contract or permit or written agreement with you executed prior to any "accident", including those person(s) or organization(s) directing your work pursuant to such written contract or written agreement with you, provided the "accident" arises out of operations governed by such contract or agreement and only up to the limits required in the written contract or permit or written agreement or the limits of Insurance shown in the Declarations, whichever is less Coverage for any person(s) or organization(s), where required by written contract or written agreement with you executed prior to any "accident", will apply on a primary and non-contributory basis and any insurance maintained

the terms and conditions of the Coverage Form.

#### B. Amendment – Supplementary Payments

Paragraphs **a.(2)** and **a.(4)** of the **Coverage Extensions** Provision in **Section II – Covered Autos Liability**

**Coverage** are replaced by the following:

- (2) Up to \$5,000 for the cost of bail bonds (including bonds for related traffic law violations) required because of an "accident" we cover. We do not have to furnish these bonds.
- (4) All reasonable expenses incurred by the "insured" at our request, including actual loss of earnings up to \$500 a day because of time off from work.

### C. Fellow Employee Coverage

The **Fellow Employee** Exclusion contained in **Section II – Covered Autos Liability Coverage** does not apply.

### D. Driver Safety Program Liability Coverage

The following is added to the **Racing** Exclusion in **Section II – Covered Autos Liability Coverage**:

This exclusion does not apply to covered "autos" participating in a driver safety program event, such as, but not limited to, auto or truck rodeos and other auto or truck agility demonstrations.

### E. Amended Duties In The Event Of Accident, Claim, Suit Or Loss

Paragraph **a.** of the **Duties In The Event Of Accident, Claim, Suit Or Loss** Condition is replaced by the following:

- a. In the event of "accident", claim, "suit" or "loss", you must give us or our authorized representative prompt notice of the "accident", claim, "suit" or "loss". However, these duties only apply when the "accident", claim, "suit" or "loss" is known to you (if you are an individual), a partner (if you are a partnership), a member (if you are a limited liability company) or an executive officer or insurance manager (if you are a corporation). The failure of any agent, servant or employee of the "insured" to notify us of any "accident", claim, "suit" or "loss" shall not invalidate the insurance afforded by this policy.

Include, as soon as practicable:

- (1) How, when and where the "accident" or "loss" occurred and if a claim is made or "suit" is brought, written notice of the claim or "suit" including, but not limited to, the date and details of such claim or "suit";
- (2) The "insured's" name and address; and
- (3) To the extent possible, the names and addresses of any injured persons and witnesses.

If you report an "accident", claim, "suit" or "loss" to another insurer when you should have reported to us, your failure to report to us will not be seen as a violation of these amended duties provided you give us notice as soon as practicable after the fact of the delay becomes known to you.

### F. Waiver of Transfer Of Rights Of Recovery Against Others To Us

The following is added to the **Transfer Of Rights Of Recovery Against Others To Us** Condition:

This Condition does not apply to the extent required of you by a written contract, executed prior to any "accident" or "loss", provided that the "accident" or "loss" arises out of operations contemplated by such contract. This waiver only applies to the person or organization designated in the contract or permit.

### G. Unintentional Failure to Disclose Hazards

The following is added to the **Concealment, Misrepresentation Or Fraud** Condition:

However, we will not deny coverage under this Coverage Form if you unintentionally:

- (1) Fail to disclose any hazards existing at the inception date of this Coverage Form; or
- (2) Make an error, omission, improper description of "autos" or other misstatement of information.

You must notify us as soon as possible after the discovery of any hazards or any other information that was not provided to us prior to the acceptance of this policy.

### H. Hired Auto – World Wide Coverage

Paragraph **7a.(5)** of the **Policy Period, Coverage Territory** Condition is replaced by the following:

- (5)** Anywhere in the world if a covered "auto" is leased, hired, rented or borrowed for a period of 60 days or less,

### I. Bodily Injury Redefined

The definition of "bodily injury" in the **Definitions** Section is replaced by the following:

"Bodily injury" means bodily injury, sickness or disease, sustained by a person including death or mental anguish, resulting from any of these at any time. Mental anguish means any type of mental or emotional illness or disease.

#### **J. Expected Or Intended Injury**

The **Expected Or Intended Injury** Exclusion in Paragraph **B. Exclusions** under **Section II – Covered Auto Liability Coverage** is replaced by the following:

##### **Expected Or Intended Injury**

"Bodily injury" or "property damage" expected or intended from the standpoint of the "insured". This exclusion does not apply to "bodily injury" or "property damage" resulting from the use of reasonable force to protect persons or property.

All other terms, conditions, provisions and exclusions of this policy remain the same.





## Blanket Notification to Others of Cancellation or Non-Renewal

Policy No.	Eff. Date of Pol.	Exp. Date of Pol.	Eff. Date of End.	Producer No.	Add'l. Prem	Return Prem.
3AP-0217109-09	11/13/2024	11/13/2025	11/13/2024			

### THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the:

#### Commercial Automobile Coverage Part

- A.** If we cancel or non-renew this Coverage Part by written notice to the first Named Insured, we will mail or deliver notification that such Coverage Part has been cancelled or non-renewed to each person or organization shown in a list provided to us by the first Named Insured if you are required by written contract or written agreement to provide such notification. However, such notification will not be mailed or delivered if a conditional notice of renewal has been sent to the first Named Insured. Such list:
1. Must be provided to us prior to cancellation or non-renewal;
  2. Must contain the names and addresses of only the persons or organizations requiring notification that such Coverage Part has been cancelled or non-renewed; and
  3. Must be in an electronic format that is acceptable to us.
- B.** Our notification as described in Paragraph **A.** of this endorsement will be based on the most recent list in our records as of the date the notice of cancellation or non-renewal is mailed or delivered to the first Named Insured. We will mail or deliver such notification to each person or organization shown in the list:
1. Within seven days of the effective date of the notice of cancellation, if we cancel for non-payment of premium; or
  2. At least 30 days prior to the effective date of:
    - a. Cancellation, if cancelled for any reason other than nonpayment of premium; or
    - b. Non-renewal, but not including conditional notice of renewal.
- C.** Our mailing or delivery of notification described in Paragraphs **A.** and **B.** of this endorsement is intended as a courtesy only. Our failure to provide such mailing or delivery will not:
1. Extend the Coverage Part cancellation or non-renewal date;
  2. Negate the cancellation or non-renewal; or
  3. Provide any additional insurance that would not have been provided in the absence of this endorsement.
- D.** We are not responsible for the accuracy, integrity, timeliness and validity of information contained in the list provided to us as described in Paragraphs **A.** and **B.** of this endorsement.

All other terms and conditions of this policy remain unchanged.

## Underlying Insurance Amendment – Additional Insured



Policy No.	Eff. Date of Pol.	Exp. Date of Pol.	Eff. Date of End.	Producer	Add'l Prem.	Return Prem.
SXS-0217077-09	11/13/2024	11/13/2025	11/13/2024	14317000	-----	-----

**Named Insured and Mailing Address:**

ATLAS TECHNICAL CONSULTANTS, INC.  
13215 Bee Cave Pkwy, Building A  
Suite 250 Austin, TX 78738

**Producer:**

Lockton Insurance Brokers, LLC  
777 S. Figueroa Street, 52nd fl.  
Los Angeles CA 90017

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

The following is added to Definition **G.** of **SECTION VI. DEFINITIONS, underlying insurance**, as paragraph two

(2):

**Underlying insurance** also includes any person or organization qualifying as an additional insured in the **underlying insurance** but only to the same extent that such person or organization is an additional insured

**ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.**

BY: \_\_\_\_\_  
Authorized Representative

\_\_\_\_\_  
Date



Other Insurance Condition Amendment

Policy No.	Eff. Date of Pol.	Exp. Date of Pol.	Eff. Date of End.	Producer	Add'l Prem.	Return Prem.
SXS-0217077-09	11/13/2024	11/13/2025	11/13/2024	14317000	-----	-----

Named Insured and Mailing Address:

ATLAS TECHNICAL CONSULTANTS, INC.  
13215 Bee Cave Pkwy, Building A  
Suite 250  
Austin, TX 78738

Producer:

Lockton Insurance Brokers, LLC  
777 S. Figueroa Street, 52nd fl.  
Los Angeles CA 90017

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

SECTION V. CONDITIONS, CONDITION G. Other Insurance is deleted in its entirety and replaced with the following:

G. Other Insurance

If other insurance applies to damages that are also covered by this policy, this policy will apply excess of the other insurance. However, this provision will not apply:

1.

If the other insurance is written to be excess of this policy; or
2.

If the Named Insured has agreed in a written contract to carry insurance to apply prior to and be non-contributory with that of another person or organization's insurance, the other insurance of that person or organization will apply as excess and not contribute prior to the insurance afforded by this policy.

Nothing herein will be construed to make this policy subject to the terms, conditions and limitations of such other insurance.

ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.

Signed by: \_\_\_\_\_  
Authorized Representative

Date



# Waiver of Subrogation – Blanket

Policy No.	Eff. Date of Pol.	Exp. Date of Pol.	Eff. Date of End.	Producer	Add'l Prem.	Return Prem.
SXS-0217077-09	11/13/2024	11/13/2025	11/13/2024	14317000	-----	-----

**Named Insured and Mailing Address:**

ATLAS TECHNICAL CONSULTANTS, INC.  
13215 Bee Cave Pkwy, Building A  
Suite 250  
Austin, TX 78738

**Producer:**

Lockton Insurance Brokers, LLC  
777 S. Figueroa Street, 52nd fl.  
Los Angeles CA 90017

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

The following is added to Condition I. **Transfer of Rights of Recovery Against Others to Us** of SECTION V. **CONDITIONS** as paragraph three (3) of Subsection 1.:

Also, if any **insured** is required by a written contract or agreement which is executed before a **loss** to waive their rights of recovery from any person or organization, we agree to waive our rights of recovery. This waiver of rights shall not be construed to be a waiver with respect to any other operations for which the **insured** has not waived their rights of recovery by Contract or Permit.

**ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.**

Signed by: \_\_\_\_\_  
Authorized Representative

\_\_\_\_\_ Date

**Excess 2nd Layer (\$5M x \$5M )**

Policy Number: G48841491-001

Per Occurrence Limit: \$5,000,000

Aggregate Limit: \$5,000,000

Effective Date: 11/13/2024

Expiration Date: 11/13/2025

Carrier D: Westchester Surplus Lines Insurance Company – NAIC #10172

WC-0217111-09 (AOS)

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY**

**WC 00 03 13**

**(Ed. 4-84)**

**WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT**

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

**SCHEDULE**

**ALL PERSONS AND/OR ORGANIZATIONS THAT ARE REQUIRED BY WRITTEN CONTRACT OR AGREEMENT WITH THE INSURED, EXECUTED PRIOR TO THE ACCIDENT OR LOSS, THAT WAIVER OF SUBROGATION BE PROVIDED UNDER THIS POLICY FOR WORK PERFORMED BY YOU FOR THAT PERSON AND/OR ORGANIZATION**

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(This information below is required only when this endorsement is issued subsequent to preparation of the policy.)

ENDORSEMENT EFFECTIVE: 11/13/2024

ENDORSEMENT NO.

POLICY NO. WC-0217111-09 (AOS)

PREMIUM

Insured: Atlas Technical Consultants, LLC

Insurance Company: Zurich American Insurance Company

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**BLANKET NOTIFICATION TO OTHERS OF CANCELLATION OR NONRENEWAL ENDORSEMENT**

This endorsement adds the following to Part Six of the policy.

**PART SIX  
CONDITIONS****Blanket Notification to Others of Cancellation or Nonrenewal**

1. If we cancel or non-renew this policy by written notice to you, we will mail or deliver notification that such policy has been cancelled or non-renewed to each person or organization shown in a list provided to us by you if you are required by written contract or written agreement to provide such notification. However, such notification will not be mailed or delivered if a conditional notice of renewal has been sent to you. Such list:
  - a. Must be provided to us prior to cancellation or non-renewal;
  - b. Must contain the names and addresses of only the persons or organizations requiring notification that such policy has been cancelled or non-renewed; and
  - c. Must be in an electronic format that is acceptable to us.
2. Our notification as described in Paragraph 1. above will be based on the most recent list in our records as of the date the notice of cancellation or non-renewal is mailed or delivered to you. We will mail or deliver such notification to each person or organization shown in the list:
  - a. Within seven days of the effective date of the notice of cancellation, if we cancel for non-payment of premium; or
  - b. At least 30 days prior to the effective date of:
    - (1) Cancellation, if cancelled for any reason other than nonpayment of premium; or
    - (2) Non-renewal, but not including conditional notice of renewal.
3. Our mailing or delivery of notification described in Paragraphs 1. and 2. above is intended as a courtesy only. Our failure to provide such mailing or delivery will not:
  - a. Extend the policy cancellation or non-renewal date;
  - b. Negate the cancellation or non-renewal; or
  - c. Provide any additional insurance that would not have been provided in the absence of this endorsement.
4. We are not responsible for the accuracy, integrity, timeliness and validity of information contained in the list provided to us as described in Paragraphs 1. and 2. above.

All other terms and conditions of this policy remain unchanged.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

**(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)**

Endorsement Effective 11/13/2024  
Insured: Atlas Technical Consultants, LLC

Policy No. WC-0217111-09 (AOS)

Endorsement No.  
Premium \$

Insurance Company: Zurich American Insurance Company


Certificate Of Completion

Envelope Id: 711455D5-142A-40DE-836C-75DC7F6AD4E7		Status: Completed
Subject: 23RFP138765K-CRB_Standby Prof Svcs for EET Svcs (A) Atlas -- (2025 Renewal)		
Parcel ID:		
Employee Name:		
Source Envelope:		
Document Pages: 47	Signatures: 5	Envelope Originator:
Certificate Pages: 6	Initials: 0	Craig R. Bogan
AutoNav: Enabled	Stamps: 2	141 Pryor Street
Envelopeld Stamping: Enabled		Purchasing & Contract Compliance, Suite 1168
Time Zone: (UTC-05:00) Eastern Time (US & Canada)		Atlanta, GA 30303
		craig.bogan@fultoncountyga.gov
		IP Address: 68.74.213.145

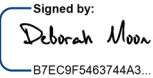

Record Tracking

Status: Original	Holder: Craig R. Bogan	Location: DocuSign
11/22/2024 12:11:45 PM	craig.bogan@fultoncountyga.gov	
Security Appliance Status: Connected	Pool: StateLocal	
Storage Appliance Status: Connected	Pool: Fulton County Government	Location: DocuSign

Signer Events

Signer Events	Signature	Timestamp
Todd Long	<div>DocuSigned by:  F8FC2FDCFB1D462...</div> <div>Signature Adoption: Pre-selected Style</div> <div>Using IP Address: 165.1.202.178</div>	Sent: 11/22/2024 2:11:37 PM
todd.long@oneatlas.com		Viewed: 11/22/2024 2:55:16 PM
Southern States Hub Leader		Signed: 12/3/2024 8:47:13 PM
Security Level: Email, Account Authentication (None)		

Electronic Record and Signature Disclosure:  
Accepted: 11/22/2024 2:55:16 PM  
ID: 25adee4a-d041-4b0b-96ec-b79280b71de6

Deborah Moon	<div>Signed by:  B7EC9F5463744A3...</div> <div></div> <div>Signature Adoption: Pre-selected Style</div> <div>Using IP Address: 165.1.202.178</div>	Sent: 12/3/2024 8:47:15 PM
deborah.moon@oneatlas.com		Resent: 12/4/2024 10:42:03 AM
Security Level: Email, Account Authentication (None)		Viewed: 12/4/2024 9:47:10 PM
		Signed: 12/5/2024 10:24:00 AM

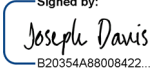
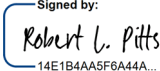


Electronic Record and Signature Disclosure:  
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ID: c8a9a8bc-903f-4575-a44e-11d3bce81444

Craig R. Bogan	<div>Completed</div> <div>Using IP Address: 68.74.213.145</div>	Sent: 12/5/2024 10:24:04 AM
craig.bogan@fultoncountyga.gov		Viewed: 12/7/2024 12:40:38 AM
Assistant Purchasing Agent		Signed: 12/10/2024 10:43:17 AM

Hogan Construction Group, LLC  
Security Level: Email, Account Authentication (None)

Electronic Record and Signature Disclosure:  
Not Offered via DocuSign



Signer Events	Signature	Timestamp
<p>Joseph Davis Joseph.Davis@fultoncountyga.gov Director Security Level: Email, Account Authentication (None)</p> <p><b>Electronic Record and Signature Disclosure:</b> Accepted: 12/12/2024 12:31:25 AM ID: a434c901-47f8-4295-93b9-73fbb84c8dfe</p>	<p>Signed by:  B20354A88008422...</p> <p>Signature Adoption: Pre-selected Style Using IP Address: 69.236.118.50 Signed using mobile</p>	<p>Sent: 12/10/2024 10:43:21 AM Viewed: 12/12/2024 12:31:25 AM Signed: 12/12/2024 12:31:38 AM</p>
<p>Nikki Peterson nikki.peterson@fultoncountyga.gov Chief Deputy Clerk to the Board of Commissioners Fulton County Government Security Level: Email, Account Authentication (None)</p> <p><b>Electronic Record and Signature Disclosure:</b> Accepted: 11/27/2017 1:39:37 PM ID: b7ce88ee-0c66-4f3a-bfee-705e0af602d8</p>	<p><b>Completed</b></p> <p>Using IP Address: 68.208.197.4</p>	<p>Sent: 12/12/2024 12:31:42 AM Viewed: 12/12/2024 4:42:54 PM Signed: 12/16/2024 4:36:23 PM</p>
<p>Robert L. Pitts harriet.thomas@fultoncountyga.gov Chairman Security Level: Email, Account Authentication (None)</p> <p><b>Electronic Record and Signature Disclosure:</b> Accepted: 12/16/2024 4:54:16 PM ID: 3a2e04db-7f6c-4ec2-b390-cd5abf6caf35</p>	<p>Signed by:  14E1B4AA5F6A44A...</p> <p>Signature Adoption: Pre-selected Style Using IP Address: 68.208.197.4</p>	<p>Sent: 12/16/2024 4:36:27 PM Viewed: 12/16/2024 4:54:16 PM Signed: 12/16/2024 4:54:27 PM</p>
<p>Tonya Grier Tonya.Grier@fultoncountyga.gov Clerk to the Commission Fulton County Security Level: Email, Account Authentication (None)</p> <p><b>Electronic Record and Signature Disclosure:</b> Accepted: 3/16/2018 10:54:59 AM ID: f3f241e8-3027-4447-9476-6cf20ae25dd4</p>	<p>Signed by:  EEC476C4837648D...</p> <p></p> <p>Signature Adoption: Uploaded Signature Image Using IP Address: 99.96.24.191 Signed using mobile</p>	<p>Sent: 12/16/2024 4:54:32 PM Viewed: 12/21/2024 6:45:35 AM Signed: 12/21/2024 6:45:53 AM</p>
<p>Craig R. Bogan craig.bogan@fultoncountyga.gov Assistant Purchasing Agent Hogan Construction Group, LLC Security Level: Email, Account Authentication (None)</p> <p><b>Electronic Record and Signature Disclosure:</b> Not Offered via DocuSign</p>	<p><b>Completed</b></p> <p>Using IP Address: 68.74.213.145</p>	<p>Sent: 12/21/2024 6:45:59 AM Viewed: 1/31/2025 8:15:10 AM Signed: 1/31/2025 8:15:26 AM</p>
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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
Craig R. Bogan craig.bogan@fultoncountyga.gov Assistant Purchasing Agent Hogan Construction Group, LLC Security Level: Email, Account Authentication (None) <b>Electronic Record and Signature Disclosure:</b> Not Offered via DocuSign	COPIED	Sent: 1/31/2025 8:15:31 AM Resent: 1/31/2025 8:15:40 AM
Dian DeVaughn Dian.DeVaughn@fultoncountyga.gov Security Level: Email, Account Authentication (None) <b>Electronic Record and Signature Disclosure:</b> Not Offered via DocuSign	COPIED	Sent: 1/31/2025 8:15:33 AM Viewed: 1/31/2025 10:38:34 AM
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Envelope Updated	Security Checked	12/4/2024 10:43:53 AM
Envelope Updated	Security Checked	12/4/2024 10:43:53 AM
Envelope Updated	Security Checked	12/11/2024 3:30:07 PM
Certified Delivered	Security Checked	1/31/2025 8:15:10 AM
Signing Complete	Security Checked	1/31/2025 8:15:26 AM
Completed	Security Checked	1/31/2025 8:15:33 AM
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](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.

**Acknowledging your access and consent to receive materials electronically**

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please verify that you were

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.

By checking the 'I agree' box, I confirm that:

- I can access and read this Electronic CONSENT TO ELECTRONIC RECEIPT OF ELECTRONIC CONSUMER DISCLOSURES document; and
- I can print on paper the disclosure or save or send the disclosure to a place where I can print it, for future reference and access; and
- Until or unless I notify Carahsoft OBO Fulton County, Georgia as described above, I consent to receive from exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to me by Carahsoft OBO Fulton County, Georgia during the course of my relationship with you.