

CHANGE ORDER NO. #2 TO FORM OF CONTRACT

Contractor: **Trident Building Solutions, LLC**

Contract No. **20ITB126798K-JAJ**

Address: **8215 Roswell Road, Building 100**
City, State **Atlanta, GA 30350**

Telephone: **404-245-8569**

Facsimile or: **jwicklund@tridentconstructiongroup.com**

Contact: **John Wicklund**
President

W I T N E S S E T H

WHEREAS, Fulton County ("County") entered into a Contract with Trident Building Solutions LLC to provide ARFF Building Renovations Phase II, dated November 15, 2021, on behalf of the Department of Public Works;

WHEREAS, This change order will address additional plumbing scope, drainage modifications, footing modifications, additional slab-filling, additional contract duration of 45 days; and

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

WHEREAS, this Change Order No. 2 was approved by the Fulton County Board of Commissioners on [Insert Board of Commissioners approval date and item number].

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

This Change Order No. 2 to Form of Contract is effective as of the 7th day of September, 2022, between the County and Trident Building Solutions LLC, who agree that all Services specified will be performed by in accordance with this Change Order No. 2 to Form of Contract and the Contract Documents.

1. SCOPE OF WORK TO BE PERFORMED: This change order will address additional plumbing scope, drainage modifications, footing modifications, and additional slab-fill.

2. COMPENSATION: The services described under Scope of Work herein shall be performed by Contractor for a total amount not to exceed \$51,717.58. Additionally, a contingency of \$50,000.00 is included in this request to use at owners discretion.

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 County Manager, attested to by the Clerk to the Commission and delivered to Contractor.
4. **EFFECT OF CHANGE ORDER NO. 2 TO FORM OF CONTRACT:** Except as modified by this Change Order No. 2 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

14E1B4AA5F6A44A...

Robert L. Pitts, Chairman
Fulton County Board of Commissioners

ATTEST:

DocuSigned by:

Tonya R. Grier

F5C476C4837648D...

Tonya R. Grier
Clerk to the Commission

(Affix County Seal)

DocuSigned by:



APPROVED AS TO FORM:

DocuSigned by:

Patrick O'Connor

68048F0EDCEC451...

Office of the County Attorney

APPROVED AS TO CONTENT:

DocuSigned by:

David Clark

65CE4C0FDD834B8...

David Clark, Director
Department of Public Works

CONTRACTOR:

**TRIDENT BUILDING
SOLUTIONS, LLC**

DocuSigned by:

John Wicklund

8EF3DEA293BB488...

John Wicklund
President

ATTEST:

Secretary/
Assistant Secretary

(Affix Corporate Seal)

ATTEST:

Amy Coates

Notary Public

County: _____

Commission Expires: _____

DocuSigned by:

(Affix Notary Seal)



ITEM#: _____	RCS: _____	ITEM#: 2022-0615	RM: 9/7/2022
RECESS MEETING		REGULAR MEETING	



Trident Construction Group
 8125 Roswell Road Building 100
 Atlanta, Georgia 30350
 United States
 (770) 680-5110

Printed on Tue Jul 26, 2022 at 10:31 am EDT

Job #: 21-054 21-054 ARFF Building Renovation
 3965 Aero Drive, NW
 Atlanta Georgia. 30336

PO #: 540 20ITB126798K-JAJ

Prime Contract Change Orders

#	Revision	Title	Status	Date Initiated	Due Date	Review Date	Designated Reviewer	PCOs	Amount
001	0	Contract Duration & HVAC Substitution	No Charge	03/03/22			Unassigned		\$0.00
								Total:	\$0.00

Potential Change Orders

#	Revision	Title	Status	Date Initiated	Change Reason	PCCO	Change Event	Change Event Type	Schedule Impact	Amount
004	0	CE #009 - Added Scope Plumbing	Pending - In Review	07/20/22	Design Development		CE #009	Owner Change	42 days	\$43,018.50
003	0	CE #004 - Existing Drain in Ap	Pending - In Review	05/03/22	Existing Condition		CE #004	Tbd		\$2,439.77
002	0	CE #002 - Modify Columns due to Bedrock in Footings	Pending - In Review	04/19/22	Existing Condition		CE #002	Tbd	2 days	\$2,927.93
001	0	CE #001 - Upper Level Slab-Fill in Recessed Areas	Pending - In Review	04/19/22	Design Development		CE #001	Tbd	1 day	\$3,331.38
								Total:	45 days	\$51,717.58



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/13/2022

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 Ironwood, a Marsh & McLennan Agency, LLC Co 4401 Northside Parkway NW Suite 800 Atlanta GA 30327	CONTACT NAME: Tanya Roberts PHONE (A/C, No, Ext): (404) 503-9100 FAX (A/C, No): (404) 503-9101 E-MAIL ADDRESS: troberts@ironwoodins.com														
INSURED Trident Building Solutions, LLC 8215 Roswell Rd Building 100 Atlanta GA 30350	<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: Amerisure Insurance Company</td> <td>19488</td> </tr> <tr> <td>INSURER B: Amerisure Mutual Insurance Co</td> <td>23396</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: Amerisure Insurance Company	19488	INSURER B: Amerisure Mutual Insurance Co	23396	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER F:															

COVERAGES**CERTIFICATE NUMBER:** 22-23 Master**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	COMMERCIAL GENERAL LIABILITY	Y	Y	CPP21163150101	01/31/2022	01/31/2023	EACH OCCURRENCE	\$ 1,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000	
							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	Y	CA21111490301	01/31/2022	01/31/2023	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
	<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 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	Y	CU21111600302	01/31/2022	01/31/2023	EACH OCCURRENCE	\$ 5,000,000	
	<input checked="" type="checkbox"/> EXCESS LIAB						AGGREGATE	\$ 5,000,000	
	<input type="checkbox"/> CLAIMS-MADE								
	DED <input checked="" type="checkbox"/> RETENTION \$ 0							\$	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A	Y	WC21111620302	01/31/2022	01/31/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						Y / N	E.L. EACH ACCIDENT	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						N	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
								E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
A	INLAND MARINE			CPP21163150101	01/31/2022	01/31/2023	Install. Floater - Jobsite	\$750,000	
							Deductible	\$1,000	

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

Fulton County Government is additional insured on the General Liability, Automobile Liability, and Umbrella Liability policies on a primary and non-contributory basis with respect to the liability resulting from the operations of the Named Insured as required by written contract. Waiver of Subrogation is in place in favor of Certificate Holder for General Liability, Automobile Liability, Workers Compensation, and Umbrella Liability as required by written contract.

CERTIFICATE HOLDER**CANCELLATION**

Fulton County Government Attn: Purchasing Department 130 Peachtree St SW, Ste 1168 Atlanta GA 30303-3459	<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> <p style="text-align: center;"><i>Tanya Roberts</i></p>
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