



**AMENDMENT #2  
FORM TO CONTRACT**

**#17RFP107111K-EC**

**PROJECT MANAGEMENT TEAM  
SERVICES**

**DEPARTMENT OF REAL ESTATE AND ASSET  
MANAGEMENT**

**AMENDMENT NO. 2 TO FORM OF CONTRACT**

Contractor: **The Joint Venture of Heery International, Inc. and McAfee3 Architects**

Contract No. **17RFP107111K-EC, Project Management Team Services**

Address: **999 Peachtree Street, NE**

City, State **Atlanta, Georgia 30309**

Telephone: **(404) 946-2055**

E-mail: [\*\*Rob.Chomiak@cbre.com\*\*](mailto:Rob.Chomiak@cbre.com)

Contact: **Robert Chomiak,  
Sr. Managing Director**

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

WHEREAS, Fulton County ("County") entered into a Contract with **The Joint Venture of Heery International, Inc. and McAfee3 Architects** to provide/perform Project Management Team Services , dated October 16, 2017, on behalf of the Department of Real Estate and Asset Management; and

WHEREAS, the purpose of this amendment is to extend the existing contract with all terms and conditions unchanged for additional 30 months through April 30, 2023, to continue to provide without disruption project management over-sight of the remaining construction projects for the FCURA Bonds Capital Improvement Program for Fulton County.

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 **October 7, 2020, BOC Item #20-0702.**

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

This Amendment No. 2 to Form of Contract is effective as of the 15<sup>th</sup> day of October, 2020, between the County and The Joint Venture of Heery International, Inc. and McAfee3 Architects (Heery/McAfee3- a Joint Venture), who agree that all Services specified will be performed in accordance with this Amendment No. 2 of Form of Contract and the Contract Documents.

1. **SCOPE OF WORK TO BE PERFORMED:** To provide continue without disruption to perform project management over-sight of the completion of the remaining

construction projects for the FCURA Bonds Capital Improvement Projects beginning October 15, 2020 through April 30, 2023, for Fulton County.

Detailed of anticipated estimate staffing level required to complete the remaining Bonds Capital Improvement Projects beginning October 2020 through April 2023:

<b>Staff Position</b>	<b>FT/PT</b>	<b>Completion Date</b>
Program Manager	PT	4/30/2023
Project Manager #1	FT	12/31/2021
Project Manager #2	FT	12/31/2021
Project Manager #3	FT	4/30/2023
Project Manager #4	PT	3/31/2021
Inspector	FT	6/30/2022
Mechanical Engineer (Cx)	PT	4/30/2023
Electrical Engineer	PT	4/30/2023

The Project Management Team (PMT) will continue to assist the County's staff to launch the Fulton County FCURA Urban Redevelopment Capital Improvement Plan, establish the comprehensive program definition and direction for the Plan, and direct and control the various tasks required for implementation and completion of the Plan.

2. **COMPENSATION:** The services described under Scope of Work herein shall be performed by Contractor for a total amount not to exceed **\$1,940,998.00** (One Million Nine Hundred Forty Thousand, Nine Hundred and Ninety Eight Dollars and No Cents).
3. **LIABILITY OF COUNTY:** This Amendment No. 2 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. 2 TO FORM OF CONTRACT:**  
Except as modified by this Amendment No. 2 to Form of Contract, the Contract and all Contract Documents, remain in full force and effect.

**[INTENTIONALLY LEFT BLANK]**

**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:

CONSULTANT:

**FULTON COUNTY, GEORGIA**

**THE JOINT VENTURE OF HEERY  
INTERNATIONAL, INC. AND  
MCAFEE3 ARCHITECTS**

DocuSigned by:

*Robert L. Pitts*

Robert L. Pitts, Chairman  
Fulton County Board of Commissioners

DocuSigned by:

*Robert Chomiak*

Robert Chomiak,  
Sr. Managing Director

ATTEST:

ATTEST:

DocuSigned by:

*Tonya R. Grier*

Tonya R. Grier, Interim  
Clerk to the Commission

DocuSigned by:

*Wade Purcell*

Secretary  
Assistant Secretary

(Affix County Seal)



APPROVED AS TO FORM:

(Affix Corporate Seal)



ATTEST:

DocuSigned by:

*Patrise Perkins-Hooker*

Office of the County Attorney

APPROVED AS TO CONTENT:

DocuSigned by:

*Joseph Davis*

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

ITEM#: _____ RCS: _____	ITEM#: 2020-0702 RM: 10/7/2020
RECESS MEETING	REGULAR MEETING



# CERTIFICATE OF LIABILITY INSURANCE

 DATE(MM/DD/YYYY)  
08/28/2020

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> Aon Risk Services Northeast, Inc. Stamford CT Office 1600 Summer Street Stamford CT 06907-4907 USA	<b>CONTACT NAME:</b> <b>PHONE (A/C. No. Ext):</b> (866) 283-7122 <b>FAX (A/C. No.):</b> (800) 363-0105 <b>E-MAIL ADDRESS:</b> <table border="1"> <tr> <th data-bbox="795 462 1380 514">INSURER(S) AFFORDING COVERAGE</th> <th data-bbox="1380 462 1520 514">NAIC #</th> </tr> <tr> <td data-bbox="795 514 1380 546">INSURER A: ACE Property &amp; Casualty Insurance Co.</td> <td data-bbox="1380 514 1520 546">20699</td> </tr> <tr> <td data-bbox="795 546 1380 577">INSURER B: Zurich American Ins Co</td> <td data-bbox="1380 546 1520 577">16535</td> </tr> <tr> <td data-bbox="795 577 1380 609">INSURER C: American Zurich Ins Co</td> <td data-bbox="1380 577 1520 609">40142</td> </tr> <tr> <td data-bbox="795 609 1380 640">INSURER D:</td> <td data-bbox="1380 609 1520 640"></td> </tr> <tr> <td data-bbox="795 640 1380 672">INSURER E:</td> <td data-bbox="1380 640 1520 672"></td> </tr> <tr> <td data-bbox="795 672 1380 686">INSURER F:</td> <td data-bbox="1380 672 1520 686"></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: ACE Property & Casualty Insurance Co.	20699	INSURER B: Zurich American Ins Co	16535	INSURER C: American Zurich Ins Co	40142	INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: ACE Property & Casualty Insurance Co.	20699														
INSURER B: Zurich American Ins Co	16535														
INSURER C: American Zurich Ins Co	40142														
INSURER D:															
INSURER E:															
INSURER F:															
<b>INSURED</b> CBRE Group, Inc. and Subsidiaries 400 S Hope Street Los Angeles CA 90071 USA															

Holder Identifier :

**COVERAGES** **CERTIFICATE NUMBER:** 570083728003 **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.

Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	Y	Y	GL0838419918	03/01/2020	03/01/2021	EACH OCCURRENCE \$5,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$50,000
							MED EXP (Any one person) \$10,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:						PERSONAL & ADV INJURY \$5,000,000 GENERAL AGGREGATE \$5,000,000 PRODUCTS - COMP/OP AGG \$5,000,000
	<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"/> HIRED AUTOS ONLY						BODILY INJURY (Per accident)
	<input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)
A	<input checked="" type="checkbox"/> UMBRELLA LIAB	Y		G27952501005	03/01/2020	03/01/2021	EACH OCCURRENCE \$1,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$1,000,000
	DED <input checked="" type="checkbox"/> RETENTION \$10,000						
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	Y/N	Y	WC838419521 All other States WC914173614 Wisconsin	03/01/2020	03/01/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH
	ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						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


570083728003

Certificate No :

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

CBRE Heery, Inc. is a subsidiary of CBRE Group, Inc. RE: Project Number: 17RFP10711K-EC. Fulton County Government - Purchasing Department is included as Additional Insured in accordance with the policy provisions of the General Liability and Umbrella Liability policies. General Liability Policy evidenced herein is Primary Non-Contributory to other insurance available to an Additional Insured, but only in accordance with the policy's provisions. A waiver of subrogation is granted in favor of Fulton County Government - Purchasing Department in accordance with the policy provisions of the General Liability and Workers' Compensation policies.

**CERTIFICATE HOLDER**
**CANCELLATION**

Fulton County Government Purchasing Department 130 Peachtree Street, SW, Suite 1168 Atlanta GA 30303-3459 USA	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>AUTHORIZED REPRESENTATIVE</b> 
--	--



# CERTIFICATE OF LIABILITY INSURANCE

 DATE(MM/DD/YYYY)  
08/28/2020

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> Aon Risk Services Northeast, Inc. Stamford CT Office 1600 Summer Street Stamford CT 06907-4907 USA	<b>CONTACT NAME:</b> PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): 8003630105 E-MAIL ADDRESS: <b>INSURER(S) AFFORDING COVERAGE</b> <b>NAIC #</b>
<b>INSURED</b> CBRE Group, Inc. and Subsidiaries 400 S Hope Street Los Angeles CA 90071 USA	<b>INSURER A:</b> American International Group UK Ltd <b>AA1120187</b> <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>

**COVERAGES** **CERTIFICATE NUMBER:** 570083727996 **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. **Limits shown are as requested**

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION						EACH OCCURRENCE AGGREGATE
	<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/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT
A	E&O-PL-Primary			PSDEF1900558 Errors & Omissions SIR applies per policy terms & conditions	11/01/2019	11/01/2020	Per Claim/Aggregate SIR \$1,000,000 \$20,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 CBRE Heery, Inc. is a subsidiary of CBRE Group, Inc. RE: Project Number: 17RFP10711K-EC.

**CERTIFICATE HOLDER**
**CANCELLATION**

Fulton County Government Purchasing Department 130 Peachtree Street, SW, Suite 1168 Atlanta GA 30303-3459 USA	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 
--	---

Holder Identifier :

570083727996

Certificate No :



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
08/27/2020

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> Willis Towers Watson Northeast, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	<b>CONTACT</b> NAME: Willis Towers Watson Certificate Center PHONE (A/C No. Ext): 1-877-945-7378 FAX (A/C No.): 1-888-467-2378 E-MAIL ADDRESS: certificates@willis.com
<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURER A:</b> Zurich American Insurance Company	
<b>NAIC #</b> 16535	
<b>INSURED</b> CBRE Group, Inc. and its subsidiaries 400 South Hope Street Los Angeles, CA 90071	
<b>INSURER B:</b>	
<b>INSURER C:</b>	
<b>INSURER D:</b>	
<b>INSURER E:</b>	
<b>INSURER F:</b>	

## COVERAGES

**CERTIFICATE NUMBER:** W17590497

**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
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	BAP 8384200-18	03/01/2020	03/01/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <b>EXCESS LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<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/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

- CBRE Heery, Inc. is a subsidiary of CBRE Group, Inc.
- Project # 17RFP10711K-EC

Fulton County Government is included as an Additional Insured as respects to Auto Liability.  
 Auto Liability policy shall be Primary and Non-Contributory with any other insurance in force for or which may be purchased by Additional Insured.

## CERTIFICATE HOLDER

## CANCELLATION

Fulton County Government - Purchasing Department 130 Peachtree Street, S.W. Suite 1168 Atlanta, GA 30303-3459	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
--	---

© 1988-2016 ACORD CORPORATION. All rights reserved.

ACORD 25 (2016/03)

The ACORD name and logo are registered marks of ACORD

SR ID: 20019020

BATCH: 1796306

AGENCY CUSTOMER ID: \_\_\_\_\_  
LOC #: \_\_\_\_\_



ADDITIONAL REMARKS SCHEDULE

AGENCY Willis Towers Watson Northeast, Inc.		NAMED INSURED CBRE Group, Inc. and its subsidiaries 400 South Hope Street Los Angeles, CA 90071	
POLICY NUMBER See Page 1		EFFECTIVE DATE: See Page 1	
CARRIER See Page 1	NAIC CODE See Page 1		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Waiver of Subrogation applies in favor of Fulton County Government with respects to Auto Liability.