



**FULTON
COUNTY**

**RENEWAL #1
FORM TO CONTRACT**

**#23RFP138735K-DB(B)
STANDBY PROFESSIONAL SERVICES
FOR MECHANICAL, ELECTRICAL,
PLUMBING AND FIRE PROTECTION**

**DEPARTMENT OF REAL ESTATE AND ASSET
MANAGEMENT**



DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE

CONTRACT RENEWAL AGREEMENT

DEPARTMENT: Real Estate & Asset Management

BID/RFP NUMBER: #23RFP138735K-DB(B)

BID/RFP TITLE: Standby Professional Services for Mechanical, Electrical, Plumbing and Fire Protection

ORIGINAL APPROVAL DATE: 10/18/2023

RENEWAL EFFECTIVE DATES: 01/01/2025 through 12/31/2025

RENEWAL OPTION #: 1 OF 2

NUMBER OF RENEWAL OPTIONS: 2

RENEWAL AMOUNT: \$300,000.00

COMPANY'S NAME: Axis Infrastructure, LLC

ADDRESS: 70 Mansell Ct., Ste. 200

CITY: Roswell

STATE: Georgia

ZIP: 30076

This Renewal Agreement No. 1 was approved by the Fulton County Board of Commissioners on BOC DATE: 10/16/2024 BOC NUMBER: 24-0679(B)

CERTIFICATE OF INSURANCE: The Contractor/Vendor is required to maintain insurance during the entire term of this Agreement, including any contract renewals. Upon request, the Contractor/Vendor must furnish the County a Certificate of Insurance showing the required coverage as specified in the Contract Agreement and any renewals. A current COI must be provided before the commencement of work on this project under this Contract Renewal. The cancellation of any policy of insurance required by this Agreement shall meet the requirements of notice under the laws of the State of Georgia as presently set forth in the Georgia Code.

SIGNATURES: SEE NEXT PAGE

SIGNATURES:

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

FULTON COUNTY, GEORGIA

AXIS INFRASTRUCTURE, LLC

Signed by:

Robert L. Pitts

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

DocuSigned by:

J. Dean Collins

**J. Dean Collins, PE
President**

ATTEST:

ATTEST:

DocuSigned by:

Tonya R. Grier

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



(Affix County Seal)

Traci Strom

Notary Public

County: Gwinnett

Commission Expires: 5/26/25

AUTHORIZATION OF RENEWAL:

Signed by:

Joseph Davis

**Joseph Davis, Director
Real Estate & Asset Management**

Signed by:

(Affix Notary Seal)



ITEM#: _____ RCS: _____ REGULAR MEETING	ITEM#: 24-0679 B 2ND RM: 10/16/2024 SECOND REGULAR MEETING
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CERTIFICATE OF INSURANCE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/10/2024

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).

PRODUCER InsuranceHub Leavitt Agency, Inc. 1720 Lakes Parkway Lawrenceville GA 30043	CONTACT NAME: Matthew Baske PHONE (A/C, No, Ext): (770) 497-1200 FAX (A/C, No): (770) 814-7187 E-MAIL ADDRESS: mbaske@insurancehub.com
INSURER(S) AFFORDING COVERAGE	
INSURED Axis Infrastructure LLC 70 Mansell Ct Ste 200 Roswell GA 30076-1581	INSURER A: Hartford Underwriters Insurance Company INSURER B: Progressive Mountain Insurance Company INSURER C: INSURER D: Lexington Insurance Company INSURER E: INSURER F:
	NAIC #
	30104 35190 19437

COVERAGES **CERTIFICATE NUMBER:** CL248271287 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		20SBAAT2U8L	08/03/2024	08/03/2025	EACH OCCURRENCE \$ 2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y		957350101	12/29/2023	12/29/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
							BODILY INJURY (Per person) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	Y		20SBAAT2U8L	08/03/2024	08/03/2025	EACH OCCURRENCE \$ 4,000,000
							AGGREGATE \$ 4,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			20WECAT5S0Z	08/03/2024	08/03/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	Professional liability			031565629	07/29/2024	07/29/2025	Per occurrence 5,000,000 Aggregate 5,000,000

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

Fulton County Government is included as additional insured with respect to General Liability and Automobile Liability Policies. Umbrella Liability policy is follow form.

CERTIFICATE HOLDER

CANCELLATION

Fulton County Government Attn: Purchasing Department 130 Peachtree Street, S.W. Suite 1168 Atlanta GA 30303-3459	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p>
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PROGRESSIVE
PO BOX 94739
CLEVELAND, OH 44101

Policy Holder:
Axis Infrastructure LLC
70 Mansell Ct
Roswell, GA 30076

The attached endorsements listed below applies to policy number: **957350101**

Form 2366 (02/11) Blanket Additional Insured Endorsement
Form 2367 (06/10) Blanket Waiver of Subrogation Endorsement

Endorsement effective: **December 29, 2022**

Endorsements listed above are effective until policy cancellation date.

Form 2366 (02/11) M_CL

Blanket Additional Insured Endorsement

This endorsement modifies insurance provided by the Commercial Auto Policy, Motor Truck Cargo Legal Liability Coverage Endorsement, and/or Commercial General Liability Coverage Endorsement, as appears on the **declarations page**. All terms and conditions of the policy apply unless modified by this endorsement.

If you pay the fee for this Blanket Additional Insured Endorsement, we agree with you that any person or organization with whom you have executed a written agreement prior to any loss is added as an additional insured with respect to such liability coverage as is afforded by the policy, but this insurance applies to such additional insured only as a person or organization liable for your operations and then only to the extent of that liability. This endorsement does not apply to acts, omissions, products, work, or operations of the additional insured.

Regardless of the provisions of paragraph a. and b. of the "Other Insurance" clause of this policy, if the person or organization with whom you have executed a written agreement has other insurance under which it is the first named insured and that insurance also applies, then this insurance is primary to and non-contributory with that other insurance when the written contract or agreement between you and that person or organization, signed and executed by you before the bodily injury or property damage occurs and in effect during the policy period, requires this insurance to be primary and non-contributory.

In no way does this endorsement waive the "Other Insurance" clause of the policy, nor make this policy primary to third parties hired by the insured to perform work for the insured or on the **insured's** behalf.

ALL OTHER TERMS, LIMITS, AND PROVISIONS OF THE POLICY REMAIN UNCHANGED.

Form 2367 (06/10)M_CL

Blanket Waiver of Subrogation Endorsement

This endorsement modifies insurance provided by the Commercial Auto Policy, **Motor Truck Cargo Legal Liability Coverage Endorsement**, and/or **Commercial General Liability Coverage Endorsement**, as appears on the **declarations page**. All terms and conditions of the policy apply unless modified by this endorsement.

If **you** pay the fee for this Blanket Waiver of Subrogation Endorsement, **we** agree to waive any and all subrogation claims against any person or organization with whom a written waiver agreement has been executed by the named insured, as required by written contract, prior to the occurrence of any **loss**.

ALL OTHER TERMS, LIMITS AND PROVISIONS OF THE POLICY REMAIN UNCHANGED.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.



BLANKET ADDITIONAL INSURED BY CONTRACT

This endorsement modifies insurance provided under the following:

BUSINESS LIABILITY COVERAGE FORM

Except as otherwise stated in this endorsement, the terms and conditions of the Policy apply.

A. The following is added to Section C. WHO IS AN INSURED:

Additional Insureds When Required By Written Contract, Written Agreement Or Permit

The person(s) or organization(s) identified in Paragraphs a. through f. below are additional insureds when you have agreed, in a written contract or written agreement, or when required by a written permit issued by a state or governmental agency or subdivision or political subdivision that such person or organization be added as an additional insured on your Coverage Part, provided the injury or damage occurs subsequent to the execution of the contract or agreement, or the issuance of the permit.

A person or organization is an additional insured under this provision only for that period of time required by the contract, agreement or permit.

However, no such person or organization is an additional insured under this provision if such person or organization is included as an additional insured by any other endorsement issued by us and made a part of this Coverage Part.

The insurance afforded to such additional insured will not be broader than that which you are required by the contract, agreement, or permit to provide for such additional insured.

The insurance afforded to such additional insured only applies to the extent permitted by law.

The limits of insurance that apply to additional insureds are described in Section **D. LIABILITY AND MEDICAL EXPENSES LIMITS OF INSURANCE**. How this insurance applies when other insurance is available to an additional insured is described in the Other Insurance Condition in Section **E. LIABILITY AND MEDICAL EXPENSES GENERAL CONDITIONS**.

a. Vendors

Any person(s) or organization(s) (referred to below as vendor), but only with respect to "bodily injury" or "property damage" arising out of "your products" which are distributed or sold in the regular course of the vendor's business and only if this Coverage Part provides coverage for "bodily injury" or "property damage" included within the "products-completed operations hazard".

(1) The insurance afforded to the vendor is subject to the following additional exclusions:

This insurance does not apply to:

- (a)** "Bodily injury" or "property damage" for which the vendor is obligated to pay damages by reason of the assumption of liability in a contract or agreement. This exclusion does not apply to liability for damages that the vendor would have in the absence of the contract or agreement;
- (b)** Any express warranty unauthorized by you;
- (c)** Any physical or chemical change in the product made intentionally by the vendor;
- (d)** Repackaging, except when unpacked solely for the purpose of inspection, demonstration, testing, or the substitution of parts under instructions from the manufacturer, and then repackaged in the original container;
- (e)** Any failure to make such inspections, adjustments, tests or servicing as the vendor has agreed to make or normally undertakes to make in the usual course of business, in connection with the distribution or sale of the products;
- (f)** Demonstration, installation, servicing or repair operations, except such operations performed at the vendor's premises in connection with the sale of the product;

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

- (g) Products which, after distribution or sale by you, have been labeled or relabeled or used as a container, part or ingredient of any other thing or substance by or for the vendor; or
 - (h) "Bodily injury" or "property damage" arising out of the sole negligence of the vendor for its own acts or omissions or those of its employees or anyone else acting on its behalf. However, this exclusion does not apply to:
 - (i) The exceptions contained in Paragraphs (d) or (f); or
 - (ii) Such inspections, adjustments, tests or servicing as the vendor has agreed to make or normally undertakes to make in the usual course of business, in connection with the distribution or sale of the products.
 - (2) This insurance does not apply to any insured person or organization from whom you have acquired such products, or any ingredient, part or container, entering into, accompanying or containing such products.
- b. Lessors Of Equipment**
- (1) Any person or organization from whom you lease equipment; but only with respect to their liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your maintenance, operation or use of equipment leased to you by such person or organization.
 - (2) With respect to the insurance afforded to these additional insureds, this insurance does not apply to any "occurrence" which takes place after you cease to lease that equipment.
- c. Lessors Of Land Or Premises**
- (1) Any person or organization from whom you lease land or premises, but only with respect to liability arising out of the ownership, maintenance or use of that part of the land or premises leased to you.
 - (2) With respect to the insurance afforded to these additional insureds, this insurance does not apply to:
 - (a) Any "occurrence" which takes place after you cease to lease that land or be a tenant in that premises; or
 - (b) Structural alterations, new construction or demolition operations performed by or on behalf of such person or organization.
- d. Architects, Engineers Or Surveyors**
- (1) Any architect, engineer, or surveyor, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:
 - (a) In connection with your premises;
 - (b) In the performance of your ongoing operations performed by you or on your behalf; or
 - (c) In connection with "your work" and included within the "products-completed operations hazard", but only if:
 - (i) The written contract, written agreement or permit requires you to provide such coverage to such additional insured; and
 - (ii) This Coverage Part provides coverage for "bodily injury" or "property damage" included within the "products-completed operations hazard".
 - (2) With respect to the insurance afforded to these additional insureds, the following additional exclusion applies:

This insurance does not apply to "bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of or the failure to render any professional services, including:

 - (i) The preparing, approving, or failure to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders, designs or drawings and specifications; or
 - (ii) Supervisory, surveying, inspection, architectural or engineering activities.

This exclusion applies even if the claims allege negligence or other wrongdoing in the supervision, hiring, employment, training or monitoring of others by an insured, if the "bodily injury", "property

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.



damage”, or “personal and advertising injury” arises out of the rendering of or the failure to render any professional service.

e. State Or Governmental Agency Or Subdivision Or Political Subdivision Issuing Permit

- (1) Any state or governmental agency or subdivision or political subdivision, but only with respect to operations performed by you or on your behalf for which the state or governmental agency or subdivision or political subdivision has issued a permit.
- (2) With respect to the insurance afforded to these additional insureds, this insurance does not apply to:
 - (a) "Bodily injury", "property damage" or "personal and advertising injury" arising out of operations performed for the federal government, state or municipality; or
 - (b) "Bodily injury" or "property damage" included within the "products-completed operations hazard".

f. Any Other Party

- (1) Any other person or organization who is not in one of the categories or classes listed above in Paragraphs a. through e. above, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:
 - (a) In the performance of your ongoing operations performed by you or on your behalf;
 - (b) In connection with your premises owned by or rented to you; or
 - (c) In connection with "your work" and included within the "products-completed operations hazard", but only if:
 - (i) The written contract, written agreement or permit requires you to provide such coverage to such additional insured; and
 - (ii) This Coverage Part provides coverage for "bodily injury" or "property damage" included within the "products-completed operations hazard".

- (2) With respect to the insurance afforded to these additional insureds, the following additional exclusion applies:

This insurance does not apply to "bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of, or the failure to render, any professional architectural, engineering or surveying services, including:

- (a) The preparing, approving, or failure to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders, designs or drawings and specifications; or
- (b) Supervisory, surveying, inspection, architectural or engineering activities.

This exclusion applies even if the claims allege negligence or other wrongdoing in the supervision, hiring, employment, training or monitoring of others by an insured, if the “bodily injury”, “property damage”, or “personal and advertising injury” arises out of the rendering of or the failure to render any professional service described in Paragraphs **f.(2)(a)** or **f.(2)(b)** above.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.



EMPLOYEE BENEFITS LIABILITY - OCCURRENCE

This endorsement modifies insurance provided under the following:

BUSINESS LIABILITY COVERAGE FORM

If shown in the Declarations as applicable, the following coverage applies. This coverage is subject to the provisions of the Business Liability Coverage Form and all other terms and conditions of the Policy apply, except as provided below.

A. The following changes are made to Section A., COVERAGES:

1. The following provision is added:

Employee Benefits Liability Insuring Agreement

- a. We will pay those sums that the insured becomes legally obligated to pay as damages because of "employee benefits injury" committed by the insured, or of any other person for whose acts the insured is legally liable, to which this insurance applies. We will have the right and duty to defend the insured against any "suit" seeking those damages. However, we will have no duty to defend the insured against any "suit" seeking damages to which this insurance does not apply. We may, at our discretion, investigate any act, error or omission and settle any "claim" or "suit" that may result. But:

- (1) The amount we will pay for damages is limited as described in Section **D., LIMITS OF INSURANCE** of this endorsement; and
- (2) Our right and duty to defend ends when we have used up the applicable limit of insurance in the payment of judgments or settlements.

No other obligation or liability to pay sums or perform acts or services is covered unless explicitly provided for under Paragraph **3. Coverage Extension - Supplementary Payments**.

- b. This insurance applies to an "employee benefits injury" only if:

- (1) The "employee benefits injury" is committed in the "coverage territory"; and
- (2) The "employee benefits injury" is committed during the policy period.

- c. All "claims" for damages made by an "employee" because of an "employee benefits injury", or a series of related "employee benefits injuries", including damages claimed by such "employee's" dependents and beneficiaries, will be deemed to constitute a single "claim" for purposes of application of the Each Claim Limit of liability.

2. For purposes of the coverage provided by this endorsement, Paragraphs **3.a.(2)** and **3.b.** do not apply.

B. The following is added to Section B. EXCLUSIONS:

Applicable to Employee Benefits Liability

This insurance does not apply to:

a. ERISA

Damages for which any insured is liable because of liability imposed on a fiduciary by the Employee Retirement Income Security Act of 1974, as now or hereafter amended, or by any similar federal, state or local laws.

b. Bodily Injury, Property Damage or Personal and Advertising Injury

"Bodily injury," "property damage," "personal and advertising injury."

c. Dishonest, Fraudulent, Criminal or Malicious Act

Damages arising out of any intentional, dishonest, fraudulent, criminal or malicious act, error or omission, committed by any insured, including the willful or reckless violation of any statute.

d. Inadequacy of Performance of Investment Advice Given With Respect to Participation

Any "claim" based on:

- (1) Failure of any investment to perform;

1. If this policy is cancelled or non-renewed by the **Company** or the **First Named Insured**, for reasons other than nonpayment of premium or failure to comply with the terms and conditions of this policy, the **First Named Insured** shall have the option to purchase an Optional Extended Reporting Period.
2. In order to purchase the Optional Extended Reporting Period, the **First Named Insured** must notify the **Company** in writing, within sixty (60) days after the end of the **Policy Period**, of its election of the Optional Extended Reporting Period set forth in Item 7. of the Declarations and include the corresponding additional premium with such written election. Once in place, the Optional Extended Reporting Period cannot be cancelled by the **First Named Insured** or the **Company** and the additional premium shall be fully earned. The Optional Extending Reporting Period must be endorsed onto this policy.
3. The Optional Extended Reporting Period applies to a **Claim** which is first made against the **Insured** during the Optional Extended Reporting Period because of a **Breach of Professional Duty** which first takes place on or after the Retroactive Date shown in Item 6. of the Declarations and prior to the end of the **Policy Period**. Such **Claim** must be reported to the **Company**, as soon as practicable, but no later than (60) days after the end of the Optional Extended Reporting Period. The Optional Extended Reporting Period shall commence at the end of **Policy Period**.
4. If this policy is succeeded by another claims-made professional liability policy, then coverage provided under the Optional Extended Reporting Period shall be excess over such other professional liability policy.
5. The quotation of a different premium, Deductible or Self-Insured Retention, limit(s) of insurance or differing terms and conditions for renewal does not constitute a non-renewal for the purpose of this provision.

The Optional Extended Reporting Period shall not increase, reinstate or renew the Limits of Insurance under this Policy.

N. OTHER INSURANCE

This insurance shall be excess over any other valid insurance, whether collectible or not, and whether provided on a primary, excess, contingent or any other basis, provided that such insurance is not specifically written to be excess over this policy.

O. SOLE AGENT

The **First Named Insured** is the appointed and irrevocable agent for all **Insureds**, including, for the purpose of receipt of any notice of cancellation, notice of nonrenewal (if applicable), negotiation and agreement to any endorsement and the payment or return of any premium under this policy.

P. SUBROGATION

In the event of any payment under this policy, the **Company** shall be subrogated to all the **Insured's** rights of recovery therefor against any person or organization and the **Insured** shall execute and deliver instruments and papers and do whatever else is necessary to secure such rights. The **Insured** shall do nothing after the **Insured** becomes aware of a circumstance that reasonably could give rise to a **Claim** to prejudice such rights. The **Company** agrees to waive this right of subrogation against the client of the **Insured** to the extent that the **Insured** had, prior to a **Claim**, a written agreement to waive such rights.

Q. SERVICE OF SUIT

Certificate Of Completion

Envelope Id: 210563C12B8448E38562EEDB5B57D8E3
Subject: #23RFP138735K-DB(B) RENEWAL 1-(B) Axis
Parcel ID:
Employee Name:
Source Envelope:
Document Pages: 14
Certificate Pages: 6
AutoNav: Enabled
Envelopeld Stamping: Enabled
Time Zone: (UTC-08:00) Pacific Time (US & Canada)

Status: Completed

Signatures: 4
Initials: 0
Stamps: 2

Envelope Originator:
Darlene Banks
141 Pryor Street
Purchasing & Contract Compliance, Suite 1168
Atlanta, GA 30303
darlene.banks@fultoncountyga.gov
IP Address: 74.174.59.4

Record Tracking

Status: Original
10/17/2024 8:08:18 AM
Security Appliance Status: Connected
Storage Appliance Status: Connected

Holder: Darlene Banks
darlene.banks@fultoncountyga.gov
Pool: StateLocal
Pool: Fulton County Government

Location: DocuSign
Location: DocuSign

Signer Events

J. Dean Collins
deancollins@axiscompanies.com
President
Jacob Dean Collins
Security Level: Email, Account Authentication (None)

Signature

DocuSigned by:
J. Dean Collins
48DD01B99F10492...
Signature Adoption: Pre-selected Style
Using IP Address: 76.136.25.52

Timestamp

Sent: 10/17/2024 8:15:39 AM
Viewed: 10/17/2024 2:58:31 PM
Signed: 10/17/2024 2:58:50 PM

Electronic Record and Signature Disclosure:
Accepted: 10/17/2024 2:58:31 PM
ID: 4163aa96-1eba-4bac-b9c0-ad5f38f0e902

Traci Strom
tracistrom@axiscompanies.com
Marketing Director
Security Level: Email, Account Authentication (None)

Signed



Using IP Address: 108.80.140.124

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Viewed: 10/18/2024 3:44:51 AM
Signed: 10/18/2024 3:54:00 AM

Electronic Record and Signature Disclosure:
Accepted: 10/18/2024 3:44:51 AM
ID: 0351ff15-b9ad-4aab-861a-c677bd415275

DARLENE BANKS
darlene.banks@fultoncountyga.gov
Assistant Purchasing Agent
Fulton County Government
Security Level: Email, Account Authentication (None)

Completed

Using IP Address: 172.3.170.13


Sent: 10/18/2024 3:54:03 AM
Viewed: 10/18/2024 3:55:46 AM
Signed: 10/18/2024 3:56:23 AM

Electronic Record and Signature Disclosure:
Not Offered via DocuSign

Signer Events

Joseph Davis
joseph.davis@fultoncountyga.gov
Director
Security Level: Email, Account Authentication (None)

Signature

Signed by:

B20354A88008422...
Signature Adoption: Pre-selected Style
Using IP Address: 69.236.118.50
Signed using mobile

Timestamp

Sent: 10/18/2024 3:56:26 AM
Viewed: 10/18/2024 3:57:01 AM
Signed: 10/18/2024 3:57:16 AM

Electronic Record and Signature Disclosure:
Accepted: 10/18/2024 3:57:01 AM
ID: 0ebae62e-7cab-4a1a-9a35-167c34cb6738

Nikki Peterson
nikki.peterson@fultoncountyga.gov
Chief Deputy Clerk to the Board of Commissioners
Fulton County Government
Security Level: Email, Account Authentication (None)

Completed
Using IP Address: 68.208.197.4

Sent: 10/18/2024 3:57:20 AM
Viewed: 10/18/2024 3:58:59 AM
Signed: 10/18/2024 9:07:37 AM

Electronic Record and Signature Disclosure:
Accepted: 11/27/2017 10:39:37 AM
ID: b7ce88ee-0c66-4f3a-bfee-705e0af602d8

Robert L. Pitts
harriet.thomas@fultoncountyga.gov
Chairman
Security Level: Email, Account Authentication (None)

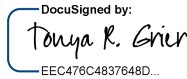
Signed by:

14E1B4AA5F6A44A...
Signature Adoption: Pre-selected Style
Using IP Address: 166.137.175.37
Signed using mobile

Sent: 10/18/2024 9:07:40 AM
Viewed: 10/18/2024 5:39:15 PM
Signed: 10/18/2024 5:39:31 PM

Electronic Record and Signature Disclosure:
Accepted: 10/18/2024 5:39:15 PM
ID: 7efa671a-168a-4360-b7f5-03301982d220

Tonya R. Grier
tonya.grier@fultoncountyga.gov
Clerk to the Commission
Fulton County
Security Level: Email, Account Authentication (None)

DocuSigned by:

EEC476C4837648D...

Sent: 10/18/2024 5:39:34 PM
Viewed: 10/18/2024 5:41:51 PM
Signed: 10/21/2024 6:07:09 AM



Signature Adoption: Pre-selected Style
Using IP Address: 99.96.24.191

Electronic Record and Signature Disclosure:
Accepted: 3/16/2018 7:54:59 AM
ID: f3f241e8-3027-4447-9476-6cf20ae25dd4

DARLENE BANKS
darlene.banks@fultoncountyga.gov
Assistant Purchasing Agent
Fulton County Government
Security Level: Email, Account Authentication (None)

Completed
Using IP Address: 172.3.170.13

Sent: 10/21/2024 6:07:14 AM
Viewed: 10/21/2024 6:36:46 AM
Signed: 10/21/2024 6:36:59 AM

Electronic Record and Signature Disclosure:
Not Offered via DocuSign

In Person Signer Events

Signature

Timestamp

Editor Delivery Events

Status

Timestamp

Agent Delivery Events

Status

Timestamp

Intermediary Delivery Events	Status	Timestamp
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Certified Delivery Events	Status	Timestamp
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Carbon Copy Events	Status	Timestamp
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Dian DeVaughn dian.devaughn@futoncountyga.gov Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign	<div style="border: 2px solid blue; padding: 5px; display: inline-block;">COPIED</div>	Sent: 10/21/2024 6:37:03 AM
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Witness Events	Signature	Timestamp
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Notary Events	Signature	Timestamp
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Envelope Summary Events	Status	Timestamps
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Envelope Sent	Hashed/Encrypted	10/17/2024 8:15:39 AM
Certified Delivered	Security Checked	10/21/2024 6:36:46 AM
Signing Complete	Security Checked	10/21/2024 6:36:59 AM
Completed	Security Checked	10/21/2024 6:37:03 AM

Payment Events	Status	Timestamps
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Electronic Record and Signature Disclosure
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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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