



DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE

CONTRACT RENEWAL AGREEMENT

DEPARTMENT: Real Estate and Asset Management

BID/RFP# NUMBER: 18ITB113489C-BKJ

BID/RFP# TITLE: Standby Plumbing Repair Services

ORIGINAL APPROVAL DATE: 10/17/2018

RENEWAL EFFECTIVE DATES: 1/ 1/ 2021 **THROUGH** 12/ 31/2021

RENEWAL OPTION #: 2 OF 2

NUMBER OF RENEWAL OPTIONS: 2

RENEWAL AMOUNT: \$100,000.00

COMPANY'S NAME: Legwork Plumbing Solutions, Inc.

ADDRESS: 201 17th Street

CITY: Atlanta

STATE: GA

ZIP: 30363

This Renewal Agreement No. 2 was approved by the Fulton County Board of Commissioners on BOC DATE:10-7-20 **BOC NUMBER:** 20-0693

SIGNATURES: SEE NEXT PAGE

SIGNATURES:

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

Legwork Plumbing Solutions, Inc.

DocuSigned by:

Robert L. Pitts

14E1B4AA5E6A44A...

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

Please select Attest or Notary from checkbox

Attest

ATTEST:

DocuSigned by:

Tonya R. Grier

EEC476C4837048D...

Tonya R. Grier**Interim Clerk to the Commission****(Affix County Seal)****AUTHORIZATION OF RENEWAL:**

DocuSigned by:

Joseph Davis

0E0566173E2143F...

Joseph Davis

Director

Real Estate and Asset Management

DocuSigned by:

Rachel Grier

86DA445222B1466...

Full Name

Owner

x Notary

ATTEST:
**Secretary/
Assistant Secretary**
(Affix Corporate Seal)**ATTEST:**

Felicia Hill

Notary Public
County: Fulton
Commission Expires: 8/8/23

DocuSigned by:

(Affix Notary Seal)

Please select RCS or RM from the checkbox

x

RCS

x

RM

ITEM#: xxx

RCS: xxx

RECESS MEETING

ITEM#: 2020-0693

RM: 10/7/2020

REGULAR MEETING



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/02/2020

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 Gaslamp Insurance Services 2244 Faraday Avenue, #125 Carlsbad CA 92008	CONTACT NAME: Customer Service Department PHONE (A/C, No, Ext): (800) 920-4125 FAX (A/C, No): (800) 920-4107 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: AIX Specialty Ins Co</td> <td>12833</td> </tr> <tr> <td>INSURER B: Trisura Specialty Insurance Company</td> <td>16188</td> </tr> <tr> <td>INSURER C:</td> <td></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: AIX Specialty Ins Co	12833	INSURER B: Trisura Specialty Insurance Company	16188	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															
INSURED Leg Work Plumbing Solutions 715 Peachtree Street Northeast Suite 100 Atlanta GA 30308															

COVERAGES**CERTIFICATE NUMBER:** GL/XS 20-21 Master**REVISION NUMBER:**

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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	Y		SIZGL1138A240048	08/28/2020	08/28/2021	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						MED EXP (Any one person) \$ 5,000
	OTHER:						PERSONAL & ADV INJURY \$ 1,000,000
	AUTOMOBILE LIABILITY						GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> ANY AUTO						PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input type="checkbox"/> OWNED AUTOS ONLY						
	<input type="checkbox"/> HIRED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
B	<input type="checkbox"/> UMBRELLA LIAB			TRXS0002559	08/28/2020	08/28/2021	EACH OCCURRENCE \$ 2,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB						AGGREGATE \$ 2,000,000
	<input type="checkbox"/> CLAIMS-MADE						
	DED RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A					PER STATUTE OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						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)

Certificate Holder is named as Additional Insured; Primary Non-Contributory Wording & Waiver of Subrogation apply, to the extent provided in the attached form(s). Excess Follows Form of General Liability.

Certificate Holder Reference: City Views at Rosa Burney Park 295 Richardson Street Atlanta, GA 30312

Additional Insured status is subject to all policy terms, exclusions and conditions

CERTIFICATE HOLDER**CANCELLATION**

Kattera Construction LLC 9305 E. VIA DE VENTURA #200 Scottsdale AZ 85258	<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>
--	--

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CONTRACT RENEWAL AGREEMENT

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COMPANY'S NAME: Talon Property Services

ADDRESS: 730 Pryor Street, S.W.

CITY: Atlanta

STATE: GA

ZIP: 30315

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FULTON COUNTY, GEORGIA

Talon Property Services

DocuSigned by:

Robert L. Pitts

14E1B4AA5E6A44A...

Robert L. Pitts, Chairman
Fulton County Board of Commissioners

Please select Attest or Notary from checkbox

Attest

ATTEST:

DocuSigned by:

Tonya R. Grier

EEC476C4837048D...

Tonya R. Grier
Interim Clerk to the Commission

(Affix County Seal)

**AUTHORIZATION OF RENEWAL:**

DocuSigned by:

Joseph Davis

0E0566173E2143F...

Joseph Davis

Director

Real Estate and Asset Management

DocuSigned by:

Rob Heller

28B00939DE4848F...

Robert Heller

Managing Member

x Notary

ATTEST:

**Secretary/
 Assistant Secretary**

(Affix Corporate Seal)

ATTEST:

Pia Haynes

Notary Public

County: DeKalb

Commission Expires: 9/12/2021

DocuSigned by:

(Affix Notary Seal)



Please select RCS or RM from the checkbox

x

RCS

x

RM

ITEM#: xxx

RCS: xxx

RECESS MEETING

ITEM#: 2020-0693B

RM: 10/7/2020

REGULAR MEETING





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DATE (MM/DD/YYYY)

07/10/2020

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PRODUCER Manry & Heston, Inc Charlie Fister P.O. Box 49607 Atlanta GA 30359	CONTACT NAME: Amanda Cannon PHONE (A/C, No, Ext): (770) 939-3231 FAX (A/C, No): (770) 939-8978 E-MAIL ADDRESS: acannon@manryheston.com														
INSURED Talon Property Services, LLC P.O. Box 1065 Decatur GA 30031	<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: Republic Franklin Insurance Company</td> <td>12475</td> </tr> <tr> <td>INSURER B: Graphic Arts Mutual Insurance Co.</td> <td>25984</td> </tr> <tr> <td>INSURER C: Utica Mutual Insurance Compnay</td> <td>25976</td> </tr> <tr> <td>INSURER D: Builders</td> <td>10704</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: Republic Franklin Insurance Company	12475	INSURER B: Graphic Arts Mutual Insurance Co.	25984	INSURER C: Utica Mutual Insurance Compnay	25976	INSURER D: Builders	10704	INSURER E:		INSURER F:	
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COVERAGES**CERTIFICATE NUMBER:** 20-21 GA**REVISION NUMBER:**

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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	X		CPP 516851	07/17/2020	07/17/2021	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
							MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:							PRODUCTS - COMP/OP AGG \$ 2,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY			5157178	07/17/2020	07/17/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
							Medical payments \$ 5,000
C	<input checked="" type="checkbox"/> UMBRELLA LIAB			CULP 5168512	07/17/2020	07/17/2021	EACH OCCURRENCE \$ 3,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB						AGGREGATE \$ 3,000,000
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N	N/A	WCV 0266795	07/17/2020	07/17/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Contractors Equipment			CPP 516851	07/17/2020	07/17/2021	Blanket Limit 364,302 Deductible 500

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

RE: STANDBY PLUMBING SERVICES, #18ITB113489C-BKJ. ADDITIONAL INSURED/WAIVER OF SUBROGATION/PRIMARY & NON-CONTRIBUTORY WHEN REQUIRED BY WRITTEN CONTRACT: FULTON COUNTY GOVERNMENT. "THIS CERTIFICATE OF INSURANCE REPRESENTS COVERAGE CURRENTLY IN EFFECT AND MAY OR MAY NOT BE IN COMPLIANCE WITH ANY WRITTEN CONTRACT."

CERTIFICATE HOLDER**CANCELLATION**

FULTON COUNTY GOVERNMENT PURCHASING DEPARTMENT 130 PEACHTREE STREET, SW 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>Charlie Fister/AMT </p>
--	--

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ACORD 25 (2014/01)

The ACORD name and logo are registered marks of ACORD

INS025 (201401)

SIGNATURES:

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Talon Property Services

DocuSigned by:

Robert L. Pitts

14E1B4AA5E6A44A...

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

Please select Attest or Notary from checkbox

Attest

ATTEST:

DocuSigned by:

Tonya R. Grier

EEC476C4837048D...

Tonya R. Grier**Interim Clerk to the Commission****(Affix County Seal)****AUTHORIZATION OF RENEWAL:**

DocuSigned by:

Joseph N. Davis

E45C5C5F17FB417...

Joseph Davis

Director

Real Estate and Asset Management

DocuSigned by:

Robert Heller

5E134F7DEBF0423...

Full Name

Managing Member

x Notary

ATTEST:**Secretary/
Assistant Secretary****(Affix Corporate Seal)****ATTEST:**

Pia Haynes

Notary Public**County:** DEKALB**Commission Expires:** 09/12/2022

DocuSigned by:

(Affix Notary Seal)

Please select RCS or RM from the checkbox

x

RCS

x

RM**ITEM#: xxx****RCS: xxx****RECESS MEETING****ITEM#: 2020-0693A****RM: 10/7/2020****REGULAR MEETING**



DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE

CONTRACT RENEWAL AGREEMENT

DEPARTMENT: Real Estate and Asset Management

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DATE (MM/DD/YYYY)

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D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N	N/A	WCV 0266795	7/17/2020	7/17/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
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Robert L. Pitts, Chairman
Fulton County Board of Commissioners

DocuSigned by:
Rachael Grier
Full Name Owner

ATTEST:

Tonya R. Grier
Interim Clerk to the Commission

(Affix County Seal)

AUTHORIZATION OF RENEWAL:

ATTEST:

Secretary/
Assistant Secretary

(Affix Corporate Seal)

ATTEST:

Notary Public

County: _____

Commission Expires: _____

(Affix Notary Seal)

ITEM#: _____ RCS: _____	ITEM#: _____ RM: _____
RECESS MEETING	REGULAR MEETING



DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE

CONTRACT RENEWAL AGREEMENT

DEPARTMENT: Real Estate and Asset Management

BID/RFP# NUMBER: 18ITB113489C-BKJ

BID/RFP# TITLE: Standby Plumbing Repair Services

ORIGINAL APPROVAL DATE: 10/17/2018

RENEWAL EFFECTIVE DATES: 1/ 1/ 2021 **THROUGH** 12/ 31/2021

RENEWAL OPTION #: 2 OF 2

NUMBER OF RENEWAL OPTIONS: 2

RENEWAL AMOUNT: \$100,000.00

COMPANY'S NAME: Legwork Plumbing Solutions, Inc.

ADDRESS: 201 17th Street

CITY: Atlanta

STATE: GA

ZIP: 30363

This Renewal Agreement No. 2 was approved by the Fulton County Board of Commissioners on BOC DATE: 10/7/2020 BOC NUMBER: 20-0693

SIGNATURES: SEE NEXT PAGE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/17/2021

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 Gaslamp Insurance Services 3238 Grey Hawk Ct. Carlsbad CA 92010	CONTACT NAME: Customer Service Department PHONE (A/C, No, Ext): (800) 920-4125 FAX (A/C, No): (800) 920-4107 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: AIX Specialty Ins Co</td> <td>12833</td> </tr> <tr> <td>INSURER B: Trisura Specialty Insurance Company</td> <td>16188</td> </tr> <tr> <td>INSURER C:</td> <td></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: AIX Specialty Ins Co	12833	INSURER B: Trisura Specialty Insurance Company	16188	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER D:															
INSURER E:															
INSURER F:															
INSURED Leg Work Plumbing Solutions 715 Peachtree Street Northeast Suite 100 Atlanta GA 30308															

COVERAGES**CERTIFICATE NUMBER:** GL/XS 19-20**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			SIZGL1138A223489	08/28/2019	08/28/2020	EACH OCCURRENCE	\$ 1,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							MED EXP (Any one person)	\$ 5,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY	\$ 1,000,000	
	OTHER:						GENERAL AGGREGATE	\$ 2,000,000	
							PRODUCTS - COMP/OP AGG	\$ 2,000,000	
								\$	
B	AUTOMOBILE LIABILITY			TRXS0000825	08/28/2019	08/28/2020	COMBINED SINGLE LIMIT (Ea accident)	\$	
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$	
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$	
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
								\$	
								\$	
B	<input type="checkbox"/> UMBRELLA LIAB				08/28/2019	08/28/2020	EACH OCCURRENCE	\$ 2,000,000	
	<input checked="" type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE	\$ 2,000,000	
	DED	RETENTION \$						\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE	OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y / N	N / A				E.L. EACH ACCIDENT	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below						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)

Verification of Coverage

Subject to all policy terms, exclusions and conditions

CERTIFICATE HOLDER**CANCELLATION**

Fulton County Government Pryor St SW Atlanta GA 30303	<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>
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SIGNATURES:

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

Leg Work Plumbing Solutions, Inc.

DocuSigned by:

Robert L. Pitts

14E1B4AA5F6A44A...

Robert L. Pitts, Chairman
Fulton County Board of Commissioners

DocuSigned by:

Rachel Grier

Full Name

Owner

ATTEST:

DocuSigned by:

Tonya R. Grier

EEC476C4837648D...

Tonya R. Grier
Interim Clerk to the Commissioners

(Affix County Seal)



AUTHORIZATION OF RENEWAL:

DocuSigned by:

Joseph N. Davis

E46G6C6F47FB417...

Joseph Davis

Director

Real Estate and Asset Management

ATTEST:

Secretary/
Assistant Secretary

(Affix Corporate Seal)

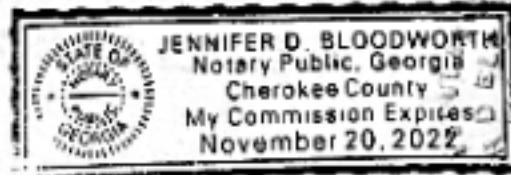
ATTEST:

Notary Public

County: Cherokee County

Commission Expires: 11/20/22

(Affix Notary Seal)



Please select RCS or RM from the checkbox

RCS

☒ RM

ITEM#: xxx

RCS: xxx

RECESS MEETING

ITEM#: 2020-0693A

RM: 10/7/2020

REGULAR MEETING