



**DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE**

**CONTRACT RENEWAL AGREEMENT**

**DEPARTMENT:** Real Estate and Asset Management

**BID/RFP# NUMBER:** 19ITB119755C-GS(B)

**BID/RFP# TITLE:** Tree Removal Services Countywide

**ORIGINAL APPROVAL DATE:** 11/6/2019

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

**RENEWAL OPTION #:** 2 **OF** 2

**NUMBER OF RENEWAL OPTIONS:** 2

**RENEWAL AMOUNT:** \$115,000.00

**COMPANY'S NAME:** A White Meadows Co., Inc.

**ADDRESS:** 229 Stewart Road

**CITY:** Sharpsburg

**STATE:** GA

**ZIP:** 30277

**This Renewal Agreement No. 2 was approved by the Fulton County Board of Commissioners**

**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: Bid #19ITB119755C-GS

**FULTON COUNTY, GEORGIA**

**ARBORSERV, INC.**

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

DocuSigned by:  
*Joshua K. Meadows, President*  
5A4E1D7DE75B47B  
\_\_\_\_\_  
**Joshua K. Meadows  
President**

**ATTEST:**

**ATTEST:**

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

\_\_\_\_\_  
**Secretary/  
Assistant Secretary**

**(Affix County Seal)**

**(Affix Corporate Seal)**

**AUTHORIZATION OF RENEWAL:**

**ATTEST:**

\_\_\_\_\_  
**Joseph N. Davis, Director  
Department of Real Estate and Asset  
Management**

\_\_\_\_\_  
**Notary Public**

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

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

**(Affix Notary Seal)**

<b>ITEM#:</b> _____ <b>RCS:</b> _____	<b>ITEM#:</b> _____ <b>RM:</b> _____
<b>RECESS MEETING</b>	<b>REGULAR MEETING</b>

**21-0754 Real Estate and Asset Management**

Request approval to renew existing contracts - Department of Real Estate and Asset Management, 19RFP120741C-GS, Janitorial Services for Fulton County's Government Center Complex (Group A) and Justice Center Facilities (Group B) in the total amount of \$2,091,518.00 with (A) ABM Industry Groups, LLC (Atlanta, GA) in the amount of \$851,680.00; and (B) American Facilities Services, Inc. (Alpharetta, GA) in the amount of \$1,239,838.00 to provide the highest quality janitorial services for Government Center Complex and Justice Center Facilities for Fulton County. This action exercises the second of two renewal options. No renewal options remain. Effective dates: January 1, 2022, through December 31, 2022.

**21-0755 Real Estate and Asset Management**

Request approval to renew existing contracts - Department of Real Estate and Asset Management, 19ITB119755C-GS, Tree Removal Services Countywide in the total amount of \$230,000.00 with (A) ArborServ, Inc. (Lithonia, GA) in the amount of \$115,000.00; and (B) A White Meadows Company, Inc. (Sharpsburg, GA) in the amount of \$115,000.00, to provide on-site tree removal services Countywide for emergency/storm related situations or on an "as needed" basis for Fulton County. This action exercises the second of two renewal options. No renewal options remain. Effective dates: January 1, 2022 through December 31, 2022.

**21-0756 Real Estate and Asset Management**

Request approval to renew existing contracts - Department of Real Estate and Asset Management, 20ITB125598C-GS, HVAC On Call Maintenance Services Countywide in the amount of \$1,200,000.00 with (A) Mechanical Services, Inc. (Hapeville, GA) in the amount of \$300,000.00; (B) Trane U.S., Inc. (Atlanta, GA) in the amount of \$300,000.00; (C) Johnson Controls, Inc. (Roswell, GA) in the amount of \$300,000.00; and (D) Daikin Applied Americas, Inc. (Marietta, GA) in the amount of \$300,000.00, to provide standby on-site HVAC on call maintenance services of air conditioning systems on an "as needed" basis for all County facilities. This action exercises the first of two renewal options. One renewal option remains. Effective dates: January 1, 2022 through December 31, 2022.

**Justice and Safety****21-0757 Police**

Request approval to renew an existing contract - Police Department, 20RFP125037A-CJC, Armed and Unarmed Security Services in the amount of \$4,500,000.00 with Universal Protection Services dba Allied Security Services (Atlanta, GA) to provide armed and unarmed security services for various County departments. This action exercises the first of two renewal options. One renewal option remains. Effective dates: January 1, 2022 through December 31, 2022.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/8/2021

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).

<b>PRODUCER</b> The Harbin Agency, Inc. PO Box 1130 215 Greencastle Road Tyrone GA 30290	<b>CONTACT NAME:</b> Natalie J Thompson <b>PHONE (A/C, No, Ext):</b> 770-461-4315 <b>FAX (A/C, No):</b> 770-461-3359 <b>E-MAIL ADDRESS:</b> nataliet@harbinagency.com														
<b>INSURED</b> A White Meadows Company Inc PO Box 238 Sharpsburg GA 30277	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A : Cincinnati Specialty Underwriters</td> <td style="text-align: center;">13037</td> </tr> <tr> <td>INSURER B : Cincinnati Insurance Company</td> <td style="text-align: center;">10677</td> </tr> <tr> <td>INSURER C : American Interstate Insurance</td> <td style="text-align: center;">31895</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 : Cincinnati Specialty Underwriters	13037	INSURER B : Cincinnati Insurance Company	10677	INSURER C : American Interstate Insurance	31895	INSURER D :		INSURER E :		INSURER F :	
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**COVERAGES****CERTIFICATE NUMBER:** 199608822**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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR 2,500 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		CSU0040917	8/25/2021	8/25/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <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		EBA0157302	8/25/2021	8/25/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A A	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0		CSU0088581 CSU0088581	8/25/2021 8/25/2021	8/25/2022 8/25/2022	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
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 <input type="checkbox"/> N/A	AVWCGA3021542021	8/25/2021	8/25/2022	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 1,000,000 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)

Work performed at: Project Name: Tree Removal Services, Project # 16ITB103612C-GS

Form CSGA 435 12 13 - Additional Insured - Owners, Lessees or Contractors - Scheduled Person or Organization - Fulton County Government, its Agents, Directors, and Officers, 130 Peachtree Street SW Suite 1168, Atlanta, GA. 30303

Form AA 4004 03 06 - Additional Insured - Designated Person or Organization - Fulton County Government, its Agents, Directors, and Officers, 130 Peachtree Street SW Suite 1168, Atlanta, GA. 30303

Form WC 99 03 13 A - Waiver of Our Right to Recover from Others Endorsement - Fulton County Department of Purchasing & Contract Compliance

**CERTIFICATE HOLDER****CANCELLATION**

Fulton County Government, its Agents, Directors and Officers  
 130 Peachtree Street 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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## WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

WC 99 03 13 A

(Ed. 5-15)

## WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule, but this waiver applies only with respect to bodily injury arising out of the operations described in the Schedule where you are required by a written contract to obtain this waiver from us.

This endorsement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

This premium for this endorsement is shown in the Schedule.

Schedule

1. ☒ Specific Waiver

Name of person or organization **Fulton County Department of Purchasing & Contract Compliance,  
141 Pryor St., Suite 1168, Atlanta, GA 30303-3459**

☐ Blanket Waiver

Any person or organization for whom the Named Insured has agreed by written contract to furnish this waiver.

## 2. Operations:

## 3. Premium:

☒ Specific Waiver

The premium charge for this endorsement shall be 5 percent of the premium developed on payroll in connection with work performed for the above persons(s) or organization(s) arising out of the operations described.

☐ Blanket Waiver

The premium charge for this endorsement shall be \_\_\_\_\_ percent of the total manual premium arising out of the operations described.

## 4. Minimum Premium: \$ 250

*"To be adjusted at final audit"*

## 5. Advance Premium:

*"To be adjusted at final audit"*

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective 08/25/2021

Policy No. AVWCGA3021542021

Endorsement No.  
Premium:

Insured A White Meadows Company, Inc.

Insurance Company AMERICAN INTERSTATE INSURANCE COMPANY - 24759

Countersigned by \_\_\_\_\_

WC 99 03 13 A

(Ed. 5-15)

POLICY NUMBER: CSU0040917

COMMERCIAL GENERAL LIABILITY  
CSGA 435 12 13**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.****ADDITIONAL INSURED - OWNERS, LESSEES OR  
CONTRACTORS - SCHEDULED PERSON OR  
ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE**

Name of Additional Insured Person(s) or Organization(s):	Location(s) of Covered Operations
Fulton County Government, 130 Peachtree St SW Ste 1168, Atlanta GA 30303	Any location in the coverage territory
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

**A. SECTION II - WHO IS AN INSURED** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**B.** With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.
3. "Bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of, or the failure to render, any professional architectural, engineering or surveying services, including:
  - a. The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or
  - b. Supervisory, inspection, architectural or engineering activities.
4. "Bodily injury" or "property damage" arising out of "your work" for which a consolidated (wrap-up) insurance program has been provided by the prime contractor/project manager or owner of the construction project in which you are involved.
5. "Bodily injury", "property damage" or "personal and advertising injury" to any employee of you or to any obligation of the additional insured to indemnify another

because of damages arising out of such injury.

6. "Bodily injury", "property damage" or "personal and advertising injury" for which the Named Insured is afforded no coverage under this policy of insurance.

- C. With respect to the insurance afforded to these additional insureds, **SECTION III - LIMITS OF INSURANCE** is amended to include:

The limits applicable to the additional insured are those specified in the written contract or agreement or in the Declarations of this Coverage Part, whichever is less. If no limits are specified in the written contract or agreement, or if there is no written contract or agreement, the limits applicable to the additional insured are those specified in the Declarations of this Coverage Part. The limits of insurance are inclusive of and not in addition to the limits of insurance shown in the Declarations.

- D. With respect to the insurance afforded to these additional insureds, **SECTION IV - COMMERCIAL GENERAL LIABILITY CONDITIONS, 4. Other Insurance** is amended to include:

Any coverage provided herein will be excess over any other valid and collectible insurance available to the additional insured whether primary, excess, contingent or on any other basis unless you have agreed in a written contract or written agreement executed prior to any loss that this insurance will be primary. This insurance will be noncontributory only if you have so agreed in a written contract or written agreement executed prior to any loss and this coverage is determined to be primary.



**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED - DESIGNATED  
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

**BUSINESS AUTO COVERAGE FORM**

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Endorsement Effective: <b>08-25-2021</b>	Policy Number: <b>EBA 015 73 02</b>
Named Insured:  <b>A WHITE MEADOWS COMPANY INC</b>	
Countersigned by:	

(Authorized Representative)

The person or organization named in the following schedule is an "insured" to the extent of their liability for the conduct of another "insured" as provided in **SECTION II - LIABILITY COVERAGE, A. Coverage, 1. Who is an Insured, Paragraph c.**

**Schedule**

Additional Insured

**FULTON COUNTY GOVERNMENT, ITS AGENTS, DIRECTORS AND OFFICERS**

Address:

**130 PEACHTREE ST SW STE 1168  
ATLANTA, GA 30303**



**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: Bid #19ITB119755C-GS

**FULTON COUNTY, GEORGIA**

DocuSigned by:

*Robert L. Pitts*

14E1B4AA5E6A44A

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

**ATTEST:**

DocuSigned by:

*Tonya R. Grier*

EEC476C4837648D...

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

(Affix County Seal)

DocuSigned by:

**AUTHORIZATION OF RENEWAL:**

DocuSigned by:

*Joseph N. Davis*

E45C5C5F17FB417

**Joseph N. Davis, Director**  
**Department of Real Estate and Asset**  
**Management**

**ARBORSERV, INC.**

DocuSigned by:

*Joshua K. Meadows, President*

5A4F1D7DE75B47B

**Joshua K. Meadows**  
**President**

**ATTEST:***Sean Meadows*

**Secretary/**  
**Assistant Secretary**

(Affix Corporate Seal)

**ATTEST:***[Signature]***Notary Public**County: *Fulton*Commission Expires: *May 1, 2022*

(Affix



xxx	xxx	21-0755B	10/06/2021
ITEM#: _____	RCS: _____	ITEM#: _____	RM: _____
RECESS MEETING		REGULAR MEETING	