

DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE

CONTRACT RENEWAL AGREEMENT

DEPARTMENT: Real Estate and Asset Management

BID/RFP# NUMBER: 19ITB118742C-BKJ

BID/RFP# TITLE: Maintenance and Testing Fire-Intrusion Alarm Systems

ORIGINAL APPROVAL DATE: 12/18/2019

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

RENEWAL OPTION #: 2 **OF** 2

NUMBER OF RENEWAL OPTIONS: 2

RENEWAL AMOUNT: \$60,000.00

COMPANY'S NAME: VSC Fire & Security, Inc.

ADDRESS: 1780 Corporate Drive, Suite 425

CITY: Norcross

STATE: GA

ZIP: 30093

xxx

This Renewal Agreement No. ___ was approved by the Fulton County Board of

Commissioners on BOC DATE: 10/6/2021 BOC NUMBER: 2021-0729

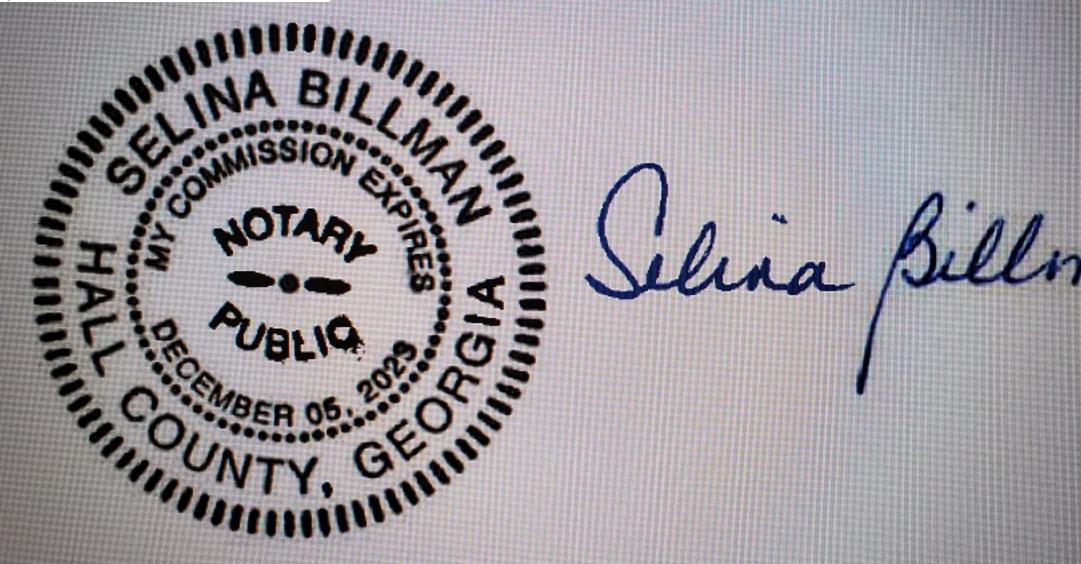
SIGNATURES: SEE NEXT PAGE

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	VSC Fire and Intrusion, Inc.
Robert L. Pitts	Brent Blankinship
Robert L. Pitts, Chairman Fulton County Board of Commissioners Please select Attest or Notary from	Brent Blankinship Vice President/General
Attest	X Notary
ATTEST:	ATTEST:
Docusigned by: Tonya R. Grier	
Tonya R. Grier Interim Clerk to the Commissioned by:	Secretary/ Assistant Secretary
(Affix County Seal)	(Affix Corporate Seal)
AUTHORIZATION OF RENEWAL:	ATTEST:
Joseph Davis	SELINA BILLMAN
Joseph Davis Director	Notary Public
Real Estate and Asset Management	County:
	Commission Expires: DocuSigned by:
	(Affix Notary Seal)
Please select RCS or RM from	the checkbox
x PRÉS	x RM
	EM#: 2021-0729 (A) RM: 10/6/2021 EGULAR MEETING







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

RENEWAL OPTION #: 2 **OF** 2

NUMBER OF RENEWAL OPTIONS: 2

RENEWAL AMOUNT: \$50,000.00

COMPANY'S NAME: Entec Systems, Inc.

ADDRESS: 450 Satellite Blvd., NE, Suite P

CITY: Suwanee

STATE: GA

ZIP: 30024

This Renewal Agreement No. ____ 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:

FULTON COUNTY, GEORGIA	Entec Systems, Inc.
DocuSigned by:	DocuSigned by:
Robert L. Pitts	Jared Coile
Robert L. Pitts, Chairman	Jared Coile Account Manager
Fulton County Board of Commissioners Please select Attest or Notary for	rom checkbox
Attest	X Notary
ATTEST:	ATTEST:
Docusigned by: Tonya K. Grier	
Tonya R. Grier	Secretary/
Interim Clerk to the Commissioned by:	Assistant Secretary
(Affix County Seal)	(Affix Corporate Seal)
AUTHORIZATION OF RENEWAL:	ATTEST:
DocuSigned by:	
Joseph Davis	Laura S. Mobley
Full Name Directo	Notary Public
Real Estate and Asset Management	County:
	Commission Expires: November 3, 2026
	(Affix Notary Seal)
Please select RCS or RM fro	m the checkbox
P RÉS	× RM
ITEM#: xxx RCS:xxx	ITEM#: 2021-0729 (B) RM: 10/6/2021
	REGULAR MEETING





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/12/2021

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 rig	ghts to the certificate holder in lieu of su	ich endorsement(s).	
PRODUCER		CONTACT Laura Jones	
PointeNorth Insurance Group, LLC		PHONE (A/C, No, Ext): (770) 858-7540 FAX (A/C, No): (770)	858-7545
PO Box 724728		E-MAIL ADDRESS: ljones@pointenorthins.com	
		INSURER(S) AFFORDING COVERAGE	NAIC #
Atlanta	GA 31139	INSURER A: Hartford Fire Ins. Co	19682
INSURED		INSURER B: Trumbull Insurance Co	27120
ENTEC Systems Inc		INSURER C: Hartford Casualty	29424
450 Satellite Blvd NE		INSURER D:	
Laura Mobley		INSURER E:	
Suwanee	GA 30024	INSURER F:	
COVERAGES	CERTIFICATE NUMBER: 21/22 Maste	er 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		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
А	×	COMMERCIAL GENERAL LIABILITY	Y		20UUNQD6582	02/15/2021	02/15/2022	EACH OCCURRENCE	\$ 1,000,000	
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000	
	×	Alarm System & Central Station						MED EXP (Any one person)	\$ 10,000	
	×	Protection Svcs Error & Omissions						PERSONAL & ADV INJURY	\$ 1,000,000	
	GEN	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000	
	×	POLICY PRO- JECT LOC	1					PRODUCTS - COMP/OP AGG	\$ 2,000,000	
		OTHER:						Data Breach Expenses	\$ 25,000	
В	AU1	OMOBILE LIABILITY			20UENOY2896	02/15/2021	02/15/2022	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
	×	ANY AUTO						BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
С	×	UMBRELLA LIAB COCCUR							EACH OCCURRENCE	\$ 5,000,000
		EXCESS LIAB CLAIMS-MADE			20HHUQD6583	02/15/2021	02/15/2022	AGGREGATE	\$ 5,000,000	
		DED RETENTION \$ 10,000								\$
С		KERS COMPENSATION EMPLOYERS' LIABILITY						➤ PER OTH- STATUTE ER		
	ANY	AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			20WEQD3B1Z	02/15/2021	02/15/2022	E.L. EACH ACCIDENT	\$ 1,000,000	
	(Mar							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	
								E.L. DISEASE - POLICY LIMIT	\$ 1,000,000	

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

CERTIFICATE HOLDER	CANCELLATION

Fulton County Department of Purchasing 130 Peachtree St, SW

Suite 1168

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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