CHANGE ORDER NO. #3 TO FORM OF CONTRACT

Contractor: Trident Building Solutions, LLC

Contract No. 20ITB126798K-JAJ

Address: 8215 Roswell Road, Building 100

City, State Atlanta, GA 30350

Telephone: 404-245-8569

Facsimile or: jwicklund@tridentconstructiongroup.com

Contact: John Wicklund

President

WITNESSETH

WHEREAS, Fulton County ("County") entered into a Contract with Trident Building Solutions LLC to provide ARFF Building Renovations Phase II, dated November 15, 2021, on behalf of the Department of Public Works;

WHEREAS, This change order will address additional rock removal, additional lighting, millwork changes and fire line additions;

WHEREAS, the Contractor has performed satisfactorily over the period of the contract; and fire line additions; and

WHEREAS, the Contractor has performed satisfactorily over the period of the contract; and

WHEREAS, this Change Order No. 3 was approved by the Fulton County Board of Commissioners on April 12,2023 Item #23-0228.

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

This Change Order No. 3 to Form of Contract is effective upon Board approval, between the County and Trident Building Solutions LLC, who agree that all Services specified will be performed by in accordance with this Change Order No. 3 to Form of Contract and the Contract Documents.

- **1. SCOPE OF WORK TO BE PERFORMED:** This change order will address additional rock removal, additional lighting, millwork changes, and fire line additions.
- **2. COMPENSATION:** The services described under Scope of Work herein shall be performed by Contractor for a total amount not to exceed \$174,570.00.

- **3. LIABILITY OF COUNTY:** This Change Order No. 3 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 Chairman of the Board of Commissioners, attested to by the Clerk to the Commission and delivered to Contractor.
- **4**. **EFFECT OF CHANGE ORDER NO. 3 TO FORM OF CONTRACT:** Except as modified by this Change Order No. 3 to Form of Contract, the Contract, and all Contract Documents, remain in full force and effect.

[INTENTIONALLY LEFT BLANK]

ITEM#:

RCS:

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:	CONTRACTOR:
FULTON COUNTY, GEORGIA	TRIDENT BUILDING SOLUTIONS, LLC
Pobut L. Pitts 14E1B4AA5F6A44A	DocuSigned by:
Robert L. Pitts, Chairman Fulton County Board of Commissioners	John Wickfühd ^{EA293BB488} President
ATTEST: DocuSigned by: Tonya K. Grict EEC476C4837648D	ATTEST:
Tonya R. Grier Clerk to the Confide Signed by:	Secretary/ Assistant Secretary
(Affix County	(Affix Corporate Seal)
APPROVED AS TO FORM:	ATTEST:
Patrick O'Connor	Docusigned by: Amy Coates
Office of the County Attorney	Notary Public
APPROVED AS TO CONTENT:	County:
David Clark	9/10/26
65CE1C9FDD834B8	Commission Expires: DocuSigned by:
David Clark, Director Department of Public Works	(Affix Notary Se

ITEM#:

2023-0228

4/12/2023

RM:_



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/01/2023

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)

this certificate does not come rights to the certificate notice in fled of such endorsement(s).				
PRODUCER		CONTACT Tanya Roberts NAME:		
Ironwood, a Marsh & McLennan Agency, LLC Co	'	PHONE (A/C, No, Ext): (404) 503-9100	FAX (A/C, No): (404)	503-9101
4401 Northside Parkway NW		E-MAIL ADDRESS: troberts@ironwoodins.com		
Suite 800		INSURER(S) AFFORDING COVERAGE		NAIC#
Atlanta	GA 30327	INSURER A: Amerisure Insurance Company		19488
INSURED		INSURER B: Amerisure Mutual Insurance Co		23396
Trident Building Solutions, LLC		INSURER C:		
dba Trident Construction Group		INSURER D:		
8215 Roswell Rd, Building 100		INSURER E :		
Atlanta	GA 30350	INSURER F:		
		_		

COVERAGES CERTIFICATE NUMBER: 23-24 Trident Master 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.

EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INSR POLICY EFF POLICY EXP							
TYPE OF INSURANCE			POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	
COMMERCIAL GENERAL LIABILITY			CPP21163150201	01/31/2023	01/31/2024		\$ 1,000,000
CLAIMS-MADE OCCUR						PREMISES (Ea occurrence)	\$ 1,000,000
	- - - Y					MED EXP (Any one person)	\$ 10,000
		Y				PERSONAL & ADV INJURY	\$ 1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
OTHER:							\$
AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
ANY AUTO				BODILY INJURY (Per person)	\$		
OWNED SCHEDULED AUTOS ONLY	Y	Υ	CA21111490401	01/31/2023	01/31/2024	BODILY INJURY (Per accident)	\$
HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
							\$
★ UMBRELLA LIAB ★ OCCUR OCCUR						EACH OCCURRENCE	\$ 5,000,000
EXCESS LIAB CLAIMS-MADE	Υ	Υ	CU21111600402	01/31/2023	01/31/2024	AGGREGATE	\$ 5,000,000
DED RETENTION \$ 0							\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	COMPENSATION						
	Y WC21111620402	01/31/2023 01/31/2024	01/31/2024		\$ 1,000,000		
(Mandatory in NH)			W621111020402	01/01/2020	01/01/2021		\$ 1,000,000
If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
INI AND MARINE						Install. Floater - Jobsite	\$750,000
HACUAD IMPAINING			CPP21163150201	01/31/2023	01/31/2024	Deductible	\$1,000
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE CCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROJECT DOTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	TYPE OF INSURANCE NSD WVD	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR Y Y CPP21163150201 GEN'L AGGREGATE LIMIT APPLIES PER: POLICY POLICY PROD JECT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY WIMBRELLA LIAB CLAIMS-MADE DED RETENTION \$ OCCUR EXCESS LIAB CLAIMS-MADE V Y CL21111600402 V WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) (If yes, describe under DESCRIPTION OF OPERATIONS below) INLAND MARINE	TYPE OF INSURANCE INSD WVD POLICY NUMBER (MM/DD/YYYY) COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR Y Y CPP21163150201 01/31/2023 GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROJECT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY AUTOS NON-OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY HIRED AUTOS ONLY WMBRELLA LIAB CCLAIMS-MADE Y Y CU21111600402 O1/31/2023 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY NY ANY POPRIETOR/PARTINER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below INLAND MARINE	TYPE OF INSURANCE INSD WVD POLICY NUMBER (MM/DD/YYYY) (MM/DD/YYYY) COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR Y Y CPP21163150201 01/31/2023 01/31/2024 GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-JECT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY AUTOS ONLY HIRED AUTOS ONLY AUTOS O	TYPE OF INSURANCE INSD WVD POLICY NUMBER (MM/DD/YYYY) (MM/DD/YYYY) ELIMIT COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR Y Y CPP21163150201 O1/31/2023 O1/31/2024 EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXY (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG OTHER: ANY AUTO OWNED AUTOS ONLY BEACH OCCURRENCE ACCHORAGE PRODUCTS COMPION BODILY NUMPY (Per paccident) PROPERTY DAMAGE (Per accident) PROPERTY DAMAGE (Per accident) AUTOS ONLY AUTOS ONLY

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

Fulton County Government is additional insured on the General Liability, Automobile Liability, and Umbrella Liability policies on a primary and non-contributory basis with respect to the liability resulting from the operations of the Named Insured as required by written contract. Waiver of Subrogation is in place in favor of Certificate Holder for General Liability, Automobile Liability, Workers Compensation, and Umbrella Liability as required by written contract.

CERTIFICAT	E HOLDER		CANCELLATION
	Fulton County Government Attn: Purchasing Department 130 Peachtree St SW. Ste 1168		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
	Atlanta	GA 30303-3459	Lanya Foliot