

# CONTRACT RENEWAL AGREEMENT

**DEPARTMENT:** Real Estate and Asset Management

BID/RFP# NUMBER: 20RFP124887K-BKJ (A)

**BID/RFP# TITLE:** Standby Professional Services for Facilities Related Planning, Design, Engineering and Assessments-Architectural & Engineering Services

ORIGINAL APPROVAL DATE: 3/3/2021

RENEWAL EFFECTIVE DATES: 1/1/2022 through 12/31/2022

RENEWAL OPTION #: 1 OF 2

NUMBER OF RENEWAL OPTIONS: 2

RENEWAL AMOUNT: \$400,000.00

COMPANY'S NAME: Sizemore Group, LLC

ADDRESS: 342 Marietta Street, NW, Unit 3

**CITY:** Atlanta

**STATE:** Georgia

**ZIP:** 30313

1

This Renewal Agreement No.  $\_$  was approved by the Fulton County Board of Commissioners on BOC DATE: 10/6/2021 BOC NUMBER: 21-0750 (A)

Vendor agrees to accept the renewal option and abide by the terms and conditions set forth in the contract and specifications as referenced herein: 20RFP124887K-BKJ (A)

FULTON COUNTY, GEORGIA	SIZEMORE GROUP, LLC
DocuSigned by:	DocuSigned by:
Robert L. Pitts	lily Berrios
	BB4D3023928C417 LIIY Berrios, AIA, LEED AP President Attest or Notary from checkbox Notary
ATTEST: X Attest	ATTEST: Notary
—Docusigned by: Tonya R. Griur	Deanna Murphy
	Secretary/
Clerk to the Commission ocuSigned by:	Assistant Secretary
(Affix County Seal)	(Affix Corporate Seal) $\int_{SEAL}^{DS} \frac{SEAL}{SEAL}$
AUTHORIZATION OF RENEWAL:	ATTEST:
Joseph Davis	
Joseph N. Davis, Director	Notary Public
Department of Real Estate and Asset	
Management	County:
	Commission Expires:
	(Affix Notary Seal)
Please select RCS or RM from the	checkbox

X RCS

RM

ITEM#: <sup>xxx</sup>	RCS:xxx	ITEM#:	RM:
<b>RECESS MEETING</b>		<b>REGULAR MEETIN</b>	G





# CONTRACT RENEWAL AGREEMENT

**DEPARTMENT:** Real Estate and Asset Management

BID/RFP# NUMBER: 20RFP124887K-BKJ (D)

**BID/RFP# TITLE:** Standby Professional Services for Facilities Related Planning, Design, Engineering and Assessments-Architectural & Engineering Services

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RENEWAL EFFECTIVE DATES: 1/1/2022 through 12/31/2022

RENEWAL OPTION #: 1 OF 2

NUMBER OF RENEWAL OPTIONS: 2

RENEWAL AMOUNT: \$400,000.00

**COMPANY'S NAME:** KHAFRA Engineering Consultants, Inc.

ADDRESS: 225 Peachtree Street, N.E., Suite 1600

**CITY:** Atlanta

**STATE:** Georgia

**ZIP:** 30303

This Renewal Agreement No.  $\frac{1}{2}$  was approved by the Fulton County Board of Commissioners on BOC DATE:  $\frac{10/6}{2021}$  BOC NUMBER:  $\frac{21-0750(D)}{D}$ 

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FULTON COUNTY, GEORGIA	KHAFRA ENGINEERING CONSULTANTS, INC.
Robert L. Pitts, Chairman	-DocuSigned by: Valunting T. Batus
Fulton County Board of Commissioners	<b>President</b> ect Attest or Notary from checkbox
ATTEST: X Attest	ATTEST: Notary
—Docusigned by: Tonya R. Griur	Charles W. Raine
Clerk to the Commission DocuSigned by:	Secretary/ Assistant Secretary DocuSigned by:
(Affix County Seal)	(Affix Corporate Seal)
AUTHORIZATION OF RENEWAL:	ATTEST:
Docusigned by: Joseph Davis B20354A88008422 Department of Real Estate and Asset	Notary Public
Management	County:
	Commission Expires:
	(Affix Notary Seal)
Please select RCS or RM from the ch	eckbox
RCS	X RM

ITEM#:	RCS:	ITEM#: 21-0750D	<b>RM:</b> 10/06/21
RECESS MEETIN	G	REGULAR MEETIN	NG



#### KHAFENGI **ACORD**<sub>TM</sub> **CERTIFICATE OF LIABILITY INSURANCE**

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CI BI		ERTIFICATE IS ISSUED AS A MA FICATE DOES NOT AFFIRMATIVI V. THIS CERTIFICATE OF INSUR. ESENTATIVE OR PRODUCER, AN	ELY ( Anci	or n E do	IEGATIVELY AMEND, EX DES NOT CONSTITUTE A	TEND OR ALTER TI	HE COVERA	GE AFFORDED BY THE	POLIC	IES	
lf	SUB	TANT: If the certificate holder is ROGATION IS WAIVED, subject t rtificate does not confer any righ	o the	tern	ns and conditions of the p	policy, certain polic	ies may requ				
	DUCEF		is io	the	certificate noider in lieu o	CONTACT NAME: Wanda	. ,				
Edg	jewo	ood Partners Ins. Center				PHONE (A/C, No, Ext):		FAX (A/C, No):			
240	5 Sa	tellite Blvd., Ste. 200				E-MAIL ADDRESS: wanda.j	ackson@ep				
Dul	uth,	GA 30096				ADDRESS.		NAIC #			
770	232	-0202				INSURER A : Travelers		25666			
INSU	RED					INSURER B : Travelers Prop Casualty Co of America					
		Khafra Engineering Consu	Itani	ts, Ir	IC.	INSURER C : Travelers	s Casualty & S	Surety Co of Ameri		31194	
		225 Peachtree Street, NE Suite 1600			-	INSURER D : The Pho	enix Insuranc	e Company		25623	
		Atlanta, GA 30303-1730			-	INSURER E :					
<u></u>		-		A.T.E.		INSURER F :					
-		GES CERT			NUMBER: RANCE LISTED BELOW HAV	/F BEEN ISSUED TO		REVISION NUMBER:	POLIC		
IN CE EX	DICA <sup>-</sup> RTIF	TED. NOTWITHSTANDING ANY REC ICATE MAY BE ISSUED OR MAY P SIONS AND CONDITIONS OF SUCH	QUIRE ERTA	MEN IN, T CIES.	T, TERM OR CONDITION OF THE INSURANCE AFFORDED LIMITS SHOWN MAY HAV	F ANY CONTRACT OF D BY THE POLICIES	R OTHER DOO DESCRIBED H	CUMENT WITH RESPECT HEREIN IS SUBJECT TO A MS.	to wh Ill the	ICH THIS	
	v	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY	INSR	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS		0.000	
Α	X		X	X	680005H512007	12/15/2020	12/15/2021	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,00 \$1,00		
		CLAIMS-MADE X OCCUR					-	MED EXP (Any one person)	\$5,00	,	
								PERSONAL & ADV INJURY	\$1,00		
	GEN'	L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$2,00		
		POLICY X PRO- JECT X LOC					-	PRODUCTS - COMP/OP AGG	\$2,00	0,000	
		OTHER:							\$		
D		DMOBILE LIABILITY	Χ	Х	BA2R4558311	12/15/2020	12/15/2021	COMBINED SINGLE LIMIT (Ea accident)	<sub>\$</sub> 1,00	0,000	
	Χ	ANY AUTO OWNED SCHEDULED					-	BODILY INJURY (Per person)	\$		
	V	AUTOS ONLY AUTOS					-	BODILY INJURY (Per accident) PROPERTY DAMAGE	\$ \$		
	~	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					-	(Per accident)	э \$		
в	x	UMBRELLA LIAB X OCCUR			CUP006693Y419	12/15/2020	12/15/2021	EACH OCCURRENCE	\$ <b>9,00</b>	0 000	
_		EXCESS LIAB CLAIMS-MADE				12,10,2020	12/10/2021	AGGREGATE	\$9,00	,	
		DED X RETENTION \$10000					-		\$	- ,	
В		KERS COMPENSATION EMPLOYERS' LIABILITY		Χ	UB008J590582	12/15/2020	12/15/2021	X PER OTH- STATUTE ER			
			N/A				-	E.L. EACH ACCIDENT	\$ <b>500</b> ,	000	
	(Man	datory in NH) , describe under					·	E.L. DISEASE - EA EMPLOYEE			
~	DÉSC	RIPTION OF OPERATIONS below			405004000	40/45/0000	40/45/0004	E.L. DISEASE - POLICY LIMIT		000	
С	Pro	fessional Lib			105381330	12/15/2020	12/15/2021	\$5,000,000/\$5,000,00	0		
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		ments - Architectural & Engin		-		<b>.</b> .	<b>.</b>				
		ate Holder is an Additional Ins						•			
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	-	tached Descriptions)	aie		aer as agreeu on in â W		ราธอุษุธิตร เ	U General			
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UEF		CATE HOLDER				CANCELLATION					
		Fulton County Governme Department of Purchasin	g			THE EXPIRATION	I DATE THE	SCRIBED POLICIES BE CA REOF, NOTICE WILL BI LICY PROVISIONS.			
		225 Peachtree Street, N.E Suite 1600	<b>.</b> .,			AUTHORIZED REPRESE	NTATIVE				
		Atlanta, GA 30303									
						miscavely					
-	-					© 1	988-2015 AC	ORD CORPORATION. A	II right	ts reserved.	

DATE (MM/DD/YYYY)

# **DESCRIPTIONS (Continued from Page 1)**

Liability, Automobile Liability and Workers Compensation. Umbrella is follow form over the General Liability, Automobile Liability and Employer's Liability where required by the written contract, subject to the policy's terms, conditions and exclusions.



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FULTON COUNTY, GEORGIA	KHAFRA ENGINEERING CONSULTANTS, INC.
Robert L. Pitts, Chairman	-DocuSigned by: Valunting T. Batus Valenting T. Bates
Fulton County Board of Commissioners	
ATTEST: X Attest	ATTEST: Notary
—Docusigned by: Tonya R. Gnicr	Charles W. Raine
Tonya R. Grier Clerk to the Commission DocuSigned by:	Secretary/ Assistant Secretary DocuSigned by:
(Affix County Seal)	(Affix Corporate Seal)
AUTHORIZATION OF RENEWAL:	ATTEST:
DocuSigned by: _Joseph Daris	
Joseph N2 Davis, Director Department of Real Estate and Asset	Notary Public
Management	County:
	Commission Expires:
	(Affix Notary Seal)
Please select RCS or RM from the ch	eckbox
RCS	X RM

ITEM#:	RCS:	ITEM#: 21-0750D	<b>RM:</b> 10/06/21
<b>RECESS MEETING</b>		<b>REGULAR MEETIN</b>	G



# ACORD. CERTIFICATE OF LIABILITY INSURANCE

**KHAFENGI** 

DATE (MM/DD/YYYY)

10/08/2021 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 any rights to the certificate holder in lieu of such endorsement(s). CONTACT Wanda Jackson PRODUCER **Edgewood Partners Ins. Center** PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: wanda.jackson@epicbrokers.com 2405 Satellite Blvd., Ste. 200 Duluth, GA 30096 INSURER(S) AFFORDING COVERAGE NAIC # 770 232-0202 INSURER A : Travelers Indemnity Company of America 25666 INSURED INSURER B : Travelers Prop Casualty Co of America 25674 Khafra Engineering Consultants, Inc. 31194 INSURER C : Travelers Casualty & Surety Co of Ameri 225 Peachtree Street, NE INSURER D : The Phoenix Insurance Company 25623 **Suite 1600** INSURER E : Atlanta, GA 30303-1730 **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. ADDL SUBR INSR LTR POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) TYPE OF INSURANCE LIMITS POLICY NUMBER X COMMERCIAL GENERAL LIABILITY Α Х 680005H512007 12/15/2020 12/15/2021 EACH OCCURRENCE Х \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence CLAIMS-MADE X OCCUR \$1,000,000 MED EXP (Any one person) \$5.000 \$1,000,000 PERSONAL & ADV INJURY GEN'L AGGREGATE LIMIT APPLIES PER: \$2,000,000 GENERAL AGGREGATE X PRO-JECT Χ \$2,000,000 POLICY LOC PRODUCTS - COMP/OP AGG OTHER \$ 12/15/2020 12/15/2021 COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY D Χ X BA2R4558311 \$1,000,000 BODILY INJURY (Per person) Х \$ ANY AUTO SCHEDULED OWNED AUTOS ONLY BODILY INJURY (Per accident) \$ AUTOS NON-OWNED PROPERTY DAMAGE HIRED AUTOS ONLY Х Х \$ AUTOS ONLY (Per accident) \$ X UMBRELLA LIAB В Х CUP006693Y419 12/15/2020 12/15/2021 EACH OCCURRENCE OCCUR \$9,000,000 EXCESS LIAB CLAIMS-MADE \$9,000,000 AGGREGATE X RETENTION \$10000 DED 12/15/2020 12/15/2021 X PER STATUTE WORKERS COMPENSATION OTH-ER B Х UB008J590582 AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? \$500,000 E.L. EACH ACCIDENT Ν N/A E.L. DISEASE - EA EMPLOYEE \$500,000 (Mandatory in NH) If yes, describe under \$500,000 E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS below 12/15/2020 12/15/2021 \$5,000,000/\$5,000,000 С Professional Lib 105381330 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) 20RFP124887K-BKJ, Standby Professional Services for Facilities Related Planning, Design, Engineering and Assessments - Architectural & Engineering Services Renewal #1 Certificate Holder is an Additional Insured for work the insured performs as respects General Liability, Automobile Liability and the written contract on a Primary and Non-Contributory basis. A Waiver of Subrogation is in favor of the Certificate Holder as agreed on in a written contract as respects to General (See Attached Descriptions) CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE **Fulton County Government** THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN **Department of Purchasing** ACCORDANCE WITH THE POLICY PROVISIONS. 225 Peachtree Street, N.E., AUTHORIZED REPRESENTATIVE Suite 1600 Atlanta, GA 30303 milliavely © 1988-2015 ACORD CORPORATION. All rights reserved.

# **DESCRIPTIONS (Continued from Page 1)**

Liability, Automobile Liability and Workers Compensation. Umbrella is follow form over the General Liability, Automobile Liability and Employer's Liability where required by the written contract, subject to the policy's terms, conditions and exclusions.



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ADDRESS: 342 Marietta Street, NW, Unit 3

**CITY:** Atlanta

**STATE:** Georgia

**ZIP:** 30313

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FULTON COUNTY, GEORGIA	SIZEMORE GROUP, LLC
DocuSigned by:	DocuSigned by:
Robert L. Pitts	Lily Berrios
Robert L. Pitts, Chairman Fulton County Board of Commissioners	Lily Berrios, AIA, LEED AP President
	Attest or Notary from checkbox
ATTEST: X Attest	ATTEST: Notary
DocuSigned by:	
Tonya R. Grier	Deanna Murphy
Tonya R. Grier	Secretary/
Clerk to the Commission ocuSigned by:	Assistant Secretary
(Affix County Seal)	(Affix Corporate Seal) $\int_{SEAL}^{DS} SEAL$
AUTHORIZATION OF RENEWAL:	ATTEST:
Joseph Davis	
Joseph N. Davis, Director Department of Real Estate and Asset Management	Notary Public
management	County:
	Commission Expires:
	(Affix Notary Seal)
Please select RCS or RM from the	checkbox
X RCS	RM

 ITEM#:
 RCS:
 ITEM#:
 RM:

 RECESS MEETING
 REGULAR MEETING





# CONTRACT RENEWAL AGREEMENT

**DEPARTMENT:** Real Estate and Asset Management

BID/RFP# NUMBER: 20RFP124887K-BKJ (C)

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ORIGINAL APPROVAL DATE: 3/3/2021

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RENEWAL OPTION #: 1 OF 2

NUMBER OF RENEWAL OPTIONS: 2

RENEWAL AMOUNT: \$400,000.00

COMPANY'S NAME: CBRE | Heery + Russell

ADDRESS: 3550 Lenox Road, Suite 2300

**CITY:** Atlanta

**STATE:** Georgia

**ZIP:** 30326

This Renewal Agreement No.  $\frac{1}{2}$  was approved by the Fulton County Board of Commissioners on BOC DATE:  $\frac{10}{6}/2021$  BOC NUMBER:  $\frac{21-0750(C)}{2}$ 

# Vendor agrees to accept the renewal option and abide by the terms and conditions set forth in the contract and specifications as referenced herein: 20RFP124887K-BKJ (C)

FULTON COUNTY, GEORGIA	CBRE   Heery + Russell
— DocuSigned by:	CocuSigned by:
Robert L. Pitts	Rob Chomiak
Robert L. Pitts, Chairman	Rob <sup>43</sup> Chomiak
Fulton County Board of Commissioners	ect Attest of Notary From checkbox
ATTEST: X Attest	ATTEST: Notary
—DocuSigned by: Tonya K. Griur	Wade Purcell
Tonya R. Grier	Secretary/
Clerk to the Commission DocuSigned by:	Assistant Secretary DocuSigned by:
(Affix County Seal)	(Affix Corporate Seal)
AUTHORIZATION OF RENEWAL:	ATTEST:
DocuSigned by:	
Joseph Davis	
Joseph N. Davis, Director Department of Real Estate and Asset Management	Notary Public
Management	County:
	Commission Expires:
	(Affix Notary Seal)
Please select RCS or RM from the	checkbox
RCS	x <sup>RM</sup>

ITEM#:	RCS:	ITEM#: 21-0750c	<b>RM:</b> <sup>10/06/2021</sup>
<b>RECESS MEETING</b>		REGULAR MEETING	;

SUE cert	CERTIFICATE OF INSURANCE RESENTATIVE OR PRODUCER, AND TH	LYO ED ECEF	TER R NE OES RTIFIC		NLY AND KTEND OR A CON	CONFERS M ALTER THI TRACT BE	NO RIGHTS E COVERAG TWEEN TH	UPON THE CE E AFFORDED B E ISSUING I	Y THE P NSURER(S	E HOLI POLICIE 3), AU	S BELOW. JTHORIZED
	ORTANT: If the certificate holder is ROGATION IS WAIVED, subject to			TIONAL INSURED, the	• • •			•			
	ificate does not confer rights to the certi	ficate	holde	r in lieu of such endorsen							
RODU	er Risk Services Northeast, Inc.				CONTACT NAME:						
tam	ford CT Office				PHONE (A/C. No. I	Ext): (866)	283-7122	FAX (A/C. No.)	8003630	0105	
	Summer Street Ford CT 06907-4907 USA				E-MAIL ADDRES	S:					
						IN	SURER(S) AFFO	RDING COVERAGE			NAIC #
SURE	0				INSURER	A: Ameri	ican Interr	ational Group	UK Ltd		A1120187
CBRE Group, Inc. and Subsidiaries					INSURER	в:		· · · ·			
uite	MCKinney Avenue 1250				INSURER	C:					
alla	is TX 75201 USA				INSURER	D:					
					INSURER	E:					
					INSURER	F:					
				UMBER: 570086955						15 50	
INDI CER	IS TO CERTIFY THAT THE POLICIES CATED. NOTWITHSTANDING ANY REC TIFICATE MAY BE ISSUED OR MAY LUSIONS AND CONDITIONS OF SUCH POL	UIREN PERT	/ENT, AIN,	TERM OR CONDITION	I OF ANY RDED BY 1	CONTRACT	OR OTHER 5 DESCRIBED	DOCUMENT WITH	RESPEC <sup>-</sup> BJECT TO	T TO N ALL 1	vhich this The terms,
	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF	POLICY EXP			shown a	re as requeste
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F								PREMISES (Ea occurrer MED EXP (Any one pers			
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-	ANY AUTO OWNED SCHEDULED							BODILY INJURY (Per ac			
_	AUTOS HIRED AUTOS NON-OWNED							PROPERTY DAMAGE	,		
-								(Per accident)			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE			
⊢	EXCESS LIAB CLAIMS-MADE							AGGREGATE			
⊢	DED RETENTION	1									
-	WORKERS COMPENSATION AND							PER STATUTE	ОТН		
	EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE							E.L. EACH ACCIDENT			
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE-EA EMPL	OYEE		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE-POLICY L	IMIT		
A	E&O-PL-Primary			PSDEF2000558		11/01/2020	11/01/2021	Per Claim/Agg	regate		\$5,000,00
·				Errors & Omissions SIR applies per po		ns & condi	tions	SIR		1	520,000,00

Certificate No :

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## **CERTIFICATE OF PROPERTY INSURANCE**

Ą	ć	ORD		CERTIFICATE	OF PRO	OPERTY		DATE (MM/DD/YYYY) 04/08/2021			
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RODU		k sonvicos	Northeast,	Inc		CONTACT NAME:					
		d CT Offic	-	inc.		PHONE (A/C. No. Ext):	(866) 283-7122		FAX 800 (A/C. No.):	-363-0105	
L600	Su	mmer Stree d CT 06907	t			E-MAIL ADDRESS:					
scan	101	u ci 00907	-4907 USA			PRODUCER CUSTOMER ID #	57000034452				-
							INSURER(S)	AFFO	RDING COVERAGE		NAIC #
ISURE	D					INSURER A:	Factory Mutua	al I	nsurance Co.		21482
BRE	Gr	oup, Inc.	and Subsidi	aries		INSURER B:					
		Kinney Ave	nue			INSURER C:					
Suit Dall		250 TX 75201 U	SA			INSURER D: INSURER E:					
						INSURER F:					
со	VER	AGES		CERTIFICATE NUMBER:	570086		R	EVIS	ION NUMBER:		ļ
TH	IS I	S TO CERTIF TED. NOTWIT	HSTANDING A	7K-BKJ. POLICIES OF INSURANCE LISTED NY REQUIREMENT, TERM OR CON MAY PERTAIN, THE INSURANCE	DITION OF	ANY CONTR	ACT OR OTHER	DOC	UMENT WITH RESPI	ECT TO WH	HICH THIS
		SIONS AND CO		POLICY NUMBER	E BEEN REDU			Г. Т.	COVERED PROPERTY		IMITS
LTR			T	1077900		(MM/DD/YYYY) 3/01/2021	DATE (MM/DD/YYYY) 03/01/2022			-	11113
A	х	PROPERTY		1077900	0	5/01/2021	03/01/2022		BUILDING		
	CAU	ISES OF LOSS	DEDUCTIBLES	l l					PERSONAL PROPERTY		
		BASIC	BUILDING						BUSINESS INCOME		
		BROAD	CONTENTS	ł					EXTRA EXPENSE		
		SPECIAL	CONTENTS						RENTAL VALUE		
		EARTHQUAKE		+					BLANKET BUILDING		
		WIND		ł				х	BLANKET PERS PROP		\$1,000,000
		FLOOD		ł					BLANKET BLDG & PP		
				ł				x	Business Income & Ex		Included
	х	ALL RISK-Subject	1	+				-			
	х	Blkt PP Ded	\$10,000					-			
		INLAND MARINE	E	TYPE OF POLICY							
	CA	USES OF LOSS		POLICY NUMBER							
		NAMED PERILS	6								
		CRIME									
	IY	PE OF POLICY						_	-		
		BOILER & MAC									
		EQUIPMENT BI	REAKDOWN						İ		
								$\vdash$			
his	ce	rtificate		D 101, Additional Remarks Schedule, may be attache only of property insurance o d States.	-		personal proper	ty	and improvements	and bette	erments
CE	RTIF	ICATE HOLD	ER		CA	NCELLATIO	N				
			ounty Gover						POLICIES BE CANCELLED LIVERED IN ACCORDAN		
		Attn: P 130 Peac	urchasing D	epartment t SW, Suite 1168	AU	THORIZED REPRESI	entative <b>Son</b>	G	Risk Services	Northea	st, Inc.
							© 1995-2015 AC	ORD	CORPORATION. AII	rights reserv	ved.

Ą	CORD <sup>®</sup> CERT	ΊF	IC	ATE OF LIA	BILIT		SURA	NCE	DATE(MM/DD/YYYY) 04/08/2021	
CI BI RI	HIS CERTIFICATE IS ISSUED AS A M ERTIFICATE DOES NOT AFFIRMATIV ELOW. THIS CERTIFICATE OF INSU EPRESENTATIVE OR PRODUCER, AN	VELY IRAN ID TH	OR ICE I IE CE	NEGATIVELY AMEND, DOES NOT CONSTITUT ERTIFICATE HOLDER.	EXTEND TE A CON	OR ALTE	R THE COV ETWEEN T	VERAGE AFFORDED HE ISSUING INSUREF	BY THE POLICIES R(S), AUTHORIZED	
SI	IPORTANT: If the certificate holder is UBROGATION IS WAIVED, subject to ertificate does not confer rights to the	the	term	s and conditions of the	policy, ce	rtain polici				
	DUCER				CONTACT NAME:					
	Risk Services Northeast, Inc. mford CT Office			PHONE (A/C. No. Ext):         (866) 283-7122         FAX (A/C. No.):         (800) 363-0105						
1600	0 Summer Street mford CT 06907-4907 USA			E-MAIL ADDRESS:						
Ju							JRER(S) AFFO	RDING COVERAGE	NAIC #	
INSU					INSURER A	16535				
	E Group, Inc. and Subsidiaries 0 McKinney Avenue				INSURER B	40142 Co. 20699				
	te 1250 las TX 75201 USA					INSURER C: ACE Property & Casualty Insurance Co.				
bui				INSURER D	-	ators Insu	Irance Co	42307		
					INSURER E					
<u></u>	VERAGES CERT	TIFIC		NUMBER: 5700869557			BI	EVISION NUMBER:		
	IS IS TO CERTIFY THAT THE POLICIES	-				SSUED TO			THE POLICY PERIOD	
INI CE	DICATED. NOTWITHSTANDING ANY REC ERTIFICATE MAY BE ISSUED OR MAY P (CLUSIONS AND CONDITIONS OF SUCH		EMEN AIN. T	T, TERM OR CONDITION HE INSURANCE AFFORD	OF ANY C	ONTRACT	OR OTHER I S DESCRIBE	DOCUMENT WITH RESP	PECT TO WHICH THIS	
INSR LTR			SUBR WVD	POLICY NUMBER			POLICY EXP (MM/DD/YYYY)		•	
A	X COMMERCIAL GENERAL LIABILITY	INOD		GL0838419919	03	3/01/2021	03/01/2022	EACH OCCURRENCE	\$5,000,000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$50,000	
								MED EXP (Any one person)	\$10,000	
								PERSONAL & ADV INJURY	\$5,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$5,000,000	
	POLICY JECT X LOC							PRODUCTS - COMP/OP AGG	\$5,000,000	
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT		
								(Ea accident)		
								BODILY INJURY (Per person)	<u></u>	
	AUTOS ONLY AUTOS							BODILY INJURY (Per accident) PROPERTY DAMAGE	)	
	HIRED AUTOS ONLY AUTOS ONLY							(Per accident)		
с				G27952501006	0	3/01/2021	03/01/2022	EACH OCCURRENCE	\$8,000,000	
	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE					-, - , -	, . , .	AGGREGATE	\$8,000,000	
	DED X RETENTION \$10,000								,,	
в	WORKERS COMPENSATION AND			WC838419522	03	3/01/2021	03/01/2022	X PER STATUTE OTHER	H-	
	EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE			All Other States		2 /01 /2021	02/01/2022	ER     EL. EACH ACCIDENT	\$1,000,000	
Α	OFFICER/MEMBER EXCLUDED?	N / A		WC914173615 Wisconsin	0.	3/01/2021	03/01/2022	E.L. DISEASE-EA EMPLOYEE		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE-POLICY LIMIT	\$1,000,000	
								D.		
RE:	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLI Contract No. 20RFP124887K-BKJ.	Fu	llton				• •		with the policy	
prov	visions of the General Liability	ро٦	icy.							
0EF				<b>^</b>						
	RTIFICATE HOLDER			S		OF THE A		IBED POLICIES BE CANCE ILL BE DELIVERED IN ACCO		
	Fulton County Government		AUTH							
Attn: Purchásing Department 130 Peachtree Street SW, Suite 1168 Atlanta GA 30303-3459 USA						Ule, may be attached if more space is required) is included as Additional Insured in accordance with the policy INCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. THORIZED REPRESENTATIVE An Disk Services Northeast Inc.				
					$\sim \omega$	~ VU	n Ser	uas C Tourieus	J 760.	

ACORD 25 (2016/03)

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round no

CBRE Group, Inc. GLO 8384199-19 Eff 03-01-2021

POLICY NUMBER: GLO 8384199-19

#### COMMERCIAL GENERAL LIABILITY CG 20 26 04 13

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

# ADDITIONAL INSURED – DESIGNATED 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):

Any person or organization that the insured has agreed by written contract or written agreement to name as an additional insured and executed prior to the occurrence of any loss.

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 your acts or omissions or the acts or omissions of those acting on your behalf:
  - 1. In the performance of your ongoing operations; or
  - **2.** In connection with your premises owned by or rented to you.

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 is added to **Section III – Limits Of Insurance:** 

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement; or
- **2.** Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.



# CONTRACT RENEWAL AGREEMENT

**DEPARTMENT:** Real Estate and Asset Management

BID/RFP# NUMBER: 20RFP124887K-BKJ (B)

**BID/RFP# TITLE:** Standby Professional Services for Facilities Related Planning, Design, Engineering and Assessments-Architectural & Engineering Services

ORIGINAL APPROVAL DATE: 3/3/2021

RENEWAL EFFECTIVE DATES: 1/1/2022 through 12/31/2022

RENEWAL OPTION #: 1 OF 2

NUMBER OF RENEWAL OPTIONS: 2

RENEWAL AMOUNT: \$400,000.00

**COMPANY'S NAME:** William-Russell and Johnson, Inc.

ADDRESS: 260 Peachtree Street, NW, Suite 2600

**CITY:** Atlanta

**STATE:** Georgia

**ZIP:** 30303

This Renewal Agreement No.  $\frac{1}{2}$  was approved by the Fulton County Board of Commissioners on BOC DATE:  $\frac{10/6}{2021}$  BOC NUMBER:  $\frac{21-0750(B)}{21}$ 

Vendor agrees to accept the renewal option and abide by the terms and conditions set forth in the contract and specifications as referenced herein: 20RFP124887K-BKJ (B)

FULTON COUNTY, GEORGIA	WILLIAM-RUSSELL AND JOHNSON, INC.
Robert L. Pitts, Chairman	Charles E. Johnson Sr.
Fulton County Board of Commissioners	President and CEO
ATTEST:	ATTEST:
Tonya R. Grier	Secretary/
Clerk to the Commission	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)

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

DocuSign Envelope ID: F1CAE4D9-6843-494D-B585-F168100FDF60

#### 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: 20RFP124887K-BKJ (B)

FULTON COUNTY, GEORGIA

DocuSigned by:

Robert L. Pitts Robert E. Philts, Chairman Fulton County Board of Commissioners

ATTEST:

-DocuSigned by: Tonya R. Grier

Tonva R. Grier Clerk to the Commission DocuSigned by:

(Affix County Seal)

AUTHORIZATION OF RENEWAL:

-DocuSigned by:

ITEM#:

**RECESS MEETING** 

Joseph Davis

Josephien, Director Department of Real Estate and Asset Management

WILLIAM-RUSSELL AND JOHNSON, INC.

Charles E. Johnson/Sr. President and CEQ

ATTEST:

In allen merando

Secretarv/ Assistant Secretary

(Affix Corporate Seal)

ATTEST:

County: DeKalb

Commission Expires: 08/07/2024

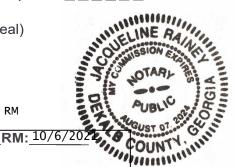
(Affix Notary Seal)

ITEM#: 2021-0750B

REGULAR MEETING

Please select RCS or RM from the checkbox

χ RM



RCS

RCS: