



AMENDMENT AGREEMENT #1

#19ITB122250K-EC(A)

**2020 STANDBY MISCELLANEOUS
CONSTRUCTION - WATER SYSTEM
SERVICES**

DEPARTMENT OF PUBLIC WORKS

AMENDMENT NO. 1 TO FORM OF CONTRACT

Contractor: Site Engineering Inc.

Contract No. 19ITB122250K-EC(A)

Address: 7025 Best Friend Road Atlanta, Ga 30340
City, State

Telephone: 205-941-7216

E-mail: david@siteengineeringinc.com

Contact: J. David Hess,
Vice President

W I T N E S S E T H

WHEREAS, Fulton County ("County") entered into a Contract with Site Engineering, Inc to provide on-call, standby, and emergency construction services dealing with the repair and installation of water mains, water service lines, and other miscellaneous water service related facilities in the North Fulton water service area, dated 1/1/2022, on behalf of the Public Works Department; and

WHEREAS, a larger than expected volume of work has been assigned to this contractor and additional projects have been identified to be completed in the near term before the end of this contract; and

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, August 3rd, 2022; Item #22-0540.

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

This Amendment No. 1 to Form of Contract is effective as of the 3rd day of August 2022, between the County and Site Engineering, Inc. who agree that all Services specified will be performed in accordance with this Amendment No. 1 to Form of Contract and the Contract Documents.

1. **SCOPE OF WORK TO BE PERFORMED:** On-call, standby, and emergency construction services dealing with the repair an installation of all facilities and appurtenances related to the North Fulton Distribution Network.
2. **COMPENSATION:** The services described under Scope of Work herein shall be

performed by Contractor for an additional **\$650,000.00** not to exceed the total amount of **\$1,500,000.00**.

3. **LIABILITY OF COUNTY:** This Amendment No. 1 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 AMENDMENT NO. 1 TO FORM OF CONTRACT:** Except as modified by this Amendment No. 1 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:

CONSULTANT:

FULTON COUNTY, GEORGIA

SITE ENGINEERING, INC

DocuSigned by:

Robert L. Pitts

Robert L. Pitts, Chairman
Fulton County Board of Commissioners

DocuSigned by:

David Hess

David Hess,
Vice President

ATTEST:

ATTEST:

DocuSigned by:

Tonya R. Grier

Tonya R. Grier
Clerk to the Commission

(Affix County Seal)
APPROVED AS TO FORM:



DocuSigned by:

Lori Pullam

Lori Pullam,
Secretary/
Assistant Secretary

(Affix Corporate Seal)
ATTEST:



DocuSigned by:

Tamara Lynn Isbell
Notary Public

DocuSigned by:

[Signature]

Office of the County Attorney

APPROVED AS TO CONTENT:

County: Henry

DocuSigned by:

David Clark

David E. Clark, Director
Public Works

Commission Expires: 1.11.2024

(Affix Notary Seal)
DocuSigned by:



ITEM#: _____ RCS: _____	ITEM#: 2022-0540 RM: 8/3/2022
RECESS MEETING	REGULAR MEETING



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/18/2022

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 Sterling Seacrest Pritchard P O Box 724137 Atlanta GA 31139	CONTACT NAME: Natalie Mitchell PHONE (A/C, No, Ext): (678) 424-6500 FAX (A/C, No): (678) 424-6527 E-MAIL ADDRESS: nmitchell@sspins.com														
INSURED Site Engineering, Inc. 7025 Best Friend Road Atlanta GA 30340	<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: Citizens Insurance Company of America</td> <td>31534</td> </tr> <tr> <td>INSURER B: Hanover Insurance</td> <td>22292</td> </tr> <tr> <td>INSURER C: Evanston Insurance Company</td> <td>35378</td> </tr> <tr> <td>INSURER D: Hartford Fire Insurance</td> <td>19682</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: Citizens Insurance Company of America	31534	INSURER B: Hanover Insurance	22292	INSURER C: Evanston Insurance Company	35378	INSURER D: Hartford Fire Insurance	19682	INSURER E:		INSURER F:	
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INSURER E:															
INSURER F:															

COVERAGES**CERTIFICATE NUMBER:** 22-23**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	Y		ZBA-H456268-02	03/01/2022	03/01/2023	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
							MED EXP (Any one person) \$ 10,000
							PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000
	OTHER:						\$
A	AUTOMOBILE LIABILITY	Y		AWA-H456345-02	03/01/2022	03/01/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
							\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB	Y		UHA-H456277-02	03/01/2022	03/01/2023	EACH OCCURRENCE \$ 10,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB						AGGREGATE \$ 10,000,000
	<input type="checkbox"/> CLAIMS-MADE						\$
	DED RETENTION \$						\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A		WMA-H456322-02	03/01/2022	03/01/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						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
C	Professional Liability & Pollution Liability			MKLV2ENV102671	03/01/2022	03/01/2023	Pollution Limit 5,000,000
							Professional Limit 1,000,000
							Deductible 2,500

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

RE: Ratification of an Emergency Procurement

CERTIFICATE HOLDER**CANCELLATION**

Fulton County Public Works 141 Pryor St. Suite 6001 Atlanta GA 30303	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p>
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ADDITIONAL COVERAGES

Ref #	Description				Coverage Code	Form No.	Edition Date
D	Rented/ Leased Equipment #20MSEI3456 [03/01/2022 - 03/01/2023]						
Limit 1		Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium	
500,000 Per Item		500,000 Aggregate		2,500			

Ref #	Description				Coverage Code	Form No.	Edition Date
D	Installation Floater #20MSEI3456 [03/01/2022 - 03/01/2023]						
Limit 1		Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium	
200,000		200,000		2,500			

Ref #	Description				Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium	

Ref #	Description				Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium	

Ref #	Description				Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium	

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Limit 1		Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium	

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Limit 1		Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium	

Ref #	Description				Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium	

AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

AGENCY Sterling Seacrest Pritchard		NAMED INSURED Site Engineering, Inc.
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,	
FORM NUMBER: 25	FORM TITLE: Certificate of Liability Insurance: Notes
<p>Certificate Holder is included as an additional insured on the General Liability policy as per attached forms 421-2915 (06/15) and 421-4487 (04/18). Waiver of Subrogation is in place in favor of Certificate Holder for General Liability as per attached form 421-2915 (06/15). General Liability coverage provided for additional insured is primary and non-contributory with respect to any similar insurance held by the additional insured to the extent provided via form 421-2915 (06/15).</p> <p>Certificate Holder is included as an additional insured on the Auto Liability policy as per attached form 461-0478 (12/12). Waiver of Subrogation is in place in favor of Certificate Holder for Auto Liability as per attached form 461-0155 (9/97). Waiver of Subrogation is in place in favor of Certificate Holder for Workers Compensation as per attached form WC 00 03 (13). Umbrella policy is excess of General Liability, Auto Liability and Employers Liability subject to terms and provisions within policy.</p>	