



DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE

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

This Renewal Agreement No. ¹____ was approved by the Fulton County Board of Commissioners on **BOC DATE:** 10/6/2021 **BOC NUMBER:** 21-0750 (A)

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: 20RFP124887K-BKJ (A)

FULTON COUNTY, GEORGIA

SIZEMORE GROUP, LLC

DocuSigned by:
Robert L. Pitts
14E1B4AA5F6A44A...
Robert L. Pitts, Chairman
Fulton County Board of Commissioners

DocuSigned by:
Lily Berrios
8B4D3023928C417...
Lily Berrios, AIA, LEED AP
President

Please select Attest or Notary from checkbox
X Attest Notary

ATTEST:

ATTEST:

DocuSigned by:
Tonya R. Grier
EEC476C4837648D...
Tonya R. Grier
Clerk to the Commission

Deanna Murphy
Secretary/
Assistant Secretary

(Affix County Seal)

(Affix Corporate Seal)

AUTHORIZATION OF RENEWAL:

ATTEST:

DocuSigned by:
Joseph Davis
B20354A88008422...
Joseph N. Davis, Director
Department of Real Estate and Asset
Management

Notary Public

County: _____

Commission Expires: _____

(Affix Notary Seal)

Please select RCS or RM from the checkbox

X RCS RM

ITEM#:XXX RECESS MEETING	RCS:XXX	ITEM#: REGULAR MEETING	RM:
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DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE

CONTRACT RENEWAL AGREEMENT

DEPARTMENT: Real Estate and Asset Management

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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

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FULTON COUNTY, GEORGIA**KHAFRA ENGINEERING
CONSULTANTS, INC.**

DocuSigned by:

Robert L. Pitts

14E1B4AA5F6A44A...

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

DocuSigned by:

Valentino T. Bates

8FB16B67AA5B4B7...

**Valentino T. Bates
President**

Please select Attest or Notary from checkbox

ATTEST:☒ Attest**ATTEST:**

Notary

DocuSigned by:

Tonya R. Grier

EEC476C4837648D...

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

DocuSigned by:

Charles W. Raine

**Secretary/
Assistant Secretary****(Affix County Seal)****AUTHORIZATION OF RENEWAL:****(Affix Corporate Seal)****ATTEST:**

DocuSigned by:

Joseph Davis

B20354A88008422...

**Joseph Davis, Director
Department of Real Estate and Asset
Management****Notary Public****County:** _____**Commission Expires:** _____**(Affix Notary Seal)**

Please select RCS or RM from the checkbox

RCS

☒ RM**ITEM#: _____ RCS: _____
RECESS MEETING****ITEM#: 21-0750D RM: 10/06/21
REGULAR MEETING**

ACORDTM**CERTIFICATE OF LIABILITY INSURANCE**

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).

PRODUCER Edgewood Partners Ins. Center 2405 Satellite Blvd., Ste. 200 Duluth, GA 30096 770 232-0202	CONTACT NAME: Wanda Jackson PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: wanda.jackson@epicbrokers.com														
INSURED Khafra Engineering Consultants, Inc. 225 Peachtree Street, NE Suite 1600 Atlanta, GA 30303-1730	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Travelers Indemnity Company of America</td> <td>25666</td> </tr> <tr> <td>INSURER B : Travelers Prop Casualty Co of America</td> <td>25674</td> </tr> <tr> <td>INSURER C : Travelers Casualty & Surety Co of Ameri</td> <td>31194</td> </tr> <tr> <td>INSURER D : The Phoenix Insurance Company</td> <td>25623</td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Travelers Indemnity Company of America	25666	INSURER B : Travelers Prop Casualty Co of America	25674	INSURER C : Travelers Casualty & Surety Co of Ameri	31194	INSURER D : The Phoenix Insurance Company	25623	INSURER E :		INSURER F :	
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COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	680005H512007	12/15/2020	12/15/2021	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
D	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	BA2R4558311	12/15/2020	12/15/2021	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> RETENTION \$ 10000	<input checked="" type="checkbox"/>		CUP006693Y419	12/15/2020	12/15/2021	EACH OCCURRENCE \$9,000,000 AGGREGATE \$9,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		<input checked="" type="checkbox"/>	UB008J590582	12/15/2020	12/15/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000
C	Professional Lib			105381330	12/15/2020	12/15/2021	\$5,000,000/\$5,000,000

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**

Fulton County Government Department of Purchasing 225 Peachtree Street, N.E., Suite 1600 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 
---	---

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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DocuSigned by:

Robert L. Pitts

Robert L. Pitts, Chairman
Fulton County Board of Commissioners

DocuSigned by:

Valentino T. Bates

Valentino T. Bates
President

Please select Attest or Notary from checkbox

ATTEST:☒ Attest**ATTEST:**

Notary

DocuSigned by:

Tonya R. Grier

Tonya R. Grier
Clerk to the Commission

DocuSigned by:

Charles W. Raine

**Secretary/
Assistant Secretary**

(Affix County Seal)**AUTHORIZATION OF RENEWAL:****(Affix Corporate Seal)****ATTEST:**

DocuSigned by:

Joseph N. Davis

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

Notary Public**County:** _____**Commission Expires:** _____**(Affix Notary Seal)**

Please select RCS or RM from the checkbox

RCS

☒ RM

ITEM#: _____ **RCS:** _____
RECESS MEETING

ITEM#: 21-0750D **RM:** 10/06/21
REGULAR MEETING



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AUTHORIZED REPRESENTATIVE

Wanda Jackson

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FULTON COUNTY, GEORGIA

SIZEMORE GROUP, LLC

DocuSigned by:
Robert L. Pitts
14E1B4AA5F6A44A
Robert L. Pitts, Chairman
Fulton County Board of Commissioners

DocuSigned by:
Lily Berrios
8B4D3023928C417...
Lily Berrios, AIA, LEED AP
President

Please select Attest or Notary from checkbox
X Attest Notary

ATTEST:

ATTEST:

DocuSigned by:
Tonya R. Grier
EEC478C48376495
Tonya R. Grier
Clerk to the Commission

Deanna Murphy
Secretary/
Assistant Secretary

(Affix County Seal)

(Affix Corporate Seal)

AUTHORIZATION OF RENEWAL:

ATTEST:



DocuSigned by:
Joseph N. Davis
B203547A88008422...
Joseph N. Davis, Director
Department of Real Estate and Asset Management

Notary Public

County: _____

Commission Expires: _____

(Affix Notary Seal)

Please select RCS or RM from the checkbox

X RCS

RM

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







DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE

CONTRACT RENEWAL AGREEMENT

DEPARTMENT: Real Estate and Asset Management

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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. ¹____ was approved by the Fulton County Board of Commissioners on BOC DATE: 10/6/2021 BOC NUMBER: 21-0750(C)

SIGNATURES: SEE NEXT PAGE

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FULTON COUNTY, GEORGIA

CBRE | Heery + Russell

DocuSigned by:

Robert L. Pitts

14E1B1AA5F6A44A

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

DocuSigned by:

Rob Chomiak

BF0AD437B5C14A2

**Rob Chomiak
Sr. Managing Director**

Please select Attest or Notary from checkbox

ATTEST:

☒ Attest

ATTEST:

☐ Notary

DocuSigned by:

Tonya R. Grier

EEC476C4857648D

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

DocuSigned by:

(Affix County Seal)



AUTHORIZATION OF RENEWAL:

DocuSigned by:

Joseph N. Davis

B20354A88008422

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

Wade Purcell

**Secretary/
Assistant Secretary**

DocuSigned by:

(Affix Corporate Seal)



ATTEST:

Notary Public

County: _____

Commission Expires: _____

(Affix Notary Seal)

Please select RCS or RM from the checkbox

RCS

☒ RM

ITEM#: _____ **RCS:** _____
RECESS MEETING

ITEM#: 21-0750C **RM:** 10/06/2021
REGULAR MEETING





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PRODUCER Aon Risk Services Northeast, Inc. Stamford CT Office 1600 Summer Street Stamford CT 06907-4907 USA	CONTACT NAME: PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): 8003630105 E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC #
INSURED CBRE Group, Inc. and Subsidiaries 2100 McKinney Avenue Suite 1250 Dallas TX 75201 USA	INSURER A: American International Group UK Ltd AA1120187 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES **CERTIFICATE NUMBER:** 570086955763 **REVISION NUMBER:**

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	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> 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				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT
A	E&O-PL-Primary			PSDEF2000558 Errors & Omissions SIR applies per policy terms & conditions	11/01/2020	11/01/2021	Per Claim/Aggregate SIR \$5,000,000 \$20,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 RE: Contract No. 20RFP124887K-BKJ.

CERTIFICATE HOLDER
CANCELLATION

Fulton County Government Attn: Purchasing Department 130 Peachtree Street SW, Suite 1168 Atlanta GA 30303-3459 USA	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
---	---

Holder Identifier :

570086955763

Certificate No :



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
04/08/2021

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.

PRODUCER Aon Risk Services Northeast, Inc. Stamford CT Office 1600 Summer Street Stamford CT 06907-4907 USA	CONTACT NAME: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">PHONE (A/C. No. Ext): (866) 283-7122</td> <td style="width: 40%;">FAX (A/C. No.): 800-363-0105</td> </tr> </table> E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: 570000034452	PHONE (A/C. No. Ext): (866) 283-7122	FAX (A/C. No.): 800-363-0105												
PHONE (A/C. No. Ext): (866) 283-7122	FAX (A/C. No.): 800-363-0105														
INSURED CBRE Group, Inc. and Subsidiaries 2100 McKinney Avenue Suite 1250 Dallas TX 75201 USA	<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: Factory Mutual Insurance Co.</td> <td>21482</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(S) AFFORDING COVERAGE	NAIC #	INSURER A: Factory Mutual Insurance Co.	21482	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER B:															
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

Holder Identifier :

COVERAGES **CERTIFICATE NUMBER:** 570086955767 **REVISION NUMBER:**

LOCATION OF PREMISES/ DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

RE: Contract No. 20RFP124887K-BKJ.

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	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
A	<input checked="" type="checkbox"/> PROPERTY	1077900	03/01/2021	03/01/2022	<input type="checkbox"/> BUILDING	
	<input type="checkbox"/> CAUSES OF LOSS				<input type="checkbox"/> PERSONAL PROPERTY	
	<input type="checkbox"/> BASIC				<input type="checkbox"/> BUSINESS INCOME	
	<input type="checkbox"/> BROAD				<input type="checkbox"/> EXTRA EXPENSE	
	<input type="checkbox"/> SPECIAL				<input type="checkbox"/> RENTAL VALUE	
	<input type="checkbox"/> EARTHQUAKE				<input type="checkbox"/> BLANKET BUILDING	
	<input type="checkbox"/> WIND				<input checked="" type="checkbox"/> BLANKET PERS PROP	\$1,000,000
	<input type="checkbox"/> FLOOD				<input type="checkbox"/> BLANKET BLDG & PP	
	<input checked="" type="checkbox"/> ALL RISK-Subject to Exclusions				<input checked="" type="checkbox"/> Business Income & Ex	Included
	<input checked="" type="checkbox"/> Blkt PP Ded					
	<input type="checkbox"/> \$10,000					
	<input type="checkbox"/> INLAND MARINE	TYPE OF POLICY				
	<input type="checkbox"/> CAUSES OF LOSS	POLICY NUMBER				
	<input type="checkbox"/> NAMED PERILS					
	<input type="checkbox"/> CRIME					
	TYPE OF POLICY					
	<input type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN					

570086955767

CERTIFICATE NUMBER:

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

This certificate is evidence only of property insurance covering CBRE owned personal property and improvements and betterments in CBRE offices in the United States.

CERTIFICATE HOLDER

CANCELLATION

Fulton County Government
Attn: Purchasing Department
130 Peachtree Street SW, Suite 1168
Atlanta GA 30303-3459 USA

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

Aon Risk Services Northeast, Inc.



CERTIFICATE OF LIABILITY INSURANCE

 DATE(MM/DD/YYYY)
04/08/2021

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

PRODUCER Aon Risk Services Northeast, Inc. Stamford CT Office 1600 Summer Street Stamford CT 06907-4907 USA	CONTACT NAME: PHONE (A/C. No. Ext.): (866) 283-7122 FAX (A/C. No.): (800) 363-0105 E-MAIL ADDRESS:														
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COVERAGES
CERTIFICATE NUMBER: 570086955765

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. **Limits shown are as requested**

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			GL0838419919	03/01/2021	03/01/2022	EACH OCCURRENCE \$5,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$50,000
							MED EXP (Any one person) \$10,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:						PERSONAL & ADV INJURY \$5,000,000 GENERAL AGGREGATE \$5,000,000 PRODUCTS - COMP/OP AGG \$5,000,000
	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			G27952501006	03/01/2021	03/01/2022	EACH OCCURRENCE \$8,000,000
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE \$8,000,000
	DED <input checked="" type="checkbox"/> RETENTION \$10,000						
B A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WC838419522 All other States WC914173615 Wisconsin	03/01/2021 03/01/2021	03/01/2022 03/01/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER
	ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input checked="" 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

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

RE: Contract No. 20RFP124887K-BKJ. Fulton County Government is included as Additional Insured in accordance with the policy provisions of the General Liability policy.

CERTIFICATE HOLDER
CANCELLATION

Fulton County Government Attn: Purchasing Department 130 Peachtree Street SW, Suite 1168 Atlanta GA 30303-3459 USA	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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Holder Identifier : E

Certificate No : 570086955765



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.



DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE

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. ¹_____ was approved by the Fulton County Board of Commissioners on BOC DATE: 10/6/2021 **BOC NUMBER:** 21-0750(B)

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: 20RFP124887K-BKJ (B)

FULTON COUNTY, GEORGIA

WILLIAM-RUSSELL AND JOHNSON, INC.

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

**Charles E. Johnson Sr.
President and CEO**

ATTEST:

ATTEST:

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

**Secretary/
Assistant Secretary**

(Affix County Seal)

(Affix Corporate Seal)

AUTHORIZATION OF RENEWAL:

ATTEST:

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

Notary Public

County:_____

Commission Expires: _____

(Affix Notary Seal)

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

SIGNATURES:

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

FULTON COUNTY, GEORGIA

WILLIAM-RUSSELL AND JOHNSON, INC.

DocuSigned by:

Robert L. Pitts

Robert L. Pitts, Chairman
Fulton County Board of Commissioners

Charles E. Johnson Sr.

Charles E. Johnson Sr.
President and CEO

ATTEST:

ATTEST:

DocuSigned by:

Tonya R. Grier

Tonya R. Grier
Clerk to the Commission DocuSigned by:

Linda C. Allen Miranda

Secretary/
Assistant Secretary

(Affix County Seal)

(Affix Corporate Seal)

AUTHORIZATION OF RENEWAL:

ATTEST:

DocuSigned by:

Joseph N. Davis

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

Jacqueline Rainey
Notary Public

County: DeKalbCommission Expires: 08/07/2024

(Affix Notary Seal)

Please select RCS or RM from the checkbox

RCS

X RM

ITEM#: _____ RCS: _____
RECESS MEETING

ITEM#: 2021-0750B RM: 10/6/2022
REGULAR MEETING

