



**FULTON
COUNTY**

**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

WITNESSETH

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:

FULTON COUNTY, GEORGIA

Robert L. Pitts

Robert L. Pitts, Chairman
Fulton County Board of
Commissioners

CONSULTANT:

ACR PARTNERS

J. 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#: XXX	RM: XXX	ITEM#: 25-0880	2 ND RM: 11/19/2025
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 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:	
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		
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	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		
	OTHER:						\$		
A	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$:	Y	Y	WLR C72792300 (AOS) SCF C72792312 (WI Retro)	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)						\$		
	OTHER:						\$		
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N N	N / A	WLR C72792300 (AOS) SCF C72792312 (WI Retro)	04/01/2025	04/01/2026	X PER STATUTE OTHER	\$	
	E.L. EACH ACCIDENT						\$ 3,000,000		
	E.L. DISEASE - EA EMPLOYEE						\$ 3,000,000		
	E.L. DISEASE - POLICY LIMIT						\$ 3,000,000		
	OTHER:						\$		
C	ARCHITECTS & ENG. PROFESSIONAL LIAB.	Y	Y	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	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 <i>Marsh Risk & Insurance Services</i>
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ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY		NAMED INSURED	
Marsh Risk & Insurance Services		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

4
Endorsement Number: 7COMMERCIAL 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): FAX (A/C, No): E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC #
	INSURER A : StarStone National Insurance Company 25496
INSURED H. J. Russell & Company 171 17TH St NW Ste 1600 Atlanta, GA 30363	INSURER B : StarStone Specialty Insurance Company 44776
	INSURER C :
	INSURER D : Starr Indemnity & Liability Company 38318
	INSURER E :
	INSURER F :

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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC OTHER:		Y	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 <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		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 checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$:			CSX90185889P-01	09/01/2025	09/01/2026	EACH OCCURRENCE	\$ 10,000,000	
							AGGREGATE	\$ 10,000,000	
								\$	
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 <input checked="" type="checkbox"/> 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 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	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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Marsh USA LLC

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ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

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

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

Policy Number: SGL90000260P-01

Endorsement Effective Date: 09/01/2025

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

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

Policy Number: SGL90000260P-01

Endorsement Effective Date: 09/01/2025

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		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 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:	
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		
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	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		
	OTHER:						\$		
	EACH OCCURRENCE						\$		
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$:	Y	Y	WLR C72792300 (AOS) SCF C72792312 (WI Retro)	04/01/2025	04/01/2026	BODILY INJURY (Per person)	\$	
	BODILY INJURY (Per accident)						\$		
	PROPERTY DAMAGE (Per accident)						\$		
	AGGREGATE						\$		
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input checked="" type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N N	N / A	WLR C72792300 (AOS) SCF C72792312 (WI Retro)	04/01/2025	04/01/2026	COMBINED SINGLE LIMIT (Ea accident)	\$ 3,000,000	
	E.L. EACH ACCIDENT						\$ 3,000,000		
	E.L. DISEASE - EA EMPLOYEE						\$ 3,000,000		
	E.L. DISEASE - POLICY LIMIT						\$ 3,000,000		
	OTHER:						\$		
C	ARCHITECTS & ENG. PROFESSIONAL LIAB.	Y	Y	EON G21654693 005 "CLAIMS MADE"	04/01/2025	04/01/2026	Per Claim/Agg	2,000,000	
	Defense Included						\$		

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	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 <i>Marsh Risk & Insurance Services</i>
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ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY		NAMED INSURED	
Marsh Risk & Insurance Services		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

4
Endorsement Number: 7COMMERCIAL 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 INSURER(S) AFFORDING COVERAGE INSURER A : Fortegra Specialty Insurance Company NAIC # 16823 INSURER B : Great American Insurance Company 16691 INSURER C : Lloyd's 15642 INSURER D : INSURER E : INSURER F :	
	License#: 2081754 COMPPRO-10	
INSURED Comprehensive Program Services, Inc. 3368 Hardee Ave. Chamblee GA 30341		

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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR					EACH OCCURRENCE	\$
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
	OTHER:					MED EXP (Any one person)	\$
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					PERSONAL & ADV INJURY	\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					GENERAL AGGREGATE	\$
	DED <input type="checkbox"/> RETENTION \$					PRODUCTS - COMP/OP AGG	\$
	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	N / A				COMBINED SINGLE LIMIT (Ea accident)	\$
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	PER STATUTE	OTH- ER
						E.L. EACH ACCIDENT	\$
						E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$

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

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

Page 1 of 1

AGENCY Higginbotham Insurance Agency, Inc.		NAMED INSURED Comprehensive Program Services, Inc. 3368 Hardee Ave. Chamblee GA 30341	
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

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 ADDRESS: shageman@higginbotham.net	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A : Fortegra Specialty Insurance Company 16823	
INSURED Comprehensive Program Services, Inc. 3368 Hardee Ave. Chamblee GA 30341		INSURER B : Great American Insurance Company 16691	
		INSURER C : Lloyd's 15642	
		INSURER D :	
		INSURER E :	
		INSURER F :	

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

Page 1 of 1

AGENCY Higginbotham Insurance Agency, Inc.	NAMED INSURED Comprehensive Program Services, Inc. 3368 Hardee Ave. Chamblee GA 30341	
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

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

Envelope Stamping: Enabled

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

141 Pryor Street

Purchasing & Contract Compliance, Suite 1168

Atlanta, GA 30303

janett.adams@fultoncountyga.gov

IP Address: 144.125.1.75

Record Tracking

Status: Original

1/9/2026 9:39:56 AM

Holder: Janett L. Adams

Location: DocuSign

Security Appliance Status: Connected

janett.adams@fultoncountyga.gov

Storage Appliance Status: Connected

Pool: StateLocal

Location: Docusign

Signer Events

Signature

Timestamp

John D. Wright



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

john.d.wright@aecom.com

Signature Adoption: Uploaded Signature Image

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

Security Level: Email, Account Authentication
(None)

Using IP Address:

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

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

Completed

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

Janett L. Adams

janett.adams@fultoncountyga.gov

Using IP Address: 74.174.59.4

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

Assistant Purchasing Agent

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

Allen Entrepreneurial Institute

Security Level: Email, Account Authentication
(None)

Electronic Record and Signature Disclosure:

Not Offered via Docusign



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

Joseph Davis

Joseph.Davis@fultoncountyga.gov

Director

Security Level: Email, Account Authentication
(None)

Signature Adoption: Pre-selected Style

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

Using IP Address: 74.174.59.10

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

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)		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	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)		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)		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)	COPIED	Sent: 1/22/2026 10:49:54 AM Viewed: 1/22/2026 2:12:11 PM
Electronic Record and Signature Disclosure: Not Offered via DocuSign		

Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp
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
Electronic Record and Signature Disclosure		

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PDF Reader:	Acrobat® or similar software may be required to view and print PDF files
Screen Resolution:	800 x 600 minimum
Enabled Security Settings:	Allow per session cookies

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