

EXTENSION NO. 2 TO FORM OF CONTRACT

Contractor: **Happy Faces Personnel Group, Inc.**

Contract No. **SWC99999-001-SPD0000136, Temporary Staffing Services**

Address: **4333 Lynburn Drive**
City, State **Tucker, GA 30084**

E-mail: **mhairston@happyfaces.net**

Contact: **Michael Hairston**
Chief Executive Officer

W I T N E S S E T H

WHEREAS, Fulton County ("County") entered a Contract with Happy Faces Personnel Group, Inc. to provide temporary staffing services, dated July 14, 2021, on behalf of the Department of Registration and Elections; and

WHEREAS, the County extended the subject contract, with all terms and conditions unchanged, for an additional one-month period, effective January 1, 2022 through January 31, 2022; and

WHEREAS the County wishes to extend the existing contract for an additional five-month period, effective February 1, 2022 through June 30, 2022; to amend the subject contract to revise the positions as described in Attachment A, Scope of Services and Compensation; to revise Exhibit 1, Fulton County Pay and Holiday Schedule for FY2022; and, to include a contract clause for contract modification and to substitute the initial Indemnification clause, with all other terms and conditions unchanged; and

WHEREAS, the Contractor has performed satisfactorily over the period of the contract; and

WHEREAS this Extension was approved by the Fulton County Board of Commissioners on January 19, 2022, BOC Item #22-0055.

NOW, THEREFORE, the County and the Contractor agree as follows:

This Extension No. 2 to Form of Contract is effective as of the 1st day of February 2022, between the County and Happy Faces Personnel Group, Inc., who agree that all Services specified will be performed in accordance with this Extension No. 2 to Form of Contract, and the Contract Documents for an additional five-month period, with the contract ending as of the 30th day of June 2022.

1. **SCOPE OF WORK:** To amend the contract to provide the positions detailed in the revised Attachment A attached herein; to revise Exhibit 1, Fulton County Pay and Holiday Schedule for FY2022; and, to include the following contract clause:

MODIFICATIONS

If during the course of performing the Project, County and Consultant agree that due the nature of the services being provided, it is understood that the County will need flexibility in order to meet the needs of the User Department and when it is necessary to make changes to the Project as described herein and referenced exhibits, such changes will be incorporated by written amendments in the form of a Contract Modification. Modifications may only be made as to positions listed hereto in the revised Exhibit A. Modifications may **not** apply to Advanced Voting personnel or Election Day personnel under any circumstances except as referenced in revised Exhibit A. Any modification(s) to this Agreement must be documented in writing in the form of a Purchase Order Modification or an Amendment to this Agreement.

The PO Modification form must be approved and signed by the Department Head or his/her designee and submitted in AMS to the Department of Purchasing & Contract Compliance. The Department of Purchasing & Contract Compliance will issue a Purchase Order Modification documenting the modification to the Agreement to the Vendor and the User Department.

The Amendment and/or supplemental agreement shall conform to the requirements of Fulton County Purchasing Code §102-420 which is incorporated by reference herein.

2. **COMPENSATION:** No additional funding.
3. **LIABILITY OF COUNTY:** This Extension No. 2 to Form of Contract shall not become binding on the County and the County shall incur no liability upon same until such agreement has been executed by the Chair to the Commission, attested to by the Clerk to the Commission and delivered to Contractor.
4. **EFFECT OF EXTENSION NO. 2 TO FORM OF CONTRACT:** Except as modified by this Extension No. 2 to Form of Contract, Extension No. 1 to Form of Contract, the Contract, and all Contract Documents, remain in full force and effect.
5. **INDEMNIFICATION MODIFICATION:** The indemnification clause of the original agreement shall be modified to read as follows:

INDEMNIFICATION

HAPPY FACES, shall, to the fullest extent permitted by law, indemnify the County and protect, defend, indemnify, and hold harmless the County, its officers, officials, employees and volunteers from and against all claims, acts, liabilities, losses (including economic losses) or costs arising out of any actual or alleged:

- a) Bodily injury, sickness, diseases, or death; or injury to or destruction of tangible property including the loss of use resulting therefrom; or any other damage or loss or claims arising out of or resulting in whole or part from any actual or alleged act or omission of the Contractor, subcontractor, anyone directly or indirectly employed by any firm or subcontractor; or anyone for whose acts any of them may be liable in performance of the Contract Services;
- b) Violation of any law, statute, ordinance, governmental administrative order, rule, regulation, or infringements of patent rights or other intellectual property rights by the Contractor in the performance of Contract Services; or
- c) Liens, claims or actions made by the Contractor or other party performing the Contract Services, with the exclusion of subsection (d), as approved by the County. The agreement to hold the County, its officer's, agents, and employees harmless shall not be limited to the limits of liability insurance requirements specified in this agreement.
- d) This provision shall **not** indemnify the County with regard to claims to automobile accidents and related liability to automobile ownership, lease, or rental as provided by the County for any party performing the Contract Services. County shall be responsible for liability coverage with regard to any rented, leased, or owned automobiles used for Contract Services.
- e) The indemnification obligations herein shall not be otherwise limited by any limitation on the amount, type of damages, compensation, or benefits payable by or for the Contractor, or its subcontractor(s), as approved by the County, under worker' compensation acts, disability benefits acts, other employee benefit actor, or any statutory bar or insurance.

[INTENTIONALLY LEFT BLANK]

IN WITNESS THEREOF, the Parties hereto have caused this Contract to be executed by their duly authorized representatives as attested and witnessed and their corporate seals to be hereunto affixed as of the day and year date first above written.

OWNER:

FULTON COUNTY, GEORGIA

Robert L. Pitts, Chairman
Fulton County Board of Commissioners

ATTEST:

Tonya R. Grier
Clerk to the Commission

(Affix County Seal)

APPROVED AS TO FORM:

Office of the County Attorney

APPROVED AS TO CONTENT:

Richard L. Barron, Director
Department of Registration and
Elections

CONSULTANT:

**HAPPY FACES PERSONNEL
GROUP, INC.**

Michael Hairston
Chief Executive Officer

ATTEST:

Secretary/
Assistant Secretary

(Affix Corporate Seal)

ATTEST:

Notary Public

County: _____

Commission Expires: _____

(Affix Notary Seal)

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

SCOPE OF SERVICES AND COMPENSATION

1160 SALARIES - TEMPORARY	# of Temps	Reg Bill Rate (p/hr)	OT Bill Rate (p/hr)	Reg Hours	OT Hours	TOTALS All Temps May Primary	Start date	End date	Happy Faces- MAY Primary
<u>POLL WORKER TRAINING - TEMP</u>									
Regional Election Coordinator 1	2	\$ 17.74	\$ 26.60	960	100	\$ 39,375.25	1/5	6/17	\$ 39,375.25
Regional Election Coordinator 2	4	\$ 21.33	\$ 32.00	960	100	\$ 94,705.20	1/5	6/17	\$ 94,705.20
Instructors	20	\$ 39.17	\$ 58.76	125	0	\$ 97,925.00	3/1	5/31	\$ 97,925.00
Rec and Doc Asst (Class Assistants)	25	\$ 17.77	\$ 26.66	150	0	\$ 66,637.50	3/1	5/31	\$ 66,637.50
<u>SYSTEM SPECIALIST EPC - TEMP</u>									
Systems Specialist	15	\$ 23.60	\$ 35.40	960	150	\$ 419,490.00	1/4	6/17	\$ 419,490.00
Election System Associates	3	\$ 19.65	\$ 29.48	960	150	\$ 69,855.75	1/4	6/17	\$ 69,855.75
<u>ADVANCE VOTING / TEMPS</u>									
R&E Assistant 2	1	\$ 20.68	\$ 31.02	880	100	\$ 21,300.40	1/18	6/17	\$ 21,300.40
Advance Voting Trainer/Assistants	4	\$ 32.50	\$ 48.75	880	100	\$ 133,900.00	1/18	6/17	\$ 133,900.00
<u>VOTER EDUCATION / ADMIN - TEMP</u>									
Admin - Front Desk	1	\$ 19.65	\$ 29.48	960	40	\$ 20,043.00	1/4	6/17	\$ 20,043.00
Voter Education Officers	4	\$ 26.00	\$ 39.00	960	40	\$ 106,080.00	1/4	6/17	\$ 106,080.00
Admin Trainer	1	\$ 49.30		560	0	\$ 27,608.00	2/1	6/17	\$ 27,608.00
<u>SUPPLIES & LOGISTICS EPC - TEMP</u>									
R&E Assistant-Logistics	20	\$ 19.65	\$ 29.48	720	150	\$ 371,385.00	2/16	6/17	\$ 371,385.00
Executive Assistant	1	\$ 20.48	\$ 30.72	720	150	\$ 19,353.60	2/16	6/17	\$ 19,353.60
Courier - Fleet Coordinator	5	\$ 26.87	\$ 40.31	160	40	\$ 29,557.00	4/6	6/17	\$ 29,557.00
Security Manager	1	\$ 64.00	\$ 96.00	20	0	\$ 1,280.00	4/18	6/17	\$ 1,280.00
<u>REGISTRATION - TEMP</u>									
Executive Assistant	1	\$ 20.48	\$ 30.72	800	90	\$ 19,148.80	2/2	6/17	\$ 9,574.40
Data Entry Clerk (Electronic Applications)	15	\$ 17.77	\$ 26.66	720	90	\$ 227,900.25	2/16	6/17	\$ 113,950.13
Quality Control	10	\$ 17.77	\$ 26.66	720	90	\$ 151,933.50	2/16	6/17	\$ 151,933.50
<u>ABSENTEE - TEMP</u>									
Data Entry Clerks (10 Electronic Apps, 5 Paper Apps)	15	\$ 17.77	\$ 26.66	720	90	\$ 227,900.25	2/16	6/17	\$ 227,900.25
Absentee Specialist- Credit for Voting	7	\$ 17.77	\$ 26.66	440	90	\$ 71,524.25	3/22	6/17	\$ 71,524.25

Absentee specialist- Sorting	5	\$	17.77	\$	26.66	440	90	\$	51,088.75	3/22	6/17	\$	51,088.75
Ballot Openers and Runners	10	\$	17.77	\$	26.66	480	90	\$	109,285.50	3/30	6/17	\$	109,285.50
Rejection Clerks	2	\$	17.77	\$	26.66	480	90	\$	21,857.10	3/30	6/17	\$	21,857.10
Courier - Fleet Coordinator Mail Room	1	\$	26.87	\$	40.31	720	90	\$	22,973.85	2/16	6/17	\$	22,973.85
Courier- Mail Room	8	\$	23.58	\$	35.37	720	90	\$	161,287.20	2/16	6/17	\$	161,287.20
Retention (2 Scanners, 2 Index, 2 Retention)	6	\$	17.77	\$	26.66	480	90	\$	65,571.30	3/30	6/17	\$	65,571.30
Scanners	5	\$	17.77	\$	26.66	480	90	\$	54,642.75	3/30	6/17	\$	54,642.75
												TOTAL	\$ 2,580,084.68

EXHIBIT 1

**FULTON COUNTY PAY AND HOLIDAY
SCHEDULE FOR FY2022**

FULTON COUNTY 2022 PAY AND HOLIDAY OBSERVANCES CALENDAR

■ PAY DAY ■ HOLIDAY ● PAY PERIOD ENDING

JANUARY						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

FEBRUARY						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28					

MARCH						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

APRIL						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

MAY						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
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15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

JUNE						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

JULY						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
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24	25	26	27	28	29	30
31						

AUGUST						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
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21	22	23	24	25	26	27
28	29	30	31			

SEPTEMBER						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

OCTOBER						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

NOVEMBER						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

DECEMBER						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31



New Year's Day
Monday
January 3



MLK Jr. Day
Monday
January 17



President's Day
Monday
February 21



Memorial Day
Monday
May 30



Juneteenth
Monday
June 20



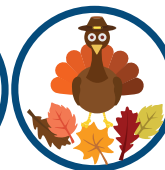
Independence Day
Monday
July 4



Labor Day
Monday
September 5



Veterans Day
Friday
November 11



Thanksgiving
Thursday & Friday
November 24 & 25



Christmas
Friday & Monday
December 23 & 26



New Year's Eve
Friday
December 30



IN WITNESS THEREOF, the Parties hereto have caused this Contract to be executed by their duly authorized representatives as attested and witnessed and their corporate seals to be hereunto affixed as of the day and year date first above written.

OWNER:

CONSULTANT: Happy Faces Personnel Group, INC

FULTON COUNTY, GEORGIA

DocuSigned by:

Robert L. Pitts

Robert L. Pitts, Chairman
Fulton County Board of Commissioners

Michael Hairston, operating as Secretary, attests to contract

X Attest

ATTEST:

DocuSigned by:

Tonya R. Grier

Tonya R. Grier
Interim Clerk to the Commissioners

(Affix County Seal)

APPROVED AS TO FORM:

DocuSigned by:

Cheryl Ringer

Office of the County Attorney

APPROVED AS TO CONTENT:

DocuSigned by:

Richard Barron

Full Name

Director

Department Name

Please select RCS or RM from the checkbox

X RCS

RM

DocuSigned by:

Michael Hairston

Michael Hairston

CEO

Attest

ATTEST:

Michael Hairston

Secretary/
Assistant Secretary

(Affix Corporate Seal)

ATTEST:

DocuSigned by:



Notary Public

County: _____

Commission Expires: _____

(Affix Notary Seal)

ITEM#: 2022-0055	RCS: 1/19/2022	ITEM#: _____	RM: _____
RECESS MEETING		REGULAR MEETING	





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/17/2021

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 Phoenix Associates 2255 Sewell Mill Rd Suite 230 Marietta, GA 30062 Donna Jean Marcus	770-973-4000 CONTACT NAME: Anita Ruffalo PHONE (A/C, No, Ext): 770-973-4000 FAX (A/C, No): 770-565-7115 E-MAIL ADDRESS: aruffalo@phoenixinsurance.net														
INSURED Happy Faces Personnel Group Inc P.O. Box 1063 4333 Lynburn Drive Tucker, GA 30085	<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: Philadelphia Insurance Company</td> <td></td> </tr> <tr> <td>INSURER B: Travelers Prop Cas Co of Ameri</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: Philadelphia Insurance Company		INSURER B: Travelers Prop Cas Co of Ameri		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER B: Travelers Prop Cas Co of Ameri															
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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			PHPK2348887	11/27/2021	11/27/2022	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td style="text-align: right;">\$ 100,000</td></tr> <tr><td>MED EXP (Any one person)</td><td style="text-align: right;">\$ 5,000</td></tr> <tr><td>PERSONAL & ADV INJURY</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>GENERAL AGGREGATE</td><td style="text-align: right;">\$ 2,000,000</td></tr> <tr><td>PRODUCTS - COMP/OP AGG</td><td style="text-align: right;">\$ 2,000,000</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> </table>	EACH OCCURRENCE	\$ 1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	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		\$
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GENERAL AGGREGATE	\$ 2,000,000																				
PRODUCTS - COMP/OP AGG	\$ 2,000,000																				
	\$																				
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td style="text-align: right;">\$</td></tr> <tr><td>BODILY INJURY (Per person)</td><td style="text-align: right;">\$</td></tr> <tr><td>BODILY INJURY (Per accident)</td><td style="text-align: right;">\$</td></tr> <tr><td>PROPERTY DAMAGE (Per accident)</td><td style="text-align: right;">\$</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> </table>	COMBINED SINGLE LIMIT (Ea accident)	\$	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$		\$				
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A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			PHUB792979	11/27/2021	11/27/2022	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>AGGREGATE</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> </table>	EACH OCCURRENCE	\$ 1,000,000	AGGREGATE	\$ 1,000,000		\$								
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AGGREGATE	\$ 1,000,000																				
	\$																				
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A If yes, describe under DESCRIPTION OF OPERATIONS below			6JUB4N72939021	11/21/2021	11/21/2022	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> PER STATUTE</td> <td><input type="checkbox"/> OTH-ER</td> <td></td> </tr> <tr><td>E.L. EACH ACCIDENT</td><td></td><td style="text-align: right;">\$ 500,000</td></tr> <tr><td>E.L. DISEASE - EA EMPLOYEE</td><td></td><td style="text-align: right;">\$ 500,000</td></tr> <tr><td>E.L. DISEASE - POLICY LIMIT</td><td></td><td style="text-align: right;">\$ 500,000</td></tr> </table>	<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		
<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																			

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

CERTIFICATE HOLDER**CANCELLATION**

Fulton County Government its officers, agents and employees
141 Pryor Street, SW
Suite 7001
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

Anita W Ruffalo

NOTEPADINSURED'S NAME **Happy Faces Personnel Group Inc****HAPPY-3**
OP ID: ARPAGE **2**
Date **12/06/2021****AGENCY DISCLAIMER:**

The issuance of this Certificate of Insurance does not guarantee that any contractual obligations have been met. Review of any contracts or insurance requirements by Phoenix Associates Insurance Agency related to this Certificate of Insurance pertains only to limits of insurance. Phoenix Associates Insurance Agency is not interpreting any contractual obligations between the parties to the contract or agreement. It is the responsibility of the named insured to consult with an attorney for interpretation and confirmation that all of the insureds contractual and insurance obligations have been met as it pertains to any agreement or contract the named insured has with the named certificate holder and any additional insured.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/17/2021

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 Phoenix Associates 2255 Sewell Mill Rd Suite 230 Marietta, GA 30062 Donna Jean Marcus	770-973-4000 CONTACT NAME: Anita Ruffalo PHONE (A/C, No, Ext): 770-973-4000 FAX (A/C, No): 770-565-7115 E-MAIL ADDRESS: aruffalo@phoenixinsurance.net														
INSURED Happy Faces Personnel Group Inc P.O. Box 1063 4333 Lynburn Drive Tucker, GA 30085	<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: Philadelphia Insurance Company</td> <td></td> </tr> <tr> <td>INSURER B: Travelers Prop Cas Co of Ameri</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: Philadelphia Insurance Company		INSURER B: Travelers Prop Cas Co of Ameri		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			PHPK2348887	11/27/2021	11/27/2022	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td style="text-align: right;">\$ 100,000</td></tr> <tr><td>MED EXP (Any one person)</td><td style="text-align: right;">\$ 5,000</td></tr> <tr><td>PERSONAL & ADV INJURY</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>GENERAL AGGREGATE</td><td style="text-align: right;">\$ 2,000,000</td></tr> <tr><td>PRODUCTS - COMP/OP AGG</td><td style="text-align: right;">\$ 2,000,000</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> </table>	EACH OCCURRENCE	\$ 1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	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		\$
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B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A If yes, describe under DESCRIPTION OF OPERATIONS below			6JUB4N72939021	11/21/2021	11/21/2022	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> PER STATUTE</td> <td><input type="checkbox"/> OTH-ER</td> <td></td> </tr> <tr><td>E.L. EACH ACCIDENT</td><td></td><td style="text-align: right;">\$ 500,000</td></tr> <tr><td>E.L. DISEASE - EA EMPLOYEE</td><td></td><td style="text-align: right;">\$ 500,000</td></tr> <tr><td>E.L. DISEASE - POLICY LIMIT</td><td></td><td style="text-align: right;">\$ 500,000</td></tr> </table>	<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		
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

Fulton County Government its officers, agents and employees
141 Pryor Street, SW
Suite 7001
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

Anita W Ruffalo

NOTEPADINSURED'S NAME **Happy Faces Personnel Group Inc****HAPPY-3**
OP ID: ARPAGE **2**
Date **12/06/2021****AGENCY DISCLAIMER:**

The issuance of this Certificate of Insurance does not guarantee that any contractual obligations have been met. Review of any contracts or insurance requirements by Phoenix Associates Insurance Agency related to this Certificate of Insurance pertains only to limits of insurance. Phoenix Associates Insurance Agency is not interpreting any contractual obligations between the parties to the contract or agreement. It is the responsibility of the named insured to consult with an attorney for interpretation and confirmation that all of the insureds contractual and insurance obligations have been met as it pertains to any agreement or contract the named insured has with the named certificate holder and any additional insured.