



DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE

CONTRACT RENEWAL AGREEMENT

DEPARTMENT: Superior Court

BID/RFP# NUMBER: 20RFP091520A-CJC

BID/RFP# TITLE: Medication - Assisted Treatment (MAT) Services

ORIGINAL APPROVAL DATE: January 6, 2021

RENEWAL EFFECTIVE DATES: October 1, 2021 through September 30, 2022

RENEWAL OPTION #: 1 OF 2

NUMBER OF RENEWAL OPTIONS: 2

RENEWAL AMOUNT: \$ 80,000.00

COMPANY'S NAME: Grady Hospital

ADDRESS: 80 Jesse Hill Jr, Dr.

CITY: Atlanta

STATE: Georgia

ZIP: 30303

This Renewal Agreement No. 1 was approved by the Fulton County Board of Commissioners on BOC DATE: 10/06/2021 BOC NUMBER: 21-0737

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

GRADY HEALTHCARE

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

**John Hauptert
CEO**

ATTEST:

ATTEST:

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

**Secretary/
Assistant Secretary**

(Affix County Seal)

(Affix Corporate Seal)

ATTEST:

AUTHORIZATION OF RENEWAL:

**David Summerlin, Court Administrator
Superior Court**

Notary Public

County:_____

Commission Expires: _____

(Affix Notary Seal)

ITEM#: _____ RCS: _____	ITEM#: _____ RM: _____
RECESS MEETING	REGULAR MEETING

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

PHAMATECH, INCORPORATION

DocuSigned by:

Robert L. Pitts

14E1B4AA5E6A44A...

Robert L. Pitts, Chairman

Fulton County Board of Commissioners

Please select Attest or Notary from checkbox

Attest

DocuSigned by:

John Haupert

661026AB929E4D6...

John Haupert

President & CEO

ATTEST:

DocuSigned by:

Tonya R. Grier

EEC476C4837046D...

Tonya R. Grier

Interim Clerk to the Commission

(Affix County Seal)



AUTHORIZATION OF RENEWAL:

DocuSigned by:

David Summerlin

D896CAA0AB034AA...

David Summerlin

Court Administrator

Superior Court Administration

ATTEST:

**Secretary/
Assistant Secretary**

(Affix Corporate Seal)

ATTEST:

Jeannette Swan-Dean

Notary Public

County: Rockdale

Commission Expires: July 7, 2022
DocuSigned by:

(Affix Notary Seal)



Please select RCS or RM from the checkbox

X **RCS**

X **RM**

ITEM#: xxx RCS: xxx
RECESS MEETING

ITEM#: 21-0737 RM: 10/06/2021
REGULAR MEETING





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/20/2021

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 Arthur J. Gallagher Risk Management Services, Inc. 1665 Terrell Mill Road, Suite 100 Marietta GA 30067	CONTACT NAME: Teresa Henry PHONE (A/C, No, Ext): 770-818-1510 E-MAIL ADDRESS: teresa_henry@ajg.com FAX (A/C, No): 770-850-0988
INSURER(S) AFFORDING COVERAGE	
INSURER A : National Interstate Insurance Company	
NAIC # 32620	
INSURER B : XL Insurance (Bermuda) Ltd	
INSURER C : LM Insurance Corporation	
33600	
INSURER D : Self Insured	
INSURER E :	
INSURER F :	

COVERAGES**CERTIFICATE NUMBER:** 1034496417**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
D	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Prof. Liability (Contd. w/CGL) GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		Self-Insured	11/15/2020	11/15/2021	PL EACH OCCURRENCE \$ 7,500,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 30,000,000 PRODUCTS - COMP/OP AGG \$ GL Each Occurrence \$ 5,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y		AAL 0000137-02	11/15/2020	11/15/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$		Y	BM00035410LI20A	11/15/2020	11/15/2021	EACH OCCURRENCE \$ 20,000,000 AGGREGATE \$ 20,000,000 \$
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	EW5-64N-445384-010	11/15/2020	11/15/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER SIR: \$500,000 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)

Fulton County Board of Health is Additional Insured as respects General Liability, Auto Liability and Umbrella Liability policies, pursuant to and subject to the policy's terms, definitions, conditions and exclusions. Waiver of Subrogation applies to Additional Insured, as respects Umbrella Liability policy, pursuant to and subject to the policy's terms, definitions, conditions and exclusions.

CERTIFICATE HOLDER**CANCELLATION**

Fulton County Board of Health
 10 Park Place South SE, Suite 445
 Atlanta GA 30303

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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