

**AMENDMENT NO. 1 TO FORM OF CONTRACT**

Contractor: **Hawk Construction Company LLC**

Contract No.: **23ITB138741K-JAJ(B), Task Order Contract for Minor Construction(B)**

Address: **158 Fairview Rd. Suite E**  
City, State **Ellenwood, GA 30294**

Telephone: **6785655120**

Email: **accounting@mhawkconstruction.com**

Contact: **Miles Traylor**  
**President**

**W I T N E S S E T H**

WHEREAS, Fulton County ("County") entered into a Contract with **Hawk Construction Company LLC** to provide The Department of Real Estate and Asset Management is seeking to establish and utilize a Task Order Contract for Minor Construction Projects, formerly referred to as "Fast Track" (hereinafter called TOC) and is a firm-fixed-price indefinite-quantity contract. The work includes a collection of detailed repair and construction tasks and specifications that have established unit prices. It is placed with a General Contractor for the accomplishment of repair, alteration, modernization, maintenance, rehabilitation, construction, etc. of buildings, structures, or other real property. Ordering is accomplished by means of issuance of a Work Order against the contract dated 08-21-2024, on behalf of the Department Of Real Estate & Asset Management department; and

WHEREAS, [this clause is required and should state in detail what is being amended/or the purpose for the amendment, such as adding additional scope of work, revising, modifying or correcting the existing contract, increase spending authority]; and

WHEREAS, the Contractor has performed satisfactorily over the period of the contract; and

WHEREAS, this amendment was approved by the Fulton County Board of Commissioners on 08-21-2024 and 24-0540.

**NOW, THEREFORE**, the County and the Contractor agree as follows:

This Amendment No. 1 to Form of Contract is effective as of the 21st day of August, 2024,

between the County and Hawk Construction Company LLC, who agree that all Services specified will be performed in accordance with this Amendment No. 1 to Form of Contract and the Contract Documents.

1. **SCOPE OF WORK TO BE PERFORMED:** To cover the cost to provide continued standby repair, alteration, modernization, maintenance, rehabilitation, construction services for County facilities and to complete the on-going replacement/emergency repair projects at the Fulton County Jail Complex
2. **COMPENSATION:** The services described under Scope of Work herein shall be performed by Contractor for a total amount not to exceed \$300,000.00,(three hundred thousand dollars).
3. **LIABILITY OF COUNTY:** This Amendment No. 1 to Form of Contract shall not become binding on the County and the County shall incur no liability upon same until such agreement has been executed by the Chair to the Commission, attested to by the Clerk to the Commission and delivered to Contractor.
4. **EFFECT OF AMENDMENT NO. 1 TO FORM OF CONTRACT:** Except as modified by this Amendment No. 1 to Form of Contract, the Contract, and all Contract Documents, remain in full force and effect.

**[INTENTIONALLY LEFT BLANK]**



|                            |                        |
|----------------------------|------------------------|
| <b>RECESS MEETING</b> xxxx | <b>REGULAR MEETING</b> |
|----------------------------|------------------------|



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/22/2024

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><br>Jones Group Insurance Services<br>3459 Acworth Due West RD NW<br>Ste 319<br>Acworth GA 30064 | <b>CONTACT NAME:</b> Kristine Jones<br><b>PHONE (A/C, No. Ext):</b> 770-933-7929 <b>FAX (A/C, No):</b><br><b>E-MAIL ADDRESS:</b> info@jonesgroupinsurance.com<br><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> Kinsale Insurance</td> <td>38920</td> </tr> <tr> <td><b>INSURER B:</b> AIC Insurance</td> <td>27898</td> </tr> <tr> <td><b>INSURER C:</b></td> <td></td> </tr> <tr> <td><b>INSURER D:</b> The Hartford</td> <td>19682</td> </tr> <tr> <td><b>INSURER E:</b></td> <td></td> </tr> <tr> <td><b>INSURER F:</b></td> <td></td> </tr> </table> | INSURER(S) AFFORDING COVERAGE | NAIC # | <b>INSURER A:</b> Kinsale Insurance | 38920 | <b>INSURER B:</b> AIC Insurance | 27898 | <b>INSURER C:</b> |  | <b>INSURER D:</b> The Hartford | 19682 | <b>INSURER E:</b> |  | <b>INSURER F:</b> |  |
|-----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------|-------------------------------------|-------|---------------------------------|-------|-------------------|--|--------------------------------|-------|-------------------|--|-------------------|--|
| INSURER(S) AFFORDING COVERAGE                                                                                   | NAIC #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |        |                                     |       |                                 |       |                   |  |                                |       |                   |  |                   |  |
| <b>INSURER A:</b> Kinsale Insurance                                                                             | 38920                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |        |                                     |       |                                 |       |                   |  |                                |       |                   |  |                   |  |
| <b>INSURER B:</b> AIC Insurance                                                                                 | 27898                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |        |                                     |       |                                 |       |                   |  |                                |       |                   |  |                   |  |
| <b>INSURER C:</b>                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               |        |                                     |       |                                 |       |                   |  |                                |       |                   |  |                   |  |
| <b>INSURER D:</b> The Hartford                                                                                  | 19682                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |        |                                     |       |                                 |       |                   |  |                                |       |                   |  |                   |  |
| <b>INSURER E:</b>                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               |        |                                     |       |                                 |       |                   |  |                                |       |                   |  |                   |  |
| <b>INSURER F:</b>                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               |        |                                     |       |                                 |       |                   |  |                                |       |                   |  |                   |  |
| <b>INSURED</b><br>HAWK CONSTRUCTION COMPANY LLC<br>158 FAIRVIEW RD STE E<br>ELLENWOOD GA 30294                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               |        |                                     |       |                                 |       |                   |  |                                |       |                   |  |                   |  |

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

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

| INSR LTR | TYPE OF INSURANCE                                                                                         | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                                                          |              |
|----------|-----------------------------------------------------------------------------------------------------------|-----------|----------|---------------|-------------------------|-------------------------|---------------------------------------------------------------------------------|--------------|
| A        | <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>                                   |           |          | 0100173027-2  | 12/19/2023              | 12/19/2024              | EACH OCCURRENCE                                                                 | \$ 1,000,000 |
|          | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                            |           |          |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence)                                       | \$ 100,000   |
|          |                                                                                                           |           |          |               |                         |                         | MED EXP (Any one person)                                                        | \$ 5,000     |
|          |                                                                                                           |           |          |               |                         |                         | PERSONAL & ADV INJURY                                                           | \$ 1,000,000 |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:                                                                        |           |          |               |                         |                         | GENERAL AGGREGATE                                                               | \$ 2,000,000 |
|          | <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |           |          |               |                         |                         | PRODUCTS - COMP/OP AGG                                                          | \$ 2,000,000 |
|          | OTHER:                                                                                                    |           |          |               |                         |                         |                                                                                 | \$           |
|          | <b>AUTOMOBILE LIABILITY</b>                                                                               |           |          |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident)                                             | \$           |
|          | <input type="checkbox"/> ANY AUTO                                                                         |           |          |               |                         |                         | BODILY INJURY (Per person)                                                      | \$           |
|          | <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS                        |           |          |               |                         |                         | BODILY INJURY (Per accident)                                                    | \$           |
|          | <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS                        |           |          |               |                         |                         | PROPERTY DAMAGE (Per accident)                                                  | \$           |
|          | <input type="checkbox"/> AUTOS ONLY                                                                       |           |          |               |                         |                         |                                                                                 | \$           |
| A        | <input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b>                                                  |           |          | 0100173126-2  | 12/19/2023              | 12/19/2024              | EACH OCCURRENCE                                                                 | \$ 5,000,000 |
|          | <input type="checkbox"/> <b>EXCESS LIAB</b>                                                               |           |          |               |                         |                         | AGGREGATE                                                                       | \$ 5,000,000 |
|          | <input checked="" type="checkbox"/> DED <input type="checkbox"/> RETENTION \$                             |           |          |               |                         |                         |                                                                                 | \$           |
| B        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>                                                      |           |          | WCV001812400  | 04/07/2024              | 04/07/2025              | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER |              |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                               | Y / N     | N / A    |               |                         |                         | E.L. EACH ACCIDENT                                                              | \$ 1,000,000 |
|          | If yes, describe under DESCRIPTION OF OPERATIONS below                                                    |           |          |               |                         |                         | E.L. DISEASE - EA EMPLOYEE                                                      | \$ 1,000,000 |
|          |                                                                                                           |           |          |               |                         |                         | E.L. DISEASE - POLICY LIMIT                                                     | \$ 1,000,000 |
| D        | The Hartford                                                                                              |           |          | 22BDDIC1051   | 03/29/2024              | 03/29/2025              | Crime Bond                                                                      | \$100,000    |
|          |                                                                                                           |           |          |               |                         |                         | DED                                                                             | \$1,000      |

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

General Contracting Services; Remodeling; Carpentry Class  
 Miles Traylor DBA Hawk Construction GC RLC1000888==General Contracting Services; Remodeling; Carpentry Class-  
 Additional insured:  
 Fulton County Purchasing  
 130 Peachtree Street Sw ste 1168  
 Atlanta GA 30303

**CERTIFICATE HOLDER****CANCELLATION**

|                                                                                                                        |                                                                                                                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Fulton County Government<br>Attn: Purchasing Department<br>130 Peachtree Street SW Suite 1168<br>Atlanta GA 30303-3459 | <p><b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b></p> <p><b>AUTHORIZED REPRESENTATIVE</b><br/>         Kristine Jones</p> |
|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
09/11/2024

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|                                                                                             |  |                                                                                                                                                 |  |               |
|---------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------|
| <b>PRODUCER</b><br>Chris Pettis<br>450 Santa Fe Trail<br><br>Ellenwood GA 302942683         |  | <b>CONTACT</b><br>NAME: Chris Pettis<br>PHONE (A/C, No, Ext): 770-474-3646<br>E-MAIL ADDRESS: chris.pettis.d62x@statefarm.com<br>FAX (A/C, No): |  |               |
|                                                                                             |  | <b>INSURER(S) AFFORDING COVERAGE</b>                                                                                                            |  | <b>NAIC #</b> |
|                                                                                             |  | INSURER A : State Farm Mutual Automobile Insurance Company                                                                                      |  | 25178         |
| <b>INSURED</b><br><br>Traylor, Miles<br>158 FAIRVIEW RD STE E<br><br>ELLENWOOD GA 302942795 |  | 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                                                                                                                                                                                   |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---------|----------------------------------------------------------|----------------------------------------|----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|          | <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br><input type="checkbox"/> OTHER: |          |         |                                                          |                                        |                                        | EACH OCCURRENCE \$<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$<br>MED EXP (Any one person) \$<br>PERSONAL & ADV INJURY \$<br>GENERAL AGGREGATE \$<br>PRODUCTS - COMP/OP AGG \$<br>\$ |
| A        | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY                              | Y        | Y       | 938 1649-D19-11K<br>C58 4714-C11-11D<br>C79 5516-B09-11F | 04/19/2024<br>09/11/2024<br>08/09/2024 | 10/19/2024<br>03/11/2025<br>02/09/2025 | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$ 1,000,000<br>BODILY INJURY (Per accident) \$ 1,000,000<br>PROPERTY DAMAGE (Per accident) \$ 1,000,000<br>\$      |
|          | <b>UMBRELLA LIAB</b><br><input type="checkbox"/> EXCESS LIAB<br><input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$                                                                                                                                                        |          |         |                                                          |                                        |                                        | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$                                                                                                                                                 |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                                           |          | N / A   |                                                          |                                        |                                        | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> \$<br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$                      |

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

CERTIFICATE HOLDER

Fulton County Government Attn: Purchasing Department  
120 Peachtree Street, S.W. Suite 1168  
  
Atlanta GA 30303-3459

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  
  
This form was system-generated on 09/11/2024

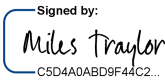
Certificate Of Completion

|                                                                                                               |               |                                              |
|---------------------------------------------------------------------------------------------------------------|---------------|----------------------------------------------|
| Envelope Id: 3E01DF7163BB43CD88BDC22503A9DDE1                                                                 |               | Status: Completed                            |
| Subject: Hawk Construction Company, LLC-Task Order Contract for Minor Construction B Amendment 1-BOC #24-0540 |               |                                              |
| Parcel ID:                                                                                                    |               |                                              |
| Employee Name:                                                                                                |               |                                              |
| Source Envelope:                                                                                              |               |                                              |
| Document Pages: 6                                                                                             | Signatures: 6 | Envelope Originator:                         |
| Certificate Pages: 6                                                                                          | Initials: 0   | James Jones                                  |
| AutoNav: Enabled                                                                                              | Stamps: 2     | 141 Pryor Street                             |
| Envelopeld Stamping: Enabled                                                                                  |               | Purchasing & Contract Compliance, Suite 1168 |
| Time Zone: (UTC-08:00) Pacific Time (US & Canada)                                                             |               | Atlanta, GA 30303                            |
|                                                                                                               |               | james.jones@fultoncountyga.gov               |
|                                                                                                               |               | IP Address: 66.56.15.17                      |

Record Tracking

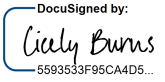
|                                      |                                |                    |
|--------------------------------------|--------------------------------|--------------------|
| Status: Original                     | Holder: James Jones            | Location: DocuSign |
| 9/9/2024 8:08:21 AM                  | james.jones@fultoncountyga.gov |                    |
| Security Appliance Status: Connected | Pool: StateLocal               |                    |
| Storage Appliance Status: Connected  | Pool: Fulton County Government | Location: DocuSign |

| Signer Events | Signature | Timestamp |
|---------------|-----------|-----------|
|---------------|-----------|-----------|

|                                                      |                                                                                                                                                  |                              |
|------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
| Miles Traylor                                        | <div>Signed by:</div> <div></div> <div>C5D4A0ABD9F44C2...</div> | Sent: 9/9/2024 8:21:53 AM    |
| accounting@mhawkconstruction.com                     |                                                                                                                                                  | Viewed: 9/9/2024 11:00:17 AM |
| Security Level: Email, Account Authentication (None) |                                                                                                                                                  | Signed: 9/9/2024 11:11:29 AM |
|                                                      | Signature Adoption: Pre-selected Style                                                                                                           |                              |
|                                                      | Using IP Address: 76.97.221.19                                                                                                                   |                              |

Electronic Record and Signature Disclosure:

Accepted: 9/9/2024 11:00:17 AM  
ID: a0856a9f-483f-458c-8022-3f4edeb12c26

|                                                      |                                                                                                                                                                                                                                                       |                             |
|------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| Cicely Burns                                         | <div>DocuSigned by:</div> <div></div> <div>5593533F95CA4D5...</div> <div></div> | Sent: 9/9/2024 11:11:31 AM  |
| cicelyburns@gmail.com                                |                                                                                                                                                                                                                                                       | Viewed: 9/9/2024 1:03:16 PM |
| Security Level: Email, Account Authentication (None) |                                                                                                                                                                                                                                                       | Signed: 9/9/2024 1:04:11 PM |
|                                                      | Signature Adoption: Pre-selected Style                                                                                                                                                                                                                |                             |
|                                                      | Using IP Address: 76.97.221.19                                                                                                                                                                                                                        |                             |

Electronic Record and Signature Disclosure:

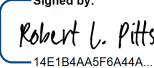
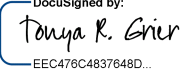
Accepted: 9/9/2024 1:03:15 PM  
ID: def02782-b1b7-4969-b8d9-014ff6d64a81

|                                     |                               |                              |
|-------------------------------------|-------------------------------|------------------------------|
| James Jones                         | <div>Completed</div>          | Sent: 9/9/2024 1:04:13 PM    |
| james.jones@fultoncountyga.gov      |                               | Viewed: 9/12/2024 6:20:20 AM |
| Assistant Purchasing Agent          |                               | Signed: 9/12/2024 6:20:26 AM |
| BROWN & ROOT INDUSTRIAL SERVICESLLC | Using IP Address: 66.56.15.17 |                              |

Security Level: Email, Account Authentication (None)

Electronic Record and Signature Disclosure:

Not Offered via DocuSign

| Signer Events                                                                                                                                                                                                                                                                                                                                      | Signature                                                                                                                                                                                                                                                                                                        | Timestamp                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| <p>Joseph Davis<br/>joseph.davis@fultoncountyga.gov<br/>Director<br/>Security Level: Email, Account Authentication (None)</p> <p><b>Electronic Record and Signature Disclosure:</b><br/>Accepted: 9/13/2024 5:21:00 AM<br/>ID: 186ae672-15b2-474a-9615-93516e3ccee3</p>                                                                            | <p>Signed by:<br/><br/>B20354A88008422...</p> <p>Signature Adoption: Pre-selected Style<br/>Using IP Address: 69.236.118.50<br/>Signed using mobile</p>                                                                         | <p>Sent: 9/12/2024 6:20:29 AM<br/>Viewed: 9/13/2024 5:21:01 AM<br/>Signed: 9/13/2024 5:21:13 AM</p> |
| <p>Patrick O'Connor<br/>patrick.oconnor@fultoncountyga.gov<br/>Security Level: Email, Account Authentication (None)</p> <p><b>Electronic Record and Signature Disclosure:</b><br/>Accepted: 9/13/2024 5:28:33 AM<br/>ID: e5bcd281-60d8-4a98-8f28-bbf76cf28cd9</p>                                                                                  | <p>DocuSigned by:<br/><br/>68048F0EDCEC451...</p> <p>Signature Adoption: Pre-selected Style<br/>Using IP Address: 75.131.184.98</p>                                                                                             | <p>Sent: 9/13/2024 5:21:17 AM<br/>Viewed: 9/13/2024 5:28:33 AM<br/>Signed: 9/13/2024 5:43:43 AM</p> |
| <p>Nikki Peterson<br/>nikki.peterson@fultoncountyga.gov<br/>Chief Deputy Clerk to the Board of Commissioners<br/>Fulton County Government<br/>Security Level: Email, Account Authentication (None)</p> <p><b>Electronic Record and Signature Disclosure:</b><br/>Accepted: 11/27/2017 10:39:37 AM<br/>ID: b7ce88ee-0c66-4f3a-bfee-705e0af602d8</p> | <p><b>Completed</b></p> <p>Using IP Address: 68.208.197.4</p>                                                                                                                                                                                                                                                    | <p>Sent: 9/13/2024 5:43:46 AM<br/>Viewed: 9/13/2024 6:55:00 AM<br/>Signed: 9/13/2024 6:56:59 AM</p> |
| <p>Robert L. Pitts<br/>harriet.thomas@fultoncountyga.gov<br/>Chairman<br/>Security Level: Email, Account Authentication (None)</p> <p><b>Electronic Record and Signature Disclosure:</b><br/>Accepted: 9/15/2024 1:28:55 AM<br/>ID: 89f4efdf-f0dc-407c-bbf9-3889a0d551d6</p>                                                                       | <p>Signed by:<br/><br/>14E1B4AA5F6A44A...</p> <p>Signature Adoption: Pre-selected Style<br/>Using IP Address: 166.137.19.30<br/>Signed using mobile</p>                                                                       | <p>Sent: 9/13/2024 6:57:02 AM<br/>Viewed: 9/15/2024 1:28:55 AM<br/>Signed: 9/15/2024 1:29:16 AM</p> |
| <p>Tonya R. Grier<br/>tonya.grier@fultoncountyga.gov<br/>Clerk to the Commission<br/>Fulton County<br/>Security Level: Email, Account Authentication (None)</p> <p><b>Electronic Record and Signature Disclosure:</b><br/>Accepted: 3/16/2018 7:54:59 AM<br/>ID: f3f241e8-3027-4447-9476-6cf20ae25dd4</p>                                          | <p>DocuSigned by:<br/><br/>EEC476C4837848D...</p> <p></p> <p>Signature Adoption: Pre-selected Style<br/>Using IP Address: 99.96.24.191</p> | <p>Sent: 9/15/2024 1:29:18 AM<br/>Viewed: 9/16/2024 6:22:19 AM<br/>Signed: 9/16/2024 6:22:24 AM</p> |
| In Person Signer Events                                                                                                                                                                                                                                                                                                                            | Signature                                                                                                                                                                                                                                                                                                        | Timestamp                                                                                           |
| Editor Delivery Events                                                                                                                                                                                                                                                                                                                             | Status                                                                                                                                                                                                                                                                                                           | Timestamp                                                                                           |



| Agent Delivery Events                                                                                                                                                                                                                                        | Status           | Timestamp                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------------------|
| Intermediary Delivery Events                                                                                                                                                                                                                                 | Status           | Timestamp                  |
| Certified Delivery Events                                                                                                                                                                                                                                    | Status           | Timestamp                  |
| Carbon Copy Events                                                                                                                                                                                                                                           | Status           | Timestamp                  |
| Dian DeVaughn<br>dian.devaughn@fultoncountyga.gov<br>Security Level: Email, Account Authentication (None)<br><b>Electronic Record and Signature Disclosure:</b><br>Not Offered via DocuSign                                                                  | COPIED           | Sent: 9/16/2024 6:22:27 AM |
| James Jones<br>james.jones@fultoncountyga.gov<br>Assistant Purchasing Agent<br>BROWN & ROOT INDUSTRIAL SERVICESLLC<br>Security Level: Email, Account Authentication (None)<br><b>Electronic Record and Signature Disclosure:</b><br>Not Offered via DocuSign | COPIED           | Sent: 9/16/2024 6:22:29 AM |
| Witness Events                                                                                                                                                                                                                                               | Signature        | Timestamp                  |
| Notary Events                                                                                                                                                                                                                                                | Signature        | Timestamp                  |
| Envelope Summary Events                                                                                                                                                                                                                                      | Status           | Timestamps                 |
| Envelope Sent                                                                                                                                                                                                                                                | Hashed/Encrypted | 9/9/2024 8:21:53 AM        |
| Envelope Updated                                                                                                                                                                                                                                             | Security Checked | 9/12/2024 6:20:00 AM       |
| Certified Delivered                                                                                                                                                                                                                                          | Security Checked | 9/16/2024 6:22:19 AM       |
| Signing Complete                                                                                                                                                                                                                                             | Security Checked | 9/16/2024 6:22:24 AM       |
| Completed                                                                                                                                                                                                                                                    | Security Checked | 9/16/2024 6:22:29 AM       |
| Payment Events                                                                                                                                                                                                                                               | Status           | Timestamps                 |
| Electronic Record and Signature Disclosure                                                                                                                                                                                                                   |                  |                            |

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|                            |                                                                                                                                                           |
|----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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                                                                                                                                 |

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