

**SIGNATURES:**

Vendor agrees to accept the renewal option and abide by the terms and conditions set forth in the contract and specifications as referenced herein:

**FULTON COUNTY, GEORGIA**

Central Fire Protection, Inc.

DocuSigned by:

Robert L. Pitts

EEAD7CADD33E4E8...

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

Please select Attest or Notary from checkbox

Attest

DocuSigned by:

Anthony Johnson

2C4E038F624848E...

Full Name

President

**ATTEST:**

DocuSigned by:

Tonya R. Grier

EEC476C4837048D...

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

(Affix County Seal)

**AUTHORIZATION OF RENEWAL:**

DocuSigned by:

Joseph N. Davis

6E6566173E2143F...

Full Name

Director

**Department of Real Estate and Asset Management**  
 Department Name

**Secretary/  
 Assistant Secretary**

(Affix Corporate Seal)

**ATTEST:**

Nicole J. Loso

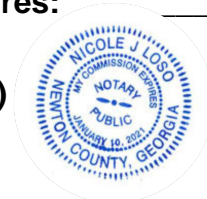
**Notary Public**

**County:** Newton

**Commission Expires:**

DS  
 01/10/21

(Affix Notary Seal)



Please select RCS or RM from the checkbox

X RCS

RM

**ITEM#: 20-0648** **RCS: 9/16/20**  
**RECESS MEETING**

**ITEM#: xxx** **RM: xxx**  
**REGULAR MEETING**





**DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE**

**CONTRACT RENEWAL AGREEMENT**

**DEPARTMENT:** Real Estate and Asset Management

**BID/RFP# NUMBER:** 19ITB120358C-GS

**BID/RFP# TITLE:** Fire Sprinkler Protection System Maintenance Services (B)

**ORIGINAL APPROVAL DATE:** 12/18/2019

**RENEWAL EFFECTIVE DATES:** 1/ 1/ 2021 **THROUGH** 12/ 31/2021

**RENEWAL OPTION #:** 1 OF 2

**NUMBER OF RENEWAL OPTIONS:** 2

**RENEWAL AMOUNT:** \$80,000.00

**COMPANY'S NAME:** Central Fire Protection, Inc.

**ADDRESS:** 1760 Old Covington Road, NE

**CITY:** Conyers

**STATE:** GA

**ZIP:** 30013

**This Renewal Agreement No. \_\_\_\_ was approved by the Fulton County Board of Commissioners on BOC DATE: BOC NUMBER:**

**SIGNATURES: SEE NEXT PAGE**

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**FULTON COUNTY, GEORGIA**

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

*Central Fire Protection Inc.*  
*[Signature]*  
\_\_\_\_\_  
Full Name President  
*Anthony R. Johnson*

**ATTEST:**

\_\_\_\_\_  
**Tonya R. Grier**  
**Interim Clerk to the Commission**

**(Affix County Seal)**

**AUTHORIZATION OF RENEWAL:**

**ATTEST:**

*[Signature]*  
\_\_\_\_\_  
**Secretary/  
Assistant Secretary**

**(Affix Corporate Seal)**

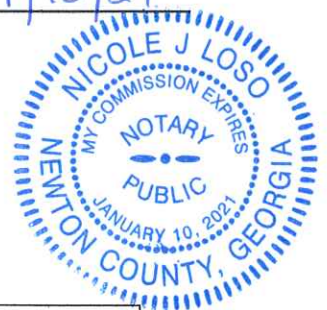
**ATTEST:**

*[Signature]*  
\_\_\_\_\_  
**Notary Public**

**County:** *Newton*

**Commission Expires:** *1/10/21*

**(Affix Notary Seal)**



ITEM#: \_\_\_\_\_ RCS: \_\_\_\_\_  
**RECESS MEETING**

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



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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/24/2020

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> Sterling Seacrest Partners, Inc P O Box 724137  Atlanta GA 31139	<b>CONTACT NAME:</b> Akiya Lee <b>PHONE (A/C, No, Ext):</b> (678) 424-6500 <b>FAX (A/C, No):</b> (678) 424-6501 <b>E-MAIL ADDRESS:</b> alee@sspins.com
<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURER A:</b> Everest Indemnity	
<b>INSURER B:</b> Union Insurance Company	
<b>INSURER C:</b>	
<b>INSURER D:</b>	
<b>INSURER E:</b>	
<b>INSURER F:</b>	

**COVERAGES****CERTIFICATE NUMBER:** 20-21 Liab Cert**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>			51GL012980-201	03/25/2020	03/25/2021	EACH OCCURRENCE	\$ 1,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							MED EXP (Any one person)	\$ 5,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY	\$ 1,000,000	
	OTHER:						GENERAL AGGREGATE	\$ 2,000,000	
							PRODUCTS - COMP/OP AGG	\$ 1,000,000	
							Employee Benefits Liab-	\$ 1,000,000	
B	<b>AUTOMOBILE LIABILITY</b>			CNA443457641	03/25/2020	03/25/2021	<b>COMBINED SINGLE LIMIT (Ea accident)</b>	\$ 1,000,000	
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$	
	<input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
							Medical payments	\$ 5,000	
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b>			51CC004671-201	03/25/2020	03/25/2021	EACH OCCURRENCE	\$ 5,000,000	
	<input checked="" type="checkbox"/> <b>EXCESS LIAB</b>						AGGREGATE	\$ 5,000,000	
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000							\$	
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>			WCA443457741	03/25/2020	03/25/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y / N					E.L. EACH ACCIDENT	\$ 1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input type="checkbox"/> N	N / A				E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000	
A	Contractors Design Liability (Fire Sprinkler E&O)			51GL012980-201	03/25/2020	03/25/2021	Each Wrongful Act Limit	1,000,000	
							Design Liab Aggregate	2,000,000	

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

The following applies when required by written contract: The Certificate Holder is included as an Additional Insured as respects General Liability, including Ongoing and Completed Operations (per attached form) and as respects to Auto Liability. General Liability coverage is primary and non-contributory. Waiver of Subrogation in favor of the Additional Insureds applies to the General Liability, Auto Liability and Workers Compensation policies. Umbrella follows form.

**CERTIFICATE HOLDER****CANCELLATION**

Fulton County Department of Purchasing & Contract Compliance 130 Peachtree St SW PSB Suite 1168 Atlanta GA 30303	<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></p>
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## ADDITIONAL COVERAGES

<b>Ref #</b>	<b>Description</b> Contractors Desgn liability				<b>Coverage Code</b>	<b>Form No.</b>	<b>Edition Date</b>
<b>Limit 1</b> 1,000,000	<b>Limit 2</b> 2,000,000	<b>Limit 3</b>	<b>Deductible Amount</b> 5,000	<b>Deductible Type</b>	<b>Premium</b>		
<b>Ref #</b>	<b>Description</b> Work Site Limited Pollution				<b>Coverage Code</b>	<b>Form No.</b>	<b>Edition Date</b>
<b>Limit 1</b> 100,000	<b>Limit 2</b> 300,000	<b>Limit 3</b>	<b>Deductible Amount</b> 1,000	<b>Deductible Type</b>	<b>Premium</b>		
<b>Ref #</b>	<b>Description</b> Uninsured motorist combined single limit				<b>Coverage Code</b> UMCSL	<b>Form No.</b>	<b>Edition Date</b>
<b>Limit 1</b> 100,000	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>	<b>Premium</b>		
<b>Ref #</b>	<b>Description</b> Increased Limits Factor				<b>Coverage Code</b> INCLF	<b>Form No.</b>	<b>Edition Date</b>
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>	<b>Premium</b>		
<b>Ref #</b>	<b>Description</b> Experience Mod Factor 1				<b>Coverage Code</b> EXP01	<b>Form No.</b>	<b>Edition Date</b>
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>	<b>Premium</b>		
<b>Ref #</b>	<b>Description</b> Voluntary compensation				<b>Coverage Code</b> VOL	<b>Form No.</b>	<b>Edition Date</b>
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>	<b>Premium</b>		
<b>Ref #</b>	<b>Description</b> Increased Limits Factor				<b>Coverage Code</b> INCLF	<b>Form No.</b>	<b>Edition Date</b>
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>	<b>Premium</b>		
<b>Ref #</b>	<b>Description</b> Deductible(S)				<b>Coverage Code</b> DED	<b>Form No.</b>	<b>Edition Date</b>
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>	<b>Premium</b>		
<b>Ref #</b>	<b>Description</b>				<b>Coverage Code</b>	<b>Form No.</b>	<b>Edition Date</b>
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>	<b>Premium</b>		
<b>Ref #</b>	<b>Description</b>				<b>Coverage Code</b>	<b>Form No.</b>	<b>Edition Date</b>
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>	<b>Premium</b>		

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY**  
**WC 00 03 08 04 84**

**PARTNERS, OFFICERS AND OTHERS EXCLUSION  
ENDORSEMENT**

The policy does not cover bodily injury to any person described in the Schedule.

The premium basis for the policy does not include the remuneration of such persons.

You will reimburse us for any payment we must make because of bodily injury to such persons.

**Schedule**

<b>Type</b>	<b>Name</b>
Officer	Anthony R Johnson
Officer	Martin Moore

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:  
03/25/2020  
Insured:  
Central Fire Protection Inc  
Insurance Company:  
Union Insurance Company

Policy No.:  
WCA 4434577-41

Endorsement No.

Premium

Countersigned by

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY  
WC 00 03 13 04 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

Blanket Coverage - Any person or organization for whom the Named Insured has agreed by written contract to furnish this waiver.

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  
03/25/2020  
Insured  
Central Fire Protection Inc  
Insurance Company:  
Union Insurance Company

Policy No.  
WCA 4434577 41

Endorsement No.  
  
Premium

Countersigned by \_\_\_\_\_



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

## COMMERCIAL AUTOMOBILE EXPANSION ENDORSEMENT

This endorsement modifies insurance provided under the following:

### BUSINESS AUTO COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by endorsement.

#### SUMMARY OF COVERAGE EXTENSIONS

Provision No.	Name of Extension	Limit or Included
A.	Broadened Named Insured	Included
B.	Additional Insured by Contract or Agreement	Included
C.	Additional Insured- Employees	Included
D.	Extended Coverage- Bail Bonds	\$5,000
E.	Extended Coverage- Loss of Earnings (Per Day)	\$1,000
F.	Fellow Employee Coverage	Included
G.	Transportation Expense Due to Theft of a Covered Auto (Per Day/Maximum)	\$75/ \$2,500
H.	Extended Coverage - Air Bags	Included
I.	Physical Damage Coverage- Leased or Financed Autos	Included
J.	Glass Deductible	Included
K.	Extended Coverage- Electronic Equipment	Included
L.	Extended Coverage- Personal Effects	\$500
M.	Towing (Gross Vehicle Weight of 20,000 lbs. or less)	\$100
N.	Physical Damage Coverage - Hired "Autos"	\$65,000
	1. Loss of use (Per Day/Maximum)	\$500/ \$3,500
O.	Rental Reimbursement Coverage	\$2,500
P.	Drive Other Car Coverage	Included
Q.	Knowledge of Occurrence	Included
R.	Waiver of Subrogation By Contract or Agreement	Included
S.	Unintentional Omissions	Included
T.	Bodily Injury Re-defined	Included
U.	Employee Hired Auto	Included

The above is a summary only. Please consult the specific provisions that follow for complete information on the extensions provided. If there is a conflict between this summary and the endorsement provisions that follow, the endorsement provisions shall prevail.

**A. BROADENED NAMED INSURED**

The Named Insured shown in the Declarations is amended to include:

Any organization, other than a joint venture, over which you maintain ownership or majority interest of more than 50%, unless that organization is an "insured" under any other automobile policy or would be an "insured" under such a policy but for the exhaustion of its Limit of Insurance, however;

1. Coverage under this provision is afforded only until the next anniversary date of this policy's effective date after you acquire or form the organization or the end of the policy period, whichever is earlier.
2. Coverage does not apply to "bodily injury" or "property damage" that occurred before you acquired or formed the organization.

**B. ADDITIONAL INSURED BY CONTRACT OR AGREEMENT**

The following is added to **Section II – Covered Autos Liability Coverage**, Paragraph **A.1.**:

- d. Any person or organization for whom you are performing operations if you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on your policy.

- (1) Such person or organization is an additional insured only with respect to liability for "bodily injury" or "property damage":

- a. Caused by an "accident", and
- b. Resulting from the ownership, maintenance or use of a covered "auto".

- (2) A person's or organization's status as an additional insured exists only while you are performing operations for that additional insured.

- (3) Section II, Paragraph C. Limits of Insurance for person or organization added as additional insured are those specified in the written contract or agreement, or in this coverage form, whichever is less. These limits of insurance are inclusive of and are not in addition to the Limits of Insurance shown in the Declarations.

- (4) This insurance applies on a primary and non-contributory basis if that is required by the written contract or agreement.

- (5) This insurance does not apply unless the written contract or agreement has been executed prior to the "bodily injury" or "property damage".

**C. ADDITIONAL INSURED - EMPLOYEES**

**Section II - Covered Autos Liability Coverage**, Paragraph **A.1.b.(2)** is deleted and replaced by the following:

- (2) Your employee or agent if the covered "auto" is owned by that employee or a member of his or her household, but this exclusion does not apply if the covered "auto" is being used in your business or your personal affairs.

**D. EXTENDED COVERAGE - BAIL BONDS**

**Section II – Covered Autos Liability Coverage**, Paragraph **A.2.a.(2)** is deleted and replaced by the following:

- (2) Up to \$5,000 for 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.

**E. EXTENDED COVERAGE - LOSS OF EARNINGS**

**Section II – Covered Autos Liability Coverage**, Paragraph **A.2.a.(4)** is deleted and replaced by the following:

- (4) All reasonable expenses incurred by the "insured" at our request, including actual loss of earnings up to \$1,000 a day because of time off from work.

**F. FELLOW EMPLOYEE COVERAGE**

**Section II – Covered Autos Liability Coverage**, Paragraph **B.5.** does not apply.

**G. COVERAGE EXTENSION AS A CONSEQUENCE OF THEFT OF AN "AUTO"**

1. Transportation Expense

**Section III – Physical Damage Coverage,** Paragraph **A.4.a.** is deleted and replaced by the following:

- a. We will also pay up to \$75 per day to a maximum of \$2,500 for temporary transportation expense incurred by you because of the total theft of a covered "auto" that has a Gross Vehicle Weight of 20,000 lbs. or less. We will pay only for those covered "autos" for which you carry either Comprehensive or Specified Causes of Loss Coverage. We will pay for temporary transportation expenses incurred during the period beginning 48 hours after the theft and ending, regardless of the policy's expiration, when the covered "auto" is returned to use or we pay for its "loss".

We will also pay reasonable and necessary expenses to facilitate the return of the stolen "auto" to you.

#### **H. EXTENDED COVERAGE - AIRBAGS**

**Section III – Physical Damage Coverage,** Paragraph **B.3.a.** does not apply to the unintended discharge of an airbag. Coverage is excess over any other collectible insurance or warranty specifically designed to provide coverage.

#### **I. PHYSICAL DAMAGE COVERAGE - LEASED OR FINANCED "AUTOS"**

The following is added to **Section III – Physical Damage Coverage,** Paragraph **C.:**

4. In the event of a total "loss" to a covered "auto", we will pay any unpaid amount due on the lease or loan for a covered "auto", less:
  - a. The amount under the Physical Damage coverage section of the policy; and
  - b. Any:
    - (1) Overdue lease/loan payments at the time of the "loss",
    - (2) Financial penalties imposed under a lease for excessive use, abnormal wear and tear or high mileage;
    - (3) Security deposits not returned by the lessor;

- (4) Costs for extended warranties, Credit Life Insurance, Health, Accident or Disability Insurance;
- (5) Carry-over balances from previous loans or leases.

#### **J. GLASS DEDUCTIBLE**

**Section III – Physical Damage Coverage,** Paragraph **D.** is deleted and replaced by the following:

##### **D. DEDUCTIBLE**

For each covered "auto" our obligation to pay for, repair, return or replace damaged or stolen property will be reduced by the applicable deductible shown in the Declarations. Any Comprehensive Coverage deductible shown in the Declarations does not apply to:

1. "Loss" caused by fire or lightning; or
2. "Loss" when you elect to patch or repair glass rather than replace.

#### **K. EXTENDED COVERAGE - ELECTRONIC EQUIPMENT**

The following is added to **Section III - Physical Damage Coverage,** Paragraph **A.4.:**

- c. Physical Damage coverage on a covered "auto" also applies to "loss" to any electronic equipment that receives or transmits audio, visual or data signals and that is not designed solely for the reproduction of sound. This coverage applies only if the equipment is permanently installed in the covered "auto" at the time of "loss" or the equipment is removable from a housing unit which is permanently installed in the covered "auto" at the time of the "loss", and such equipment is designed to be solely operated by use of the power from the "auto's" electrical system, in or upon the covered "auto".

We will pay with respects to a covered "auto" for "loss" to antennas and other accessories necessary for use of the electronic equipment. However, this does not include tapes, records or discs.

#### **L. EXTENDED COVERAGE - PERSONAL EFFECTS**

The following is added to **Section III – Physical Damage Coverage, Paragraph A.4.:**

- d. Physical Damage Coverage on a covered "auto" may be extended to "loss" to your personal property or, if you are an individual, the personal property of a family member, that is in the covered "auto" at the time of "loss".

The most we will pay for any one "loss" under this coverage extension is \$500.

#### **M. TOWING**

**Section III – Physical Damage Coverage, Paragraph A.2.** is deleted and is replaced by the following:

If an "auto" with a Gross Vehicle Weight of 20,000 lbs. or less is provided both Comprehensive and Collision Coverage, we will pay up to \$100 for towing and labor costs incurred each time such covered "auto" is disabled.

However, the labor must be performed at the place of disablement.

#### **N. PHYSICAL DAMAGE COVERAGE - HIRED "AUTOS"**

You may extend the Comprehensive, Specified Causes of Loss and Collision coverages provided on your owned "autos" to any "auto" you lease, rent, hire or borrow from someone other than your employees or partners or members of their households. Any "auto" you lease, hire, rent or borrow is deemed to be a covered "auto" you own. However, any "auto" that is leased, hired, rented or borrowed with a driver is not a covered "auto".

Coverage provided here is subject to the following:

1. This extension is only available for "autos" you lease, hire, rent or borrow for less than 30 consecutive days.
2. The most we will pay in any one "loss" is the least of \$65,000, the actual cash value of the "auto" or the cost to repair or replace the "auto", except that such amount will be reduced by a deductible to be determined as follows:

- a. The deductible shall be equal to the amount of the highest deductible shown for any owned "auto" of the same classification for that coverage. In the event there is no owned "auto" of the same classification, the highest deductible for any owned "auto" will apply for that coverage.
- b. No deductible will apply to "loss" caused by fire or lightning.

#### **3. Coverage provided under this extension will:**

- a. Be excess over any other collectible insurance you have;
- b. Pay, in addition to the limit set forth in **N.2.** above, up to \$500 per day, not to exceed \$3,500 per "loss" for:
  - (1) Any costs or fees associated with the "loss" to a hired "auto"; and
  - (2) Loss of use, provided it is the consequence of an "accident" for which you are legally liable, and as a result of which a monetary loss is sustained by the leasing or rental concern.

#### **O. RENTAL REIMBURSEMENT COVERAGE**

1. We will pay for rental reimbursement expenses incurred by you for the rental of an "auto" because of "loss" to a covered "auto". Payment applies in addition to the otherwise applicable amount of each coverage you have on a covered "auto". No deductibles apply to this coverage. This coverage is only available to those covered "autos" involved in a "loss" and Physical Damage is provided to the covered "auto".
2. We will pay only for those expenses incurred during the policy period beginning 24 hours after the "loss" and ending, regardless of the policy's expiration, with the lesser of the following:
  - a. The number of days reasonably required to repair or replace the covered "auto". If "loss" is caused by theft, this number of days is added to the number of days it takes to locate the covered "auto" and return it to you, or
  - b. When the total amount paid under this coverage extension reaches \$2,500.

3. Our payment is limited to the lesser of the following amounts:

- a. Necessary and actual expenses incurred.
- b. Not more than \$75 per day.

4. We will pay up to an additional \$300 for the reasonable and necessary expenses you incur to remove your materials and equipment from the covered "auto" and replace such materials and equipment on the rental "auto".
5. This coverage does not apply while there are spare or reserve "autos" available to you for your operations.
6. If "loss" results from the total theft of a covered "auto" of the "private passenger type", we will pay under this coverage only that amount of your rental reimbursement expenses which is not already provided for under the Physical Damage Coverage Extension.

#### **P. DRIVE OTHER CAR COVERAGE**

1. Your Covered Autos Liability Coverage, Auto Medical Payments, Uninsured and Underinsured Motorists Coverage, and Physical Damage Coverage is extended to any private passenger type "auto" you hire, borrow or do not own while being used by or in the care, custody or control of the following persons:

- a. You, if you are designated in the Declarations as an individual.
- b. Your partners or members, if you are designated in the Declarations as a partnership or joint venture;
- c. Your members or managers, if you are designated in the Declarations as a limited liability company;
- d. Your executive officers, if you are designated in the Declarations as an organization other than an individual, partnership, joint venture or limited liability company;
- e. The spouse of any person named in **P.1.a.** through **P.1.d.** while a resident of the same household.

2. The following "autos" are not covered:

- a. Any "auto" owned by a person named in **P.1.a.** through **P.1.d.** or by any member of his or her household.
- b. Any "auto" used by a person named in **P.1.a.** through **P.1.d.** while working in the business of selling, servicing, repairing or parking "autos".

3. The most we will pay for the total of all damages under Covered Autos Liability Coverage, Auto Medical Payments, Uninsured and Underinsured Motorists Coverage is the LIMIT OF INSURANCE for each Coverage shown in the Declarations as applicable to owned "autos".

4. Our obligation to pay for, repair, return or replace damaged or stolen property under Physical Damage Coverage, will be reduced by a deductible equal to the amount of the largest deductible shown for any owned private passenger type "auto" applicable to that coverage. If there are no owned private passenger type "autos", the deductible shall be \$100 for Comprehensive Coverage and \$250 for Collision Coverage. No deductible will apply to "loss" caused by fire or lightning.

#### **Q. KNOWLEDGE OF OCCURRENCE**

The following is added to **Section IV - Business Auto Conditions**, Paragraph **A.2.**:

- d. Notice of an "accident" or "loss" will be considered knowledge of yours only if reported to you, if you are an individual, a partner, an executive officer or an employee designated by you to give us such notice.
- e. Notice of an "accident" or "loss" to your Workers Compensation insurer, for an event which later develops into a claim for which there is coverage under this policy, shall be considered notice to us, but only if we are notified as soon as you know that the claim should be addressed by this policy, rather than your Workers Compensation policy.
- f. Your rights under this policy shall not be prejudiced if you fail to give us notice of an "accident" or "loss", solely due to your reasonable and documented belief that the event is not covered by this policy.



The following is added to **Section IV- Business Auto Conditions**, Paragraph **A.2.b.**:

- (6) Knowledge of the receipt of documents concerning a claim or "suit" will be considered knowledge of yours only if receipt of such documents is known to you, if you are an individual, a partner, an executive officer, or an employee designated by you to forward such documents to us.

#### **R. WAIVER OF SUBROGATION BY CONTRACT OR AGREEMENT**

The following is added to **Section IV-Business Auto Conditions**, Paragraph **A.5.**:

We waive any right of recovery we may have against any "insured" provided coverage under this endorsement under **B. ADDITIONAL INSURED BY CONTRACT OR AGREEMENT**, but only as respects "loss" arising out of the operation, maintenance or use of a covered "auto" pursuant to the provisions or conditions of the written contract or agreement.

#### **S. UNINTENTIONAL OMISSIONS**

The following is added to **Section IV- Business Auto Conditions**, Paragraph **B.2.**:

We will not deny coverage under this policy if you fail to disclose all hazards existing as of the inception date of the policy, provided such failure is not intentional.

#### **T. BODILY INJURY REDEFINED**

**Section V- Definitions**, Paragraph **C.** is deleted and replaced by the following:

- C.** "Bodily injury" means bodily injury, disability, sickness, or disease sustained by a person, including death resulting from any of these at any time. "Bodily injury" includes mental anguish or other mental injury resulting from "bodily injury".

#### **U. EMPLOYEE HIRED AUTO**

##### **1. Changes In Liability Coverage**

The following is added to the **Who Is An Insured** Provision:

An "employee" of yours is an "insured" while operating an "auto" hired or rented under a contract or agreement in an "employee's" name, with your permission, while performing duties related to the conduct of your business.

##### **2. Changes In General Conditions**

Paragraph **5.b.** of the **Other Insurance** Condition in the Business Auto is replaced by the following:

For Hired Auto Physical Damage Coverage, the following are deemed to be covered "autos" you own:

1. Any covered "auto" you lease, hire, rent or borrow; and
2. Any covered "auto" hired or rented by your "employee" under a contract in that individual "employee's" name, with your permission, while performing duties related to the conduct of your business.

However, any "auto" that is leased, hired, rented or borrowed with a driver is not a covered "auto".

COMMERCIAL GENERAL LIABILITY  
ECG 24 522 04 02

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

**WAIVER OF TRANSFER OF RIGHTS OF RECOVERY  
AGAINST OTHERS TO US**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE**

**Name of Person or Organization:**

Blanket Where Required by Written Contract

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

The TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US Condition (Section **IV** – COMMERCIAL GENERAL LIABILITY CONDITIONS) is amended by the addition of the following:

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 operations or "your work" done under a written agreement that requires you to waive your rights of recovery. The written agreement must be made prior to the date of the "occurrence". This waiver applies only to the person or organization shown in the Schedule above.

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

## **AMENDMENT – OTHER INSURANCE (PRIMARY NONCONTRIBUTORY)**

This endorsement modifies insurance provided under the following:

### COMMERCIAL GENERAL LIABILITY COVERAGE PART

**Condition 4. Other Insurance of SECTION IV COMMERCIAL GENERAL LIABILITY CONDITIONS** is replaced by the following:

#### **a. Primary Insurance**

This insurance is primary except when **b.** below applies. If this insurance is primary, our obligations are not affected unless any of the other insurance is also primary. Then, we will share with all that other insurance by the method described in **c.** below, except that we will not seek contribution from any party with whom you have agreed in a written contract or agreement that this insurance will be primary and noncontributory, if the written contract or agreement was made prior to the subject "occurrence" or offense.

#### **b. Excess Insurance**

This insurance is excess over:

- (1)** Any of the other insurance, whether primary, excess, contingent or on any other basis:
  - (a)** That is Fire, Extended Coverage, Builder's Risk, Installation Risk or similar coverage for "your work";
  - (b)** That is Fire insurance for premises rented to you or temporarily occupied by you with permission of the owner;
  - (c)** That is insurance purchased by you to cover your liability as a tenant for "property damage" to premises rented to you or temporarily occupied by you with permission of the owner; or
  - (d)** If the loss arises out of the maintenance or use of aircraft, "autos" or watercraft to the extent not subject to Exclusion **g.** of Section **I** – Coverage **A** – Bodily Injury And Property Damage Liability.

- (2)** Any other primary insurance available to you covering liability for damages arising out of the premises or operations, or the products and completed operations, for which you have been added as an additional insured by attachment of an endorsement.

When this insurance is excess, we will have no duty under Coverages **A** or **B** to defend the insured against any "suit" if any other insurer has a duty to defend the insured against that "suit". If no other insurer defends, we will undertake to do so, but we will be entitled to the insured's rights against all those other insurers.

When this insurance is excess over other insurance, we will pay only our share of the amount of the loss, if any, that exceeds the sum of:

- (1)** The total amount that all such other insurance would pay for the loss in the absence of this insurance; and
- (2)** The total of all deductible and self-insured amounts under all that other insurance.

We will share the remaining loss, if any, with any other insurance that is not described in this Excess Insurance provision and was not bought specifically to apply in excess of the Limits of Insurance shown in the Declarations of this Coverage Part.

#### **c. Method Of Sharing**

If all of the other insurance permits contribution by equal shares, we will follow this method also. Under this approach each insurer contributes equal amounts until it has paid its applicable limit of insurance or none of the loss remains, whichever comes first.



If any of the other insurance does not permit contribution by equal shares, we will contribute by limits. Under this method, each insurer's share is based on the ratio of its applicable limit of insurance to the total applicable limits of insurance of all insurers.

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

**ADDITIONAL INSURED – OWNERS, LESSEES OR  
CONTRACTORS –AUTOMATIC STATUS WHEN REQUIRED  
IN WRITTEN CONTRACT OR AGREEMENT WITH YOU –  
INCLUDING COMPLETED OPERATIONS  
(FOR USE WITH FIRE SUPPRESSION SPRINKLER CONTRACTORS  
AND/OR ALARM CONTRACTORS)**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

- A. Section II – Who Is An Insured** is amended to include as an additional insured any person or organization for whom you are performing operations, but only when you and such person or organization have agreed in writing in a contract or agreement prior to the commencement of such operations that such person or organization be added as an additional insured on your policy. Such person or organization is an additional insured only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" but only to the extent 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 "your work" for an additional insured.
- B.** The insurance afforded to an additional insured shall only include the insurance required by the terms of the written agreement and shall not be broader than the coverage provided within the terms of the Coverage Part.
- C.** The Limits of Insurance afforded to an additional insured shall be the lesser of the following:
1. The Limits of Insurance required by the written agreement between the parties; or
  2. The Limits of Insurance provided by this Coverage Part.
- D.** With respect to the insurance afforded to an additional insured, the following additional exclusions apply:
- This insurance does not apply to:
1. "Bodily injury", "property damage" or "personal and advertising injury" arising out of any act or omission of an additional insured or any of its employees.
  2. "Bodily injury", "property damage" or "personal and advertising injury" arising out of any construction projects that are covered by a consolidated (wrap-up) insurance program. This exclusion also applies to any:
    - (a) Work or operations performed; or
    - (b) Materials, parts or equipment furnished;
 in connection with such wrap-up construction projects.
- This exclusion applies whether or not the consolidated (wrap-up) insurance program:
- (i) Provides coverage identical to that provided by this endorsement;
  - (ii) Has adequate limits of insurance to pay for all sums as damages because of "bodily injury", "property damage" or medical expenses; or
  - (iii) Remains in effect during the entire period of the construction project.

**SIGNATURES:**

Vendor agrees to accept the renewal option and abide by the terms and conditions set forth in the contract and specifications as referenced herein:

**FULTON COUNTY, GEORGIA**

VSC Fire &amp; Security, Inc.

DocuSigned by:

*Robert L. Pitts*

EEAD7CADD33E4E8...

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

Please select Attest or Notary from checkbox

Attest

**ATTEST:**

DocuSigned by:

*Tonya R. Grier*

EEC476C4837646D...

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

(Affix County Seal)

**AUTHORIZATION OF RENEWAL:**

DocuSigned by:

*Joseph N. Davis*

0E0566173E2143F...

Full Name

Director

Real Estate and Asset Management

DocuSigned by:

*Brent Blankinship*

41859AB28A67407...

Brent Blankinship

Vice President

x Notary

**ATTEST:**

**Secretary/  
 Assistant Secretary**

(Affix Corporate Seal)

**ATTEST:**

Selina Billman

**Notary Public**

County: Hall

**Commission Expires:** 12/05/2023

DocuSigned by:

(Affix Notary Seal)



Please select RCS or RM from the checkbox

x

**RCS**

x

**RM**

**ITEM#: 20-0648A** **RCS: 9/16/20**  
**RECESS MEETING**

**ITEM#: xxx** **RM: xxx**  
**REGULAR MEETING**







*Selina Billman*





***DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE***

**CONTRACT RENEWAL AGREEMENT**

**DEPARTMENT:** Real Estate and Asset Management

**BID/RFP# NUMBER:** 19ITB120358C-GS (A)

**BID/RFP# TITLE:** Fire Sprinkler Protection System Maintenance Services

**ORIGINAL APPROVAL DATE:** 12/18/2019

**RENEWAL EFFECTIVE DATES:** 1/1/2021 **THROUGH** 12/31/2021

**RENEWAL OPTION #:** 1 OF 2

**NUMBER OF RENEWAL OPTIONS:** 2

**RENEWAL AMOUNT:** \$80,000.00

**COMPANY'S NAME:** VSC Fire & Security, Inc.

**ADDRESS:** 1780 Corporation Drive, Suite 425

**CITY:** Norcross

**STATE:** GA

**ZIP:** 30093

**This Renewal Agreement No. \_\_\_\_ was approved by the Fulton County Board of Commissioners on BOC DATE:                      BOC NUMBER:**

**SIGNATURES: SEE NEXT PAGE**



# CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)  
02/29/2020

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> Marsh USA Inc. Three James Center 1051 East Cary Street, Suite 900 Richmond, VA 23218-1137 Richmond.CertRequest@marsh.com CN102716029-VSCFS-Basic-19-20      75	<b>CONTACT NAME:</b> _____ <b>PHONE (A/C, No, Ext):</b> _____ <b>FAX (A/C, No):</b> _____ <b>E-MAIL ADDRESS:</b> _____ <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A : National Union Fire Insurance Co. of Pittsburgh, PA</td> <td>19445</td> </tr> <tr> <td>INSURER B : Axis Surplus Lines Insurance Company</td> <td></td> </tr> <tr> <td>INSURER C : Everest National Insurance Co</td> <td>10120</td> </tr> <tr> <td>INSURER D : New Hampshire Insurance Company</td> <td>23841</td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : National Union Fire Insurance Co. of Pittsburgh, PA	19445	INSURER B : Axis Surplus Lines Insurance Company		INSURER C : Everest National Insurance Co	10120	INSURER D : New Hampshire Insurance Company	23841	INSURER E :		INSURER F :	
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INSURER D : New Hampshire Insurance Company	23841														
INSURER E :															
INSURER F :															
<b>INSURED</b> VSC Fire & Security, Inc. See attached Named Insured Schedule Attn: Anthony Knorr 10343-B Kings Acres Road Ashland, VA 23005															

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

CLE-005618403-12

**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 SUBR INSD 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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER: _____	X	GL 518-01-14	03/01/2020	03/01/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 25,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A B	<input checked="" type="checkbox"/> <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 OTHER: _____	X	CA 296-15-44 (Primary 1m) P-001-000305970-01 (2m XS 1m)	03/01/2020 03/01/2020	03/01/2021 03/01/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 3,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ COMP / COLL DED \$ 250/500
C	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 25,000		XC5CU00063201	03/01/2020	03/01/2021	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
D	<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 N/A	WC 080-75-6296	03/01/2020	03/01/2021	<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

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Fulton County Government is/are included as additional insured where required by written contract with respects to General Liability and Auto Liability.

**CERTIFICATE HOLDER**
**CANCELLATION**

 Fulton County Government  
 Attn: Department of Purchasing & Contract Compliance  
 130 Peachtree Street, S.W., Suite 1168  
 Atlanta, GA 30303-3459

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

 AUTHORIZED REPRESENTATIVE  
 of Marsh USA Inc.

Kathy L. Dawson

*Kathy L. Dawson*

AGENCY CUSTOMER ID: CN102716029

LOC #: Richmond



# **ADDITIONAL REMARKS SCHEDULE**

Page 2 of 2

<b>AGENCY</b> Marsh USA Inc.		<b>NAMED INSURED</b> VSC Fire & Security, Inc. See attached Named Insured Schedule Attn: Anthony Knorr 10343-B Kings Acres Road Ashland, VA 23005	
<b>POLICY NUMBER</b>		<b>EFFECTIVE DATE:</b>	
<b>CARRIER</b>	<b>NAIC CODE</b>		

## **ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**

**FORM NUMBER:** 25 **FORM TITLE:** Certificate of Liability Insurance

### **NAMED INSURED SCHEDULE**

VSC Fire &amp; Security, Inc.

VSC Corporation

Virginia Sprinkler Co., Inc.

Worsham Sprinkler Co., Inc

Virginia Fire Protection, Inc.

Precision Sprinkler Co., Inc.

Southeastern Fire Control, Inc

Beta Systems of VA, Inc.

VA Sprinkler Inspection Svcs

Industrial Fire &amp; Safety, Inc

Fire Protection Specialists, Inc

Arkansas Automatic Sprinklers Inc. dba United Fire Suppression

Arkansas Automatic Sprinklers 401k Profit sharing Plan &amp; Trust

AAS Acquisition Company

Arkansas Automatic Sprinklers Inc.

Arkansas Automatic Sprinklers, Inc. DBA VSC Fire &amp; Security

Main Street of Virginia, Inc. d/b/a Templeton-Vest

Delta Fire &amp; Safety, Inc.

Markel Corporation

Markel Ventures

Texarkana Fire &amp; Safety, Inc. dba Metro Fire Extinguishers

POLICY NUMBER: GL 518-01-14

COMMERCIAL GENERAL LIABILITY  
CG 20 10 04 13**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.****ADDITIONAL INSURED - OWNERS, LESSEES OR  
CONTRACTORS - SCHEDULED 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)	Location(s) Of Covered Operations
Any person or organization whom you become obligated to include as an additional insured as a result of any written contract or agreement you have entered into that requires such additional insured coverage.	Per the written contract or agreement.
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:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

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 additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

CG 20 10 04 13

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Page 1 of 2

C. 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.

Page 2 of 2

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CG 20 10 04 13



POLICY NUMBER: **CA 296-15-44****COMMERCIAL AUTO  
CA 20 48 10 13****THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.****DESIGNATED INSURED FOR  
COVERED AUTOS LIABILITY COVERAGE**

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM  
 BUSINESS AUTO COVERAGE FORM  
 MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement identifies person(s) or organization(s) who are "insureds" for Covered Autos Liability Coverage under the Who Is An Insured provision of the Coverage Form. This endorsement does not alter coverage provided in the Coverage Form.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

**Named Insured: VSC FIRE & SECURITY, INC.**

**Endorsement Effective Date: 03/01/2020**

**SCHEDULE****Name Of Person(s) Or Organization(s):**

ANY PERSON OR ORGANIZATION WHOM YOU BECOME OBLIGATED TO INCLUDE AS AN  
 ADDITIONAL INSURED AS A RESULT OF ANY WRITTEN CONTRACT OR AGREEMENT YOU HAVE  
 ENTERED INTO.

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

Each person or organization shown in the Schedule is an "insured" for Covered Autos Liability Coverage, but only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured provision contained in Paragraph A.1.

of Section II - Covered Autos Liability Coverage in the Business Auto and Motor Carrier Coverage Forms and Paragraph D.2. of Section I - Covered Autos Coverages of the Auto Dealers Coverage Form.

**IN WITNESS THEREOF**, the Parties hereto have caused this Contract to be executed by their duly authorized representatives as attested and witnessed and their corporate seals to be hereunto affixed as of the day and year date first above written.

OWNER:

**FULTON COUNTY, GEORGIA**

\_\_\_\_\_  
Robert L. Pitts, Chairman  
Fulton County Board of Commissioners

ATTEST:

\_\_\_\_\_  
Tonya R. Grier  
Interim Clerk to the Commission

(Affix County Seal)

APPROVED AS TO FORM:

\_\_\_\_\_  
Office of the County Attorney

APPROVED AS TO CONTENT:

\_\_\_\_\_  
Joseph N. Davis, Director,  
Department of Real Estate and Ass  
Management

CONSULTANT:

**VSC FIRE & SECURITY, INC.**

\_\_\_\_\_  
Brent Blankinship,  
General Manager

ATTEST:

N/A  
\_\_\_\_\_  
Secretary/  
Assistant Secretary

(Affix Corporate Seal)

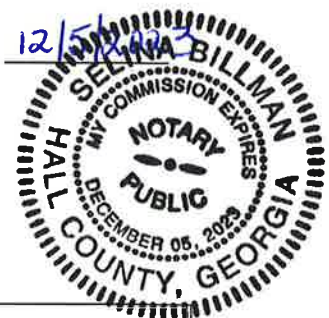
ATTEST:

Selina Billman  
\_\_\_\_\_  
Notary Public

County: Hall

Commission Expires: 12/5/2023

(Affix Notary Seal)



ITEM#: \_\_\_\_\_ RCS: \_\_\_\_\_  
RECESS MEETING

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