

DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE

CONTRACT RENEWAL AGREEMENT

DEPARTMENT: Finance

BID/RFP# NUMBER: 20RFP112320C-MH

BID/RFP# TITLE: Annual Audit Services

ORIGINAL APPROVAL DATE: January 20, 2021 (BOC item 21-0060)

RENEWAL EFFECTIVE DATES: January 1, 2022 through December 31, 2022

RENEWAL OPTION #: 1 OF 2

NUMBER OF RENEWAL OPTIONS: 2

RENEWAL AMOUNT: \$315,400

COMPANY'S NAME: PJC Group, LLC

ADDRESS: 260 Peachtree St. NW Suite 2303

CITY: Atlanta

STATE: GA

ZIP: 30303

This Renewal Agreement No. $\frac{x}{2}$ was approved by the Fulton County Board of Commissioners on BOC DATE: ²⁰²¹⁻⁰⁹⁴⁹ BOC NUMBER: ^{12/1/2021}

SIGNATURES: SEE NEXT PAGE

SIGNATURES:

Vendor agrees to accept the renewal option and abide by the terms and conditions set forth in the contract and specifications as referenced herein: 20RFP112320C-MH

FULTON COUNTY, GEORGIA	PJC Group, LLC
Robert L. Pitts	DocuSigned by:
Robert L. Pitts, Chairman	April J. Battiste Managing Partner
Fulton County Board of Commissioners Please select Attest or Notary	from checkbox
Attest	X Notary
ATTEST:	ATTEST:
Docusigned by: Tonya R. Gricr	
Tonya R. Grier	Secretary/
Interim Clerk to the Commissioned by:	Assistant Secretary
(Affix County Seal)	(Affix Corporate Seal)
AUTHORIZATION OF RENEWAL:	ATTEST:
DocuSigned by:	
Hakeem Oshikoya	Ginger Toothman
Hakeem Oshikoya Finar	nce Direct Notary Public
Finance Department	County:
	•
	Commission Expires:
	(Affix Notary Seal)
Please select RCS or RM f	rom the checkbox
x Prés	× RM
ITEM#: xxx RCS: xxx	ITEM#: 2021-0949 RM: 12/1/2021
RECESS MEETING	REGULAR MEETING
	,

Sign Envelope ID: CBF35E81-D090-4F71-8389-BBB2F7840ED0 CERTIFICATE OF LIABILITY INSURANCE THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFIC									DATE (MM/DD/YYYY) 12/02/2021		
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su	PORTANT: If the certificate hole bject to the terms and conditions onfer rights to the certificate hold	of the	e poli	cy, certain policie	es may						
	DUCER					СТ					
RES	URGENS RISK MANAGEMENT/PI	IS			NAME: PHONE) 467-8730	F	AX ((888) 443-6112	
20263648								A/C, No):	, No):		
	The Hartford Business Service Center				E-MAIL						
	0 Wiseman Blvd				ADDRE						
San	Antonio, TX 78251						RER(S) AFFORDI	NG COVERAGE		NAIC#	
INSUF	NSURED					ERA: Hartfo	rd Casualty Ins	surance Company	v	29424	
PJC							City Fire Insura		,	29459	
260					INSURE	INSURER C :					
ATLA	ATLANTA GA 30303-1240										
						INSURER E :					
	VERAGES C			E NUMBER:	INSURE	ER F :		ION NUMBER:			
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INSR LTR	TYPE OF INSURANCE	INSR	SUBR WVD	POLICY NUMBE	ER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/Y YYY)		LIMITS		
	COMMERCIAL GENERAL LIABILITY						03/06/2022	EACH OCCURRENC		\$1,000,0	
A	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)		\$300,0	
	X General Liability							MED EXP (Any one person)		\$10,0	
		•		20 SBA AA0	528	03/06/2021		PERSONAL & ADV INJURY		\$1,000,0	
	GEN'L AGGREGATE LIMIT APPLIES PER:	1						GENERAL AGGREGATE		\$2,000,0	
	POLICY PRO- JECT X LOC							PRODUCTS - COMP/OP AGG		\$2,000,0	
							03/06/2022	COMBINED SINGLE	LIMIT	\$1,000,0	
								(Ea accident) BODILY INJURY (Per person)		+ ,,-	
A	AUTOS AUTOS			20 SBA AA0	528	03/06/2021				1	
	X HIRED X NON-OWNED AUTOS							PROPERTY DAMAG (Per accident)	jE		
	X UMBRELLA LIAB X OCCUR							EACH OCCURRENC	CE	\$2,000,0	
	EXCESS LIAB CLAIMS- MADE			20 SBA AA0	528	03/06/2021	03/06/2022	AGGREGATE		\$2,000,0	
A	WADL										
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A	DED X RETENTION \$ 10,000	-						V PER	отн-		
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							X PER STATUTE	OTH- ER		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY Y/N						02/06/2022		ER	\$500,0	
в	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY Y/N PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/ A		20 WEC RT8		03/06/2021	03/06/2022	^ STATUTE	ER NT	\$500,0	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY Y/N PROPRIETOR/PARTNER/EXECUTIVE						03/06/2022	E.L. DISEASE - POL	ICY LIMIT	\$500,0 \$500,0 \$500,0	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY Y/N PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below EMPLOYMENT PRACTICES LIABILITY	N/ A		20 WEC RT8 20 SBA AA05	450 528	03/06/2021	03/06/2022	STATUTE E.L. EACH ACCIDEN E.L. DISEASE -EA E E.L. DISEASE - POL Each Claim Aggregate	ICY LIMIT	\$500, \$500, \$500, \$500, \$50,	
B A DESC Thos polic CER	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY Y/N PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below EMPLOYMENT PRACTICES LIABILITY CRIPTION OF OPERATIONS / LOCATIONS / V See usual to the Insured's Operations cy.	E N/ A		20 WEC RT8 20 SBA AA0 RD 101, Additional Ref	450 528 marks So	03/06/2021 03/06/2021 Chedule, may be atta sured per the Bu CANCELLA	03/06/2022 Iched if more space Isiness Liability TION	STATUTE STATUTE E.L. EACH ACCIDEN E.L. DISEASE -EA E E.L. DISEASE - POL Each Claim Aggregate I coverage Form	ICY LIMIT Limit SS0008	\$500, \$500, \$500, \$500, \$50, \$5, \$5, \$5, \$3 attached to this	
B A DESCC Thos polic CER Fulto Depa	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY Y/N PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below EMPLOYMENT PRACTICES LIABILITY CRIPTION OF OPERATIONS / LOCATIONS / N Se usual to the Insured's Operations cy.	E N/ A		20 WEC RT8 20 SBA AA0 RD 101, Additional Ref	450 528 marks So	03/06/2021 03/06/2021 chedule, may be atta sured per the Bu CANCELLA SHOULD ANY O BEFORE THE EX	03/06/2022 ched if more space isiness Liability TION DF THE ABOV XPIRATION DA	STATUTE E.L. EACH ACCIDEN E.L. DISEASE -EA E E.L. DISEASE - POL Each Claim Aggregate te is required)	ICY LIMIT Limit SS0008 OLICIES	\$500,0 \$500,0 \$500,0 \$500,0 \$500,0 \$5	
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