



DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE

CONTRACT RENEWAL AGREEMENT

DEPARTMENT: External Affairs

BID/RFP# NUMBER:23RFP139170A-CJC

BID/RFP# TITLE: Communications & Engagement Services

ORIGINAL APPROVAL DATE: December 20, 2023

RENEWAL EFFECTIVE DATES: January 1, 2026

RENEWAL OPTION #: 2 OF 3

NUMBER OF RENEWAL OPTIONS: One (1) Renewal Option Remains

RENEWAL AMOUNT: \$407,875.00

COMPANY'S NAME: NAME: AVA TopRight, LLC

ADDRESS:1 Concourse Pkwy, #800

CITY: Atlanta

STATE: Georgia

ZIP: 30328

This Renewal Agreement No. 2 was approved by the Fulton County Board of Commissioners on **BOC DATE: December 3, 2025 BOC NUMBER: 25-0925.**

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

SIGNATURES: SEE NEXT PAGE

SIGNATURES:

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

FULTON COUNTY, GEORGIA

AVA TopRight, LLC

Robert L. Pitts

Bill Fasig

Robert L. Pitts, Chairman
Fulton County Board of Commissioners

Bill Fasig
CEO

ATTEST:

Tonya R. Grier

Tonya R. Grier
Clerk to the Commission

(Affix County Seal)

AUTHORIZATION OF RENEWAL:

Jessica Corbitt

Jessica Corbitt, Director
External Affairs

ITEM#: <u>25-0925</u> RM: <u>12/03/2025</u>	ITEM#: _____ 2 ND RM: _____
REGULAR MEETING	SECOND REGULAR MEETING

CERTIFICATE OF INSURANCE





UNCOMMONLY INDEPENDENT

**VERIFICATION OF INSURANCE
TO WHOM IT MAY CONCERN**

09/12/2025

Dear Sirs,

Insured: AVA Top Right LLC

We act as insurance brokers to the above client and in this capacity can provide brief details of their current covers as follows;

Cyber Liability

Insurer: Hiscox Insurance (Primary)
CFC Underwriting Limited (Excess Layer)

Policy Number: HUPI6 8634356 (Primary)
ESN0040066015 (Excess Layer)

Period of Insurance: 1st September 2025 to 31st August 2026 both days inclusive

Limit of Liability: **Cyber Liability (Your own losses and/or claims & investigations against you)**
£10,000,000 in the aggregate, including all costs

Financial Crime and Fraud
£250,000 in the aggregate, including all costs

Excess: Cyber Liability - £25,000 each claim, including defence costs, breach, loss or ransom demand
Financial Crime and Fraud - £25,000 each and every claim, including all costs

Territorial Limits: Worldwide

This letter is provided for information only and the confirmation given in respect of the insurance policies noted in this letter is given solely as at the date of this letter. Cover is subject to Insurer's policy terms, conditions, limitations and exclusions, and may also be subject to cancellation provisions and warranties.

The issuance of this letter does not make the person or organisation to whom it has been issued an additional insured and confers no rights upon the recipient, nor does it modify in any manner the contract of insurance between the Insured and Insurers.

Lockton Companies LLP

10th Floor Baltic Place West, South Shore Road, Gateshead NE8 3AE

Tel: 01912613070/ Fax: 01912613060

www.lockton.com

Registered in England & Wales at The St Botolph Building, 138 Houndsditch, London EC3A 7AG

Company number OC353198

Authorised and regulated by the Financial Conduct Authority

www.locktoninternational.com

T: +44 (0) 20 7933 0000
E: Enquiries@uk.lockton.com



Without prejudice to the foregoing no assurance is given by us to the adequacy or otherwise of the sums insured /limit of liability/indemnity (as the case may be) under the insurance policies. Nor do we express any view or assume any liability as to the solvency or future ability to pay of any of the insurance companies with whom the insurance policies have been placed. In each case you must rely upon your own assessment of such matters. We cannot comment as to whether the Insured has done or omitted to do anything which has rendered or may render any policy of insurance (including the insurance policies noted in this letter) taken out by it or by any other person in relation to any of the Insured's assets or liabilities void or voidable and you must similarly rely upon your own enquiries in this respect. Where more than one insurer is involved in the placement of cover, not all such insurers may have the same credit rating and the credit ratings of each of such insurers may differ. Lockton does not accept any liability or responsibility to any third party (including, but not limited to, any person to whom this letter is addressed) in respect of the information provided nor does Lockton have any obligation to advise any changes to or cancellation of the insurances described. This letter shall be governed by and shall be construed in accordance with English law and the courts of England and Wales shall have exclusive jurisdiction. We trust that this information is sufficient for your purposes however, should you require additional detail this can be provided upon agreement from the Insured.

Phil McDonnell

SIGNED:

NAME: Phil McDonnell

For and on behalf of Lockton Companies LLP

Beth Hull

SIGNED:

NAME: Beth Hull

For and on behalf of Lockton Companies LLP



CERTIFICATE OF LIABILITY INSURANCE

6/30/2026

DATE (MM/DD/YYYY)

12/4/2025

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

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

PRODUCER Lockton Companies, LLC DBA Lockton Insurance Brokers, LLC in CA CA license #0F15767 444 W. 47th St., Ste. 900 Kansas City MO 64112-1906 (816) 960-9000 kcasu@lockton.com	CONTACT NAME: PHONE (A/C. No. Ext): FAX (A/C. No): E-MAIL ADDRESS: <table 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: Transportation Insurance Company</td> <td style="text-align: center;">20494</td> </tr> <tr> <td>INSURER B: American Casualty Company of Reading, PA</td> <td style="text-align: center;">20427</td> </tr> <tr> <td>INSURER C: The Continental Insurance Company</td> <td style="text-align: center;">35289</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: Transportation Insurance Company	20494	INSURER B: American Casualty Company of Reading, PA	20427	INSURER C: The Continental Insurance Company	35289	INSURER D:		INSURER E:		INSURER F:	
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INSURER F:															
INSURED 1543917 AVA TOPRIGHT, LLC 1201 SAN JACINTO ST. SUITE 267 HOUSTON, TX 77002															

COVERAGES **CERTIFICATE NUMBER:** 22724697 **REVISION NUMBER:** XXXXXXXX

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:	N	N	8018809923	3/1/2025	6/30/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
C	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	N	N	8018801031	3/1/2025	6/30/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	N	N	8018815737	3/1/2025	6/30/2026	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$ XXXXXXXX
B	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	8018809355 - AOS	6/30/2025	6/30/2026	<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
A	WORKERS COMPENSATION - CA ONLY	N	N	8018810554	3/1/2025	6/30/2026	EACH ACCIDENT \$1M DISEASE - EA EMPLOYEE \$1M DISEASE - POLICY LIMIT \$1M

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

CERTIFICATE HOLDER

CANCELLATION

22724697 Fulton County Government 141 Pryor Street SW 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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CERTIFICATE OF LIABILITY INSURANCE

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DATE (MM/DD/YYYY)

12/4/2025

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Certificate Of Completion

Envelope Id: 17D9F3C3-7E61-46DA-A629-06723D0ED412

Status: Completed

Subject: Complete with Docusign: Communications and Engagement Services - Renewal 2

Parcel ID:

Employee Name:

Source Envelope:

Document Pages: 7

Signatures: 4

Envelope Originator:

Certificate Pages: 5

Initials: 0

Janelle Walker

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

janelle.walker@fultoncountyga.gov

IP Address: 2601:c4:4500:7e

Record Tracking

Status: Original

Holder: Janelle Walker

Location: DocuSign

12/3/2025 4:14:31 PM

janelle.walker@fultoncountyga.gov

Security Appliance Status: Connected

Pool: StateLocal

Storage Appliance Status: Connected

Pool: Fulton County Government

Location: Docusign

Signer Events

Signature

Timestamp

Bill Fasig

bfasig@toprightpartners.com

CEO

Security Level: Email, Account Authentication (None)

Signature Adoption: Pre-selected Style

Using IP Address: 2a02:26f7:f6f2:a05e:0:2800:0:5

Sent: 12/3/2025 4:20:59 PM

Resent: 12/13/2025 9:38:12 PM

Viewed: 12/14/2025 10:54:24 AM

Signed: 12/16/2025 12:21:22 PM

Electronic Record and Signature Disclosure:

Accepted: 12/14/2025 10:54:24 AM

ID: eece480d-dcb5-4f02-bcd6-a82fa6f80db5

Jessica Corbitt

jessica.corbitt@fultoncountyga.gov

Director of External Affairs

Security Level: Email, Account Authentication (None)

Signature Adoption: Pre-selected Style

Using IP Address: 71.199.155.48

Sent: 12/16/2025 12:21:24 PM

Resent: 1/2/2026 11:16:37 AM

Viewed: 1/2/2026 11:17:22 AM

Signed: 1/2/2026 11:17:33 AM

Electronic Record and Signature Disclosure:

Accepted: 10/2/2018 10:00:21 AM

ID: 15b4b45f-5a93-4bfa-9840-d46cdbedc0f9

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: 1/2/2026 11:17:34 AM


Viewed: 1/5/2026 3:46:49 PM

Signed: 1/5/2026 3:47:37 PM

Electronic Record and Signature Disclosure:

Accepted: 11/27/2017 1:39:37 PM

ID: b7ce88ee-0c66-4f3a-bfee-705e0af602d8

Signer Events	Signature	Timestamp
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: 1/5/2026 3:47:39 PM Viewed: 1/6/2026 9:40:40 AM Signed: 1/6/2026 9:40:50 AM

Electronic Record and Signature Disclosure:
Accepted: 1/6/2026 9:40:40 AM
ID: a89ba554-4f9e-436d-a2ed-a06f3c632a64

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: 1/6/2026 9:40:51 AM Viewed: 1/6/2026 12:04:37 PM Signed: 1/6/2026 12:04:56 PM
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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
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Editor Delivery Events	Status	Timestamp
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Agent Delivery Events	Status	Timestamp
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Intermediary Delivery Events	Status	Timestamp
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Certified Delivery Events	Status	Timestamp
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Carbon Copy Events	Status	Timestamp
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Witness Events	Signature	Timestamp
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Notary Events	Signature	Timestamp
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Envelope Summary Events	Status	Timestamps
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Envelope Sent	Hashed/Encrypted	12/3/2025 4:20:59 PM
Envelope Updated	Security Checked	12/13/2025 9:38:11 PM
Envelope Updated	Security Checked	12/13/2025 9:38:11 PM
Envelope Updated	Security Checked	12/13/2025 9:38:11 PM
Envelope Updated	Security Checked	12/13/2025 9:38:11 PM
Envelope Updated	Security Checked	12/13/2025 9:38:11 PM
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Envelope Updated	Security Checked	12/13/2025 9:38:11 PM
Envelope Updated	Security Checked	12/13/2025 9:38:11 PM
Envelope Updated	Security Checked	12/13/2025 9:38:11 PM
Certified Delivered	Security Checked	1/6/2026 12:04:37 PM
Signing Complete	Security Checked	1/6/2026 12:04:56 PM
Completed	Security Checked	1/6/2026 12:04:56 PM

Payment Events	Status	Timestamps
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Electronic Record and Signature Disclosure
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CONSUMER DISCLOSURE

From time to time, Carahsoft OBO Fulton County, Georgia (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through the DocuSign, Inc. (DocuSign) electronic signing system. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to these terms and conditions, please confirm your agreement by clicking the 'I agree' button at the bottom of this document.

Getting paper copies

At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. You will have the ability to download and print documents we send to you through the DocuSign system during and immediately after signing session and, if you elect to create a DocuSign signer account, you may access them for a limited period of time (usually 30 days) after such documents are first sent to you. You may request delivery of such paper copies from us by following the procedure described below.

Withdrawing your consent

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

Consequences of changing your mind

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. To indicate to us that you are changing your mind, you must withdraw your consent using the DocuSign 'Withdraw Consent' form on the signing page of a DocuSign envelope instead of signing it. This will indicate to us that you have withdrawn your consent to receive required notices and disclosures electronically from us and you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

All notices and disclosures will be sent to you electronically

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

How to contact Carahsoft OBO Fulton County, Georgia:

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

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

To advise Carahsoft OBO Fulton County, Georgia of your new e-mail address

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

In addition, you must notify DocuSign, Inc. to arrange for your new email address to be reflected in your DocuSign account by following the process for changing e-mail in the DocuSign system.

To request paper copies from Carahsoft OBO Fulton County, Georgia

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an e-mail to glenn.king@fultoncountyga.gov and in the body of such request you must state your e-mail address, full name, US Postal address, and telephone number. We will bill you for any fees at that time, if any.

To withdraw your consent with Carahsoft OBO Fulton County, Georgia

To inform us that you no longer want to receive future notices and disclosures in electronic format you may:

- i. decline to sign a document from within your DocuSign session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;
- ii. send us an e-mail to glenn.king@fultoncountyga.gov and in the body of such request you must state your e-mail, full name, US Postal Address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

Required hardware and software

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

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

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