



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

Robert L. Pitts

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

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: _____
REGULAR MEETING	

ITEM#: 25-0969	2ND RM: 12/17/2025
SECOND REGULAR MEETING	

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).

PRODUCER *MARSH USA LLC. 6410 Poplar Ave Suite 540 Memphis, TN 38119	CONTACT NAME: Karen Angus PHONE (A/C, No. Ext): (901) 684-3725 FAX (A/C, No.): E-MAIL ADDRESS: k.angus@marsh.com
INSURER(S) AFFORDING COVERAGE	
INSURER A : Zurich American Insurance Co NAIC # 16535	
INSURER B : Federal Insurance Company 20281	
INSURER C : American Zurich Insurance Company 40142	
INSURER D :	
INSURER E :	
INSURER F :	

COVERS**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"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		Y	GLO 6675351-00	05/01/2025	05/01/2026	EACH OCCURRENCE	\$ 100,00	
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC OTHER:						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,00	
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <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 type="checkbox"/> NON-OWNED AUTOS ONLY			BAP 6675350-00 Garagekeepers: \$500,000 Comp/Collision Deductible: \$10,000	05/01/2025	05/01/2026	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,00	
	BODILY INJURY (Per person)						\$		
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE			5672-14-26	05/01/2025	05/01/2026	BODILY INJURY (Per accident)	\$	
	PROPERTY DAMAGE (Per accident)						\$		
C A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N N	N / A	WC 6675352-00 (AOS) WC 6675353-00 (MA, WI)	05/01/2025	05/01/2026	<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 141 Pryor St SW Atlanta, GA 30303-3408 Atlanta, GA 30303	CANCELLATION <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> <p style="text-align: right;"><i>Marsh USA LLC</i></p>
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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) Or Organization(s)	Location(s) Of Covered Operations
ANY PERSON OR ORGANIZATION REQUIRED BY 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

Enveloped Stamping: Enabled

Time Zone: (UTC-05:00) Eastern Time (US & Canada)

Purchasing & Contract Compliance, Suite 1168

Atlanta, GA 30303

Phyllis.Stewart@fultoncountyga.gov

IP Address: 74.174.59.4

Record Tracking

Status: Original

12/17/2025 4:11:35 PM

Holder: Phyllis Stewart

Location: DocuSign

Security Appliance Status: Connected

Phyllis.Stewart@fultoncountyga.gov

Storage Appliance Status: Connected

Pool: StateLocal

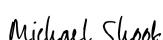
Location: Docusign

Pool: Fulton County Government

Signer Events

Michael Shook

Signature



Timestamp

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)

Signature Adoption: Pre-selected Style
Using IP Address: 170.85.12.194

Viewed: 12/19/2025 11:53:49 AM
Signed: 12/19/2025 4:01:26 PM

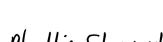
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Sent: 12/19/2025 4:01:27 PM

ID: a128b893-4a09-4cf0-8ec5-772a30758d72

Phyllis Stewart



Viewed: 12/19/2025 4:06:28 PM

Phyllis.Stewart@fultoncountyga.gov

Signed: 12/19/2025 4:07:09 PM

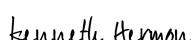
Security Level: Email, Account Authentication (None)

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

Viewed: 12/20/2025 6:04:10 AM

Chief HR Officer

Signed: 12/20/2025 6:04:31 AM

HR Department

Signature Adoption: Pre-selected Style
Using IP Address: 2600:387:f:218::6
Signed using mobile

Security Level: Email, Account Authentication (None)

Electronic Record and Signature Disclosure:

Accepted: 5/13/2024 1:59:37 PM

Sent: 12/20/2025 6:04:33 AM

ID: d34d3d7d-ae44-4a59-b304-ef97ce55ae5b

Nikki Peterson

Completed

Resent: 12/22/2025 7:55:17 AM

Nikki.Peterson@fultoncountyga.gov

Viewed: 12/22/2025 12:17:54 PM

Chief Deputy Clerk to the Board of Commissioners

Signed: 12/22/2025 12:18:12 PM

Fulton County Government

Using IP Address: 74.174.59.10

Security Level: Email, Account Authentication (None)

Signer Events	Signature	Timestamp
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Robert L. Pitts Robb.Pitts@fultoncountyga.gov Chairman Security Level: Email, Account Authentication (None)		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	Signature Adoption: Pre-selected Style Using IP Address: 74.174.59.10	
Tonya Grier Tonya.grier@fultoncountyga.gov Clerk to the Commission Fulton County Government Security Level: Email, Account Authentication (None)		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	Signature Adoption: Uploaded Signature Image Using IP Address: 134.231.232.249	
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	Sent: 12/17/2025 4:30:15 PM Viewed: 12/17/2025 4:44:25 PM Using IP Address: 170.85.130.185
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
<p>Tisa Smith Tisa.Smith@fultoncountyga.gov Administrative Coordinator II Security Level: Email, Account Authentication (None)</p> <p>Electronic Record and Signature Disclosure: Accepted: 6/29/2021 3:31:51 PM ID: 9d9baf61-8696-4e39-8ce0-475930abb448</p>	COPIED	Sent: 12/22/2025 4:30:23 PM
<p>Lanna Hill lanna.hill@fultoncountyga.gov Human Resources Policy Advisor Fulton County Government Security Level: Email, Account Authentication (None)</p> <p>Electronic Record and Signature Disclosure: Not Offered via DocuSign</p>	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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You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: glenn.king@fultoncountyga.gov

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To let us know of a change in your e-mail address where we should send notices and disclosures electronically to you, you must send an email message to us at glenn.king@fultoncountyga.gov and in the body of such request you must state: your previous e-mail address, your new e-mail address. We do not require any other information from you to change your email address..

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- ii. send us an e-mail to glenn.king@fultoncountyga.gov and in the body of such request you must state your e-mail, full name, US Postal Address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

Required hardware and software

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

** These minimum requirements are subject to change. If these requirements change, you will be asked to re-accept the disclosure. Pre-release (e.g. beta) versions of operating systems and browsers are not supported.

Acknowledging your access and consent to receive materials electronically

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please verify that you were

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- Until or unless I notify Carahsoft OBO Fulton County, Georgia as described above, I consent to receive from exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to me by Carahsoft OBO Fulton County, Georgia during the course of my relationship with you.