



**DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE**

**CONTRACT RENEWAL AGREEMENT**

**DEPARTMENT:** Real Estate and Asset Management

**BID/RFP# NUMBER:** 18ITB116051C-GS

**BID/RFP# TITLE:** General Landscaping & Lawn Care Countywide Facilities

**ORIGINAL APPROVAL DATE:** 4/17/2019

**RENEWAL PERIOD: FROM:** 1/1/2020 **THROUGH:** 12/31/2020

**RENEWAL OPTION #:** 1 OF 2

**NUMBER OF RENEWAL OPTIONS:** 2

**RENEWAL AMOUNT:** \$ 158,538.00

**COMPANY'S NAME:** Ed Castro Landscape, Inc.

**ADDRESS:** 1125 Old Ellis Rd.

**CITY:** Roswell

**STATE:** GA

**ZIP:** 30076

**This Renewal Agreement No. \_\_\_\_ was approved by the Fulton County Board of Commissioners on BOC DATE: BOC NUMBER:**

**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 for Bid/RFP#** 18ITB116051C-GS

(Person signing must have signature authority for the company/corporation)

**NAME:** Edward Castro (Print)  
(CEO, President, Vice President)

**VENDOR'S SIGNATURE:** Edward Castro **DATE:** 12/19/2019

**ATTEST:** Please select Attest or Notary from checkbox  
☒ Attest ☐ Notary

Edward Castro

**NOTARY PUBLIC:** \_\_\_\_\_

**TITLE:** President

**COUNTY:** \_\_\_\_\_

**SEAL (Affix)**



**MY COMMISSION EXPIRES:** \_\_\_\_\_

**FULTON COUNTY, GEORGIA**

**DocuSigned by:**  
Robert L. Pitts

**DATE:** 01/09/2020

**ROBERT L. PITTS, CHAIRMAN  
FULTON COUNTY BOARD OF COMMISSIONERS**

**ATTEST:**

**DocuSigned by:**  
Tonya R. Grier

**DATE:** 01/09/2020

**TONYA R. GRIER  
INTERIM CLERK TO THE BOARD OF COMMISSION**

**SEAL (Affix)**



**DEPARTMENT AUTHORIZES RENEWAL OPTION ON THE AFOREMENTIONED BID/RFP:**

**DEPARTMENT HEAD:** Joseph N. Davis (Print)

**DEPARTMENT HEAD SIGNATURE:** Joseph N. Davis **DATE:** 01/08/2020

Please select RCS or RM from the checkbox  
☒ RCS ☐ RM

**ITEM#: 19-1121** **RCS: 12/18/2019**  
**RECESS MEETING**

**ITEM#: \_\_\_\_\_** **RM: \_\_\_\_\_**  
**REGULAR MEETING**



**ACORD**<sup>TM</sup>**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

9/11/2019

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 any rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> <b>McGriff Insurance Services</b> <b>12725 Morris Road Extension</b> <b>Building 100 Suite 200</b> <b>Alpharetta, GA 30004</b>		<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext): 770 274-2910</b> <b>FAX (A/C, No): 770-663-8605</b> <b>E-MAIL ADDRESS:</b>	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A : Selective Insurance Co of America</b>	
		<b>INSURER B : Technology Insurance Company</b>	
		<b>INSURER C : Markel Insurance Company</b>	
		<b>INSURER D :</b>	
		<b>INSURER E :</b>	
		<b>INSURER F :</b>	

**COVERAGES** **CERTIFICATE NUMBER:** **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 INSR	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 <input checked="" type="checkbox"/> PD Ded:1,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		S2174014	07/17/2019	07/17/2020	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$15,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY	Y		S2174014	07/17/2019	07/17/2020	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> RETENTION \$0	Y		S2174014	07/17/2019	07/17/2020	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y	TWC3805776	07/01/2019	07/01/2020	<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
C	Pollution CL			MKLV4ENV102152	05/05/2019	05/05/2020	


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

Miscellaneous Coverage - Electronic Data Processing - Pol.# S2174014

Hardware Limit #1: 50,000 Ded.#1: \$1,000.00

Valuation Code 1: Replacement Cost

(See Attached Descriptions)

<b>CERTIFICATE HOLDER</b> <b>Fulton County Government</b> <b>(ATTN:Purchasing Department)</b> <b>130 Peachtree St SW Suite 1168</b> <b>Atlanta, GA 30303</b>	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. <b>AUTHORIZED REPRESENTATIVE</b> 
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## DESCRIPTIONS (Continued from Page 1)

**Media/Data (Software) Limit #1: 25,000**

**\*\* Workers Comp Information \*\***

**Proprietors/Partners/Executive Officers/Members Excluded:**

**Ed Castro, CEO**

**Blanket Waiver of Subrogation**

**\*\* Supplemental Name \*\***

**First Supplemental Name applies to all policies - Ed Castro Landscape Inc.**

**Policy# S2174014 - : Venn Land & Creek LLC**

**Named Additional Insured: Fulton County Government with respects to General Liability, Auto Liability and Umbrella Policies.**