



**AMENDMENT NO.1
24RFP072424K-JA**

**Program Management and Professional Services
for the Fulton County Jail
Capital Improvement Program (CIP)**

for

**Department Of Real Estate and Asset
Management**

AMENDMENT NO. 1 TO FORM OF CONTRACT

Contractor: ACR Partners, a joint venture comprised of AECOM Technical Services, Inc., Comprehensive Program Services and H.J. Russell & Company

Contract No. 24RFP072424K-JA, Program Management and Professional Services For the Fulton County Jail Capital Improvement Program (CIP)

Address: One Midtown Plaza

City, State 1360 Peachtree Street, Suite 500
Atlanta, Georgia 30309

Telephone: (404) 202-1537

E-mail: john.d.wright@aecom.com

Contact: John D. Wright
Principle-In-Charge

W I T N E S S E T H

WHEREAS, Fulton County ("County") entered into a Contract with ACR Partners, a joint venture comprised of AECOM Technical Services, Inc., Comprehensive Program Services and H.J. Russell & Company ("ACR Partners"), to provide Program Management and Professional Services for the Fulton County Jail Capital Improvement Program (CIP), dated December 11, 2024, on behalf of the Department of Real Estate and Asset Management; and

WHEREAS, the County wishes to amend the existing contract to increase the spending authority for Year 2 of the initial 5-Year contract and to amend the original scope of work in Phase II to provide comprehensive program management and professional services for the construction of an interim 600-bed modular housing facility located on the existing Rice St. jail campus; and

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 **November 19, 2025, BOC Item #25-0880**

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

This Amendment No. 1 to Form of Contract is effective as of the 19th day of November 2025, between the ACR Partners, who agree that all Services specified will be performed in accordance with this Amendment No. 1 of Form of Contract and the Contract Documents.

1. **SCOPE OF WORK TO BE PERFORMED:** This request for approval amends the existing contract to include two (2) additional professional services that will occur concurrently with

the scope of the original contract as follows:

Programming & Site Feasibility: At the request of Fulton County, ACR Partners will conduct a project kickoff meeting with key stakeholders including DREAM, the Fulton County Sheriff's Office and the Office of the County Manager. This effort will include reviewing all relevant documentation including facility assessments, population forecasts, and operational data to develop the overall project plan that will result in a new 600-bed modular facility on the existing jail campus.

Interim Housing Program Management: At the request of Fulton County, ACR Partners will provide program management services for construction of Interim Housing (600-bed modular facility). These services will occur concurrently with phase 2 of the overall Jail Capital Improvement Plan. The Interim Housing is intended to eliminate outsourcing needs between expiration of the existing lease agreement with the City of Atlanta for use of the Atlanta City Detention Center and the completion of the planned Special Purpose Building.

Cost of Additional Services:

	Description of Service	Estimated Project Hours	Cost
1	Program and Site Feasibility	5,344	\$1,219,040.00
2	Interim Housing Management	8,614	\$1,878,241.44
	Total	14,174	\$3,097,281.44

Year 2 Contract amount	\$2,032,953.58
Cost of Additional Services	<u>\$3,097,281.44</u>
Total Spending Authority for Year 2	\$5,130,235.02

2. **COMPENSATION:** The services described under Scope of Work herein shall be performed by Contractor for a total amount not to exceed \$5,130,235.02 (Five Million One Hundred Thirty Thousand Two Hundred Thirty Five Dollars and Two Cents) for Year 2.
3. **LIABILITY OF COUNTY:** This Amendment No. 1 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. 1 TO FORM OF CONTRACT:** Except as modified by this Amendment No. 1 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

ACR PARTNERS

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

John D. Wright
John D. Wright,
Principle-In-Charge

ATTEST:

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

(Affix County Seal)

APPROVED AS TO FORM:

David Loman
Office of the County Attorney

APPROVED AS TO CONTENT:

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

ITEM#: <u>xxx</u> RM: <u>xxx</u>	ITEM#: <u>25-0880</u> 2 ND RM: <u>11/19/2025</u>
REGULAR MEETING	SECOND REGULAR MEETING





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/13/2026

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 Risk & Insurance Services CA License #0437153 633 W. Fifth Street, Suite 1200 Los Angeles, CA 90071 Attn: LosAngeles.CertRequest@Marsh.Com CN101348564-STND-GAUE-25-26	CONTACT NAME: Marsh U.S. Operations PHONE (A/C, No, Ext): 866-966-4664 FAX (A/C, No): 212-948-0533 E-MAIL ADDRESS: LosAngeles.CertRequest@marsh.com <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A: ACE American Insurance Company</td> <td>22667</td> </tr> <tr> <td>INSURER B: N/A</td> <td>N/A</td> </tr> <tr> <td>INSURER C: Illinois Union Insurance Co</td> <td>27960</td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: ACE American Insurance Company	22667	INSURER B: N/A	N/A	INSURER C: Illinois Union Insurance Co	27960	INSURER D:		INSURER E:		INSURER F:	
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INSURER C: Illinois Union Insurance Co	27960														
INSURER D:															
INSURER E:															
INSURER F:															
INSURED AECOM AECOM Technical Services, Inc. One Midtown Plaza 1360 Peachtree Street, Suite 500 Atlanta, GA 30309															

COVERAGES**CERTIFICATE NUMBER:**

LOS-002794099-03

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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y	Y	HDO G48971714	04/01/2025	04/01/2026	EACH OCCURRENCE \$ 4,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 4,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 4,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000 \$
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 type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	ISA H11370494	04/01/2025	04/01/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 3,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y	WLR C72792300 (AOS) SCF C72792312 (WI Retro)	04/01/2025 04/01/2025	04/01/2026 04/01/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 3,000,000 E.L. DISEASE - EA EMPLOYEE \$ 3,000,000 E.L. DISEASE - POLICY LIMIT \$ 3,000,000
C	ARCHITECTS & ENG. PROFESSIONAL LIAB.			EON G21654693 005 "CLAIMS MADE"	04/01/2025	04/01/2026	Per Claim/Agg Defense Included 2,000,000

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

RE: Client Ref No: 24RFP072424K-JA.

Fulton County Government, Its Officials, Officers and Employees are named as additional insured for GL & AL coverages, but only as respects work performed by or on behalf of the named insured and where required by written contract. This insurance is primary and non-contributory over any existing insurance and limited to liability arising out of the operations of the named insured and where required by written contract with respect to the GL & AL coverages. Waiver of Subrogation is applicable where required by written contract with respect to GL, AL and WC.

CERTIFICATE HOLDER**CANCELLATION**

Fulton County Government Purchasing and Contract Compliance 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> <p style="text-align: right;"><i>Marsh Risk & Insurance Services</i></p>
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AGENCY CUSTOMER ID: CN101348564

LOC #: Los Angeles



ADDITIONAL REMARKS SCHEDULE

AGENCY Marsh Risk & Insurance Services		NAMED INSURED AECOM AECOM Technical Services, Inc. One Midtown Plaza 1360 Peachtree Street, Suite 500 Atlanta, GA 30309
POLICY NUMBER		
CARRIER	NAIC CODE	
EFFECTIVE DATE:		

ADDITIONAL REMARKS

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

Cyber Liability, Carrier: Steadfast Insurance Company, NAIC #: 26387, Policy #: SPR106530308, Policy Term: 10/01/2025 - 10/01/2026, The Cyber policies evidenced above are subject to self-insured retentions for various perils covered.; Limit: \$2,000,000.

POLICY NUMBER: HDO G48971714

Endorsement Number: 7

**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 Owner, Lessee or Contractor whom you have agreed to include as an additional insured under a written contract, provided such contract was executed prior to the date of loss.	All locations where you are performing ongoing operations for such additional insured pursuant to any such written contract.
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.

POLICY NUMBER: HDO G48971714

11
Endorsement Number: 45**COMMERCIAL GENERAL LIABILITY
CG 20 37 12 19****THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.****ADDITIONAL INSURED – OWNERS, LESSEES OR
CONTRACTORS – COMPLETED OPERATIONS**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART**SCHEDULE**

Name Of Additional Insured Person(s) Or Organization(s)	Location And Description Of Completed Operations
Any Owner, Lessee or Contractor whom you have agreed to include as an additional insured under a written contract, provided such contract was executed prior to the date of loss.	All locations where you are performing ongoing operations for such additional insured pursuant to any such written contract.
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" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the Schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

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 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 LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/13/2026

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. TWO ALLIANCE CENTER 3560 LENOX ROAD, SUITE 2400 ATLANTA, GA 30326 CN102460054-Cons-9/1-25-26	CONTACT NAME: PHONE (A/C, No. Ext): E-MAIL: ADDRESS: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> <tr> <td>INSURER A : StarStone National Insurance Company</td> <td>25496</td> </tr> <tr> <td>INSURER B : StarStone Specialty Insurance Company</td> <td>44776</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D : Starr Indemnity & Liability Company</td> <td>38318</td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : StarStone National Insurance Company	25496	INSURER B : StarStone Specialty Insurance Company	44776	INSURER C :		INSURER D : Starr Indemnity & Liability Company	38318	INSURER E :		INSURER F :	
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INSURER F :															
INSURED H. J. Russell & Company 171 17TH St NW Ste 1600 Atlanta, GA 30363															

COVERAGES**CERTIFICATE NUMBER:**

ATL-005940153-07

REVISION NUMBER: 16

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 <div style="display: flex; justify-content: space-between;"> <div> <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 <input type="checkbox"/> OTHER: </div> <div> <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY </div> </div>	Y		SGL90000260P-01	09/01/2025	09/01/2026	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY </div> <div> <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY </div> </div>	Y		SGA90000260P-01	09/01/2025	09/01/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$			CSX90185889P-01	09/01/2025	09/01/2026	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N	N / A	T10251480 (AOS) T10251507 (FL)	09/01/2025 09/01/2025	09/01/2026 09/01/2026	<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	Excess Liability			1000587945241	09/01/2025	09/01/2026	xs \$10,000,000 15,000,000

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

Re: 24RFP072424K-JA PROGRAM MANAGEMENT AND PROFESSIONAL SERVICES FOR THE FULTON COUNTY JAIL CAPITAL IMPROVEMENT PROGRAM.

Fulton County Government, Its Officials, Officers and Employees is/are included as additional insured (except workers' compensation) where required by written contract. This insurance is primary and non-contributory over any existing insurance and limited to liability arising out of the operations of the named insured subject to policy terms and conditions. Waiver of subrogation is applicable where required by written contract and subject to policy terms and conditions.

CERTIFICATE HOLDER**CANCELLATION**

Fulton County Government Purchasing and Contract Compliance 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> <p style="text-align: right;"><i>Marsh USA LLC</i></p>
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AGENCY CUSTOMER ID: CN102460054

LOC #: Atlanta



ADDITIONAL REMARKS SCHEDULE

AGENCY MARSH USA, LLC.		NAMED INSURED H. J. Russell & Company 171 17TH St NW Ste 1600 Atlanta, GA 30363
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

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

Contractors Professional and Pollution Liability

Carrier: Indian Harbor Ins. Co
Policy: CEO742175901
Effective: 09/01/2025
Expiration: 09/01/2026

Limits

General Aggregate: \$5,000,000
Defense Expenses Aggregate: \$1,000,000
Contractor's Pollution: \$5,000,000
Transportation Pollution:\$5,000,000
Non-Owned Disposal Site:\$5,000,000
Sudden and Accidental Discharge, Release or Escape of Pollutants: \$5,000,000
Crisis Management and Emergency Response Costs: \$5,000,000
Professional Liability: \$5,000,000
Professional Liability Rectification Expense: \$5,000,000
Disciplinary Proceeding Legal Expense Reimbursement: \$25,000
Subpoena Assistance: \$25,000
Pre-Claim Investigation Expenses: \$25,000

Deductible: \$25,000

Company: Starstone National Insurance Company

Policy Number: SGL90000260P-01

Endorsement Effective Date: 09/01/2025

Insured: H. J. Russell & Company, Inc.

Endorsement Number:

COMMERCIAL GENERAL LIABILITY
CG 20 39 12 19

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – OWNERS, LESSEES OR
CONTRACTORS – AUTOMATIC STATUS WHEN
REQUIRED IN WRITTEN CONSTRUCTION AGREEMENT
WITH YOU (COMPLETED OPERATIONS)**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

- A.** Section II – Who Is An Insured is amended to include as an additional insured any person or organization for whom you have performed operations when you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on your policy. Such person or organization is an additional insured only with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by "your work" performed for that additional insured and included in the "products-completed operations hazard".

However, the insurance afforded to such additional insured:

1. Only applies to the extent permitted by law; and
2. 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 exclusion applies:

This insurance does not apply to:

"Bodily injury" or "property damage" arising out of the rendering of, or the failure to render, any professional architectural, engineering or surveying services, including:

1. The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or
2. Supervisory, inspection, architectural or engineering activities.

This exclusion applies even if the claims against any insured allege negligence or other wrongdoing in the supervision, hiring, employment, training or monitoring of others by that insured, if the "occurrence" which caused the "bodily injury" or "property damage" involved the rendering of or the failure to render any professional architectural, engineering or surveying services.

- C.** With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

The most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement you have entered into with the additional insured; or
 2. Available under the applicable limits of insurance;
- whichever is less.

This endorsement shall not increase the applicable limits of insurance.

Company: Starstone National Insurance Company

Policy Number: SGL90000260P-01

Endorsement Effective Date: 09/01/2025

Insured: H. J. Russell & Company, Inc.

Endorsement Number:

COMMERCIAL GENERAL LIABILITY
CG 20 33 12 19

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – OWNERS, LESSEES OR
CONTRACTORS – AUTOMATIC STATUS WHEN
REQUIRED IN A WRITTEN CONSTRUCTION
AGREEMENT WITH YOU**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

A. Section II – Who Is An Insured is amended to include as an additional insured any person or organization for whom you are performing operations when you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on your policy. Such person or organization is an additional insured 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.

However, the insurance afforded to such additional insured:

1. Only applies to the extent permitted by law; and
2. Will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

A person's or organization's status as an additional insured under this endorsement ends when your operations for that additional insured are completed.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to:

1. "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 failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or
 - b. Supervisory, inspection, architectural or engineering activities.

This exclusion applies even if the claims against any insured allege negligence or other wrongdoing in the supervision, hiring, employment, training or monitoring of others by that insured, if the "occurrence" which caused the "bodily injury" or "property damage", or the offense which caused the "personal and advertising injury", involved the rendering of or the failure to render any professional architectural, engineering or surveying services.

2. "Bodily injury" or "property damage" occurring after:

- a. 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
- b. 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:**

The most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement you have entered into with the additional insured; or
2. Available under the applicable limits of insurance;

whichever is less.

This endorsement shall not increase the applicable limits of insurance.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/13/2026

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 Risk & Insurance Services CA License #0437153 633 W. Fifth Street, Suite 1200 Los Angeles, CA 90071 Attn: LosAngeles.CertRequest@Marsh.Com CN101348564-STND-GAUE-25-26	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">CONTACT NAME: Marsh U.S. Operations</td> </tr> <tr> <td>PHONE (A/C, No. Ext): 866-966-4664</td> <td>FAX (A/C, No): 212-948-0533</td> </tr> <tr> <td colspan="2">E-MAIL ADDRESS: LosAngeles.CertRequest@marsh.com</td> </tr> <tr> <td colspan="2" style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> </tr> <tr> <td>INSURER A: ACE American Insurance Company</td> <td>NAIC # 22667</td> </tr> <tr> <td>INSURER B: N/A</td> <td>N/A</td> </tr> <tr> <td>INSURER C: Illinois Union Insurance Co</td> <td>27960</td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	CONTACT NAME: Marsh U.S. Operations		PHONE (A/C, No. Ext): 866-966-4664	FAX (A/C, No): 212-948-0533	E-MAIL ADDRESS: LosAngeles.CertRequest@marsh.com		INSURER(S) AFFORDING COVERAGE		INSURER A: ACE American Insurance Company	NAIC # 22667	INSURER B: N/A	N/A	INSURER C: Illinois Union Insurance Co	27960	INSURER D:		INSURER E:		INSURER F:	
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INSURER F:																					
INSURED AECOM AECOM Technical Services, Inc. One Midtown Plaza 1360 Peachtree Street, Suite 500 Atlanta, GA 30309																					

COVERAGES**CERTIFICATE NUMBER:**

LOS-002794099-03

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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	HDO G48971714	04/01/2025	04/01/2026	EACH OCCURRENCE \$ 4,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 4,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 4,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000
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 type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	ISA H11370494	04/01/2025	04/01/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 3,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y	WLR C72792300 (AOS) SCF C72792312 (WI Retro)	04/01/2025 04/01/2025	04/01/2026 04/01/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 3,000,000 E.L. DISEASE - EA EMPLOYEE \$ 3,000,000 E.L. DISEASE - POLICY LIMIT \$ 3,000,000
C	ARCHITECTS & ENG. PROFESSIONAL LIAB.			EON G21654693 005 "CLAIMS MADE"	04/01/2025	04/01/2026	Per Claim/Agg Defense Included 2,000,000

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

RE: Client Ref No: 24RFP072424K-JA.

Fulton County Government, Its Officials, Officers and Employees are named as additional insured for GL & AL coverages, but only as respects work performed by or on behalf of the named insured and where required by written contract. This insurance is primary and non-contributory over any existing insurance and limited to liability arising out of the operations of the named insured and where required by written contract with respect to the GL & AL coverages. Waiver of Subrogation is applicable where required by written contract with respect to GL, AL and WC.

CERTIFICATE HOLDER**CANCELLATION**

Fulton County Government Purchasing and Contract Compliance 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> <p style="text-align: right;"><i>Marsh Risk & Insurance Services</i></p>
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AGENCY CUSTOMER ID: CN101348564

LOC #: Los Angeles



ADDITIONAL REMARKS SCHEDULE

AGENCY Marsh Risk & Insurance Services		NAMED INSURED AECOM AECOM Technical Services, Inc. One Midtown Plaza 1360 Peachtree Street, Suite 500 Atlanta, GA 30309
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

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

Cyber Liability, Carrier: Steadfast Insurance Company, NAIC #: 26387, Policy #: SPR106530308, Policy Term: 10/01/2025 - 10/01/2026, The Cyber policies evidenced above are subject to self-insured retentions for various perils covered.; Limit: \$2,000,000.

POLICY NUMBER: HDO G48971714

Endorsement Number: 7

**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 Owner, Lessee or Contractor whom you have agreed to include as an additional insured under a written contract, provided such contract was executed prior to the date of loss.	All locations where you are performing ongoing operations for such additional insured pursuant to any such written contract.
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.

POLICY NUMBER: HDO G48971714

11
Endorsement Number: 45**COMMERCIAL GENERAL LIABILITY
CG 20 37 12 19****THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.****ADDITIONAL INSURED – OWNERS, LESSEES OR
CONTRACTORS – COMPLETED OPERATIONS**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART**SCHEDULE**

Name Of Additional Insured Person(s) Or Organization(s)	Location And Description Of Completed Operations
Any Owner, Lessee or Contractor whom you have agreed to include as an additional insured under a written contract, provided such contract was executed prior to the date of loss.	All locations where you are performing ongoing operations for such additional insured pursuant to any such written contract.
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" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the Schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

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 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 LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/12/2026

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 Higginbotham Insurance Agency, Inc. 210 Interstate North Parkway SE, Suite 400 Atlanta GA 30339	CONTACT NAME: Shantay Hageman PHONE (A/C, No, Ext): 678-608-1233 FAX (A/C, No): E-MAIL: shageman@higginbotham.net ADDRESS:														
INSURED Comprehensive Program Services, Inc. 3368 Hardee Ave. Chamblee GA 30341	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: Fortegra Specialty Insurance Company</td> <td>16823</td> </tr> <tr> <td>INSURER B: Great American Insurance Company</td> <td>16691</td> </tr> <tr> <td>INSURER C: Lloyd's</td> <td>15642</td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Fortegra Specialty Insurance Company	16823	INSURER B: Great American Insurance Company	16691	INSURER C: Lloyd's	15642	INSURER D:		INSURER E:		INSURER F:	
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INSURER C: Lloyd's	15642														
INSURER D:															
INSURER E:															
INSURER F:															

 License#: 2081754
 COMPPRO-10
COVERAGES**CERTIFICATE NUMBER: 816039760****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
	COMMERCIAL GENERAL LIABILITY <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 <input type="checkbox"/> OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input 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						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A B C	Cyber Liability Directors & Officers Professional Liability			C-4LPX-284080-CYBER-2025 DPL321681 ANE1086422.25	10/12/2025 10/12/2025 10/12/2025	10/12/2026 10/12/2026 10/12/2026	Aggregate Limit 3,000,000 Aggregate Limit 2,000,000 Aggregate Limit 3,000,000

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

 DIRECTORS AND OFFICERS - Policy# DPLE321681
 Directors and Officers and Entity Liability Limit - \$2,000,000
 Prior and Pending Date 06/20/2018
 A. Individual Liability Deductible - \$0
 B. Reimbursement Deductible - \$10,000
 C. Entity Liability Deductible - \$10,000

 ARCHITECTS, ENGINEERS, AND CONSTRUCTION MANAGERS PROFESSIONAL LIABILITY - Policy# ANE1086422.25
 See Attached...
CERTIFICATE HOLDER**CANCELLATION**
 Fulton County Government
 Purchasing and Contract Compliance Department
 130 Peachtree Street SW
 Suite 1168
 Atlanta GA 30303

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

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AGENCY CUSTOMER ID: COMPPRO-10

LOC # _____



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Higginbotham Insurance Agency, Inc.		NAMED INSURED Comprehensive Program Services, Inc. 3368 Hardee Ave. Chamblee GA 30341	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

Professional Liability (PL): \$1,000,000 Each Claim / \$3,000,000 Aggregate
 Defense of Licensing Proceedings - \$10,000
 FHA/OSHA/ADA Regulatory Proceedings - \$25,000
 Pre-Claim Assistance - \$50,000
 Subpoena Assistance - \$10,000
 Supplementary Payments - \$10,000
 Crisis Management - \$50,000 Each Claim - \$10,000 Retention
 Media and Advertising Activities - \$1,000,000 Each Claim - \$10,000 Retention
 PL Retroactive Date - 12/12/2005

CYBER LIABILITY - Policy# C4LPX284080CYBER2025

Cyber Liability Aggregate - \$3,000,000

A. Network and Information Security Liability \$3,000,000 - \$5,000 Deductible

B. Regulatory Defense and Penalties \$3,000,000 - \$5,000 Deductible

C. Multimedia Content Liability \$3,000,000 - \$5,000 Deductible

D. PCI Fines and Assessments \$3,000,000 - \$5,000 Deductible

E. Breach Response \$3,000,000 - \$5,000 Deductible

F. Crisis Management and Public Relations \$3,000,000 - \$5,000 Deductible

G. Cyber Extortion \$3,000,000 - \$5,000 Deductible

H. Business Interruption and Extra Expenses \$3,000,000 - \$5,000 Deductible

i. Waiting Period - 8 Hours

ii. Enhanced Waiting Period - 8 Hours

I. Digital Asset Restoration \$3,000,000 - \$5,000 Deductible

J. Funds Transfer Fraud \$250,000 - \$50,000 Deductible

Breach Response Separate Limit \$3,000,000 - \$5,000 Deductible

Limit is separate from and in addition to the Aggregate Policy Limit of Liability

CR. Computer Replacement Endorsement \$1,000,000 - \$5,000 Deductible

SF. Service Fraud \$250,000 - \$50,000 Deductible

RHL. Reputational Harm Loss \$1,000,000 - Waiting Period - 14 days

Reputation Repair \$3,000,000 - \$5,000 Deductible

Full Prior Acts

J.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/12/2026

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 Higginbotham Insurance Agency, Inc. 210 Interstate North Parkway SE, Suite 400 Atlanta GA 30339	CONTACT NAME: Shantay Hageman PHONE (A/C, No, Ext): 678-608-1233 FAX (A/C, No): E-MAIL: shageman@higginbotham.net ADDRESS:														
INSURED Comprehensive Program Services, Inc. 3368 Hardee Ave. Chamblee GA 30341	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A: Fortegra Specialty Insurance Company</td> <td style="text-align: center;">16823</td> </tr> <tr> <td>INSURER B: Great American Insurance Company</td> <td style="text-align: center;">16691</td> </tr> <tr> <td>INSURER C: Lloyd's</td> <td style="text-align: center;">15642</td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Fortegra Specialty Insurance Company	16823	INSURER B: Great American Insurance Company	16691	INSURER C: Lloyd's	15642	INSURER D:		INSURER E:		INSURER F:	
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 License#: 2081754
 COMPPRO-10
COVERAGES**CERTIFICATE NUMBER:** 816039760**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
	COMMERCIAL GENERAL LIABILITY <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 <input type="checkbox"/> OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input 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 <input type="checkbox"/> AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A B C	Cyber Liability Directors & Officers Professional Liability			C-4LPX-284080-CYBER-2025 DPL321681 ANE1086422.25	10/12/2025 10/12/2025 10/12/2025	10/12/2026 10/12/2026 10/12/2026	Aggregate Limit 3,000,000 Aggregate Limit 2,000,000 Aggregate Limit 3,000,000

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

DIRECTORS AND OFFICERS - Policy# DPLE321681
 Directors and Officers and Entity Liability Limit - \$2,000,000
 Prior and Pending Date 06/20/2018
 A. Individual Liability Deductible - \$0
 B. Reimbursement Deductible - \$10,000
 C. Entity Liability Deductible - \$10,000

ARCHITECTS, ENGINEERS, AND CONSTRUCTION MANAGERS PROFESSIONAL LIABILITY - Policy# ANE1086422.25
 See Attached...

CERTIFICATE HOLDER**CANCELLATION**

Fulton County Government
 Purchasing and Contract Compliance Department
 130 Peachtree Street SW
 Suite 1168
 Atlanta GA 30303

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

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ADDITIONAL REMARKS SCHEDULE

AGENCY Higginbotham Insurance Agency, Inc.		NAMED INSURED Comprehensive Program Services, Inc. 3368 Hardee Ave. Chamblee GA 30341	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

Professional Liability (PL): \$1,000,000 Each Claim / \$3,000,000 Aggregate
Defense of Licensing Proceedings - \$10,000
FHA/OSHA/ADA Regulatory Proceedings - \$25,000
Pre-Claim Assistance - \$50,000
Subpoena Assistance - \$10,000
Supplementary Payments - \$10,000
Crisis Management - \$50,000 Each Claim - \$10,000 Retention
Media and Advertising Activities - \$1,000,000 Each Claim - \$10,000 Retention
PL Retroactive Date - 12/12/2005

CYBER LIABILITY - Policy# C4LPX284080CYBER2025
Cyber Liability Aggregate - \$3,000,000
A. Network and Information Security Liability \$3,000,000 - \$5,000 Deductible
B. Regulatory Defense and Penalties \$3,000,000 - \$5,000 Deductible
C. Multimedia Content Liability \$3,000,000 - \$5,000 Deductible
D. PCI Fines and Assessments \$3,000,000 - \$5,000 Deductible
E. Breach Response \$3,000,000 - \$5,000 Deductible
F. Crisis Management and Public Relations \$3,000,000 - \$5,000 Deductible
G. Cyber Extortion \$3,000,000 - \$5,000 Deductible
H. Business Interruption and Extra Expenses \$3,000,000 - \$5,000 Deductible
 i. Waiting Period - 8 Hours
 ii. Enhanced Waiting Period - 8 Hours
I. Digital Asset Restoration \$3,000,000 - \$5,000 Deductible
J. Funds Transfer Fraud \$250,000 - \$50,000 Deductible
Breach Response Separate Limit \$3,000,000 - \$5,000 Deductible
Limit is separate from and in addition to the Aggregate Policy Limit of Liability
CR. Computer Replacement Endorsement \$1,000,000 - \$5,000 Deductible
SF. Service Fraud \$250,000 - \$50,000 Deductible
RHL. Reputational Harm Loss \$1,000,000 - Waiting Period - 14 days
Reputation Repair \$3,000,000 - \$5,000 Deductible
Full Prior Acts
J.

Certificate Of Completion

Envelope Id: F6F5B777-8505-416F-89EA-DB94D7D844CC

Status: Completed

Subject: Complete with Docusign: ACR-Amendment No. 1-24RFP072424K-JA.docx, FULCO Purchasing Cover.docx

Parcel ID:

Employee Name:

Source Envelope:

Document Pages: 24

Signatures: 5

Envelope Originator:

Certificate Pages: 6

Initials: 0

Janett L. Adams

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

janett.adams@fultoncountyga.gov

IP Address: 144.125.1.75

Record Tracking

Status: Original

Holder: Janett L. Adams

Location: DocuSign

1/9/2026 9:39:56 AM

janett.adams@fultoncountyga.gov

Security Appliance Status: Connected

Pool: StateLocal

Storage Appliance Status: Connected

Pool: Fulton County Government

Location: Docusign

Signer Events

Signature

Timestamp

John D. Wright

john.d.wright@aecom.com

Security Level: Email, Account Authentication
(None)

Sent: 1/9/2026 10:26:05 AM

Viewed: 1/9/2026 2:33:48 PM

Signed: 1/9/2026 2:34:24 PM

Signature Adoption: Uploaded Signature Image

Using IP Address:

2600:1700:7472:8400:99ba:ae3e:dbce:e8b7

Electronic Record and Signature Disclosure:

Accepted: 1/9/2026 2:33:48 PM

ID: 13c89dfd-0f6f-4e78-b4b6-5ed901180bbe

Janett L. Adams

janett.adams@fultoncountyga.gov

Assistant Purchasing Agent

Allen Entrepreneurial Institute

Security Level: Email, Account Authentication
(None)

Completed

Using IP Address: 74.174.59.4

Sent: 1/21/2026 12:11:00 PM

Viewed: 1/21/2026 12:11:24 PM

Signed: 1/21/2026 12:18:58 PM

Electronic Record and Signature Disclosure:

Not Offered via Docusign

Joseph Davis

Joseph.Davis@fultoncountyga.gov

Director

Security Level: Email, Account Authentication
(None)

Sent: 1/21/2026 12:11:00 PM

Viewed: 1/21/2026 12:15:16 PM

Signed: 1/21/2026 12:15:32 PM


Signature Adoption: Pre-selected Style

Using IP Address: 74.174.59.10

Electronic Record and Signature Disclosure:

Accepted: 1/21/2026 12:15:16 PM

ID: 69cdb728-2aa4-4133-867c-84cdc86247ea

Signer Events	Signature	Timestamp
David Loman david.lowman@fultoncountyga.gov Security Level: Email, Account Authentication (None)	 Signature Adoption: Pre-selected Style Using IP Address: 74.174.59.4	Sent: 1/21/2026 12:19:00 PM Viewed: 1/21/2026 12:19:45 PM Signed: 1/21/2026 12:25:52 PM

Electronic Record and Signature Disclosure:
Accepted: 1/21/2026 12:19:45 PM
ID: dc54e3d5-ed98-4784-b485-3d761af3270b

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: 74.174.59.10

Sent: 1/21/2026 12:25:54 PM
Viewed: 1/21/2026 12:30:29 PM
Signed: 1/21/2026 12:31:02 PM

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

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




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

Sent: 1/21/2026 12:31:04 PM
Viewed: 1/22/2026 10:46:03 AM
Signed: 1/22/2026 10:46:12 AM

Electronic Record and Signature Disclosure:
Accepted: 1/22/2026 10:46:03 AM
ID: 8e9f7a4f-74d9-4652-8997-ef3aa8d0bec8

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: 74.174.59.10

Sent: 1/22/2026 10:46:15 AM
Viewed: 1/22/2026 10:49:36 AM
Signed: 1/22/2026 10:49:52 AM

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
Carbon Copy Events	Status	Timestamp

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

Electronic Record and Signature Disclosure:
Not Offered via Docusign

COPIED

Sent: 1/22/2026 10:49:54 AM
Viewed: 1/22/2026 2:12:11 PM

Witness Events	Signature	Timestamp
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Notary Events	Signature	Timestamp
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Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	1/9/2026 10:26:06 AM
Envelope Updated	Security Checked	1/21/2026 12:10:59 PM
Envelope Updated	Security Checked	1/21/2026 12:10:59 PM
Certified Delivered	Security Checked	1/22/2026 10:49:36 AM
Signing Complete	Security Checked	1/22/2026 10:49:52 AM
Completed	Security Checked	1/22/2026 10:49:54 AM

Payment Events	Status	Timestamps
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Electronic Record and Signature Disclosure
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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

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