

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

HAWK CONSTRUCTION COMPANY, LLC.

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:

Miles Taylor

69A827FA9127426...

Full Name

Owner

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

B20954A08000422...

Joseph Davis

Director

Real Estate and Asset Management

ATTEST:

**Secretary/
Assistant Secretary**

(Affix Corporate Seal)

ATTEST:

Cicely Burns

Notary Public

County: DeKalb

Commission Expires: 07/04/2025

(Affix Notary Seal)



Please select RCS or RM from the checkbox

X

RCS

X

RM

ITEM#: xxx

RCS: xxx

RECESS MEETING

ITEM#: 21-0745D

RM: 10/06/21

REGULAR MEETING





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/11/2021

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 Jones Group Insurance Services 707 Whitlock Ave Suite B-24 MARIETTA GA 30064 INSURED Hawk Construction Company LLC 158 FAIRVIEW RD STE E ELLENWOOD GA 30294-2795		CONTACT NAME: Ana Rodriguez PHONE (A/C, No, Ext): (770) 933-7929 FAX (A/C, No): (770) 933-7872 E-MAIL ADDRESS: ana@jonesgroupinsurance.com <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td>Arch Insurance</td> <td>21199</td> </tr> <tr> <td>INSURER B:</td> <td>Travelers Insurance</td> <td>25658</td> </tr> <tr> <td>INSURER C:</td> <td>Great American Insurance Company</td> <td>16691</td> </tr> <tr> <td>INSURER D:</td> <td>The Hartford</td> <td>19682</td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Arch Insurance	21199	INSURER B:	Travelers Insurance	25658	INSURER C:	Great American Insurance Company	16691	INSURER D:	The Hartford	19682	INSURER E:			INSURER F:		
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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			AGL0007516-05	12/19/2020	12/19/2021	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
							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 checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000
	OTHER:						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY	<input 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) \$
							\$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB			UM89778234	12/19/2020	12/19/2021	EACH OCCURRENCE \$ 5,000,000
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> OCCUR					AGGREGATE \$ 5,000,000
	<input checked="" type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	<input type="checkbox"/> CLAIMS-MADE					\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			6JUB-IE99435-2-16	01/15/2021	01/15/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input type="checkbox"/> N	N/A				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
D	The Hartford			22BDDIC1051	03/25/2021	03/25/2022	Crime Bond \$100,000
							Deductible \$1,000

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

General Contracting Services; Remodeling; Carpentry Class
 Miles Traylor DBA Hawk Construction GC RLCI000888==General Contracting Services; Remodeling; Carpentry Class
 Additional Insured:
 Fulton County Purchasing
 130 Peachtree Street, S.W., Suite 1168
 Atlanta, GA 30303
 19ITB432768K-JAJ Task Order Contract for Minor Construction Renewal #2

CERTIFICATE HOLDER

Fulton County Purchasing
 130 Peachtree Street, S.W., Suite 1168
 Atlanta GA 30303

CANCELLATION

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

Kristine Jones

© 1988-2015 ACORD CORPORATION. All rights reserved.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/11/2021

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PRODUCER State Farm CHRIS PETTIS STATE FARM INSURANCE 450 SANTA FE TRAIL ELLENWOOD GA 30294	CONTACT NAME: Susan Steele PHONE (A/C, No, Ext): 770-474-3646 FAX (A/C, No): 678-245-4590 E-MAIL: susan@chrispettisinsurance.com ADDRESS:														
INSURED MILES TRAYLOR D/B/A HAWK CONSTRUCTION COMPANY LLC 158 FAIRVIEW RD STE E ELLENWOOD GA 30294-2795	INSURER(S) AFFORDING COVERAGE <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">INSURER A</th> <th style="width: 20%;">NAIC #</th> </tr> <tr> <td>State Farm Mutual Automobile Insurance Company</td> <td>25178</td> </tr> <tr><td>INSURER B:</td><td></td></tr> <tr><td>INSURER C:</td><td></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 A	NAIC #	State Farm Mutual Automobile Insurance Company	25178	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER								EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/PROP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY	Y				938 1649-E02-11 2019 GMC 952 8185-C14-11 2016 RAM C18 2513-D09-11 2006 Ford	04/19/2018 09/14/2018 04/09/2020	04/19/2022 03/14/2022 04/09/2022	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE (Per accident) \$ 1,000,000 \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$								EACH OCCURRENCE \$ AGGREGATE \$ \$
	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				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 General Contracting Services; Remodeling; Carpentry Class Miles Traylor DBA Hawk Construction GC RLCI000888
 191TB432768K-JAJ Task Order Contract for Minor Construction Renewal #2

CERTIFICATE HOLDER

CANCELLATION

Fulton County Purchasing 130 Peachtree Street S.W., 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
--	---



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/11/2021

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PRODUCER StateFarm CHRIS PETTIS STATE FARM INSURANCE 450 SANTA FE TRAIL ELLENWOOD GA 30294	CONTACT NAME: Susan Steele PHONE (A/C, No, Ext): 770-474-3646 FAX (A/C, No): 678-245-4590 E-MAIL ADDRESS: susan@chrispettisinsurance.com INSURER(S) AFFORDING COVERAGE INSURER A: State Farm Mutual Automobile Insurance Company NAIC # 25178 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED MILES TRAYLOR D/B/A HAWK CONTRUCTION COMPANY LLC 158 FAIRVIEW RD STE E ELLENWOOD GA 30294-2795	

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	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY	Y		C58 4714-C11-11 2018 RAM C79 5516-B09-11 2019 Chev.	03/11/2021 08/09/2021	03/11/2022 02/09/2022	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE (Per accident) \$ 1,000,000 \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	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				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

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 191TB432768K-JAJ Task Order Contract for Minor Construction Renewal #2

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--	--

mhawkconstruction@yahoo.com

October 8, 2021

Miles Taylor
Hawk Construction Company, LLC
158 Fairview Rd. Suite E
Ellenwood, GA 30294

Re: 19ITB432768K-JAJ Renewal # 2

Dear: Mr. Taylor:

The above described renewal contract is ready for your portion to be executed. Please be sure that the following requirement is met:

Certificate of Insurance: Please have the authorized representative of the insurance company issue a Certificate of Insurance and submit with the renewal contract agreement. Insurance must be written by a licensed agent in a company licensed to write insurance in the State of Georgia.

Insurance requirements shall be exactly as specified in the solicitation document and each certificate must reflect same. No deviations from the original requirements will be accepted. Also, be certain that the certificates are properly completed. An "X" should be placed in the Additional Insured box for the following coverages; General Liability, Auto Liability, and Umbrella Policies. Insurance in no way limits the Liability of the contractor (See sample Certificate of Insurance).

James A. Jones
Department of Purchasing & Contract Compliance
130 Peachtree Street, S.W.
Suite 1168
Atlanta, Georgia 30303-3459

If you should have any questions or concerns, please do not hesitate to contact me at (404)612-5818

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

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

B20954A08000422...

Joseph Davis

Director

Real Estate and Asset Management

DocuSigned by:

[Signature]

Full Name

President

ATTEST:

Name

**Secretary/
Assistant Secretary**

(Affix Corporate Seal)

DocuSigned by:



ATTEST:

Notary Public

County: _____

Commission Expires: _____

(Affix Notary Seal)

Please select RCS or RM from the checkbox

☒

RCS

☐

RM

ITEM#: xxx

RCS: xxx

RECESS MEETING

ITEM#: 21-0745

RM: 10/06/21

REGULAR MEETING





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/13/2021

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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:	
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INSURED CRM SERVICES LLC 3961 FLOYD RD AUSTELL GA 30106-8536															

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	<input checked="" type="checkbox"/> EXCESS LIAB						AGGREGATE \$ 2,000,000
	<input type="checkbox"/> CLAIMS-MADE						\$
	DED						
	RETENTION \$						
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N					OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A	WCV 50686879	06/23/2021	06/23/2022	E.L. EACH ACCIDENT \$ 1,000,000
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							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

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AUTHORIZED REPRESENTATIVE



DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE

CONTRACT RENEWAL AGREEMENT

DEPARTMENT: Real Estate and Asset Management

BID/RFP# NUMBER: 19ITB432768K-JAJ (C)

BID/RFP# TITLE: Task Order Contract for Minor Construction Projects

ORIGINAL APPROVAL DATE: 2/5/2020

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

RENEWAL OPTION #: 2 OF 3

NUMBER OF RENEWAL OPTIONS: 3

RENEWAL AMOUNT: \$1,000,000.00

COMPANY'S NAME: CRM Construction Services, LLC

ADDRESS: 3961 Floyd Road, Suite 300336

CITY: Atlanta

STATE: GA

ZIP: 30106

This Renewal Agreement No. 2 was approved by the Fulton County Board of Commissioners on BOC DATE: 10/06/2021 BOC NUMBER: 21-0745

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

RUBIO AND SONS INTERIORS, INC.

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

B20954A08000422...

Joseph Davis

Director

Real Estate and Asset Management

DocuSigned by:

Richard Rubio

668A0630EDF464...

Richard Rubio

President

Notary

ATTEST:

Victoria Rubio

**Secretary/
Assistant Secretary**

(Affix Corporate Seal)

DocuSigned by:



ATTEST:

Notary Public

County: _____

Commission Expires: _____

(Affix Notary Seal)

Please select RCS or RM from the checkbox

☒

RCS

☐

RM

ITEM#: xxx

RCS: xxx

RECESS MEETING

ITEM#: 21-0745

RM: 10/06/21

REGULAR MEETING



RUBI&SO-01

DVANN



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/12/2021

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

PRODUCER License # 72125 Ash/Welborn Insurance 103 Midway Drive, Suite A Cornelia, GA 30531	CONTACT NAME: PHONE (A/C, No, Ext): (706) 510-0221 FAX (A/C, No): (706) 778-3322 E-MAIL ADDRESS:
INSURER(S) AFFORDING COVERAGE	
INSURER A : Home-Owners Insurance co	
NAIC # 26638	
INSURER B : Owners Insurance Company	
NAIC # 32700	
INSURER C : Auto-Owners	
NAIC # 18988	
INSURER D : Amerisafe Companies	
NAIC # 31895	
INSURER E :	
INSURER F :	

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	X	X	80021110	5/22/2021	5/22/2022	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
							MED EXP (Any one person) \$ 10,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: General Aggregate							PRODUCTS - COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY	X	X	4802111003	5/22/2021	5/22/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR	X	X	4802111002	5/22/2021	5/22/2022	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$ 3,000,000
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	X	N/A	AVWCGA2995382021	5/22/2021	5/22/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> 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

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Fulton County is additional insured under these policies.

Project: 19ITB432768K-JAJ - Renewal #2,
Fulton County Task Order Contract for Minor Construction Project for Dept. of Real Estate and Asset Management of Fulton County

CERTIFICATE HOLDER**CANCELLATION**

Fulton County Department of Purchasing & Contract Compliance 130 Peachtree St. SW Suite 1168 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
---	---

contractrubio@bellsouth.net

October 8, 2021

Richard Rubio
10 Frost Cove
Hoschton, GA 30548

Re: 19ITB432768K-JAJ Renewal # 2

Dear: Mr. Rubio:

The above described renewal contract is ready for your portion to be executed. Please be sure that the following requirement is met:

Certificate of Insurance: Please have the authorized representative of the insurance company issue a Certificate of Insurance and submit with the renewal contract agreement. Insurance must be written by a licensed agent in a company licensed to write insurance in the State of Georgia.

Insurance requirements shall be exactly as specified in the solicitation document and each certificate must reflect same. No deviations from the original requirements will be accepted. Also, be certain that the certificates are properly completed. An "X" should be placed in the Additional Insured box for the following coverages; General Liability, Auto Liability, and Umbrella Policies. Insurance in no way limits the Liability of the contractor (See sample Certificate of Insurance).

James A. Jones
Department of Purchasing & Contract Compliance
130 Peachtree Street, S.W.
Suite 1168
Atlanta, Georgia 30303-3459

If you should have any questions or concerns, please do not hesitate to contact me at (404)612-5818

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:

ASTRA CONSTRUCTION SERVICES, LLC

FULTON COUNTY, GEORGIA

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:

Andrew Lindsay

72E4CC2F57A647D...

Full Name

President

x Notary

ATTEST:

**Secretary/
Assistant Secretary**

(Affix Corporate Seal)

ATTEST:

Terra Hall

Notary Public

County: Cherokee

Commission Expires: 01/15/2024

DocuSigned by:

(Affix Notary Seal)



Please select RCS or RM from the checkbox

x

RCS

x

RM

ITEM#: xxx

RCS: xxx

RECESS MEETING

ITEM#: 21-0745B

RM: 10/06/2021

REGULAR MEETING



FULTON COUNTY

Department of Purchasing & Contract Compliance documents to be verified with my signature below.

Astra Construction Services, LLC.



Andrew Lindsay, President



Witnessed and sealed

Terra Hall
NOTARY PUBLIC
Cherokee County, GEORGIA
My Commission Expires 01/15/2024

10/13/2021



HEADQUARTERS
300 Churchill Court
Woodstock, GA 30188
(770) 992-9300 phone
(678) 494-3601 fax

ATLANTA
1611 Perry Blvd
Atlanta, GA 30318
(470) 343-2757 phone
(470) 343-2756 fax

SAVANNAH
6001 Chatham Center
Drive, Suite 140
Savannah, GA 31405
(912) 339-5300 phone

TAMPA
4324 N. 56th Street
56 Commerce Park,
Building 562
Tampa, FL 33610
(813) 279-8250 phone



DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE

CONTRACT RENEWAL AGREEMENT

DEPARTMENT: Real Estate and Asset Management

BID/RFP# NUMBER: 19ITB432768K-JAJ (B)

BID/RFP# TITLE: Task Order Contract for Minor Construction Projects

ORIGINAL APPROVAL DATE: 2/5/2020

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

RENEWAL OPTION #: 2 OF 3

NUMBER OF RENEWAL OPTIONS: 3

RENEWAL AMOUNT: \$1,000,000.00

COMPANY'S NAME: Astra Construction Services, LLC

ADDRESS: 300 Churchill Court

CITY: Woodstock

STATE: GA

ZIP: 30188

This Renewal Agreement No.2 was approved by the Fulton County Board of Commissioners on BOC DATE: 10/06/2021 BOC NUMBER: 21-0745

SIGNATURES: SEE NEXT PAGE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/22/2021

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 Willis Towers Watson Midwest, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	CONTACT NAME: Willis Towers Watson Certificate Center PHONE (A/C No. Ext): 1-877-945-7378 FAX (A/C No): 1-888-467-2378 E-MAIL ADDRESS: certificates@willis.com														
INSURED Astra Construction Services, LLC 300 Churchill Court Woodstock, GA 30188	<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: Greenwich Insurance Company</td> <td style="text-align: center;">22322</td> </tr> <tr> <td>INSURER B: XL Insurance America Inc</td> <td style="text-align: center;">24554</td> </tr> <tr> <td>INSURER C: XL Specialty Insurance Company</td> <td style="text-align: center;">37885</td> </tr> <tr> <td>INSURER D: Zurich American Insurance Company</td> <td style="text-align: center;">16535</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: Greenwich Insurance Company	22322	INSURER B: XL Insurance America Inc	24554	INSURER C: XL Specialty Insurance Company	37885	INSURER D: Zurich American Insurance Company	16535	INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: Greenwich Insurance Company	22322														
INSURER B: XL Insurance America Inc	24554														
INSURER C: XL Specialty Insurance Company	37885														
INSURER D: Zurich American Insurance Company	16535														
INSURER E:															
INSURER F:															

COVERAGES

CERTIFICATE NUMBER: W19922789

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		CGD740980502	02/01/2021	02/01/2022	EACH OCCURRENCE	\$ 2,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000	
							MED EXP (Any one person)	\$	
							PERSONAL & ADV INJURY	\$ 2,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:							GENERAL AGGREGATE	\$ 4,000,000	
							PRODUCTS - COMP/OP AGG	\$ 4,000,000	
								\$	
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY	Y		CAD740995201	02/01/2021	02/01/2022	COMBINED SINGLE LIMIT (Ea accident)	\$ 3,000,000	
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$	
	<input type="checkbox"/> OWNED AUTOS ONLY						<input type="checkbox"/> SCHEDULED AUTOS NON-OWNED	BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS ONLY						<input type="checkbox"/> AUTOS ONLY Ded. \$1,000	PROPERTY DAMAGE (Per accident)	\$
								\$	
B	<input checked="" type="checkbox"/> UMBRELLA LIAB	Y		US00077661LI21A	02/01/2021	02/01/2022	EACH OCCURRENCE	\$ 5,000,000	
	<input checked="" type="checkbox"/> EXCESS LIAB						AGGREGATE	\$ 5,000,000	
	<input type="checkbox"/> CLAIMS-MADE							\$	
							DED RETENTION \$		
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N	N/A	CWD740995001	02/01/2021	02/01/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							\$ 1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							\$ 1,000,000	
								\$ 1,000,000	
C	Workers Compensation - WI and Employers Liability			CWR7459988	02/01/2021	02/01/2022	E.L. Each Accident	\$1,000,000	
	Work Comp: Per Statute						E.L. Disease-Each Emp	\$1,000,000	
							E.L. Disease-Pol Lmt	\$1,000,000	

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

SEE ATTACHED

CERTIFICATE HOLDER

CANCELLATION

Fulton County 141 Pryor Street SW 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>Est. J. How</i></p>
---	--

© 1988-2016 ACORD CORPORATION. All rights reserved.

AGENCY CUSTOMER ID: _____

LOC #: _____

**ADDITIONAL REMARKS SCHEDULE**Page 2 of 2

AGENCY Willis Towers Watson Midwest, Inc.		NAMED INSURED Astra Construction Services, LLC 300 Churchill Court Woodstock, GA 30188	
POLICY NUMBER See Page 1		EFFECTIVE DATE: See Page 1	
CARRIER See Page 1	NAIC CODE See Page 1		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Project: Fulton County Projects

Fulton County is Additional Insured with respect to the General Liability, Auto Liability and Umbrella/Excess Liability coverages and the work performed by the Named Insured when required by written contract, agreement or permit executed prior to loss.

INSURER AFFORDING COVERAGE: Zurich American Insurance Company

NAIC#: 16535

POLICY NUMBER: CPP 3547840-20 EFF DATE: 02/01/2021 EXP DATE: 02/01/2022

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Commercial Property	Blanket Limit	

INSURER AFFORDING COVERAGE: Zurich American Insurance Company

NAIC#: 16535

POLICY NUMBER: CPP 3547840-20 EFF DATE: 02/01/2021 EXP DATE: 02/01/2022

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Leased/Rented Equipment	Per Any One Item	\$2,000,000
	Per Occurrence	\$2,000,000

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 Government

FULTON COUNTY, GEORGIA

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

B20954A08000422...

Joseph Davis

Director

Real Estate and Asset Management

DocuSigned by:

James Dunn

741E70AAA36C4D8...

Full Name

Chief Executive Officer

☐ Notary

ATTEST:

Nancy Dunn

**Secretary/
Assistant Secretary**

(Affix Corporate Seal)

DocuSigned by:



ATTEST:

Notary Public

County: _____

Commission Expires: _____

(Affix Notary Seal)

Please select RCS or RM from the checkbox

☒

RCS

☐

RM

ITEM#: xxx

RCS: xxx

RECESS MEETING

ITEM#: 21-0745

RM: 10/6/2021

REGULAR MEETING



Full Name

Chief Executive Officer

ATTEST:

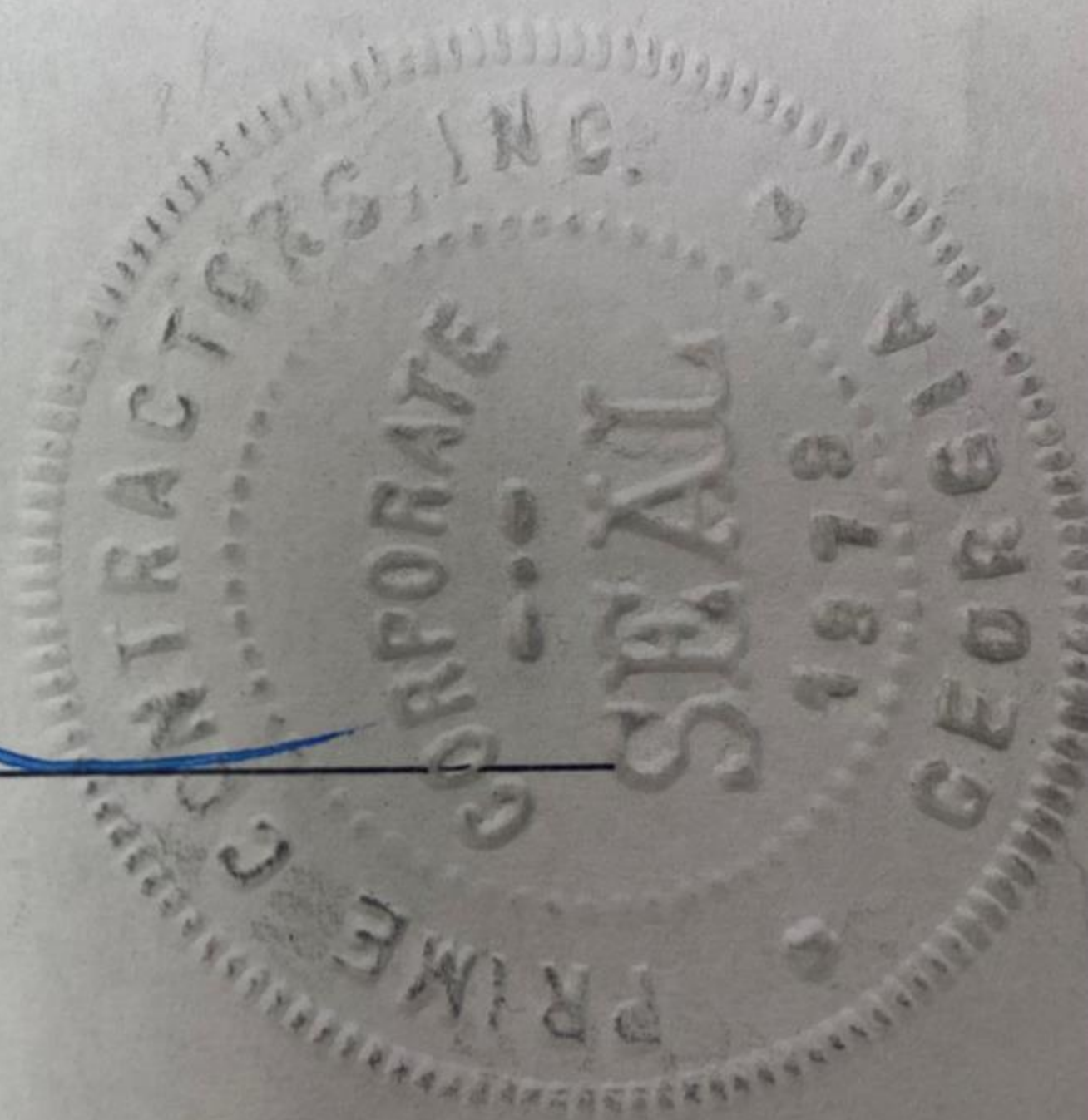
Nancy K. O'Connell

Secretary/

Assistant Secretary

(Affix Corporate Seal)

ATTEST:



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

Robert L. Pitts, Chairman
Fulton County Board of Commissioners

 Full Name

 Chief Executive Officer

ATTEST:

Tonya R. Grier
Interim Clerk to the Commission

(Affix County Seal)

AUTHORIZATION OF RENEWAL:

ATTEST:

Nancy Quinn
Secretary/
Assistant Secretary

(Affix Corporate Seal)

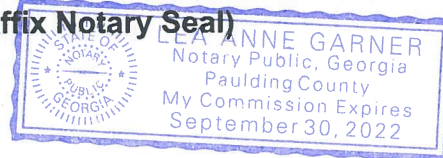
ATTEST:

Notary Public

County: Cobb

Commission Expires: 9/30/22

(Affix Notary Seal)



ITEM#: _____ RCS: _____
RECESS MEETING

ITEM#: _____ RM: _____
REGULAR MEETING



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/11/2021

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 LITTLE & SMITH INC 202 CHURCH ST NE MARIETTA GA 30060-1604	CONTACT NAME: PHONE (A/C, No. Ext): 770-428-3308 FAX (A/C, No): E-MAIL ADDRESS: <table style="width: 100%;"> <tr> <td style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> <td style="text-align: center;">NAIC #</td> </tr> <tr> <td>INSURER A: SELECTIVE WAY INSURANCE COMPANY</td> <td>26301</td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: SELECTIVE WAY INSURANCE COMPANY	26301
INSURER(S) AFFORDING COVERAGE	NAIC #				
INSURER A: SELECTIVE WAY INSURANCE COMPANY	26301				
INSURED PRIME CONTRACTORS, INC., PRIME REAL ESTATE 3406 FLORENCE CIR POWDER SPGS GA 30127-6049	INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:				

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	X		S 2043893	1/1/2021	1/1/2022	EACH OCCURRENCE	\$ 1,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000	
							MED EXP (Any one person)	\$ 15,000	
							PERSONAL & ADV INJURY	\$ 1,000,000	
							GENERAL AGGREGATE	\$ 2,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:							PRODUCTS - COMP/OP AGG	\$ 2,000,000	
								\$	
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY	X		S 2043893	1/1/2021	1/1/2022	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
	<input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY						<input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY	BODILY INJURY (Per person)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY						<input checked="" type="checkbox"/>	BODILY INJURY (Per accident)	\$
								PROPERTY DAMAGE (Per accident)	\$
									\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB	X		S 2043893	1/1/2021	1/1/2022	EACH OCCURRENCE	\$ 5,000,000	
	<input type="checkbox"/> EXCESS LIAB						<input type="checkbox"/> CLAIMS-MADE	AGGREGATE	\$ 5,000,000
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ ZERO								\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below							PER STATUTE	OTH-ER	
							E.L. EACH ACCIDENT	\$	
							E.L. DISEASE - EA EMPLOYEE	\$	
							E.L. DISEASE - POLICY LIMIT	\$	

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

This Certificate of Liability Insurance was created by Selective on behalf of the agent.

DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE is included as additional insured with respect to Automobile, General Liability as required by written contract or agreement.

CERTIFICATE HOLDER
CANCELLATION

DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE 130 PEACHTREE STREET, SW SUITE 1168 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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AGENCY CUSTOMER ID: _____
LOC #: _____



ADDITIONAL REMARKS SCHEDULE

AGENCY LITTLE & SMITH INC		NAMED INSURED PRIME CONTRACTORS, INC., PRIME REAL ESTATE 3406 FLORENCE CIR	
POLICY NUMBER S 2043893			
CARRIER SELECTIVE WAY INSURANCE COMPANY	NAIC CODE 26301	POWDER SPGS GA 30127-6049	EFFECTIVE DATE: 1/1/2021

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

JOB #

19ITB432768K-JAJ

JOB LOCATION



DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE

CONTRACT RENEWAL AGREEMENT

DEPARTMENT: Real Estate and Asset Management

BID/RFP# NUMBER: 19ITB432768K-JAJ (E)

BID/RFP# TITLE: Task Order Contract for Minor Construction Projects

ORIGINAL APPROVAL DATE: 2/5/2020

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

RENEWAL OPTION #: 2 OF 3

NUMBER OF RENEWAL OPTIONS: 3

RENEWAL AMOUNT: \$1,000,000.00

COMPANY'S NAME: Prime Contractors, Inc.

ADDRESS: 3406 Florence Circle

CITY: Powder Springs

STATE: GA

ZIP: 30127

This Renewal Agreement No. 2 was approved by the Fulton County Board of Commissioners on BOC DATE: 10/06/2021 BOC NUMBER: 21-0745

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:

BROWN & ROOT INDUSTRIAL SERVICESLLC

FULTON COUNTY, GEORGIA

DocuSigned by:

Robert L. Pitts

14E1B4AA5E6A44A...

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

Please select Attest or Notary from checkbox

X 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

B20954A08000422...

Joseph Davis**Director**

Real Estate and Asset Management

DocuSigned by:

R. Killion

DE2DE5080994452...

Full Name**Vice President****ATTEST:**

Wayne Killion

**Secretary/
Assistant Secretary****(Affix Corporate Seal)****ATTEST:****Notary Public****County:** _____**Commission Expires:** _____**(Affix Notary Seal)**

Please select RCS or RM from the checkbox

X

RCS

X

RM**ITEM#: xxx****RCS: xxx****RECESS MEETING****ITEM#: 2021-0745A****RM: 10/6/2021****REGULAR MEETING**



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/11/2021

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. 235 Highlandia Drive, Suite 200 Baton Rouge LA 70810	CONTACT NAME: Morgan Miller PHONE (A/C, No, Ext): 225-906-0118 E-MAIL ADDRESS: morgan_miller@ajg.com FAX (A/C, No): 866-823-5865														
INSURED Brown & Root Industrial Services, LLC 2600 Citiplac Drive Suite 500 Baton Rouge LA 70808	<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: ACE American Insurance Company</td> <td>22667</td> </tr> <tr> <td>INSURER B: American Guarantee and Liability Ins Co</td> <td>26247</td> </tr> <tr> <td>INSURER C: Steadfast Insurance Company</td> <td>26387</td> </tr> <tr> <td>INSURER D: Ironshore Specialty Insurance Co</td> <td>25445</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: ACE American Insurance Company	22667	INSURER B: American Guarantee and Liability Ins Co	26247	INSURER C: Steadfast Insurance Company	26387	INSURER D: Ironshore Specialty Insurance Co	25445	INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
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INSURER D: Ironshore Specialty Insurance Co	25445														
INSURER E:															
INSURER F:															

COVERAGES**CERTIFICATE NUMBER:** 1412167468**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 <div style="display: flex; justify-content: space-between;"> <div> <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 type="checkbox"/> LOC OTHER: </div> <div> <input type="checkbox"/> SCHEDULED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY </div> </div>	Y	Y	HDOG72470229	11/1/2020	11/1/2021	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$2,000,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$4,000,000 PRODUCTS - COMP/OP AGG \$4,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY </div> <div> <input type="checkbox"/> SCHEDULED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY </div> </div>	Y		ISAH09095123	11/1/2020	11/1/2021	COMBINED SINGLE LIMIT (Ea accident) \$2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED \$ RETENTION \$	Y		AUC022306404	11/1/2020	11/1/2021	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000 \$
A	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	WLRC67797929	11/1/2020	11/1/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$2,000,000 E.L. DISEASE - EA EMPLOYEE \$2,000,000 E.L. DISEASE - POLICY LIMIT \$2,000,000
C D	Professional Pollution			EOC016051604 ICELLUW00101272	11/1/2020 11/1/2020	11/1/2021 11/1/2021	Each Claim/Aggregate \$2,000,000 Pollution-Each Claim \$10,000,000

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

 GENERAL LIABILITY COVERAGE FORM:
 See Attached...
CERTIFICATE HOLDER**CANCELLATION**
 Fulton County Government
 Attn: Purchasing Department
 130 Peachtree Street, S.W.
 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

© 1988-2015 ACORD CORPORATION. All rights reserved.

AGENCY CUSTOMER ID: BROW&RO-05

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Arthur J. Gallagher Risk Management Services, Inc.		NAMED INSURED Brown & Root Industrial Services, LLC 2600 Citiplace Drive Suite 500 Baton Rouge LA 70808	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

- (1) Commercial General Liability - Occurrence Form CG 00 01 04 13
- (2) Blanket Additional Insured - Owners, Lessees & Contractors if required by written contract as respect to CGL (CG 2010 10 01)
- (3) Blanket Additional Insured - Owners, Lessees & Contractors - Completed Operations if required by written contract as respect to CGL (CG 2037 10 01)
- (4) Blanket Waiver of Subrogation is provided if required by written contract as respects to General Liability
- (5) Primary - Non-Contributory Provisions Provided if required by written contract
- (6) Contractual Liability Included
- (7) Per Project General Aggregate Applies

AUTOMOBILE COVERAGE FORM:

- (1) Blanket Additional Insured with respects to Automobile Liability as required by written contract
- (2) Blanket Waiver of Subrogation is provided if required by written contract as respects to Automobile Liability
- (3) Primary - Non-Contributory Provisions Provided if required by written contract

WORKERS COMP COVERAGE FORM:

- (1) Blanket Waiver of Subrogation is provided if required by written contract with respects to Workers Comp as required By written contract
- (2) Primary - Non-Contributory Provisions Provided if required by written contract
- (3) Longshore & Harbor WC Act endorsement; Alternate Employer endorsement; and Outer Continental Shelf WC endorsement with respects to Workers Comp as required By written contract Coverage territory includes State of Louisiana and Gulf of Mexico Extension

UMBRELLA COVERAGE FORM:

- (1) Follow form over the General Liability, Auto Liability and Workers Compensation as required by written contract

Re: 19ITB432768K-JAJ Renewal #2, Task Order- Minor Construction Projects 06-25-19 JJ

Fulton County Government, Its Officials, Officers and Employees as are included as Additional Insureds under the General Liability on a primary & non-contributory basis and Auto Liability policies, when required by written contract. Waiver of Subrogation in favor of Additional Insureds as respects General Liability, policy, when required by written contract. Umbrella Follows Form. 30 day notice of cancellation in favor of the certificate holder, when required by written contract.

POLICY NUMBER: **HDO G72470229**

Endorsement Number:

**COMMERCIAL GENERAL LIABILITY
CG 20 10 10 01****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 Person or Organization: Any Owner, Lessee or Contractor whom you have agreed to include as an additional insured under a written contract, provided such contract was executed prior to the date of loss.

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

A. Section II – Who Is An Insured is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of your ongoing operations performed for that insured.

B. With respect to the insurance afforded to these additional insureds, the following exclusion is added:

2. Exclusions

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 site 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.

POLICY NUMBER: **HDO G72470229**

Endorsement Number:

COMMERCIAL GENERAL LIABILITY
CG 20 37 10 01**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.****ADDITIONAL INSURED – OWNERS, LESSEES OR
CONTRACTORS – COMPLETED OPERATIONS**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization: Any person or organization whom you have agreed to include as an additional insured under a written contract, provided such contract was executed prior to the date of loss.
Location And Description of Completed Operations: All locations where you perform work for such additional insured pursuant to any such written contract.
Additional Premium:

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

Section II – Who Is An Insured is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of "your work" at the location designated and described in the schedule of this endorsement performed for that insured and included in the "products-completed operations hazard".

POLICY NUMBER: HDO G72470229

Endorsement Number,

COMMERCIAL GENERAL LIABILITY
CG 24 04 05 09

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

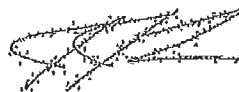
SCHEDULE

Name Of Person Or Organization: Any person or organization against whom you have agreed to waive your right of recovery in a written contract, provided such contract was executed prior to the date of loss.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to Paragraph 8. Transfer Of Rights Of Recovery Against Others To Us of Section IV -- Conditions:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.



Authorized Representative

AUTOMATIC ADDITIONAL INSURED ENDORSEMENT

Named Insured Brown & Root Industrial Services, LLC			Endorsement Number
Policy Symbol ISA	Policy Number H09095123	Policy Period 11-1-2020- 11-1-2021	Effective Date of Endorsement 11-1-2020
Issued By (Name of Insurance Company) ACE American Insurance Company			

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

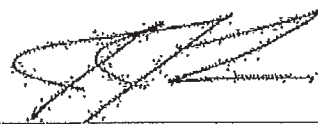
**BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM**

SECTION II - LIABILITY COVERAGE, WHO IS AN INSURED is amended to include as an "insured" any person or organization you are required in a written contract or agreement to name as an Additional Insured on your policy but only for "bodily injury" or "property damage" to which this insurance applies if the "accident" is caused by:

1. You, while using a covered "auto" or
2. Any other person, while using a covered "auto" with your permission.

The insurance provided by this endorsement shall be subject to the following additional condition:

1. The Limit of Insurance provided for the Additional Insured shall not be greater than those required by contract and, in no event, shall the policy Limits of Insurance be increased by the contract.
2. All insuring agreements, exclusions, terms and conditions of the policy shall apply to the coverage (s) provided to the Additional Insured, and such coverage shall not be enlarged or expanded by reason of the contract.
3. Coverage provided by this endorsement shall be excess over any other valid and collectible insurance available to the Additional Insured (s) whether primary, excess, contingent or on any other basis unless the contract specifically requires that this insurance be primary or you request that it apply on a primary basis prior to loss.



Authorized Representative

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS

Name of Insured Brown & Root Industrial Services, LLC			Endorsement Number
Policy Symbol ISA	Policy Number H09095123	Policy Period 11-1-2020- 11-1-2021	Effective Date of Endorsement 11-1-2020
Issued By (Name of Insurance Company) ACE American Insurance Company			

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

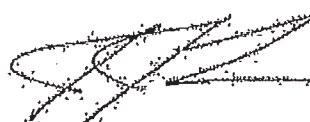
This Endorsement modifies insurance provided under the following:

**BUSINESS AUTO COVERAGE FORM
MOTOR CARRIERS COVERAGE FORM
AUTO DEALERS COVERAGE FORM**

We waive any right of recovery we may have against the person or organization shown in the Schedule below because of payments we make for injury or damage arising out of the use of a covered auto. The waiver applies only to the person or organization shown in the SCHEDULE.

SCHEDULE

Any person or organization against whom you have agreed to waive your right to recovery in a written contract, provided such contract was executed prior to the date of loss



Authorized Representative

Workers' Compensation and Employers' Liability Policy

Named Insured BROWN & ROOT INDUSTRIAL SERVICES, LLC 2600 CITIPLACE DRIVE, SUITE 600 BATON ROUGE LA 70808	Endorsement Number
Policy Period 11-1-2020 TO 11-1-2021	Policy Number Symbol: WLR Number: C67797929
Issued By (Name of Insurance Company) ACE AMERICAN INSURANCE COMPANY	Effective Date of Endorsement 11-1-2020
Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.	

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. This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.

This agreement shall not operate directly or indirectly to benefit any one not named in the Schedule.

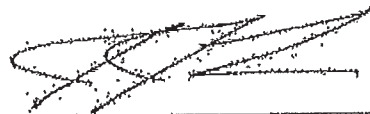
Schedule

ANY PERSON OR ORGANIZATION AGAINST WHOM YOU HAVE AGREED TO WAIVE YOUR RIGHT OF RECOVERY IN A WRITTEN CONTRACT, PROVIDED SUCH CONTRACT WAS EXECUTED PRIOR TO THE DATE OF LOSS.

For the states of CA, UT, TX, refer to state specific endorsements.
This endorsement is not applicable in KY, NH, and NJ.

The endorsement does not apply to policies in Missouri where the employer is in the construction group of code classifications. According to Section 287.150(6) of the Missouri statutes, a contractual provision purporting to waive subrogation rights against public policy and void where one party to the contract is an employer in the construction group of code classifications.

For Kansas, use of this endorsement is limited by the Kansas Fairness in Private Construction Contract Act(K.S.A. 16-1801 through 16-1807 and any amendments thereto) and the Kansas Fairness in Public Construction Contract Act(K.S.A 16-1901 through 16-1908 and any amendments thereto). According to the Acts a provision in a contract for private or public construction purporting to waive subrogation rights for losses or claims covered or paid by liability or workers compensation insurance shall be against public policy and shall be void and unenforceable except that, subject to the Acts, a contract may require waiver of subrogation for losses or claims paid by a consolidated or wrap-up insurance program.



Authorized Representative

Workers' Compensation and Employers' Liability Policy

Named Insured BROWN & ROOT INDUSTRIAL SERVICES, LLC 2600 CITIPLACE DRIVE, SUITE 600 BATON ROUGE LA 70808	Endorsement Number
Policy Period 11-1-2020 TO 11-1-2021	Policy Number Symbol: WLR Number: C67797929
Effective Date of Endorsement	
Issued By (Name of Insurance Company) ACE AMERICAN INSURANCE COMPANY	
Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.	

TEXAS WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

This endorsement applies only to the insurance provided by the policy because Texas is shown in Item 3.A. of the Information Page.

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.

The premium for this endorsement is shown in the schedule.

Schedule

1. () Specific Waiver
Name of person or organization:

- (X) Blanket Waiver
Any person or organization for whom the Named Insured has agreed by written contract to furnish this waiver.

2. Operations:
ALL TEXAS OPERATIONS

3. Premium:
The premium charge for this endorsement shall be 2.0 percent of the premium developed on payroll in connection with work performed for the above person(s) or organization(s) arising out of the operations described.

4. Advance Premium:


Authorized Representative

POLICY NUMBER: **HDO G72470229**

Endorsement Number:

**COMMERCIAL GENERAL LIABILITY
CG 20 10 10 01****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 Person or Organization: Any Owner, Lessee or Contractor whom you have agreed to include as an additional insured under a written contract, provided such contract was executed prior to the date of loss.

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

A. Section II – Who Is An Insured is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of your ongoing operations performed for that insured.

B. With respect to the insurance afforded to these additional insureds, the following exclusion is added:

2. Exclusions

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 site 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.

POLICY NUMBER: **HDO G72470229**

Endorsement Number:

**COMMERCIAL GENERAL LIABILITY
CG 20 37 10 01****THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.****ADDITIONAL INSURED – OWNERS, LESSEES OR
CONTRACTORS – COMPLETED OPERATIONS**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization: Any person or organization whom you have agreed to include as an additional insured under a written contract, provided such contract was executed prior to the date of loss.
Location And Description of Completed Operations: All locations where you perform work for such additional insured pursuant to any such written contract.
Additional Premium:

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

Section II – Who Is An Insured is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of "your work" at the location designated and described in the schedule of this endorsement performed for that insured and included in the "products-completed operations hazard".

POLICY NUMBER: HDO G72470229

Endorsement Number,

COMMERCIAL GENERAL LIABILITY
CG 24 04 05 09

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

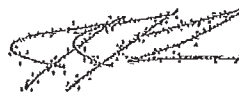
SCHEDULE

Name Of Person Or Organization: Any person or organization against whom you have agreed to waive your right of recovery in a written contract, provided such contract was executed prior to the date of loss.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to Paragraph 8. Transfer Of Rights Of Recovery Against Others To Us of Section IV -- Conditions:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.



Authorized Representative



DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE

CONTRACT RENEWAL AGREEMENT

DEPARTMENT: Real Estate and Asset Management

BID/RFP# NUMBER: 19ITB432768K-JAJ (A)

BID/RFP# TITLE: Task Order Contract for Minor Construction Projects

ORIGINAL APPROVAL DATE: 2/5/2020

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

RENEWAL OPTION #: 2 OF 3

NUMBER OF RENEWAL OPTIONS: 3

RENEWAL AMOUNT: \$1,000,000.00

COMPANY'S NAME: Brown & Root. Industrial Services, LLC

ADDRESS: 2451 Crystal Drive, Suite 425

CITY: Arlington

STATE: VA

ZIP: 22202

This Renewal Agreement No. 2 was approved by the Fulton County Board of Commissioners on BOC DATE: 10/06/2021 BOC NUMBER: 21-0745

SIGNATURES: SEE NEXT PAGE