



**DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE**

**CONTRACT RENEWAL AGREEMENT**

**DEPARTMENT:** Human Resources

**BID/RFP# NUMBER:** 24RFP1325481B-PS

**BID/RFP# TITLE:** Family and Medical Leave (FMLA) Act Administration Services

**ORIGINAL APPROVAL DATE:** April 2, 2025

**RENEWAL EFFECTIVE DATES:** January 1, 2026 Through December 31, 2026

**RENEWAL OPTION #:** 1 OF 2

**NUMBER OF RENEWAL OPTIONS:** 2

**RENEWAL AMOUNT:** \$109,796.00

**COMPANY'S NAME: NAME:** Sedgwick Claims Management Services, Inc.

**ADDRESS:** 8125 Sedgwick Way

**CITY:** Memphis

**STATE:** TN

**ZIP:** 38125

This Renewal Agreement No. 1 was approved by the Fulton County Board of Commissioners on **BOC DATE:** 12-17-25 **BOC NUMBER:** 25-0969.

**RENEWAL OF CERTIFICATE OF INSURANCE:** The Contractor is required to maintain insurance during the entire term of this Agreement, including contract renewal options. The Contractor must furnish the County a renewal Certificate of Insurance showing the required coverage as specified in the Contract Agreement. A current COI must be provided before the commencement of work on this project. 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**

**SEDGWICK CLAIMS MANAGEMENT  
SERVICES, INC.**

*Robert L. Pitts*

*Michael Shook*

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

**Michael Shook  
Senior Vice President, Managing  
Counsel**



**ATTEST:**

*Tonya R. Grier*

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

**(Affix County Seal)**

*Phyllis Stewart*

**AUTHORIZATION OF RENEWAL:**

*Kenneth Hermon*

**Kenneth Hermon Jr. Chief Human  
Resource Officer  
Human Resources**

|                        |   |
|------------------------|---|
| ITEM#: _____ RM: _____ | ITEM#: 25-0969 2 <sup>ND</sup> RM: 12/17/2025 |
| <b>REGULAR MEETING</b> | <b>SECOND REGULAR MEETING</b>                 |

# **CERTIFICATE OF INSURANCE**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
06/04/2025

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

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

|   |   |                                  |  |   |                       |  |  |                                      |  |  |                     |   |       |   |       |                   |  |                   |  |                   |  |
|---|---|----------------------------------|--|---|-----------------------|--|--|--------------------------------------|--|--|---------------------|---|-------|---|-------|-------------------|--|-------------------|--|-------------------|--|
| <b>PRODUCER</b><br>*MARSH USA LLC.<br>6410 Poplar Ave Suite 540<br>Memphis, TN 38119<br><br>CN101395638--GAWU-25-26 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>CONTACT NAME:</b> Karen Angus</td> </tr> <tr> <td><b>PHONE (A/C, No, Ext):</b> (901) 684-3725</td> <td><b>FAX (A/C, No):</b></td> </tr> <tr> <td colspan="2"><b>E-MAIL ADDRESS:</b> k.angus@marsh.com</td> </tr> <tr> <td colspan="2" style="text-align: center;"><b>INSURER(S) AFFORDING COVERAGE</b></td> </tr> <tr> <td><b>INSURER A:</b> Zurich American Insurance Co</td> <td><b>NAIC #</b> 16535</td> </tr> <tr> <td><b>INSURER B:</b> Federal Insurance Company</td> <td>20281</td> </tr> <tr> <td><b>INSURER C:</b> American Zurich Insurance Company</td> <td>40142</td> </tr> <tr> <td><b>INSURER D:</b></td> <td></td> </tr> <tr> <td><b>INSURER E:</b></td> <td></td> </tr> <tr> <td><b>INSURER F:</b></td> <td></td> </tr> </table> | <b>CONTACT NAME:</b> Karen Angus |  | <b>PHONE (A/C, No, Ext):</b> (901) 684-3725 | <b>FAX (A/C, No):</b> | <b>E-MAIL ADDRESS:</b> k.angus@marsh.com |  | <b>INSURER(S) AFFORDING COVERAGE</b> |  | <b>INSURER A:</b> Zurich American Insurance Co | <b>NAIC #</b> 16535 | <b>INSURER B:</b> Federal Insurance Company | 20281 | <b>INSURER C:</b> American Zurich Insurance Company | 40142 | <b>INSURER D:</b> |  | <b>INSURER E:</b> |  | <b>INSURER F:</b> |  |
| <b>CONTACT NAME:</b> Karen Angus  |   |                                  |  |   |                       |  |  |                                      |  |  |                     |   |       |   |       |                   |  |                   |  |                   |  |
| <b>PHONE (A/C, No, Ext):</b> (901) 684-3725   | <b>FAX (A/C, No):</b>   |                                  |  |   |                       |  |  |                                      |  |  |                     |   |       |   |       |                   |  |                   |  |                   |  |
| <b>E-MAIL ADDRESS:</b> k.angus@marsh.com  |   |                                  |  |   |                       |  |  |                                      |  |  |                     |   |       |   |       |                   |  |                   |  |                   |  |
| <b>INSURER(S) AFFORDING COVERAGE</b>  |   |                                  |  |   |                       |  |  |                                      |  |  |                     |   |       |   |       |                   |  |                   |  |                   |  |
| <b>INSURER A:</b> Zurich American Insurance Co  | <b>NAIC #</b> 16535   |                                  |  |   |                       |  |  |                                      |  |  |                     |   |       |   |       |                   |  |                   |  |                   |  |
| <b>INSURER B:</b> Federal Insurance Company   | 20281   |                                  |  |   |                       |  |  |                                      |  |  |                     |   |       |   |       |                   |  |                   |  |                   |  |
| <b>INSURER C:</b> American Zurich Insurance Company   | 40142   |                                  |  |   |                       |  |  |                                      |  |  |                     |   |       |   |       |                   |  |                   |  |                   |  |
| <b>INSURER D:</b>   |   |                                  |  |   |                       |  |  |                                      |  |  |                     |   |       |   |       |                   |  |                   |  |                   |  |
| <b>INSURER E:</b>   |   |                                  |  |   |                       |  |  |                                      |  |  |                     |   |       |   |       |                   |  |                   |  |                   |  |
| <b>INSURER F:</b>   |   |                                  |  |   |                       |  |  |                                      |  |  |                     |   |       |   |       |                   |  |                   |  |                   |  |
| <b>INSURED</b><br>Sedgwick LP and subsidiaries<br>8125 Sedgwick Way<br>Memphis, TN 38125                            |   |                                  |  |   |                       |  |  |                                      |  |  |                     |   |       |   |       |                   |  |                   |  |                   |  |

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

ATL-005078748

**REVISION NUMBER:** 3

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><br><table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> CLAIMS-MADE</td> <td><input checked="" type="checkbox"/> OCCUR</td> </tr> </table> GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: | <input type="checkbox"/> CLAIMS-MADE         | <input checked="" type="checkbox"/> OCCUR | Y   |                          | GLO 6675351-00           | 05/01/2025  | 05/01/2026  | <table border="0" style="width: 100%;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$ 100,00</td></tr> <tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td style="text-align: right;">\$ 100,00</td></tr> <tr><td>MED EXP (Any one person)</td><td style="text-align: right;">\$ 0</td></tr> <tr><td>PERSONAL &amp; ADV INJURY</td><td style="text-align: right;">\$ 1,000,00</td></tr> <tr><td>GENERAL AGGREGATE</td><td style="text-align: right;">\$ 100,00</td></tr> <tr><td>PRODUCTS - COMP/OP AGG</td><td style="text-align: right;">\$ 2,000,00</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> </table> | EACH OCCURRENCE            | \$ 100,00   | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 100,00 | MED EXP (Any one person)       | \$ 0      | PERSONAL & ADV INJURY | \$ 1,000,00 | GENERAL AGGREGATE | \$ 100,00 | PRODUCTS - COMP/OP AGG | \$ 2,000,00 |  | \$ |
| <input type="checkbox"/> CLAIMS-MADE  | <input checked="" type="checkbox"/> OCCUR   |  |   |   |                          |                          |   |   |  |                            |             |   |           |                                |           |                       |             |                   |           |                        |             |  |    |
| EACH OCCURRENCE   | \$ 100,00   |  |   |   |                          |                          |   |   |  |                            |             |   |           |                                |           |                       |             |                   |           |                        |             |  |    |
| DAMAGE TO RENTED PREMISES (Ea occurrence)                                       | \$ 100,00   |  |   |   |                          |                          |   |   |  |                            |             |   |           |                                |           |                       |             |                   |           |                        |             |  |    |
| MED EXP (Any one person)  | \$ 0  |  |   |   |                          |                          |   |   |  |                            |             |   |           |                                |           |                       |             |                   |           |                        |             |  |    |
| PERSONAL & ADV INJURY   | \$ 1,000,00   |  |   |   |                          |                          |   |   |  |                            |             |   |           |                                |           |                       |             |                   |           |                        |             |  |    |
| GENERAL AGGREGATE   | \$ 100,00   |  |   |   |                          |                          |   |   |  |                            |             |   |           |                                |           |                       |             |                   |           |                        |             |  |    |
| PRODUCTS - COMP/OP AGG  | \$ 2,000,00   |  |   |   |                          |                          |   |   |  |                            |             |   |           |                                |           |                       |             |                   |           |                        |             |  |    |
|   | \$  |  |   |   |                          |                          |   |   |  |                            |             |   |           |                                |           |                       |             |                   |           |                        |             |  |    |
| A   | <b>AUTOMOBILE LIABILITY</b><br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY  |  |   | BAP 6675350-00<br>Garagekeepers: \$500,000<br>Comp/Collision Deductible: \$10,000 | 05/01/2025               | 05/01/2026               | <table border="0" style="width: 100%;"> <tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td style="text-align: right;">\$ 1,000,00</td></tr> <tr><td>BODILY INJURY (Per person)</td><td style="text-align: right;">\$</td></tr> <tr><td>BODILY INJURY (Per accident)</td><td style="text-align: right;">\$</td></tr> <tr><td>PROPERTY DAMAGE (Per accident)</td><td style="text-align: right;">\$</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> </table> | COMBINED SINGLE LIMIT (Ea accident)   | \$ 1,000,00  | BODILY INJURY (Per person) | \$          | BODILY INJURY (Per accident)              | \$        | PROPERTY DAMAGE (Per accident) | \$        |                       | \$          |                   |           |                        |             |  |    |
| COMBINED SINGLE LIMIT (Ea accident)   | \$ 1,000,00   |  |   |   |                          |                          |   |   |  |                            |             |   |           |                                |           |                       |             |                   |           |                        |             |  |    |
| BODILY INJURY (Per person)  | \$  |  |   |   |                          |                          |   |   |  |                            |             |   |           |                                |           |                       |             |                   |           |                        |             |  |    |
| BODILY INJURY (Per accident)  | \$  |  |   |   |                          |                          |   |   |  |                            |             |   |           |                                |           |                       |             |                   |           |                        |             |  |    |
| PROPERTY DAMAGE (Per accident)  | \$  |  |   |   |                          |                          |   |   |  |                            |             |   |           |                                |           |                       |             |                   |           |                        |             |  |    |
|   | \$  |  |   |   |                          |                          |   |   |  |                            |             |   |           |                                |           |                       |             |                   |           |                        |             |  |    |
| B   | <input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED <input type="checkbox"/> RETENTION \$   |  |   | 5672-14-26  | 05/01/2025               | 05/01/2026               | <table border="0" style="width: 100%;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$ 1,000,00</td></tr> <tr><td>AGGREGATE</td><td style="text-align: right;">\$ 1,000,00</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> </table>   | EACH OCCURRENCE   | \$ 1,000,00  | AGGREGATE                  | \$ 1,000,00 |   | \$        |                                |           |                       |             |                   |           |                        |             |  |    |
| EACH OCCURRENCE   | \$ 1,000,00   |  |   |   |                          |                          |   |   |  |                            |             |   |           |                                |           |                       |             |                   |           |                        |             |  |    |
| AGGREGATE   | \$ 1,000,00   |  |   |   |                          |                          |   |   |  |                            |             |   |           |                                |           |                       |             |                   |           |                        |             |  |    |
|   | \$  |  |   |   |                          |                          |   |   |  |                            |             |   |           |                                |           |                       |             |                   |           |                        |             |  |    |
| C<br>A  | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   | Y/N<br><input checked="" type="checkbox"/> N | N/A                                       | WC 6675352-00 (AOS)<br>WC 6675353-00 (MA,WI)                                      | 05/01/2025<br>05/01/2025 | 05/01/2026<br>05/01/2026 | <table border="0" style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER</td> <td></td> </tr> <tr><td>E.L. EACH ACCIDENT</td><td style="text-align: right;">\$ 500,00</td></tr> <tr><td>E.L. DISEASE - EA EMPLOYEE</td><td style="text-align: right;">\$ 500,00</td></tr> <tr><td>E.L. DISEASE - POLICY LIMIT</td><td style="text-align: right;">\$ 500,00</td></tr> </table>   | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER |  | E.L. EACH ACCIDENT         | \$ 500,00   | E.L. DISEASE - EA EMPLOYEE                | \$ 500,00 | E.L. DISEASE - POLICY LIMIT    | \$ 500,00 |                       |             |                   |           |                        |             |  |    |
| <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER |   |  |   |   |                          |                          |   |   |  |                            |             |   |           |                                |           |                       |             |                   |           |                        |             |  |    |
| E.L. EACH ACCIDENT  | \$ 500,00   |  |   |   |                          |                          |   |   |  |                            |             |   |           |                                |           |                       |             |                   |           |                        |             |  |    |
| E.L. DISEASE - EA EMPLOYEE  | \$ 500,00   |  |   |   |                          |                          |   |   |  |                            |             |   |           |                                |           |                       |             |                   |           |                        |             |  |    |
| E.L. DISEASE - POLICY LIMIT   | \$ 500,00   |  |   |   |                          |                          |   |   |  |                            |             |   |           |                                |           |                       |             |                   |           |                        |             |  |    |

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
 Certificate Holder is included as an additional insured as per the coverage form attached.

**CERTIFICATE HOLDER**

|  |  |
|--|--|
| Fulton County Government<br>141 Pryor St SW<br>Atlanta, GA 30303-3408<br>Atlanta, GA 30303 | <b>CANCELLATION</b><br><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br><br><div style="text-align: right;"><i>Marsh USA LLC</i></div> |
|--|--|

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POLICY NUMBER: GLO 6675351 00

COMMERCIAL GENERAL LIABILITY  
CG 20 10 12 19**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)<br>Or Organization(s)   | Location(s) Of Covered Operations |
|--|-----------------------------------|
| ANY PERSON OR ORGANIZATION REQUIRED BY<br>WRITTEN CONTRACT OR AGREEMENT.                               | ALL LOCATIONS.                    |
| 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.

- 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;

whichever is less.

This endorsement shall not increase the applicable limits of insurance.

Certificate Of Completion

|   |                   |  |
|---|-------------------|--|
| Envelope Id: 735ED7B8-58C2-49F7-ABD0-91D0D7E4D759                                       | Status: Completed |  |
| Subject: Contract Renewal Agreement 24RFP1325481B-PS - (R1), \$109,796.00, BOC #25-0969 |                   |  |
| Parcel ID:  |                   |  |
| Employee Name:  |                   |  |
| Source Envelope:  |                   |  |
| Document Pages: 6   | Signatures: 5     | Envelope Originator:                         |
| Certificate Pages: 6  | Initials: 0       | Phyllis Stewart                              |
| AutoNav: Enabled  |                   | 141 Pryor Street                             |
| Envelopeld Stamping: Enabled  |                   | Purchasing & Contract Compliance, Suite 1168 |
| Time Zone: (UTC-05:00) Eastern Time (US & Canada)                                       |                   | Atlanta, GA 30303                            |
|   |                   | Phyllis.Stewart@fultoncountyga.gov           |
|   |                   | IP Address: 74.174.59.4                      |

Record Tracking

|                                      |                                    |                    |
|--------------------------------------|------------------------------------|--------------------|
| Status: Original                     | Holder: Phyllis Stewart            | Location: DocuSign |
| 12/17/2025 4:11:35 PM                | Phyllis.Stewart@fultoncountyga.gov |                    |
| Security Appliance Status: Connected | Pool: StateLocal                   |                    |
| Storage Appliance Status: Connected  | Pool: Fulton County Government     | Location: Docusign |

Signer Events

| Signature  | Timestamp                      |
|--|--------------------------------|
| Michael Shook  | Sent: 12/17/2025 4:44:25 PM    |
| Michael.shook@sedgwick.com                           | Resent: 12/18/2025 4:48:10 PM  |
| Senior Vice President                                | Resent: 12/19/2025 11:33:10 AM |
| Sedgwick Claims Management Services, Inc.            | Resent: 12/19/2025 11:52:56 AM |
| Security Level: Email, Account Authentication (None) | Viewed: 12/19/2025 11:53:49 AM |
|  | Signed: 12/19/2025 4:01:26 PM  |
| Signature Adoption: Pre-selected Style               |                                |
| Using IP Address: 170.85.12.194                      |                                |

Electronic Record and Signature Disclosure:  
Accepted: 12/19/2025 8:34:43 AM  
ID: a128b893-4a09-4cf0-8ec5-772a30758d72

|  |                 |                               |
|--|-----------------|-------------------------------|
| Phyllis Stewart                                      |                 | Sent: 12/19/2025 4:01:27 PM   |
| Phyllis.Stewart@fultoncountyga.gov                   | Phyllis Stewart | Viewed: 12/19/2025 4:06:28 PM |
| Security Level: Email, Account Authentication (None) |                 | Signed: 12/19/2025 4:07:09 PM |
| Signature Adoption: Pre-selected Style               |                 |                               |
| Using IP Address: 144.125.34.76                      |                 |                               |

Electronic Record and Signature Disclosure:  
Not Offered via Docusign

|  |  |                               |
|--|--|-------------------------------|
| Kenneth Hermon                                       |  | Sent: 12/19/2025 4:07:10 PM   |
| Kenneth.Hermon@fultoncountyga.gov                    | kenneth hermon                         | Viewed: 12/20/2025 6:04:10 AM |
| Chief HR Officer                                     |  | Signed: 12/20/2025 6:04:31 AM |
| HR Department  |  |                               |
| Security Level: Email, Account Authentication (None) | Signature Adoption: Pre-selected Style |                               |
|  | Using IP Address: 2600:387:f:218::6    |                               |
|  | Signed using mobile                    |                               |


Electronic Record and Signature Disclosure:  
Accepted: 5/13/2024 1:59:37 PM  
ID: d34d3d7d-ae44-4a59-b304-ef97ce55ae5b

|  |                                |                                |
|--|--------------------------------|--------------------------------|
| Nikki Peterson                                       | Completed                      | Sent: 12/20/2025 6:04:33 AM    |
| Nikki.Peterson@fultoncountyga.gov                    |                                | Resent: 12/22/2025 7:55:17 AM  |
| Chief Deputy Clerk to the Board of Commissioners     |                                | Viewed: 12/22/2025 12:17:54 PM |
| Fulton County Government                             | Using IP Address: 74.174.59.10 | Signed: 12/22/2025 12:18:12 PM |
| Security Level: Email, Account Authentication (None) |                                |                                |

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

**Electronic Record and Signature Disclosure:**  
 Accepted: 11/27/2017 1:39:37 PM  
 ID: b7ce88ee-0c66-4f3a-bfee-705e0af602d8

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

  
  
 Signature Adoption: Pre-selected Style  
 Using IP Address: 74.174.59.10

Sent: 12/22/2025 12:18:13 PM  
 Resent: 12/22/2025 12:34:47 PM  
 Resent: 12/22/2025 2:33:09 PM  
 Viewed: 12/22/2025 4:24:55 PM  
 Signed: 12/22/2025 4:25:05 PM

**Electronic Record and Signature Disclosure:**  
 Accepted: 12/22/2025 4:24:55 PM  
 ID: e50a5370-e374-4fb8-9356-63e5ba4e0471

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

  
  
 Signature Adoption: Uploaded Signature Image  
 Using IP Address: 134.231.232.249

Sent: 12/22/2025 4:25:06 PM  
 Viewed: 12/22/2025 4:30:13 PM  
 Signed: 12/22/2025 4:30:19 PM

**Electronic Record and Signature Disclosure:**  
 Accepted: 10/27/2025 11:21:47 AM  
 ID: 4889b84d-8ea3-4ba9-bf87-bf4c309e21ab

| In Person Signer Events | Signature | Timestamp |
|-------------------------|-----------|-----------|
|-------------------------|-----------|-----------|

| Editor Delivery Events | Status | Timestamp |
|------------------------|--------|-----------|
|------------------------|--------|-----------|

| Agent Delivery Events | Status | Timestamp |
|-----------------------|--------|-----------|
|-----------------------|--------|-----------|

| Intermediary Delivery Events | Status | Timestamp |
|------------------------------|--------|-----------|
|------------------------------|--------|-----------|

| Certified Delivery Events | Status | Timestamp |
|---------------------------|--------|-----------|
|---------------------------|--------|-----------|

Deanna Arendt  
 Deanna.Arendt@sedgwick.com  
 Security Level: Email, Account Authentication (None)

VIEWED

  
  
 Using IP Address: 170.85.130.185

Sent: 12/17/2025 4:30:15 PM  
 Viewed: 12/17/2025 4:44:25 PM

**Electronic Record and Signature Disclosure:**  
 Accepted: 12/17/2025 4:44:25 PM  
 ID: 01107124-b567-457c-8be0-5c000b4aca7c

| Carbon Copy Events | Status | Timestamp |
|--------------------|--------|-----------|
|--------------------|--------|-----------|

Dian DeVaughn  
 Dian.DeVaughn@fultoncountyga.gov  
 Security Level: Email, Account Authentication (None)

COPIED

Sent: 12/22/2025 4:30:21 PM  
 Viewed: 12/22/2025 4:34:44 PM

**Electronic Record and Signature Disclosure:**  
 Not Offered via Docusign

Stacey Jones  
 stacey1.jones@fultoncountyga.gov  
 Deputy Chief Human Resources Officer  
 Fulton County Government  
 Security Level: Email, Account Authentication (None)

COPIED

Sent: 12/22/2025 4:30:22 PM

**Electronic Record and Signature Disclosure:**  
 Not Offered via Docusign



| Carbon Copy Events   | Status | Timestamp                   |
|--|--------|-----------------------------|
| Tisa Smith<br>Tisa.Smith@fultoncountyga.gov<br>Administrative Coordinator II<br>Security Level: Email, Account Authentication (None)<br><b>Electronic Record and Signature Disclosure:</b><br>Accepted: 6/29/2021 3:31:51 PM<br>ID: 9d9baf61-8696-4e39-8ce0-475930abb448 | COPIED | Sent: 12/22/2025 4:30:23 PM |

|   |        |                             |
|---|--------|-----------------------------|
| Lanna Hill<br>lanna.hill@fultoncountyga.gov<br>Human Resources Policy Advisor<br>Fulton County Government<br>Security Level: Email, Account Authentication (None)<br><b>Electronic Record and Signature Disclosure:</b><br>Not Offered via DocuSign | COPIED | Sent: 12/22/2025 4:30:24 PM |
|---|--------|-----------------------------|

| Witness Events | Signature | Timestamp |
|----------------|-----------|-----------|
|----------------|-----------|-----------|

| Notary Events | Signature | Timestamp |
|---------------|-----------|-----------|
|---------------|-----------|-----------|

| Envelope Summary Events | Status           | Timestamps             |
|-------------------------|------------------|------------------------|
| Envelope Sent           | Hashed/Encrypted | 12/17/2025 4:30:15 PM  |
| Envelope Updated        | Security Checked | 12/22/2025 12:34:33 PM |
| Certified Delivered     | Security Checked | 12/22/2025 4:30:13 PM  |
| Signing Complete        | Security Checked | 12/22/2025 4:30:19 PM  |
| Completed               | Security Checked | 12/22/2025 4:30:24 PM  |

| Payment Events                             | Status | Timestamps |
|--|--------|------------|
| Electronic Record and Signature Disclosure |        |            |

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|                            |   |
|----------------------------|---|
| Operating Systems:         | Windows® 2000, Windows® XP, Windows Vista®; Mac OS® X   |
| Browsers:                  | Final release versions of Internet Explorer® 6.0 or above (Windows only); Mozilla Firefox 2.0 or above (Windows and Mac); Safari™ 3.0 or above (Mac only) |
| PDF Reader:                | Acrobat® or similar software may be required to view and print PDF files  |
| Screen Resolution:         | 800 x 600 minimum   |
| Enabled Security Settings: | Allow per session cookies   |

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