



## **CONTRACT RENEWAL AGREEMENT**

**DEPARTMENT: PUBLIC WORKS**

**BID/RFP# NUMBER: 20RFP126602K-BKJ**

**BID/RFP# TITLE: Building Code Administration Services, Construction Management Services and Planning Services**

**ORIGINAL APPROVAL DATE: 12/16/2020**

**RENEWAL EFFECTIVE DATES: January 1, 2023 to December 31, 2023**

**RENEWAL OPTION #: 2 OF 2**

**NUMBER OF RENEWAL OPTIONS: 2**

**RENEWAL AMOUNT: \$150,000.00**

**COMPANY'S NAME: NOVA Engineering and Environmental, LLC**

**ADDRESS: 3900 Kennesaw 75 Parkway, Suite 100**

**CITY: Kennesaw**

**STATE: GA**

**ZIP: 30144**

**This Renewal Agreement No. 2 was approved by the Fulton County Board of Commissioners on BOC DATE: 11/16/2022      BOC NUMBER: 22-0862**

**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**

**NOVA ENGINEERING AND ENVIRONMENTAL, LLC.**

DocuSigned by:

*Robert L. Pitts*

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

Please select Attest or Notary from checkbox

**ATTEST:**

Attest

DocuSigned by:

*Steve Willenborg, PE*

**J. Stephen Willenborg, PE  
Contract Manager**

**ATTEST:**

Notary

DocuSigned by:

*Tonya R. Grier*

**Tonya R. Grier  
Clerk to the Commission**

DocuSigned by:

**(Affix County Seal)**



**AUTHORIZATION OF RENEWAL:**

Tim Hall

**Secretary/  
Assistant Secretary**

DocuSigned by:

**(Affix Corporate Seal)**



**ATTEST:**

DocuSigned by:

*David Clark*

**David Clark, Director  
Department of Public Works**

**Notary Public**

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

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

**(Affix Notary Seal)**

Please select RCS or RM from the checkbox

RCS

RM

<b>ITEM#:</b> 2022-0862	<b>RCS:</b> 11/16/2022	<b>ITEM#:</b> _____	<b>RM:</b> _____
<b>RECESS MEETING</b>		<b>REGULAR MEETING</b>	

Certificate of Insurance





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/4/2022

**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 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).**

<b>PRODUCER</b> Ironwood, a Marsh & McLennan Agency, LLC Co 4401 Northside Parkway NW Suite 800 Atlanta GA 30327	<b>CONTACT NAME:</b> Laura Newton <b>PHONE (A/C, No, Ext):</b> 404-503-9100 <b>FAX (A/C, No):</b> (404) 503-9101 <b>E-MAIL ADDRESS:</b> lnewton@ironwoodins.com														
<b>INSURED</b> Nova Engineering and Environmental, LLC 3900 Kennesaw 75 Parkway Suite 100 Kennesaw GA 30144	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Colony Insurance Company</td> <td style="text-align: center;">39993</td> </tr> <tr> <td>INSURER B: Travelers Indemnity Co of CT</td> <td style="text-align: center;">25682</td> </tr> <tr> <td>INSURER C: Travelers Indemnity Company of America</td> <td style="text-align: center;">25666</td> </tr> <tr> <td>INSURER D: Allied World Surplus Lines Ins Co</td> <td style="text-align: center;">24319</td> </tr> <tr> <td>INSURER E: Lexington Insurance Company</td> <td style="text-align: center;">19437</td> </tr> <tr> <td>INSURER F: Continental Casualty Company</td> <td style="text-align: center;">20443</td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Colony Insurance Company	39993	INSURER B: Travelers Indemnity Co of CT	25682	INSURER C: Travelers Indemnity Company of America	25666	INSURER D: Allied World Surplus Lines Ins Co	24319	INSURER E: Lexington Insurance Company	19437	INSURER F: Continental Casualty Company	20443
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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 INSD	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  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER:	X		FACE302573  Pollution Liability	8/31/2022	8/31/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Each Poll Condition / Aggregate \$ <b>\$1M / \$2M</b>
B	<input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	X		HC2E CAP 5H601993 See attached comments/remarks	8/31/2022	8/31/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Comp / Collision Deductible \$ 1,000
A G	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$	X		EXC302574  03135166	8/31/2022 8/31/2022	8/31/2023 8/31/2023	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 Each Occurrence / Aggregate \$ <b>5M / 5M</b>
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	UB-2P642905-22-51-K See attached comments/remarks	04/01/2022	04/01/2023	<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
D E	Professional Liability Excess Professional Liability			03091788 031565564	8/31/2022 8/31/2022	8/31/2023 8/31/2023	Per Occurrence / Aggregate \$ <b>\$5M / \$5M</b> Per Occurrence / Aggregate \$ <b>\$2M / \$5M</b>

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

Project Name: Building Code Administration Services

Contract Number: 15RFP96731YB-TR

Certificate Holder is additional insured on the General Liability, Automobile Liability, and Umbrella Liability policies with respect to the liability resulting from the operations of the Named Insured as required by written contract.

30 day Notice of Cancellation, except 10 days for non-payment, applies to certificate holder under General Liability, Automobile Liability, and Umbrella Liability per policy provisions.

**CERTIFICATE HOLDER**

**CANCELLATION**

Fulton County Government its Agents, Directors and Officers Attn: Department of Purchasing 130 Peachtree Street, S.W. Suite 1168 Atlanta, GA 30303-3459	<p style="text-align: center;"><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></p> <p>AUTHORIZED REPRESENTATIVE</p> <p>Laura Newton/DAPHWI </p>
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## COMMENTS/REMARKS

Waiver of Subrogation is in place in favor of Certificate Holder for General Liability, Automobile Liability, and Umbrella Liability as required by written contract.

## COMMENTS/REMARKS

**Contractor's Equipment:**

Insurer F: Continental Casualty Company  
Policy Number: 6081798037  
Policy Term: 8/31/2022 to 8/31/2023  
Limit - Maximum, Per Occurrence \$1,429,243  
Limit - Equipment Owned - \$1,139,243  
Limit - Equipment Leased/Rented From Others - \$100,000  
Deductible - \$1,000

**Excess Liability:**

Insurer G: Allied World Assurance Co.  
NAIC# 19489  
Policy Number: 03135166  
Policy Term: 8/31/2022 to 8/31/2023  
Limit: Per Occurrence/Aggregate: \$5,000,000

The Automobile Coverage (Travelers Indemnity Company of CT, Policy #HC2E CAP 5H601993) placement was made by Biltmore Insurance Services. Ironwood Insurance Services (a Marsh & McLellan Agency) has only acted in the role of a consultant to the client with respect to this placement, which is indicated here for your convenience.

The Workers Compensation Coverage (Travelers Indemnity Company of America, Policy #UB-2P642905-22-51-K) placement was made by Biltmore Insurance Services. Ironwood Insurance Services (a Marsh & McLellan Agency) has only acted in the role of a consultant to the client with respect to this placement, which is indicated here for your convenience.