



**FULTON
COUNTY**

CONTRACT EXTENSION #4

#10RFP04122K-DJ

**PROGRAM MANAGEMENT SERVICES FOR
FULTON COUNTY LIBRARY SYSTEM
CAPITAL IMPROVEMENT PROGRAM,
PHASE II**

**DEPARTMENT
REAL ESTATE AND ASSET MANAGEMENT**

EXTENSION NO. 4 TO FORM OF CONTRACT

Contractor: **CBRE Heery/Russell, a Joint Venture**

Contract No. **10RFP04122K-DJ, Program Management Services for Fulton County Library System Capital Improvement Program, Phase II**

Address: **3550 Lenox Road, Suite 2300**
City, State **Atlanta, GA 30326**

Telephone: **(404) 946-2055**

E-mail: rob.chomiak@cbre.com

Contact: **Rob Chomiak**
Senior Managing Director

W I T N E S S E T H

WHEREAS, Fulton County ("County") entered into a Contract with **CBRE Heery/Russell, a Joint Venture**, to provide Program Management Services for Fulton County Library System Capital Improvement Program, dated September 1, 2010, on behalf of the Atlanta Fulton County Library; and

WHEREAS, the County wishes to extend the subject contract, with all terms and conditions unchanged, for an additional six (6) months period from July 1, 2022 through December 31, 2022, to continue to provide without disruption Program Management Services for the remaining Phase II library projects for Fulton County Library System; 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 **June 1, 2022; BOC Item #22-0402**.

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

This Extension No. 4 to Form of Contract is effective as of the 1st day of July, 2022, between the County and **CBRE Heery/Russell- a Joint Venture**, who agree that all Services specified will be performed by in accordance with this Extension No. 4 to Form of Contract and the Contract Documents for an additional six (6) months period, with the contract ending as of 31st day of December, 2022.

1. **COMPENSATION:** The services herein shall be performed by Contractor for a total amount not to exceed **\$400,091.70** (Four Hundred Thousand Ninety-One

Dollars and Seventy Cents).

2. **LIABILITY OF COUNTY:** This Extension No. 4 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.
3. **EFFECT OF EXTENSION NO. 4 TO FORM OF CONTRACT:** Except as modified by this Extension No. 4 to Form of Contract, the Contract, and all Contract Documents, remain in full force and effect.

[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

CONSULTANT:

CBRE HEERY/RUSSEL- A JOINT VENTURE

DocuSigned by:

Robert L. Pitts

Robert L. Pitts, Chairman
Fulton County Board of Commissioners

DocuSigned by:

Robert Chomiak

Robert Chomiak, PE, CCM
Senior Managing Director

ATTEST:

ATTEST:

DocuSigned by:

Tonya R. Grier

Tonya R. Grier
Clerk to the Commission

(Affix County Seal)

APPROVED AS TO FORM:

DocuSigned by:

Wade Purcell

Secretary/
Assistant Secretary

(Affix Corporate Seal)

ATTEST:

DocuSigned by:

Carolyn Norwood

Notary Public

DocuSigned by:

Dennal Stewart

Dennal Stewart
Office of the County Attorney

APPROVED AS TO CONTENT:

County: Douglas

DocuSigned by:

Joseph Davis

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

Commission Expires: 10/4/2022

(Affix Notary Seal)

DocuSigned by:

ITEM#: _____ RCS: _____
RECESS MEETING

ITEM#: 2022-0402 RM: 6/1/2022
REGULAR MEETING



CERTIFICATE OF LIABILITY INSURANCE

 DATE(MM/DD/YYYY)
05/05/2022

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: <table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Zurich American Ins Co</td> <td>16535</td> </tr> <tr> <td>INSURER B: American Zurich Ins Co</td> <td>40142</td> </tr> <tr> <td>INSURER C: ACE Property & Casualty Insurance Co.</td> <td>20699</td> </tr> <tr> <td>INSURER D: Navigators Insurance Co</td> <td>42307</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: Zurich American Ins Co	16535	INSURER B: American Zurich Ins Co	40142	INSURER C: ACE Property & Casualty Insurance Co.	20699	INSURER D: Navigators Insurance Co	42307	INSURER E:		INSURER F:	
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INSURER E:															
INSURER F:															
INSURED CBRE Group, Inc. and Subsidiaries 2100 McKinney Avenue Suite 1250 Dallas TX 75201 USA															

COVERAGES **CERTIFICATE NUMBER:** 570092997717 **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 <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 checked="" type="checkbox"/> LOC OTHER:	Y	Y	GL0838419920	03/01/2022	03/01/2023	EACH OCCURRENCE \$5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$50,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$5,000,000 GENERAL AGGREGATE \$5,000,000 PRODUCTS - COMP/OP AGG \$5,000,000
A	AUTOMOBILE LIABILITY <input checked="" 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	Y	Y	BAP 8384200 20	03/01/2022	03/01/2023	COMBINED SINGLE LIMIT (Ea accident) \$5,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$10,000	Y		G27952501007	03/01/2022	03/01/2023	EACH OCCURRENCE \$8,000,000 AGGREGATE \$8,000,000
B	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	Y	WC838419523 All other States WC914173616 Wisconsin	03/01/2022	03/01/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE-EA EMPLOYEE \$1,000,000 E.L. DISEASE-POLICY LIMIT \$1,000,000
A		N/A			03/01/2022	03/01/2023	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 CBRE Heery, Inc. is a subsidiary of CBRE Group, Inc. RE: Contract No. 20RFP124887K-BKJ. Fulton County Government - Purchasing Department is included as Additional Insured in accordance with the policy provisions of the General Liability, Automobile Liability and Umbrella Liability policies. General Liability and Automobile Liability policies evidenced herein are Primary Non-Contributory to other insurance available to an Additional Insured, but only in accordance with the policy's provisions and per the applicable written contract. A waiver of Subrogation is granted in favor of Fulton County Government - Purchasing Department in accordance with the policy provisions of the General Liability, Automobile Liability and Workers' Compensation policies and per the applicable written contract.

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

570092997717

Certificate No :



CBRE Group, Inc.
GLO 8384199-20
Eff 03-01-2022

POLICY NUMBER: GLO 8384199-20

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.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/13/2022

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PRODUCER USI Insurance Services LLC 2375 E Camelback Road, Suite 250 Phoenix, AZ 85016	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">CONTACT NAME: Jenise Purser</td> </tr> <tr> <td>PHONE (A/C, No. Ext): 602-666-4931</td> <td>FAX (A/C, No): 602-279-5899</td> </tr> <tr> <td colspan="2">E-MAIL ADDRESS: Jenise.Purser@usi.com</td> </tr> <tr> <td colspan="2" style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> </tr> <tr> <td colspan="2">INSURER A: Lloyd's Syndicates 623/2623</td> </tr> <tr> <td colspan="2">INSURER B:</td> </tr> <tr> <td colspan="2">INSURER C:</td> </tr> <tr> <td colspan="2">INSURER D:</td> </tr> <tr> <td colspan="2">INSURER E:</td> </tr> <tr> <td colspan="2">INSURER F:</td> </tr> </table>	CONTACT NAME: Jenise Purser		PHONE (A/C, No. Ext): 602-666-4931	FAX (A/C, No): 602-279-5899	E-MAIL ADDRESS: Jenise.Purser@usi.com		INSURER(S) AFFORDING COVERAGE		INSURER A: Lloyd's Syndicates 623/2623		INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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COVERAGES
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	<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:						
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) \$ \$ \$ \$
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						
	UMBRELLA LIAB						EACH OCCURRENCE
	EXCESS LIAB						AGGREGATE
	DED RETENTION \$						\$
	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 OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT \$ \$ \$
A	Pollution Liability			W2DF39220201	3/1/2022	3/1/2023	\$5,000,000 Each Pollution Condition \$25,000,000 Aggregate \$50,000 Deductible

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

CBRE Heery, Inc. is a subsidiary of CBRE Group, Inc. RE: Contract No. 20RFP124887K-BKJ. Fulton County Government - Purchasing Department is included as Additional Insured in accordance with the policy provisions of the Pollution Liability policy. Pollution Liability policy evidenced herein is Primary Non-Contributory to other insurance available to an Additional Insured, but only in accordance with the policy's provisions and per the applicable written contract. A Waiver of Subrogation is granted in favor of Fulton County Government - Purchasing Department in accordance with the policy provisions of the Pollution Liability per the applicable written contract.

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
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