

DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE

CONTRACT RENEWAL AGREEMENT

- **DEPARTMENT:** Real Estate and Asset Management
- BID/RFP# NUMBER: 22ITB134833C-MH
- BID/RFP# TITLE: Fire Extinguisher Testing and Maintenance Services
- ORIGINAL APPROVAL DATE: 11/16/2022
- RENEWAL EFFECTIVE DATES: 1/ 1/ 2024 THROUGH 12/ 31/2024
- **RENEWAL OPTION #:** 1 OF 2
- NUMBER OF RENEWAL OPTIONS: 2
- RENEWAL AMOUNT: \$40,000.00
- **COMPANY'S NAME:** Cintas Fire Protection, Inc.
- ADDRESS: 1705 Corporate Drive, Suite 440
- CITY: Norcross
- STATE: GA
- **ZIP:** 30093
- This Renewal Agreement No.was approved by the Fulton County Board ofCommissioners on BOC DATE:BOC NUMBER:

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: <u>Bid #22ITB134833C-MH</u>

| FULTON COUNTY, GEORGIA | CINTAS FIRE PROTECTION, INC. | | | | | |
|--|------------------------------|--|--|--|--|--|
| Robert L. Pitts, Chairman | Tony Koh | | | | | |
| Fulton County Board of Commissioners | General Manager | | | | | |
| ATTEST: | ATTEST: | | | | | |
| Tonya R. Grier | Secretary/ | | | | | |
| Clerk to the Commission | Assistant Secretary | | | | | |
| (Affix County Seal) | (Affix Corporate Seal) | | | | | |
| AUTHORIZATION OF RENEWAL: | ATTEST: | | | | | |
| Joseph N. Davis, Director Department of Real Estate and Asset Management | Notary Public | | | | | |
| J | County: | | | | | |
| | Commission Expires: | | | | | |
| | (Affix Notary Seal) | | | | | |
| | | | | | | |

| ITEM#: | RCS: | ITEM#:23-0661 RM:10/4/2023 |
|-----------------------|------|----------------------------|
| RECESS MEETING | | REGULAR MEETING |



| C | CEF | RTIF | ICATE OF LI | | TY INS | URAN | CE | DATE(MM/DD/YYYY) 05/16/2024 |
|--|--|----------------------|--|-------------------|--|----------------------------|---|-----------------------------------|
| CE BE | IS CERTIFICATE IS ISSUED AS A RTIFICATE DOES NOT AFFIRMATIV LOW. THIS CERTIFICATE OF INS PRESENTATIVE OR PRODUCER, AND TH | ELY CURANC | R NEGATIVELY AMENI E DOES NOT CONST | D, EXTEND | OR ALTE | R THE CO | VERAGE AFFORDED | BY THE POLICIES |
| f | PORTANT: If the certificate holder is SUBROGATION IS WAIVED, subject the scertificate does not confer rights to the or | o ti | ne terms and conditions | of the pol | licy, certain | | • | |
| - | ICER | Joranoa | | CONTACT NAME: | | | | |
| on Risk Services Northeast, Inc. /o Aon Client Services | | PHONE (A/C. No. E | | 283-7122 | FAX (A/C. No.): (80 | 00) 363-0105 | | |
| ١ | erlook Point | | | E-MAIL ADDRESS | s. | | | |
| C | olnshire IL 60069 USA | | | 7.551(200 | | | | |
| | | | | | | | RDING COVERAGE | NAIC # |
| | ■ as Corporation and its Subsidia | arios | | INSURER | | • | ice Corporation | 42404 23035 |
| 2 | Cintas Blvd ox 625737 | ui i co | | INSURER | | nsurance Co | Fire Ins Co | 33600 |
| | innati OH 45262 USA | | | INSURER | | | re Insurance Compar | |
| | | | | INSURER | | | | |
| | | | | INSURER | | | | |
| 1 | ERAGES CERT | IFICAT | E NUMBER: 57010574 | 13355 | | RE | VISION NUMBER: | <u> </u> |
| | S IS TO CERTIFY THAT THE POLICIES ICATED. NOTWITHSTANDING ANY REQ RTIFICATE MAY BE ISSUED OR MAY PERTA | UIREME | NT, TERM OR CONDITIO | N OF ANY | CONTRACT | OR OTHER | DOCUMENT WITH RESI BJECT TO ALL THE TERMS | PECT TO WHICH THI S, |
| ĺ | TYPE OF INSURANCE | ADDL S | UBR POLICY NUMBE | R | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | | nits shown are as reques IMITS |
| | X COMMERCIAL GENERAL LIABILITY | | тв2651004227093 | | | 07/01/2024 | EACH OCCURRENCE | \$2,000,0 |
| | CLAIMS-MADE X OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$1,000,0 |
| | X Contractual Liability | | | | | | MED EXP (Any one person) | \$5,0 |
| | | | | | | | PERSONAL & ADV INJURY | \$1,000,0 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE | \$2,000,0 |
| | POLICY JECT X LOC | | | | | | PRODUCTS - COMP/OP AGG | \$2,000,0 |
| | OTHER: AUTOMOBILE LIABILITY | | AS7-651-004227-07 AOS | 73 | 07/01/2023 | 07/01/2024 | COMBINED SINGLE LIMIT (Ea accident) | \$5,000,0 |
| | X ANY AUTO | | A03 | | | | BODILY INJURY (Per person) | |
| | OWNED AUTOS ONLY SCHEDULED | | | | | | BODILY INJURY (Per accident) | |
| | HIRED AUTOS ONLY AUTOS ONLY | | | | | | PROPERTY DAMAGE (Per accident) | |
| | X Comp/Coll C\$0 Ded. | | | | | | | |
| | X UMBRELLA LIAB X OCCUR | | G22035277018 | | 07/01/2023 | 07/01/2024 | EACH OCCURRENCE | \$5,000,0 |
| | EXCESS LIAB CLAIMS-MADE | | | | | | AGGREGATE | \$5,000,0 |
| | DED X RETENTION \$10,000 | | | | 07 (01 (2022 | 07 (01 (202) | | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N | | WA565D004227103 WC5651004227123 | | 07/01/2023 07/01/20 07/01/2023 07/01/20 | | X PER STATUTE OT | |
| | ANY PROPRIETOR / PARTNER / N EXECUTIVE OFFICER/MEMBER N | N/A | | | | | | \$2,000,0 |
| | (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT | \$2,000,0 |
| | DEGONIF HON OF OFERATIONS BEIOW | \vdash | | | | | L.L. DIGLAGE-FULIUT LIMIT | |
| | | | | | | | | |
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| t | NPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACC on County Government is include ility policies, but only with i | ed as | Additional Insured o | on the Gene | eral Liabi | | | |
| 2 | | | | CANCELLAT | Y OF THE ABO | VE DESCRIBED | POLICIES BE CANCELLED BI | EFORE THE EXPIRATION |
| | Fulton County Goverment | | | DATE THERE | | 3E DELIVERED IN A | ACCORDANCE WITH THE POLICY | PROVISIONS. |
| | 141 Pryor St. SW Atlanta GA 30303 USA | | | | | sk Seri | ices Northeast | t.Inc |

Aon Risk Services Northeast, Inc.

ACORD 25 (2016/03)

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| C | CEF | RTIF | ICATE OF LI | | TY INS | URAN | CE | DATE(MM/DD/YYYY) 05/16/2024 |
|--|--|----------------------|--|-------------------|--|----------------------------|---|-----------------------------------|
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| - | ICER | Joranoa | | CONTACT NAME: | | | | |
| on Risk Services Northeast, Inc. /o Aon Client Services | | PHONE (A/C. No. E | | 283-7122 | FAX (A/C. No.): (80 | 00) 363-0105 | | |
| ١ | erlook Point | | | E-MAIL ADDRESS | s. | | | |
| C | olnshire IL 60069 USA | | | 7.551(200 | | | | |
| | | | | | | | RDING COVERAGE | NAIC # |
| | ■ as Corporation and its Subsidia | arios | | INSURER | | • | ice Corporation | 42404 23035 |
| 2 | Cintas Blvd ox 625737 | ui i co | | INSURER | | nsurance Co | Fire Ins Co | 33600 |
| | innati OH 45262 USA | | | INSURER | | | re Insurance Compar | |
| | | | | INSURER | | | | |
| | | | | INSURER | | | | |
| 1 | ERAGES CERT | IFICAT | E NUMBER: 57010574 | 13355 | | RE | VISION NUMBER: | <u> </u> |
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| ĺ | TYPE OF INSURANCE | ADDL S | UBR POLICY NUMBE | R | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | | nits shown are as reques IMITS |
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| | OWNED AUTOS ONLY SCHEDULED | | | | | | BODILY INJURY (Per accident) | |
| | HIRED AUTOS ONLY AUTOS ONLY | | | | | | PROPERTY DAMAGE (Per accident) | |
| | X Comp/Coll C\$0 Ded. | | | | | | | |
| | X UMBRELLA LIAB X OCCUR | | G22035277018 | | 07/01/2023 | 07/01/2024 | EACH OCCURRENCE | \$5,000,0 |
| | EXCESS LIAB CLAIMS-MADE | | | | | | AGGREGATE | \$5,000,0 |
| | DED X RETENTION \$10,000 | | | | 07 (01 (2022 | 07 (01 (202) | | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N | | WA565D004227103 WC5651004227123 | | 07/01/2023 07/01/20 07/01/2023 07/01/20 | | X PER STATUTE OT | |
| | ANY PROPRIETOR / PARTNER / N EXECUTIVE OFFICER/MEMBER N | N/A | | | | | E.L. EACH ACCIDENT | \$2,000,0 |
| | (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT | \$2,000,0 |
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| t | NPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACC on County Government is include ility policies, but only with i | ed as | Additional Insured o | on the Gene | eral Liabi | | | |
| 2 | | | | CANCELLAT | Y OF THE ABO | VE DESCRIBED | POLICIES BE CANCELLED BI | EFORE THE EXPIRATION |
| | Fulton County Goverment | | | DATE THERE | | 3E DELIVERED IN A | ACCORDANCE WITH THE POLICY | PROVISIONS. |
| | 141 Pryor St. SW Atlanta GA 30303 USA | | | | | sk Seri | ices Northeast | t.Inc |

Aon Risk Services Northeast, Inc.

ACORD 25 (2016/03)

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DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE

CONTRACT RENEWAL AGREEMENT

DEPARTMENT: Real Estate and Asset Management

BID/RFP# NUMBER: 22ITB134833C-MH

BID/RFP# TITLE: Fire Extinguisher Testing and Maintenance Services

ORIGINAL APPROVAL DATE: 11/16/2022

RENEWAL EFFECTIVE DATES: 1/ 1/ 2024 THROUGH 12/ 31/2024

RENEWAL OPTION #: 1 OF 2

NUMBER OF RENEWAL OPTIONS: 2

RENEWAL AMOUNT: \$40,000.00

COMPANY'S NAME: Cintas Fire Protection, Inc.

ADDRESS: 1705 Corporate Drive, Suite 440

CITY: Norcross

STATE: GA

ZIP: 30093

This Renewal Agreement No. $\frac{1}{10^{1/2023}}$ was approved by the Fulton County Board of Commissioners on BOC DATE: $\frac{10/4/2023}{10^{1/2023}}$ BOC NUMBER: $\frac{23-0661}{10^{1/2023}}$

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: Bid #22ITB134833C-MH

FULTON COUNTY, GEORGIA DocuSigned by: DocuSigned by: Tony koli Robert L. Pitts Robert L. Pitts, Chairman Tony Koh **Fulton County Board of Commissioners General Manager** ATTEST: ATTEST: -DocuSigned by: Tonya Grier DocuSigned by: Tonya R. Grier Secretary/ **Clerk to the Commission Assistant Secretary** (Affix County Seal) (Affix Corporate Seal) **AUTHORIZATION OF RENEWAL:** ATTEST: DocuSigned by: Joseph Davis repourn Joseph N. Davis, Director **Department of Real Estate and Asset** Management county: Gwinnett



CINTAS FIRE PROTECTION, INC.

Commission Expires: 1232020

(Affix Notary Seal)

| ITEM#: | RCS: | ITEM#:23-0661 RM:10/4/2023 |
|---------------------|------|----------------------------|
| RECESS MEETI | NG | REGULAR MEETING |



| C | CORD CEF | RTI | FIC | CATE OF LIAE | | SURAN | CE | DATE(MM/DD/YYYY) 05/16/2024 | |
|----------|--|--------------|-------------|--|---------------------------|-------------------------------------|--|---------------------------------------|------------|
| CE BE | S CERTIFICATE IS ISSUED AS A RTIFICATE DOES NOT AFFIRMATIV .OW. THIS CERTIFICATE OF INS PRESENTATIVE OR PRODUCER, AND THI | ELY URAN | OR CE | NEGATIVELY AMEND, E DOES NOT CONSTITUTE | XTEND OR ALT | ER THE CO | VERAGE AFFORDED | BY THE POLICIE | ES |
| lf | ORTANT: If the certificate holder i SUBROGATION IS WAIVED, subject t certificate does not confer rights to the c | 0 | the 1 | terms and conditions of | the policy, certal | | • | | |
| ODU | · · · · · · · · · · · · · · · · · · · | | atem | | CONTACT NAME: | | | | <u></u> |
| | Risk Services Northeast, Inc. | | | | BHANE | 283-7122 | [AX, No.): (80 | 0) 363-0105 | |
| | Aon Client Services erlook Point | | | | E-MAIL ADDRESS; | 203 7122 | (A/C, NO,): (00 | | |
| | Dinshire IL 60069 USA | | | | ADDRESS: | | | | |
| | | | | | | INSURER(S) AFFO | RDING COVERAGE | NAIC # | f |
| URE | D | | | | INSURERA LID | erty Insura | ice Corporation | 42404 | |
| | as Corporation and its Subsidia | aries | ; | F | | | Fire Ins Co | 23035 | |
| | Cintas Blvd ox 625737 | | | | INSURER C: LM | Insurance C | orporation | 33600 | |
| | innati OH 45262 USA | | | | INSURER D: Wes | tchester Fi | re Insurance Compar | ny 10030 | |
| | | | | ŀ | INSURER E: | | • • | - | |
| | | | | - | INSURER F: | | | | ********** |
| , V | RAGES CERT | IFICA | | UMBER: 570105743355 | | RI | VISION NUMBER: | | |
| | S IS TO CERTIFY THAT THE POLICIES | | | | | | | R THE POLICY PER | |
| ND | CATED. NOTWITHSTANDING ANY REQ RTIFICATE MAY BE ISSUED OR MAY PERTA | UIREN | IENT, | TERM OR CONDITION OF | F ANY CONTRACT | OR OTHER | DOCUMENT WITH RESI BJECT TO ALL THE TERMS | PECT TO WHICH T | HIS |
| R | TYPE OF INSURANCE | AODI INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY | | | INITS | |
| | X COMMERCIAL GENERAL LIABILITY | | | тв2651004227093 | 07/01/202 | 3 07/01/2024 | Dion dooblatence | \$2,000, | |
| | CLAIMS-MADE X OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$1,000, | ,000 |
| | X Contractual Liability | | | | | | MED EXP (Any one person) | \$5, | ,000 |
| I | | | | | | | PERSONAL & ADV INJURY | \$1,000, | ,000 |
| I | GENLAGGREGATE LIMIT APPLIES PER | | | | 1 | | GENERAL AGGREGATE | \$2,000, | ,00 |
| | POLICY PRO- JECT X LOC OTHER: | | | | | | PRODUCTS - COMP/OP AGG | \$2,000, | ,00 |
| 1 | AUTOMOBILE CLABILITY | | | AS7-651-004227-073 | 07/01/20 | 23 07/01/2024 | COMBINED SINGLE LIMIT (Ea accident) | \$5,000 | .00(|
| | | | | AOS | | | | | |
| l | X ANY AUTO | | | | | | BODILY INJURY (Per person) BODILY INJURY (Per accident) | | |
| | AUTOS ONLY AUTOS | | | | | | PROPERTY DAMAGE | | |
| | HIRED AUTOS NILY | | | | | | (Per accident) | | |
| 4 | X Comp/Coll C\$0 Ded. | | | 622026277010 | 07/01/00 | 1 07 (01 (00) | | 40.000 | 0.04 |
| | X UMBRELLA LIAB X OCCUR | | | G22035277018 | 07/01/20 | 3 07/01/2024 | EACH OCCURRENCE | \$5,000 | |
| | EXCESS LIAB CLAIMS-MADE | | | | | | AGGREGATE | \$5,000 | ,00 |
| | DED X RETENTION \$10,000 | | | | | | | | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | WA565D004227103 | | 23 07/01/2024 | | TH- R | |
| | ANY PROPRIETOR / PARTNER / Y/N | N/A | | wc5651004227123 | 07/01/20 | 23 07/01/2024 | E.I. EACH ACCIDENT | \$2,000 | ,00 |
| | (Mandatory In NH) | "^ | | | | | E.L. DISEASE-EA EMPLOYEE | \$2,000 | ,00 |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE-POLICY LIMIT | \$2,000 | ,00 |
| | | | | | | | | | |
| 1 | | | <u> </u> | | | | <u> </u> | _ ļ | — |
| | IPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACC on County Government is includ ility policies, but only with | | | · · | | • | nobile Liability ar rtificate Holder ar | nd Umbrella nd the Insured. | |
| | | | | | | | | | |
| R | IFICATE HOLDER | | | CAN | CELLATION | | | | |
| | | | | SH DA | HOULD ANY OF THE A | BOVE DESCRIBED L BE DELIVERED IN | POLICIES BE CANCELLED BI ACCORDANCE WITH THE POLICY | EFORE THE EXPERATION (PROVISIONS, | |
| | Fulton County Goverment 141 Pryor St. SW | | | AUTHO | RIZED REPRESENTATIVE | | | | - |

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Certificate No :

| CERTIFICATE OF LIABILITY INSURANCE | | | | | | | | 1/DD/YYYY) 5/16/2024 |
|---|--------------------|--------------------------------------|------------------------------------|-------------------|-----------------------------------|---|-----------------------------|-------------------------|
| IIS CERTIFICATE IS ISSUED AS A ERTIFICATE DOES NOT AFFIRMATIV LOW. THIS CERTIFICATE OF INS EPRESENTATIVE OR PRODUCER, AND TH | 'ELY O URANCI | R NEGATIVELY AMEN E DOES NOT CONS | ID, EXTEND OR | ALTE | R THE CO | VERAGE AFFORDED | BY THE | |
| PORTANT: If the certificate holder SUBROGATION IS WAIVED, subject t is certificate does not confer rights to the | io th | e terms and condition | s of the policy, o | | | • | | |
| UCER | Germanda | e notael in fied of Such ef | CONTACT NAME: | | | | | |
| Risk Services Northeast, Inc. | | | DIONE | (866) | 283-7122 | FAX | 00) 363-01 | 05 |
| Aon Client Services verlook Point | E-MAIL ADDRESS; | () | | (ACC: NO.): CO | | | | |
| colnshire IL 60069 USA | | | ADDRESS: | | | | | |
| | | | | Į | ISURER(S) AFFOI | NDING COVERAGE | | NAIC # |
| ED | INSURER A: | Libe | rty Insuran | ce Corporation | | 42404 | | |
| tas Corporation and its Subsidi) Cintas Blvd | INSURER B: | Libe | rty Mutual | Fire Ins Co | | 23035 | | |
| 30x 625737 | | | INSURER C: | LM I | nsurance Co | rporation | | 33600 |
| cinnati OH 45262 USA | | | INSURER D: | West | chester Fir | e Insurance Compa | iny | 10030 |
| | | | INSURER E: | | | | | |
| | | | INSURER F: | | | | | |
| ERAGES CERT | 43355 | | | VISION NUMBER: | | | | |
| IS IS TO CERTIFY THAT THE POLICIES DICATED, NOTWITHSTANDING ANY REC RTIFICATE MAY BE ISSUED OR MAY PERTA | UREME | NT, TERM OR CONDITI | ON OF ANY CONT | RACT | OR OTHER I HEREIN IS SUI | DOCUMENT WITH RES BJECT TO ALL THE TERM | SPECT TO AS, | |
| TYPE OF INSURANCE | ADDL S INSO V | | | CALEFF CATATAN | POLICY EXP (IIM/DD/YYYY) | | LIMITS | |
| X COMMERCIAL GENERAL LIABILITY | | T82651004227093 | 0770 | 1/2023 | 07/01/2024 | EACH OCCURRENCE DAMAGE TO RENTED | | \$2,000,00 |
| CLAIMS-MADE X OCCUR | | | | | | PREMISES (Ea occurrence) | | \$1,000,00 |
| X Contractual Liability | | | | | | HED EXP (Any one person) | | \$5,00 |
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| | | | | | | PRODUCTS - COMP/OP AGG | | \$2,000,00 |
| AUTOMOBILE LIABILITY | | AS7-651-004227-0 | 07/0 | 1/2023 | 07/01/2024 | COMBINED SINGLE LIMIT (Ea accident) | | \$5,000,00 |
| | | 103 | | | | BODILY INJURY (Per person) | | |
| | | | | | | BODILY INJURY (Per accident) | | |
| AUTOS ONLY NON-OWNED HIRED AUTOS ONLY AUTOS ONLY X CompCod C50 Ded. | | | | | | PROPERTY DAMAGE (Per accident) | | |
| X UNBRELLA LIAB X OCCUR | | G22035277018 | 07/0 | 1/2023 | 07/01/2024 | EACH OCCURRENCE | | \$5,000,00 |
| | | | | | | AGGREGATE | | \$5,000,00 |
| DED X RETENTION \$10,000 | - | | | | | | | |
| WORKERS COMPENSATION AND | + | WA565D004227103 | 07/0 | 1/2023 | 07/01/2024 | X PER STATUTE | orth- | |
| EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR / PARTNER / | 1í I | wc5651004227123 | 07/0 | 1/2023 | 07/01/2024 | E.L. EACH ACCIDENT | | \$2,000,00 |
| EXECUTIVE OFFICER/MEMBER | N/A | | | | | E.L. DISEASE-EA EMPLOYEE | | \$2,000,00 |
| If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE-POLICY LIMIT | | \$2,000,00 |
| | | | | | | | | |
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| - | | | | | | | | |
| | | | CANCELLATION | | | | | |
| | | | SHOULD ANY OF DATE THEREOF, NOT | THE ABI | VE DESCRIBED BE DELIVERED IN / | POLICIES BE CANCELLED CCORDANCE WITH THE POLIC | BEFORE THE Y PROVISIONS, | EXPIRATION |
| Fulton County Goverment | | | AUTHORIZED REPRESEN | ATTVE | | | | |
| 141 Pryor St. SW Atlanta GA 30303 USA | | | | <i>O</i> | 19 | ices Northead | | |

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CONTRACT RENEWAL AGREEMENT

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- **RENEWAL OPTION #:** 1 OF 2
- NUMBER OF RENEWAL OPTIONS: 2
- RENEWAL AMOUNT: \$30,000.00
- COMPANY'S NAME: Summit Fire & Security
- ADDRESS: 1950 Evergreen Blvd
- CITY: Duluth
- STATE: GA
- **ZIP:** 30096
- This Renewal Agreement No.was approved by the Fulton County Board ofCommissioners on BOC DATE:BOC NUMBER:

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: <u>Bid #22ITB134833C-MH</u>

| FULTON COUNTY, GEORGIA | SUMMIT FIRE & SECURITY | | | | | |
|--|------------------------|--|--|--|--|--|
| | DocuSigned by: | | | | | |
| | lucas Eureka | | | | | |
| Robert L. Pitts, Chairman | Richard Shaw | | | | | |
| Fulton County Board of Commissioners | Manager | | | | | |
| ATTEST: | ATTEST: | | | | | |
| | | | | | | |
| Tonya R. Grier | Secretary/ | | | | | |
| Clerk to the Commission | Assistant Secretary | | | | | |
| (Affix County Seal) | (Affix Corporate Seal) | | | | | |
| AUTHORIZATION OF RENEWAL: | ATTEST: | | | | | |
| | | | | | | |
| Joseph N. Davis, Director Department of Real Estate and Asset Management | Notary Public | | | | | |
| wanayement | County: | | | | | |
| | Commission Expires: | | | | | |
| | (Affix Notary Seal) | | | | | |
| | | | | | | |

| ITEM#: | RCS: | ITEM#:23-0661 RM:10/4/2023 |
|-----------------------|------|----------------------------|
| RECESS MEETING | | REGULAR MEETING |

DocuSign Envelope ID: AD86CF46-B396-471A-B6F9-82EA27337D91



DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE

CONTRACT RENEWAL AGREEMENT

DEPARTMENT: Real Estate and Asset Management

BID/RFP# NUMBER: 22ITB134833C-MH

BID/RFP# TITLE: Fire Extinguisher Testing and Maintenance Services

ORIGINAL APPROVAL DATE: 11/16/2022

RENEWAL EFFECTIVE DATES: 1/ 1/ 2024 THROUGH 12/ 31/2024

RENEWAL OPTION #: 1 OF 2

NUMBER OF RENEWAL OPTIONS: 2

RENEWAL AMOUNT: \$30,000.00

COMPANY'S NAME: Summit Fire & Security

ADDRESS: 1950 Evergreen Blvd

CITY: Duluth

STATE: GA

ZIP: 30096

This Renewal Agreement No. 1 was approved by the Fulton County Board ofCommissioners on BOC DATE: 23-0661BOC NUMBER: 10/4/2023

DocuSign Envelope ID: AD86CF46-B396-471A-B6F9-82EA27337D91

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: <u>Bid #22ITB134833C-MH</u>

FULTON COUNTY, GEORGIA

DocuSigned by:

Robert L. Pitts

Robert L. Pitts, Chairman Fulton County Board of Commissioners

ATTEST:

—DocuSigned by:

Tonya Grier

Tonya R. Grier Clerk to the Commission



(Affix County Seal)

AUTHORIZATION OF RENEWAL:

DocuSigned by: Joseph Davis

Joseph N. Davis, Director Department of Real Estate and Asset Management **SUMMIT FIRE & SECURITY**

-DocuSigned by:

lucas Eurika

Richard Shaw Manager

ATTEST:

Secretary/ Assistant Secretary

(Affix Corporate Seal)

ATTEST:

County:

Commission (Affix Nota

| ITEM#: | RCS: | ITEM#:23-0661 RM:10/4/2025 | |
|------------|------|----------------------------|---|
| RECESS MEE | TING | REGULAR MEETING | l |