CHANGE ORDER NO. 2 TO FORM OF CONTRACT

Contractor: Mowrey Elevator Company of Florida, Inc.

Contract No. 17RFP105999K-JAJ, Elevator Modernization for Multiple Buildings in Fulton County

Address:4518 Lafayette StreetCity, StateMarianna, FL 32446

Telephone: (800) 441-4449

E-mail: tony@mowreyelevator.com

Contact: Tony Glover Modernization Manager

WITNESSETH

WHEREAS, Fulton County ("County") entered into a Contract with **Mowrey Elevator Company of Florida, Inc.** to provide/perform Elevator Modernization for Multiple Building in Fulton County, dated April 19, 2018, on behalf of the Department of Real Estate and Asset Management; and

WHEREAS, the purpose of this change order is required to make modification to the existing Scope of Work to provide replacement of ADA wheelchair lift at the Hammond House Museum for Fulton County.

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

WHEREAS, this amendment was approved by the Fulton County Board of Commissioners on **Wednesday**, June 15th, 2022, BOC Item #22-0416.

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

This Change Order No. 2 to Form of Contract is effective as of the 15th day of June 2022, between the Mowrey Elevator Company of Florida, Inc., who agree that all Services specified will be performed in accordance with this Change Order No. 2 of Form of Contract and the Contract Documents.

1. **SCOPE OF WORK TO BE PERFORMED:** Modify the existing Scope of Work to perform replacement of ADA wheelchair lift at the Hammond House Museum located at 503 Peeples Street SW, Atlanta, GA 30310. The Scope include the installation of one V-1504 Vertical Platform Lift manufactured by Savaria.

This additional change to the existing Scope of Work for the replacement is necessary for the operation of this building and the program in full compliance with the safety codes and regulations mandated by the State of Georgia and making them compliant with the 2010 Americans with Disabilities Act (ADA) and applicable building codes.

Description of V-1504 Vertical Lift							
1	Rated Load	750 lbs.					
2	Maximum Lift Height	48 inches					
3	Cab Size	36 in x 54 in					
4	Landings	1 Front/1 Rear					
5	Travel	44 inches					
6	Doors	Automatic Swing					
Total	Change Order Cost	\$32,750.00					

Description of lift to be installed are outline below:

- 2. **COMPENSATION:** The services described under Scope of Work herein shall be performed by Contractor for a total amount not to exceed **\$32,750.00** (Thirty-Two Thousand Seven Hundred and Fifty Dollars and Zero Cents).
- 3. **LIABILITY OF COUNTY:** This Change Order 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 CHANGE ORDER NO. <u>2</u> TO FORM OF CONTRACT:** Except as modified by this Change Order No. <u>2</u> 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

DocuSigned by: Robert L. Pitts

Robert L. Pitts, Chairman Fulton County Board of Commissioners

ATTEST:

DocuSigned by:

onya Gner

Tonya REGITE Commission

(Affix Cou

APPROVED AS TO FORM:

—Docusigned by: Derival Stewart

Office of the County Attorney

APPROVED AS TO CONTENT:

DocuSigned by:

Joseph Davis

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

MOWREY ELEVATOR COMPANY OF FLORIDA, INC.

DocuSigned by:

ong Glover

Tony Glover,^{BFE02D734D9...} Modernization Manager

ATTEST:

Vanessa Windsor

Secretary/ Assistant Secretary by:



ITEM#: 2022-0416	RCS: ^{6/15/2022}	ITEM#:	RM:
RECESS MEETING		REGULAR MEETING	6

ACORD	с	ERTI	FICATE OF LIA	BILI	TY INS	URANC	E		MM/DD/YYYY) 14/2022
CERTIFICATE D BELOW. THIS REPRESENTATI	DES NOT AFFIRMAT CERTIFICATE OF IN /E OR PRODUCER, A	IVELY O SURANC	OF INFORMATION ONL' R NEGATIVELY AMEND, E DOES NOT CONSTITU CERTIFICATE HOLDER.	EXTE	ND OR ALT	ER THE CO BETWEEN T	VERAGE AFFORDED E THE ISSUING INSURER	BY THE (S), AU	POLICIES
If SUBROGATIO	IS WAIVED, subjec	t to the t	DITIONAL INSURED, the erms and conditions of the rtificate holder in lieu of s	ne polio	cy, certain p	olicies may			
PRODUCER					ст Тгасеу Аг				
Fort Lee, NJ-Hub 1 Bridge Plaza No Suite 445	International Northe orth	ast			o, Ext): 201-58		FAX (A/C, No):	201-58	5-6590
Fort Lee NJ 0702	4					SURER(S) AFFOR	RDING COVERAGE		NAIC #
INSURED			TMOWREY-01			-	ance Company		16691
Mowrey Elevator Company of Florida, Inc. & Mowrey Elevator Company, Inc.					R B : Liberty I	nsurance Und	derwriters, Inc		19917
4518 Lafayette St Marianna FL 324				INSURE	RD:				
Mananna FL 324	10			INSURE					
COVERAGES	CEF	TIFICAT	E NUMBER: 615773216	INSURE			REVISION NUMBER:		
THIS IS TO CERTI	Y THAT THE POLICIES	OF INSU	JRANCE LISTED BELOW HA			THE INSURE	D NAMED ABOVE FOR T		
CERTIFICATE MAY	BE ISSUED OR MAY	PERTAIN	ENT, TERM OR CONDITION , THE INSURANCE AFFORD 3. LIMITS SHOWN MAY HAVE	ED BY	THE POLICIE	S DESCRIBED	D HEREIN IS SUBJECT TO		
INSR LTR TYPE	OF INSURANCE	ADDL SUB		-	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	rs	
		Y Y			4/1/2022	4/1/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000 \$ 300,0	
							MED EXP (Any one person)	\$ 10,00	
							PERSONAL & ADV INJURY	\$ 1,000	,000
	E LIMIT APPLIES PER:						GENERAL AGGREGATE	\$4,000	
OTHER:	JECT LOC						PRODUCTS - COMP/OP AGG Max Annual Aggregate	\$4,000	
	ILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	
ANY AUTO							BODILY INJURY (Per person)	\$	
OWNED AUTOS ONLY	SCHEDULED AUTOS				*		BODILY INJURY (Per accident)	\$	
AUTOS ONLY	AUTOS ONLY						PROPERTY DAMAGE (Per accident)	S S	111
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X EXCESS LIAB	AB X OCCUR CLAIMS-MADE		100000074201		4/1/2022	4/1/2020	AGGREGATE	\$ 5,000	
DED X F	ETENTION \$ 0							\$	
WORKERS COMPE	ISATION IABILITY Y/N						PER OTH- STATUTE ER	-	
OFFICER/MEMBERE (Mandatory in NH)	ARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE	\$	
If yes, describe under DESCRIPTION OF 0	PERATIONS below						E.L. DISEASE - POLICY LIMIT		
Project: RFP# - 17F Fulton County Gove work performed by	FP105999K-JAJ; Elev rnment, its Agents Dire he named insured for r	ator Mode ectors, & C eferenced	10 101, Additional Remarks Schedu rrnization for Multiple Buildir Officers are included as add d project under written contr d where required by written o	ngs in F itional in act as p	ulton County nsured as the per endorsem	ir interest ma ents and polic	y appear ATIMA only with	n respec Waiver	ts to the of
CERTIFICATE HO	DER			CAN	ELLATION				
Fultor 130 P	County Governmer eachtree Street, SW	t Purcha Suite 11	using Department	SHO THE ACC	ULD ANY OF	N DATE THE TH THE POLIC	ESCRIBED POLICIES BE C EREOF, NOTICE WILL Y PROVISIONS.		
Atlant	a, GA 30303-3459					MAIIVE			
				Ļ'	© 19	88-2015 AC	ORD CORPORATION.	All riat	nts reserved.

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DocuSign Envelope ID: 4AB3F8D0-8BB2-4A	CD-AFF	F2-AC41583A78CB					
ACORD [®] C	ERT	IFICATE OF LIA	BILITY INS	URANC	E		(MM/DD/YYYY) /29/2022
THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMAT SELOW. THIS CERTIFICATE OF INS EPRESENTATIVE OR PRODUCER, A		OR NEGATIVELY AMEND	EXTEND OR ALT	ER THE CO	VERAGE AFFORDED	BY THE	POLICIES
IMPORTANT: If the certificate holder If SUBROGATION IS WAIVED, subject this certificate does not confer rights	is an A to the	DDITIONAL INSURED, the terms and conditions of t	he policy, certain p	olicies may			
PRODUCER Acentria Insurance - Tallahassee 2600 Centennial Place, Suite 200A Tallahassee FL 32308			CONTACT NAME: PHONE (A/C, No, Ext): 850-66 E-Mail ADDRESS:		FAX (A/C, No):	850-66	8-6180
				SURER(S) AFFOR	RDING COVERAGE		NAIC #
		License#: L100460		eld Casualty I	nsurance Company		10335
INSURED Mowrey Elevator Company of Florida,	Inc &	Mowrey Elevator	INSURER B :				
Company, Inc.	1110. Q		INSURER C :				
4518 Lafayette St. Marianna FL 32446			INSURER D :				
			INSURER E :				
COVERAGES CEF	TIFICA	TE NUMBER: 274396129	INSURER F :		REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RI CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	OF INS	SURANCE LISTED BELOW HA MENT, TERM OR CONDITION N, THE INSURANCE AFFORD	OF ANY CONTRACT	OR OTHER I	D NAMED ABOVE FOR T DOCUMENT WITH RESPE D HEREIN IS SUBJECT T	ст то	WHICH THIS
INSR LTR TYPE OF INSURANCE	ADDL SU	JBR VD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	TS	
COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE	\$	
CLAIMS-MADE OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
					MED EXP (Any one person)	\$	
					PERSONAL & ADV INJURY	\$	
GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	
POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$	
OTHER:					COMBINED SINGLE LIMIT	\$	
					COMBINED SINGLE LIMIT (Ea accident)	\$	
ANY AUTO					BODILY INJURY (Per person)	\$	
AUTOS ONLY AUTOS HIRED NON-OWNED					BODILY INJURY (Per accident)		
AUTOS ONLY AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
						-	
					EACH OCCURRENCE	\$	
					AGGREGATE	\$	
A WORKERS COMPENSATION		Y 0196-52751-100	4/1/2022	4/1/2023	X PER OTH- STATUTE ER	\$	
		0196-52751-101	4/1/2022	4/1/2023		\$ 1,000	000
(Mandatory in NH)	N/A	0196-52751-102	4/1/2022	4/1/2023	E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE		
If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$ 1,000	
						4 1,000	1000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	ES (ACC	RD 101 Additional Remarks Sabad	le may be attached if mor	e space is require	2d)		
Timothy & Laura Mowrey are excluded fror	n Worke	ers Compensation Coverage.	States covered are	Florida, Alaba	ama and Georgia.		
Job: RFP# - I 7RFP105999K-JAJ							
Elevator Modernization for Multiple Building	s in Ful	Iton County					
Waiver of subrogation in favor of Fulton Co premium.	unty Go	overnment - Purchasing Depa	rtment. Thirty days n	otice of cance	ellation with ten days for i	non-pay	ment of
CERTIFICATE HOLDER			CANCELLATION				
Fulton County Governmen	t - Purc	chasing Department		N DATE THE	ESCRIBED POLICIES BE C REOF, NOTICE WILL Y PROVISIONS.		
130 Peachtree Street, S.W Suite 1168 Atlanta GA 30303-3459							

ł	AUTHORIZED REPRESENTATIVE
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ACORD								Г	DATE	(MM/DD/YYYY)
Leone C	EK	111	ICATE OF LIA	BILI	IY INS	URANC	E		03	/02/2022
CERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF IN	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 If SUBROGATION IS WAIVED, subject	is ar t to t	he te	DITIONAL INSURED, the erms and conditions of t	he poli	cy, certain p	olicies may				
this certificate does not confer rights	to the	e cert	ificate holder in lieu of s	UCh end						
PRODUCER StateFarm Keith Williams State Fa				NAME: PHONE	Lee will	4001		FAX		
State Farm Keith Williams State Fa	rm			(A/C, No	p, Ext): 000 40	32-8931	4-4-6	(A/C, No):		
Marianna FL 32447				ADDRE	ss: lee.winds		statefarm.com			
		×		INSURE			RDING COVERAGE utomobile Insurai	nce Com	pany	NAIC # 25178
INSURED				INSURE	RB:					
Mowrey Elevator Co. Inc./Mo	wrey	Elev	ator Company of FL Inc	INSURE	RC:		100-112			
4518 Lafayette Street				INSURE	RD:					
Marianna, FL 324463418				INSURE						
COVERACES		- A T		INSURE	RF:			IDED.		
COVERAGES CEF			E NUMBER:				REVISION NUM			
INDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUII PER	REME TAIN,	INT, TERM OR CONDITION THE INSURANCE AFFORE	OF AN	Y CONTRACT	OR OTHER	DOCUMENT WIT	H RESPE	ECT TO	WHICH THIS
INSR LTR TYPE OF INSURANCE		SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
COMMERCIAL GENERAL LIABILITY							EACH OCCURRENC DAMAGE TO RENTI PREMISES (Ea occu	D	\$ \$	
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AUTOS ONLY AUTOS ONLY							(Per accident)	-	\$ \$	
UMBRELLA LIAB OCCUR							EACH OCCURRENC	F	\$	
EXCESS LIAB CLAIMS-MADE							AGGREGATE	-	s	
DED RETENTION \$	1								s	
WORKERS COMPENSATION							PER STATUTE	OTH- ER		
ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDEN		\$	
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. DISEASE - EA E	MPLOYEE	\$	
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	CY LIMIT	\$	
					·					
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Project: RFP# - 17RFP105999K-JAJ; Elevator Modernization for multiple buildings in Fulton County Fulton County Government, its agents directors and officers are included as their interest may appear ATIMA only with respects to the work performed by the named insured for referenced project under written contract as per endorsements and policy terms and conditions. Wavier of Subrogation applies in favor of the additional insured where required by written contract.										
								, a		
CERTIFICATE HOLDER				CANC	ELLATION				18 	
Fulton County Government				THE	EXPIRATION	DATE TH	ESCRIBED POLIC EREOF, NOTICE Y PROVISIONS.			

AUTHORIZED REPRESENTATIVE

Purchasing Departent 130 Peachtree Street, SW Suite 1168 Atlanta Ga 30303-3459

Lee Windsor

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ACORD [®] CERTIFICATE OF LIA	ABILITY INS	URANC	E		мм/dd/үүүү) 14/2022	
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ON CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMENU BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITU REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.	D, EXTEND OR ALT	TER THE CO	VERAGE AFFORDED	BY THE	POLICIES	
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the If SUBROGATION IS WAIVED, subject to the terms and conditions of this certificate does not confer rights to the certificate holder in lieu of	the policy, certain p	olicies may				
PRODUCER Fort Lee, NJ-Hub International Northeast 1 Bridge Plaza North	CONTACT NAME: Tracey A PHONE (A/C, No. Ext): 201-58 E-MAIL		FAX (A/C, No):	201-58	5-6590	
Suite 445 Fort Lee NJ 07024	ADDRESS:	1.1			NAIC #	
INSURED TMOWREY-O Mowrey Elevator Company of Florida, Inc. & Mowrey Elevator Company, Inc.					19917	
4518 Lafayette Street Marianna FL 32446	INSURER D : INSURER E : INSURER F :					
COVERAGES CERTIFICATE NUMBER: 296544781			REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW H INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFOR EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAV	N OF ANY CONTRAC	T OR OTHER ES DESCRIBE	DOCUMENT WITH RESPE D HEREIN IS SUBJECT T	ст то и	WHICH THIS	
INSR LTR TYPE OF INSURANCE INSD WVD POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMI	rs		
A X COMMERCIAL GENERAL LIABILITY Y GLP196189800	4/1/2022	4/1/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000, \$ 300,00	NAT.	
			MED EXP (Any one person)	\$ 10,000	D	
			PERSONAL & ADV INJURY	\$ 1,000,	,000	
GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- JECT LOC			GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$4,000, \$4,000,	The second s	
			Max Annual Aggregate	\$ 10,000	and the second second	
AUTOMOBILE LIABILITY			COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person)	\$ \$		
OWNED SCHEDULED AUTOS ONLY AUTOS HIRED NON-OWNED			BODILY INJURY (Per accident) PROPERTY DAMAGE			
			(Per accident)	5 \$		
B UMBRELLA LIAB X OCCUR Y 100053074201	4/1/2022	4/1/2023	EACH OCCURRENCE	\$ 5,000,	000	
X EXCESS LIAB CLAIMS-MADE			AGGREGATE	\$ 5,000, \$	000	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			PER OTH- STATUTE ER	5		
ANYPROPRIETOR/PARTNER/EXECUTIVE			E.L. EACH ACCIDENT	\$		
(Mandatory in NH)			E.L. DISEASE - EA EMPLOYEE			
DÉSCRIPTION OF OPERATIONS below			E.L. DISEASE - POLICY LIMIT	\$		
×						
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) RE : Various locations at Fulton County Government is included as additional insured as their interest may appear for Ongoing and Completed Operations only with respects to work performed by the named insured, see attached endorsements. Thirty (30) days prior written cancellation notice is provided."						
CERTIFICATE HOLDER	CANCELLATION					
Fulton County Government Purchasing Dept. 130 Peachtree St SW	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
Atlanta, GA 30303	AUTHORIZED REPRESE	ENTATIVE				

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CERTIFICATE	OF LIABILITY	INSURANCE
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ACORD [®] C	ERT	IFICATE OF LIA	BILITY INS	URANC	E		(MM/DD/YYYY) 29/2022
THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF IN EPRESENTATIVE OR PRODUCER, A	IVELY	OR NEGATIVELY AMEND, ICE DOES NOT CONSTITUT	EXTEND OR ALT	ER THE CO	VERAGE AFFORDED	BY THE	POLICIES
IMPORTANT: If the certificate holder If SUBROGATION IS WAIVED, subjec this certificate does not confer rights	t to the	e terms and conditions of th	e policy, certain p	olicies may			
PRODUCER			CONTACT NAME:				
Acentria Insurance - Tallahassee 2600 Centennial Place, Suite 200A Tallahassee FL 32308			PHONE (A/C, No, Ext): 850-66 E-MAIL ADDRESS:	8-6162	FAX (A/C, No)	: 850-66	8-6180
					RDING COVERAGE		NAIC #
		License#: L100460 MOWRELE-02	INSURER A : Bridgefi	eld Casualty I	nsurance Company		10335
INSURED Mowrey Elevator Company of Florida,	Inc. &		INSURER B :				
Company, Inc. 4518 Lafayette St.			INSURER C : INSURER D :				
Marianna FL 32446			INSURER E :				
			INSURER F :				
COVERAGES CEF	TIFIC	ATE NUMBER: 1679379301			REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUIRE PERTA	MENT, TERM OR CONDITION IN, THE INSURANCE AFFORD	OF ANY CONTRACT	OR OTHER I	DOCUMENT WITH RESPE	CT TO	WHICH THIS
INSR TYPE OF INSURANCE		UBR	POLICY EFF (MM/DD/YYYY)		LIMI	TS	
COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$	
					MED EXP (Any one person)	\$	
					PERSONAL & ADV INJURY	\$	
GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	
POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	-	
OTHER: AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT	\$	
					(Ea accident) BODILY INJURY (Per person)	\$	
OWNED SCHEDULED					BODILY INJURY (Per accident		
AUTOS ONLY AUTOS HIRED NON-OWNED AUTOS ONLY AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
						\$	
UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$	
EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$	
DED RETENTION \$						\$	
A WORKERS COMPENSATION A AND EMPLOYERS' LIABILITY Y/N		0196-52751-100 0196-52751-101	4/1/2022 4/1/2022	4/1/2023 4/1/2023	X PER OTH- STATUTE ER	100.00.0000	
A ANYPROPRIETOR/PARTNER/EXECUTIVE Y	N/A	0196-52751-102	4/1/2022	4/1/2023	E.L. EACH ACCIDENT	\$ 1,000	
(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE		
DÉSCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$ 1,000	,000
					~		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (AC	ORD 101, Additional Remarks Schedu	le, may be attached if mor	e space is require	ed)		
Timothy & Laura Mowrey are excluded fror RE : Various locations at Fulton County	n Work	ers Compensation Coverage.	States covered are	Florida, Alaba	ima and Georgia.		
-	otion in	provided					
Thirty (30) days prior written cancellation n	ouce is	provided.					
CERTIFICATE HOLDER		1	CANCELLATION				
			SANGLLEATION				
Fulton County Governmen	t Purc	hasing Dept.		N DATE THE	ESCRIBED POLICIES BE C EREOF, NOTICE WILL Y PROVISIONS.		
130 Peachtree St SW		······································	AUTHORIZED REPRESE	NTATIVE			
Atlanta GA 30303			Chile H. L	hh			
					ORD CORPORATION.	All righ	nts reserved

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ACORD [®] CERTIFICATE		ITY INS	URANC	E		DATE (MM/DD/YYYY) 07/15/2022
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORM, CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVE BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE	LY AMEND, EXTE	END OR ALT	TER THE CO	VERAGE AFFO	RDED B	BY THE POLICIES
IMPORTANT: If the certificate holder is an ADDITIONAL INS If SUBROGATION IS WAIVED, subject to the terms and con this certificate does not confer rights to the certificate holder	ditions of the poli in lieu of such end	icy, certain p dorsement(s	olicies may			
PRODUCER StateFarm Keith Williams State Farm	CONTA NAME: PHONE (A/C, N		dsor 32-8931	F	FAX (A/C, No):	
PO Box 639 Marianna FL 32447	E-MAIL ADDRE	ss: lee.wind	URER(S) AFFOR	tatefarm.com		NAIC #
INSURED	INSURE		arm Mutual A	utomobile Insurance	ce Comp	bany 25178
Mowery Elevator Co. Inc./Mowrey Elevator Company 4518 Lafayette Street	INCOME					
Marianna, FL 324463418	INSURE					
	INSURE	ERF:			000.	
COVERAGES CERTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED	D BELOW HAVE BEI	EN ISSUED TO	O THE INSUR	ED NAMED ABOVE		HE POLICY PERIOD
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURAN EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOW	NCE AFFORDED BY	THE POLICIE	S DESCRIBE	D HEREIN IS SUE		
INSR		POLICY EFF (MM/DD/YYYY)			LIMITS	3
COMMERCIAL GENERAL LIABILITY				EACH OCCURRENCE	D	\$
CLAIMS-MADE OCCUR				PREMISES (Ea occurr MED EXP (Any one pe		ss
				PERSONAL & ADV IN		\$
GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGA		\$
POLICY PRO- JECT LOC				PRODUCTS - COMP/0		\$\$
AUTOMOBILE LIABILITY X X J86 2643-A2	4-59A	04/01/2022	04/01/2023	COMBINED SINGLE L (Ea accident)		\$ 1,000,000
				BODILY INJURY (Per	person)	\$
A OWNED SCHEDULED AUTOS ONLY AUTOS HIRED NON-OWNED				BODILY INJURY (Per PROPERTY DAMAGE		\$\$
AUTOS ONLY AUTOS ONLY				(Per accident)		\$
UMBRELLA LIAB OCCUR				EACH OCCURRENCE		\$
EXCESS LIAB CLAIMS-MADE				AGGREGATE		\$
DED RETENTION \$				PER	OTH-	\$
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE					ER	\$
OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT E.L. DISEASE - EA EN		
If yes, describe under DESCRIPTION OF OPERATIONS below				E.L. DISEASE - POLIC		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional R Re: Various locations at Fulton County Fulton County Government is included insured as their interest may	appear for ongoing				s to work	performed by the
named insured. Thirty (30) days notice of prior written cancellation r	otice is provided.					
CERTIFICATE HOLDER	CAN	CELLATION				
Fulton County Covernment Purchasing Dept	THE	EXPIRATION	N DATE TH			ANCELLED BEFORE BE DELIVERED IN
Fulton County Government Purchasing Dept 130 Peachtree St SW	AUTHO	RIZED REPRESE	NTATIVE			
Atlanta GA 30303						
Les Windsor						

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