

**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**

DocuSigned by:

*Robert L. Pitts*

14E1B4AA5F6A44A...

Robert L. Pitts, Chairman  
Fulton County Board of Commissioners

Please select Attest or Notary from checkbox ☒ Attest

ATTEST:

DocuSigned by:

*Tonya R. Grier*

EEC476C4837648D...

Tonya R. Grier  
Interim Clerk to the Commission

(Affix County Seal)



APPROVED AS TO FORM:

DocuSigned by:

*Denzel Stewart*

2277A2CE73F4E4

Office of the County Attorney

APPROVED AS TO CONTENT:

DocuSigned by:

*Joseph Davis*

B20354A88008422...

Greg Mullin

Director

Real Estate and Asset Management

CONTRACTOR:

**PGAL, INC.**

DocuSigned by:

*Greg Mullin*

Greg Mullin 77104F5C9BD4CF... Principal

ATTEST:

Queen Chevis

Secretary/  
Assistant Secretary

(Affix Corporate Seal)



ATTEST:

Notary Public

County: \_\_\_\_\_

Commission Expires: \_\_\_\_\_

(Affix Notary Seal)

Please select RCS or RM from the checkbox

RCS

X

RM

ITEM#: _____	RCS: _____	ITEM#: 2021-0517	RM: 7/14/2021
RECESS MEETING		REGULAR MEETING	

**AMENDMENT NO. 2 TO FORM OF CONTRACT**

Contractor: **PGAL**

Contract No. **19RFP099201K-JAJ, Animal Services Facility Feasibility Study**

Address: **1425 Ellsworth Industrial Drive, Suite 15**  
City, State **Atlanta, GA 30318**

Telephone: **(404) 602-3800**

E-mail: [gmullin@pgal.com](mailto:gmullin@pgal.com)

Contact: **Greg Mullin**  
**Principal**

**W I T N E S S E T H**

WHEREAS, Fulton County ("County") entered into a Contract with **PGAL, Inc.** to provide an feasibility study for the County's new Animal Services Facility, dated 28<sup>th</sup> day of May, 2019, on behalf of the Department of Emergency Management, Animal Services Division; and

WHEREAS, the purpose for this amendment is to add additional services to the existing contract to perform for a required GDOT Traffic Study of the Fulton Industrial Boulevard and Project's LEED Registration Fee in support of the County's application for a Special Encroachment/Driveway and Traffic Signal Permits to a second entrance to the new Animal Services Facility; 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 **July 14, 2021, BOC Items #21-0517** .

**NOW, THEREFORE,** the County and the Contractor agree as follows:

This Amendment No. 2 to Form of Contract is effective as of the 14<sup>th</sup> day of July, 2021, between the County and **PGAL, Inc.**, who agree that all Services specified will be performed in accordance with this Amendment No. 2 to Form of Contract and the Contract Documents.

1. **SCOPE OF WORK TO BE PERFORMED:** To perform additional services for a required GDOT Traffic Study of the Fulton Industrial Boulevard and to include a Project LEED registration fee.

The Traffic Study is required by GDOT to support the County's application for a Special Encroachment/ Driveway Permit and Traffic Signal Permit Revision of the second entrance to the new Animal Services Facility off Fulton Industrial Boulevard. The second entrance and the signalized intersection site programming was not included in PGAL's original Design Scope of Work.

The Amendment Proposal Cost Breakdown:

1.	Traffic Study Civil Engineering Design Fee:	\$30,800.00
2.	LEED Registration Fee:	<u>\$1,200.00</u>
	<b>Total Cost:</b>	<b>\$32,000.00</b>

2. **COMPENSATION:** The services described under Scope of Work herein shall be performed by Contractor for a total amount not to exceed **\$32,000.00** (Thirty Two Thousand Dollars and Zero Cents).
3. **LIABILITY OF COUNTY:** This Amendment No. 2 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. 2 TO FORM OF CONTRACT:** Except as modified by this Amendment No. 2 to Form of Contract, the Contract, and all Contract Documents, remain in full force and effect.

**[INTENTIONALLY LEFT BLANK]**

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

DATE (MM/DD/YYYY)

8/05/2021

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

<b>PRODUCER</b> <b>USI Southwest</b> <b>9811 Katy Freeway, Suite 500</b> <b>Houston, TX 77024</b> <b>713 490-4600</b>	<b>CONTACT NAME:</b> <b>Jaye Reinertsen</b> <b>PHONE (A/C, No, Ext):</b> <b>713 490-4600</b> <b>FAX (A/C, No):</b> <b>713-490-4700</b> <b>E-MAIL ADDRESS:</b> <b>Jaye Reinertsen@usi.com</b>																					
<b>INSURED</b> <b>Pierce Goodwin Alexander &amp; Linville Inc</b> <b>PGAL, Inc.; PGAL, LLC</b> <b>3131 Briarpark Drive, Suite 200</b> <b>Houston, TX 77042</b>	<table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr> </thead> <tbody> <tr> <td colspan="2"><b>INSURER A : Continental Casualty Company</b></td><td><b>20443</b></td></tr> <tr> <td colspan="2"><b>INSURER B : Continental Insurance Company</b></td><td><b>35289</b></td></tr> <tr> <td colspan="2"><b>INSURER C : National Fire Insurance Co. of Hartford</b></td><td><b>20478</b></td></tr> <tr> <td colspan="2"><b>INSURER D : Berkley Insurance Company</b></td><td><b>32603</b></td></tr> <tr> <td colspan="2"><b>INSURER E :</b></td><td></td></tr> <tr> <td colspan="2"><b>INSURER F :</b></td><td></td></tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	<b>INSURER A : Continental Casualty Company</b>		<b>20443</b>	<b>INSURER B : Continental Insurance Company</b>		<b>35289</b>	<b>INSURER C : National Fire Insurance Co. of Hartford</b>		<b>20478</b>	<b>INSURER D : Berkley Insurance Company</b>		<b>32603</b>	<b>INSURER E :</b>			<b>INSURER F :</b>		
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**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
<b>A</b>	<b>X</b> <b>COMMERCIAL GENERAL LIABILITY</b>  CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			<b>6043241375</b>	<b>08/12/2021</b>	<b>08/12/2022</b>	EACH OCCURRENCE <b>\$1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) <b>\$1,000,000</b> MED EXP (Any one person) <b>\$15,000</b> PERSONAL & ADV INJURY <b>\$1,000,000</b> GENERAL AGGREGATE <b>\$2,000,000</b> PRODUCTS - COMP/OP AGG <b>\$2,000,000</b> \$
<b>B</b>	<b>AUTOMOBILE LIABILITY</b>  ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> <b>X</b> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/>			<b>6043241330</b>	<b>08/12/2021</b>	<b>08/12/2022</b>	COMBINED SINGLE LIMIT (Ea accident) <b>\$1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
<b>B</b>	<b>X</b> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <b>EXCESS LIAB</b> CLAIMS-MADE  DED <input checked="" type="checkbox"/> RETENTION <b>\$10000</b>			<b>6043241361</b>	<b>08/12/2021</b>	<b>08/12/2022</b>	EACH OCCURRENCE <b>\$14,000,000</b> AGGREGATE <b>\$14,000,000</b> \$
<b>C</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y/N <b>N</b> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		<b>N/A</b>	<b>6043241344</b>	<b>08/12/2021</b>	<b>08/12/2022</b>	<b>X</b> PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT <b>\$1,000,000</b> E.L. DISEASE - EA EMPLOYEE <b>\$1,000,000</b> E.L. DISEASE - POLICY LIMIT <b>\$1,000,000</b>
<b>D</b>	<b>Professional Liability</b>			<b>AEC904682507</b>	<b>08/12/2021</b>	<b>08/12/2022</b>	<b>\$5,000,000 per claim</b> <b>\$5,000,000 annl aggr.</b>

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

**\*\* Workers Comp Information \*\*****A 6043241358 Eff Date: 08/12/2021 Exp Date: 08/12/2022****WC Each Accident Limit: \$1,000,000****WC Policy Limit: \$1,000,000****(See Attached Descriptions)****CERTIFICATE HOLDER****CANCELLATION**

**Fulton County**  
**Purchasing Department**  
**130 Peachtree Strret, SW**  
**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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## DESCRIPTIONS (Continued from Page 1)

**WC Each Employee Limit: \$1,000,000**

The Certificate Holder is included as an Additional Insured under the Blanket Additional Insured endorsement on the General Liability and Auto policies on a primary and non-contributory basis, when required by written contract.

The General Liability Blanket Additional Insured endorsement includes completed operations, as defined by the policy.

A Waiver of Subrogation in favor of the Certificate Holder is provided by the Blanket Waiver endorsement on the General Liability, Auto and Workers Compensation

All policies listed include an endorsement providing that 30 days notice of cancellation for reasons other than nonpayment of premium and 10 days notice of cancellation for non-payment of premium will be given to the Certificate Holder by the Insurance Carrier, if required by written contract.

The Umbrella Liability policy follows form to the underlying General, Automobile, and Employers Liability policies.

Insured does not own any autos.

**Amendment # 2 - Animal Services Facility Feasibility Study.**