



DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE

CONTRACT RENEWAL AGREEMENT

DEPARTMENT: Real Estate and Asset Management

BID/RFP# NUMBER: 23ITB138741K-JAJ

BID/RFP# TITLE: Task Order Contract for Minor Construction

ORIGINAL APPROVAL DATE: December 7, 2022

RENEWAL EFFECTIVE DATES: January 1, 2025 – December 31, 2025

RENEWAL OPTION #: 1 of 3

NUMBER OF RENEWAL OPTIONS: 3

RENEWAL AMOUNT: \$1 ,200,000.00

COMPANY'S NAME: Brad Construction Company II, LLC

ADDRESS: 500 W. Lanier Ave.

CITY: Fayetteville

STATE: GA

ZIP: 30214

This Renewal Agreement No. 1 was approved by the Fulton County Board of Commissioners on December 4, 2024, BOC # 24-0841

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

14E1B4AA5F6A44A...

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

ATTEST:

DocuSigned by:

Tonya R. Grier

EEC476C4837648D...

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

(Affix Corporate Seal)



AUTHORIZATION OF RENEWAL:

Signed by:

Joseph Davis

B20354A88008422...

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

**BRAD CONSTRUCTION COMPANY
II, LLC**

DocuSigned by:

Jameel Hanif

46919D1C6EFC42D...

Jameel Hanif, Principal

ATTEST:

**Secretary/
Assistant Secretary**

(Affix Corporate Seal)

ATTEST:

DocuSigned by:

Falonda Hanif

C54C66C2375E453...

Notary Public

County: Fayette

Commission Expires: March 26, 2027

Signed by:

(Affix Notary Seal)



ITEM#: <u>24-0841A</u> RM: <u>12/04/2024</u>	ITEM#: <u> </u> 2ND RM: <u> </u>
REGULAR MEETING	SECOND REGULAR MEETING

CERTIFICATE OF INSURANCE



BRADCON-07

RANDERSONSCI

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/27/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Oakbridge Insurance Agency 16 Hampton St McDonough, GA 30253	CONTACT NAME: Meghan Holder	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS: meghanholder@strawninsurance.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Harford Mutual Insurance Company	14141
	INSURER B : Builders Insurance (an Association Captive Company)	10704
	INSURER C : Capitol Specialty Ins Co	10328
	INSURER D :	
	INSURER E :	
	INSURER F :	

INSURED

Brad Construction Company II LLC
500 W. Lanier Avenue
Suite 801
Fayetteville, GA 30214

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X	X	MP10825006	7/29/2024	7/29/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	X	X	CU104732910	7/29/2024	7/29/2025	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ AGG \$ 2,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y	N/A	WCV0223426 08	7/29/2024	7/29/2025	<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	Equipment Floater			MP10825006	7/29/2024	7/29/2025	Rented/Leased 250,000
C	Pollution Liability			EV2024046301	8/23/2024	8/23/2025	Occurrence/Aggregate 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Additional Insured in favor of Fulton County Government, Its Officials, Officers and Employees in regards to the General Liability. Waiver of subrogation per form CG2404 in regards to the General Liability if required by contract. Waiver of Subrogation per form WC000313 in regards to the Workers Compensation if required by contract. Umbrella policy follows form.

CERTIFICATE HOLDER

CANCELLATION

Fulton County Government
Attn: Purchasing Department
130 Peachtree Street, S.W.
Suite 1168
Atlanta, GA 30303

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

Rachael Grace


GENERAL LIABILITY FORMS SCHEDULE
FORMS AND ENDORSEMENTS APPLYING TO AND MADE A PART OF THIS POLICY AT TIME OF ISSUE:

CG2186	(1204)	Exclusion - Exterior Insulation and Finish Systems	
CG2196	(0305)	Silica or Silica-Related Dust Exclusion	
CG2426	(0413)	Amendment of Insured Contract Definition	
CG4032	(0523)	Exclusion - Perfluoroalkyl and Polyfluoroalkyl Substances (PFAS)	
CG4035	(1223)	Exclusion - Cyber Incident	
CGGA4012	(0720)	Exclusion - Electronic Smoking Devices	
CGHG0046	(0720)	Exclusion - Tobacco Products Hazards	
CGHG06	(1116)	Exclusion - Lead Contamination	
CGHG21	(0105)	Asbestos Exclusion Endorsement	
CGHG29	(0413)	Liability Additional Coverage Endorsement	
CGHG42	(1017)	Audit Noncompliance Factor Endorsement	
IL0017	(1198)	Common Policy Conditions	
IL0021	(0908)	Nuclear Energy Liability Exclusion Endorsement (Broad Form)	
IL0262	(0224)	Georgia Changes - Cancellation and Nonrenewal	
CG2010	(0413)	Additional Insured - Owners, Lessees or Contractors - Scheduled Person or Organization.....	\$50
		Name of Additional Insured Person(s) or Organization(s): Johnson Controls, Inc.	
CG2010	(0413)	Additional Insured - Owners, Lessees or Contractors - Scheduled Person or Organization.....	\$50
		Name of Additional Insured Person(s) or Organization(s): DEKALB COUNTY SCHOOL DISTRICT	
		Location(s) of Covered Operations: 1701 MOUNTAIN INDUSTRIAL BLVD	
CG2026	(0413)	Additional Insured - Designated Person or Organization	\$35
		Name of Person(s) or Organization(s): FULTON COUNTY GOVERNMENT ITS OFFICIALS OFFICERS	
CG2028	(0413)	Additional Insured - Lessor of Leased Equipment.....	\$35
		Name of Person(s) or Organization(s): SUNBELT RENTAL	
CG2033	(0413)	Additional Insured - Owners, Lessees or Contractors - Automatic Status When Required in Construction Agreement with You	\$25
CG2037	(0413)	Additional Insured - Owners, Lessees or Contractors - Completed Operations.....	\$150
		Name of Person or Organization: ANY PERSON OR ORGANIZATION THAT HAS ENTERED INTO A WRITTEN CONSTRUCTION CONTRACT OR WRITTEN CONSTRUCTION AGREEMENT WITH THE NAMED INSURED	
		Contractor Gross Receipts: \$1,000,000	
CG2101	(1185)	Exclusion - Athletic or Sports Participants	
		Description of Operations: CARPENTRY	
CG2234	(0413)	Exclusion - Construction Management Errors and Omissions	
CG2243	(0413)	Exclusion - Engineers, Architects or Surveyors Professional Liability	
CG2279	(0413)	Exclusion - Contractors - Professional Liability	
CG2404	(0509)	Waiver of Transfer of Rights of Recovery Against Others to Us	
		Name of Person or Organization: ANY PERSON OR ORGANIZATION THAT HAS ENTERED INTO A WRITTEN CONSTRUCTION CONTRACT OR WRITTEN CONSTRUCTION AGREEMENT WITH THE NAMED INSURED	
CG2456	(1223)	Excess Insurance Provision - Order of Response - When You Are an Additional Insured on Other Insurance	
CG2503	(0509)	Designated Construction Project(s) General Aggregate Limit.....	\$15
		Designated Construction Project(s): ALL PROJECTS	
CG3201	(1204)	Georgia Limited Fungi or Bacteria Coverage - Small Businesses	
		Fungi and Bacteria Property Damage Aggregate Limit: \$50,000	

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY
CG 20 26 04 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. 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.

POLICY NUMBER: MP10825006

COMMERCIAL GENERAL LIABILITY
CG 24 04 05 09

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

Name Of Person Or Organization:

ANY PERSON OR ORGANIZATION THAT HAS ENTERED INTO A WRITTEN CONSTRUCTION
CONTRACT OR WRITTEN CONSTRUCTION AGREEMENT WITH THE NAMED INSURED

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to Paragraph **8. Transfer Of Rights Of Recovery Against Others To Us** of **Section IV – Conditions**:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.

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 WRITTEN CONTRACTS THAT REQUIRE A WAIVER OF SUBROGATION"

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:	Policy No. WCV 0223426 08	Endorsement No.
Insured: BRAD CONSTRUCTION COMPANY II LLC		Premium: \$4,100.00
Insurance Company: Builders Insurance (An Association Captive Company)	Countersigned by: _____	



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/28/2025

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Jerome Hubbard Sr Agency Inc
431 Pine Ave
Albany, GA 31701

CONTACT NAME: Jerome Hubbard Sr
PHONE (A/C, No, Ext): 229-883-4810 FAX (A/C, No): 229-883-4810
E-MAIL ADDRESS: Jerome@JeromeHubbard.com

INSURED

Jameel H Hanif and Brad Construction
Company II LLC
500 Lanier Ave Ste 801
Fayetteville, GA 30214-7642

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : State Farm Mutual Automobile Insurance Company	25178
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADD INSD	SUB WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y		749 0474-B05-11E 886 5309-B15-11D	08/05/2024 08/15/2024	08/05/2025 02/15/2025	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE (Per accident) \$ 1,000,000 \$
	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			81 CD-R365-3	01/24/2025	01/24/2026	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					PER STATUTE OTH-ER \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

14 FORD F250 SD VIN:1FT7W2BT7EEB39018
15 FOR TRANS 250 VIN:1FTNR3XV3FKA29589

CERTIFICATE HOLDER

CANCELLATION

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

C. Michael Nelson