



DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE

CONTRACT RENEWAL AGREEMENT

DEPARTMENT: Real Estate and Asset Management

BID/RFP# NUMBER: 20RFP127348C-CG (A)

BID/RFP# TITLE: Standby Emergency Repair and Restoration Services

ORIGINAL APPROVAL DATE: 6/2/2021

RENEWAL EFFECTIVE DATES: 1/ 1/ 2022 **THROUGH** 12/ 31/2022

RENEWAL OPTION #: 1 OF 2

NUMBER OF RENEWAL OPTIONS: 2

RENEWAL AMOUNT: \$1,500,000.00

COMPANY'S NAME: Full Circle Restoration

ADDRESS: 4325 River Green Pkwy

CITY: Duluth

STATE: GA

ZIP: 30096

This Renewal Agreement No. ____^{xxx} was approved by the Fulton County Board of
Commissioners on BOC DATE: ^{xxx} BOC NUMBER: ^{xxx}

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: 20RFP127348C-CG (A)

FULTON COUNTY, GEORGIA

Full Circle Restoration

DocuSigned by:

Robert L. Pitts

14E1B4AA5E6A44A...

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

Please select Attest or Notary from checkbox

Attest

ATTEST:

DocuSigned by:

Tonya R. Grier

EEC476C4837046D...

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

(Affix County Seal)



AUTHORIZATION OF RENEWAL:

DocuSigned by:

Joseph Davis

B20954A088000422...

Joseph Davis Director

Real Estate and Asset Management

DocuSigned by:

Orlando Ojeda

08C540A04A9640E...

Full Name Founder/CEO

☒ Notary

ATTEST:

**Secretary/
Assistant Secretary**

(Affix Corporate Seal)

ATTEST:

Natalie Frasier

Notary Public

County: Barrow

Commission Expires: 04/22/2025
DS

(Affix Notary Seal)



Please select RCS or RM from the checkbox

☒ **RCS**

☐ **RM**

ITEM#: 2021-0812 A **RCS: 10/20/2021**
RECESS MEETING

ITEM#: xxx **RM: xxx**
REGULAR MEETING





CERTIFICATE OF LIABILITY INSURANCE

6/1/2022

DATE (MM/DD/YYYY)
10/25/2021

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

PRODUCER

Lockton Companies
3280 Peachtree Road NE, Suite #250
Atlanta GA 30305
(404) 460-3600

CONTACT NAME:

PHONE (A/C, No, Ext):

E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE

INSURER A : Liberty Mutual Fire Insurance Company

INSURER B : Oxford Insurance Company NC LLC

INSURER C : Employers Insurance Company of Wausau

INSURER D :

INSURER E :

INSURER F :

NAIC #

23035

16817

21458

INSURED

1479877

Full Circle Restoration & Construction Services, Inc.
4325 River Green Pkwy
Duluth GA 30096

COVERAGES

Full Circle

CERTIFICATE NUMBER: 17965671

REVISION NUMBER: XXXXXXXX

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	<div><div><div><div><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY</div><div><div><div><div><input type="checkbox"/> CLAIMS-MADE</div><div><input checked="" type="checkbox"/> OCCUR</div></div></div></div></div></div></div>	N	N	TB2-691-467423-021	6/1/2021	6/1/2022	<div><div>EACH OCCURRENCE</div><div>\$ 2,000,000</div></div> <div><div>DAMAGE TO RENTED PREMISES (Ea occurrence)</div><div>\$ 1,000,000</div></div> <div><div>MED EXP (Any one person)</div><div>\$ 5,000</div></div> <div><div>PERSONAL & ADV INJURY</div><div>\$ 2,000,000</div></div> <div><div>GENERAL AGGREGATE</div><div>\$ 4,000,000</div></div> <div><div>PRODUCTS - COMP/OP AGG</div><div>\$ 4,000,000</div></div> <div><div></div><div>\$</div></div>
A	<div><div><div><div><input checked="" type="checkbox"/> AUTOMOBILE LIABILITY</div><div><div><div><div><input checked="" type="checkbox"/> ANY AUTO</div><div><input type="checkbox"/> OWNED AUTOS ONLY</div><div><input type="checkbox"/> HIRED AUTOS ONLY</div><div><input type="checkbox"/> SCHEDULED AUTOS</div><div><input type="checkbox"/> NON-OWNED AUTOS ONLY</div></div></div></div></div></div></div>	N	N	AS2-691-467423-011	6/1/2021	6/1/2022	<div><div>COMBINED SINGLE LIMIT (Ea accident)</div><div>\$ 2,000,000</div></div> <div><div>BODILY INJURY (Per person)</div><div>\$ XXXXXXXX</div></div> <div><div>BODILY INJURY (Per accident)</div><div>\$ XXXXXXXX</div></div> <div><div>PROPERTY DAMAGE (Per accident)</div><div>\$ XXXXXXXX</div></div> <div><div></div><div>\$ XXXXXXXX</div></div>
B	<div><div><div><div><input type="checkbox"/> UMBRELLA LIAB</div><div><input checked="" type="checkbox"/> EXCESS LIAB</div></div><div><div><div><div><input checked="" type="checkbox"/> OCCUR</div><div><input type="checkbox"/> CLAIMS-MADE</div></div></div></div></div></div>	N	N	548-NC-21	6/1/2021	6/1/2022	<div><div>EACH OCCURRENCE</div><div>\$ 5,000,000</div></div> <div><div>AGGREGATE</div><div>\$ 5,000,000</div></div> <div><div></div><div>\$ XXXXXXXX</div></div>
C	<div><div><div><div><div>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</div><div>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)</div><div>If yes, describe under DESCRIPTION OF OPERATIONS below</div></div><div><div><div><div><input type="checkbox"/> Y</div><div><input checked="" type="checkbox"/> N</div></div><div>N/A</div></div></div></div></div></div>		N	WCC-691-467423-031	6/1/2021	6/1/2022	<div><div><div><div><input checked="" type="checkbox"/> PER STATUTE</div><div><input type="checkbox"/> OTH-ER</div></div></div><div><div>E.L. EACH ACCIDENT</div><div>\$ 2,000,000</div></div><div><div>E.L. DISEASE - EA EMPLOYEE</div><div>\$ 2,000,000</div></div><div><div>E.L. DISEASE - POLICY LIMIT</div><div>\$ 2,000,000</div></div></div>

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

CERTIFICATE HOLDER

17965671
Board of Regents of the University System of Georgia by and on behalf of Georgia State University, Purchasing Department
1 Park Place South, Suite 901
Atlanta GA 30303

CANCELLATION See Attachment

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


ACORD 25 (2016/03)

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Attachment Code: D570249 Master ID: 1479877, Certificate ID: 17965671

Board of Regents of the University System of
1 Park Place South, Suite 901
Atlanta, GA 30303

To whom it may concern:

In our continuing effort to provide timely certificate delivery, Lockton Companies is transitioning to paperless delivery of Certificates of Insurance.

To ensure electronic delivery for future renewals of this certificate, we need your email address. Please contact us via the method listed below, referencing Certificate ID **17965671**.

Email: SE-EDelivery@lockton.com

- Please include the above Certificate ID number and "Email Address for E-Deliver" in the subject line

Georgia State-Full Circle-COI 2021-2022

PDF - 46 KB

ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<div>T / N</div> <div>N</div>	N / A				E.L. EACH ACCIDENT	\$ 2,000,000
	E.L. DISEASE - EA EMPLOYEE					\$ 2,000,000	
	E.L. DISEASE - POLICY LIMIT					\$ 2,000,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)							

CERTIFICATE HOLDER 17965671 Board of Regents of the University System of Georgia by and on behalf of Georgia State University, Purchasing Department 1 Park Place South, Suite 901 Atlanta GA 30303	CANCELLATION See Attachment 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
---	---

Attachment Code: D570249 Master ID: 1479877, Certificate ID: 17965671



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1 Park Place South, Suite 901
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- Email: SE-EDelivery@lockton.com
- Please include the above Certificate ID number and "Email Address for E-Deliver" in the subject line.

In the event your mailing address has changed, will change in the future, or you no longer require this certificate, please let us know using the method above.

The above inbox is for automating electronic deliver of certificates only. Please do NOT send future certificate requests to this inbox.

Thank you for your cooperation and willingness in reducing our environmental footprint.

Lockton Companies

Lockton Companies
3280 Peachtree Road NE, Ste. 250
Atlanta, GA 30305





DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE

CONTRACT RENEWAL AGREEMENT

DEPARTMENT: Real Estate and Asset Management

BID/RFP# NUMBER: 20RFP127348C-CG (B)

BID/RFP# TITLE: Standby Emergency Repair and Restoration Services

ORIGINAL APPROVAL DATE: 6/2/2021

RENEWAL EFFECTIVE DATES: 1/ 1/ 2022 **THROUGH** 12/ 31/2022

RENEWAL OPTION #: 1 OF 2

NUMBER OF RENEWAL OPTIONS: 2

RENEWAL AMOUNT: \$1,500,000.00

COMPANY'S NAME: CRM Services, LLC

ADDRESS: 3961 Floyd Road, Suite 300336

CITY: Austell

STATE: GA

ZIP: 30106

This Renewal Agreement No. 1 was approved by the Fulton County Board of Commissioners on BOC DATE: ²⁰²¹⁻⁰⁸¹² **BOC NUMBER:** 10/20/2021

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: 20RFP127348C-CG(B)

FULTON COUNTY, GEORGIA

CRM SERVICES, LLC

DocuSigned by:

Robert L. Pitts

14E1B4AA5E6A44A...

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

Please select Attest or Notary from checkbox

Attest

ATTEST:

DocuSigned by:

Tonya R. Grier

EEC476C4837046D...

Tonya R. Grier**Interim Clerk to the Commission****(Affix County Seal)****AUTHORIZATION OF RENEWAL:**

DocuSigned by:

Joseph Davis

B20354A08000422...

Joseph Davis**Director**

Real Estate and Asset Management

DocuSigned by:

Anguinson Collins

E31AE92C992147A...

Full Name**12/03/21**

x Notary

ATTEST:**Secretary/
Assistant Secretary****(Affix Corporate Seal)****ATTEST:**

Candyce Nietrzeba

Notary Public**County:** Gwinnett**Commission Expires:** 10-26-24

DocuSigned by:

(Affix Notary Seal)

Please select RCS or RM from the checkbox

x **RCS**x **RM**
ITEM#: 2021-0812B **RCS: 10/20/2021**
RECESS MEETING
ITEM#: xxx **RM: xxx**
REGULAR MEETING




CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/13/2021

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.

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PRODUCER Insurance Network Group LLC - GA PO Box 1439 Snellville GA 30078	CONTACT NAME: Janine Walker PHONE (A/C, No, Ext): 4707050238 E-MAIL: jwalker@insnetworkgroup.com ADDRESS:														
	FAX (A/C, No):														
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: ALLIED WORLD SURPLUS LINES INS CO</td> <td>24319</td> </tr> <tr> <td>INSURER B: PROGRESSIVE MOUNTAIN INS CO</td> <td>35190</td> </tr> <tr> <td>INSURER C: ACCIDENT FUND INS CO OF AMER</td> <td>10166</td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: ALLIED WORLD SURPLUS LINES INS CO	24319	INSURER B: PROGRESSIVE MOUNTAIN INS CO	35190	INSURER C: ACCIDENT FUND INS CO OF AMER	10166	INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: ALLIED WORLD SURPLUS LINES INS CO	24319														
INSURER B: PROGRESSIVE MOUNTAIN INS CO	35190														
INSURER C: ACCIDENT FUND INS CO OF AMER	10166														
INSURER D:															
INSURER E:															
INSURER F:															
INSURED CRM SERVICES LLC 3961 FLOYD RD AUSTELL GA 30106-8536															

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	Y		50541258	06/12/2021	06/12/2022	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
							MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000
	OTHER:						\$
B	AUTOMOBILE LIABILITY			02015775-0	04/11/2021	04/11/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR	Y		50560411	06/12/2021	06/12/2022	EACH OCCURRENCE \$ 2,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$ 2,000,000
	DED RETENTION \$						\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A		WCV 50686879	06/23/2021	06/23/2022	PER STATUTE OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000
							Each Occ Aggregate

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

CERTIFICATE HOLDER**CANCELLATION**

Fulton County Government-Purchasing Department 130 Peachtree St SW Suite 1168 Atlanta GA 30303	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p> <p style="text-align: center;"><i>Janine Walker</i></p>
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