



DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE

CONTRACT RENEWAL AGREEMENT

DEPARTMENT: Public Works

BID/RFP# NUMBER: 17RFP107440K-JD

BID/RFP# TITLE: Professional Services for Airport Consulting and Engineering Services

ORIGINAL APPROVAL DATE: 10/4/2017

RENEWAL PERIOD: FROM: January 1, 2020 THROUGH December 31, 2020

RENEWAL OPTION #: 2

NUMBER OF RENEWAL OPTIONS: 4

RENEWAL AMOUNT: \$999,580.00

COMPANY'S NAME: Michael Baker International, Inc.

ADDRESS: 420 Technology Parkway, Suite 150

CITY: Norcross

STATE: GA

ZIP: 30092


This Renewal Agreement No 2 was approved by the Fulton County Board of Commissioners on BOC DATE: 12/04/2019 BOC NUMBER: #19-1004

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 RFP# 17RFP107440K-JD
 (Person signing must have signature authority for the company/corporation)

NAME: Thomas Montgomery, Vice President **(Print)**
(CEO, President, Vice President)

VENDOR'S SIGNATURE:  **DATE:** 12/4/2019
DocuSigned by: 62A9CD043EC94A4...

ATTEST:

Terri A. Vojnovich **NOTARY PUBLIC:** NA
TITLE: Assistant Secretary **COUNTY:** NA

SEAL (Affix)  **MY COMMISSION EXPIRES:** NA
DocuSigned by:

FULTON COUNTY, GEORGIA
 **DATE:** 12/09/2019
ROBERT L. PITTS, CHAIRMAN
FULTON COUNTY BOARD OF COMMISSIONERS

ATTEST:

 **DATE:** 12/09/2019
TONYA R. GRIER, CHIEF DEPUTY
CLERK TO THE COMMISSION

SEAL (Affix) 
DEPARTMENT AUTHORIZES RENEWAL OPTION ON THE AFOREMENTIONED BID/RFP:

DEPARTMENT HEAD: David Clark

DEPARTMENT HEAD SIGNATURE:  **DATE** 12/9/2019
DocuSigned by: 65CE1C9FDD834B8...

ITEM#: 19-1004 **RCS:** RECESS MEETING **ITEM#:** 19-1004 **RM:** 12/4/2019
REGULAR MEETING



CERTIFICATE OF LIABILITY INSURANCE

 DATE(MM/DD/YYYY)
08/30/2019

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

PRODUCER Aon Risk Services Central, Inc. Pittsburgh PA Office EQT Plaza ~ Suite 2700 625 Liberty Avenue Pittsburgh PA 15222-3110 USA	CONTACT NAME: PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800) 363-0105 E-MAIL ADDRESS:														
INSURED Michael Baker International, Inc. 420 Technology Parkway Suite 150 Norcross GA 30092 USA	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: XL Insurance America Inc</td> <td>24554</td> </tr> <tr> <td>INSURER B: Continental Casualty Company</td> <td>20443</td> </tr> <tr> <td>INSURER C: American Casualty Co. of Reading PA</td> <td>20427</td> </tr> <tr> <td>INSURER D: Transportation Insurance Co.</td> <td>20494</td> </tr> <tr> <td>INSURER E: Beazley Insurance Company, Inc.</td> <td>37540</td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: XL Insurance America Inc	24554	INSURER B: Continental Casualty Company	20443	INSURER C: American Casualty Co. of Reading PA	20427	INSURER D: Transportation Insurance Co.	20494	INSURER E: Beazley Insurance Company, Inc.	37540	INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: XL Insurance America Inc	24554														
INSURER B: Continental Casualty Company	20443														
INSURER C: American Casualty Co. of Reading PA	20427														
INSURER D: Transportation Insurance Co.	20494														
INSURER E: Beazley Insurance Company, Inc.	37540														
INSURER F:															

COVERAGES
CERTIFICATE NUMBER: 570078092582

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.

Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<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 OTHER:			6078988730	08/30/2019	08/30/2020	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$4,000,000 PRODUCTS - COMP/OP AGG \$4,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			BUA 6078988680	08/30/2019	08/30/2020	COMBINED SINGLE LIMIT (Ea accident) \$2,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$10,000			US00079952LI19A	08/30/2019	08/30/2020	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WC6078988713 AOS WC6078988727 WI	08/30/2019	08/30/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE-EA EMPLOYEE \$1,000,000 E.L. DISEASE-POLICY LIMIT \$1,000,000
D					08/30/2019	08/30/2020	
E	E&O-PL-Primary			PSDEF1900460 Professional & Pollution	08/30/2019	08/30/2020	Per Claim \$5,000,000 Aggregate \$5,000,000

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

CERTIFICATE HOLDER
CANCELLATION

Michael Baker International, Inc. 420 Technology Pkwy., Suite 150 Norcross GA 30092 USA	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
---	--

Holder Identifier :

Certificate No : 570078092582

