

CHANGE ORDER NO. 1 TO FORM OF CONTRACT

Contractor: **Archer Western Construction, LLC**

Contract No. **21ITB129828K-JAJ Camp Creek WRF UV Replacement**

Address: **2839 Paces Ferry Road, SE, Suite 1200 Atlanta, Ga**
City, State

Telephone: **404-495-8700**

Facsimile or: **404-495-8701**
E-mail address

Contact: **Daniel P. Walsh**
President

W I T N E S S E T H

WHEREAS, Fulton County ("County") entered into a Contract with Archer Western Construction to provide/perform construction services to replace the ultraviolet (UV) system at the Camp Creek WRF, dated August 4th 2021, on behalf of the Public Works Department.; and

WHEREAS, the spending authority authorized under that contract should be increased based on the costs associated with ensuring that the UV system is properly sized; and

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

WHEREAS, this Change Order 1 was approved by the Fulton County Board of Commissioners on _____ under item #22-_____.

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

This Change Order No. 1 to Form of Contract is effective as of the 21st day of September 2022, between the County and Archer Western Construction, LLC, who agree that all Services specified will be performed by in accordance with this Change Order No. 1 to Form of Contract and the Contract Documents.

1. **SCOPE OF WORK TO BE PERFORMED:** The manufacturer of the chosen UV system provided additional information regarding the sizing of the UV system necessary for Camp Creek WRF. This change order represents the costs associated with ensuring that the UV system is properly sized. The current change order reflects credits from the UV system manufacturer for the initial UV

system and the difference in prices to install the revised UV system that will meet Camp Creek's regulatory requirements.

2. **COMPENSATION:** The services described under Scope of Work herein shall be performed by Contractor for a total amount not to exceed \$113,911.00.
3. **LIABILITY OF COUNTY:** This Change Order 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 County Manager, attested to by the Clerk to the Commission and delivered to Contractor.
4. **EFFECT OF CHANGE ORDER NO. 1 TO FORM OF CONTRACT:** Except as modified by this Change Order 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:

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:



David E. Clark, Director
Public Works

CONTRACTOR:

ARCHER WESTERN
CONSTRUCTION, LLC

Daniel P. Walsh
President

ATTEST:

Secretary/
Assistant Secretary

(Affix Corporate Seal)

ATTEST:

Notary Public

County: _____

Commission Expires: _____

(Affix Notary Seal)

ITEM#: 22-0662
RECESS MEETING

RCS: 9/21/2022

ITEM#: _____ RM: _____
REGULAR MEETING



DEPARTMENT OF PURCHASING &
CONTRACT COMPLIANCE

CONTRACTORS PERFORMANCE REPORT

CONSTRUCTION SERVICES

Report Period Start	Report Period End	Contract Period Start	Contract Period End
4/01/22	6/30/22	12/1/21	10/2/23
Purchaser Order Number		Purchase Order Date	
540 20ITB129828 K-JAJ		10/20/21	
Department			
Public Works			
Bid Number	Service Commodity		
VS0000065126	Construction Services		
Contractor			

Archer Western Construction, LLC

Performance Rating

0 = Unsatisfactory	Archives contract requirements less than 50% of the time not responsive, effective and/or efficient; unacceptable delay; incompetence; high degree of customer dissatisfaction.
1 = Poor	Archives contract requirements 70% of the time. Marginally responsive, effective and/or efficient; delays require significant adjustments to programs; key employees marginally capable; customer somewhat satisfied.
2 = Satisfactory	Archives contract requirements 80% of the time. Generally responsive, effective and/or efficient; delays are excusable and/or results in minor programs adjustments; employees are capable and satisfactorily providing service without intervention; customers indicate satisfaction.
3 = Good	Archives contract requirements 90% of the time. Usually responsive; effective and/or efficient; delays have not impact on programs/mission; key employees are highly competent and seldom require guidance; customers are highly satisfied
4 = Excellent	Archives contract requirements 100% of the time. Immediately responsive; highly efficient and/or effective; no delays; key employees are experts and require minimal directions; customers expectations are exceeded.

1. Project Development

(Specification Compliance – Technical Excellence –
Reports/Administration – Personnel Qualification)

<input type="radio"/> 0	The Vendor complies according to contract drawings and specifications. Personnel is qualified to perform tasks and duties.
<input type="radio"/> 1	
<input type="radio"/> 2	
<input type="radio"/> 3	
<input checked="" type="radio"/> 4	

2. Design

(Were Milestones Met Per Contract – Reliability
- Responsiveness to Directions/Change
- On Time Completion Per Contract - Liquidated Damages)

<input type="radio"/> 0	The Vendor is reliable and very responsive to direction and change. Milestones were met this quarter.
<input type="radio"/> 1	
<input type="radio"/> 2	
<input type="radio"/> 3	
<input checked="" type="radio"/> 4	

3. Award - Proposal Development		(Timeless/Due Duties - Reasonable/Cooperative - Flexible/Motivated)
<input type="radio"/>	0	Vendor is motivated and flexible. Also very cooperative in performing work and duties.
<input type="radio"/>	1	
<input type="radio"/>	2	
<input type="radio"/>	3	
<input checked="" type="radio"/>	4	
4. Constructions		(Mobilization Timely - Were Milestones Met - Met/Exceeded Specification - Within Budget Performance - Proper Invoicing - Quality of Work Responsive to Owner)
<input type="radio"/>	0	Vendor was timely with mobilization. Vendor met all standards and work quality this quarter.
<input type="radio"/>	1	
<input type="radio"/>	2	
<input type="radio"/>	3	
<input checked="" type="radio"/>	4	
5. Contractors Key Personnel		(Credential/Experience Appropriate- Effective Supervision/Management - Available as Needed)
<input type="radio"/>	0	Vendor has effective Supervision and Management personnel and credentials to perform work and are available as needed.
<input type="radio"/>	1	
<input type="radio"/>	2	
<input type="radio"/>	3	
<input checked="" type="radio"/>	4	

Overall Performance Rating	4.00 AH.	Date	7/1/22
Would you select/recommend this vendor again?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Rating completed by:	Anthony Hughes Construction Project Manager <i>Anthony Hughes</i>		
Department Head Name:	David Clark, P.E Director		
Department Head Signature			

After you have completed filling out the form:

Submit the form to Purchasing

Print a copy of the form

Save the form

Submit

Print

Save



June 7, 2022

Cherise Smith, CPM
Construction Project Manager
Technical Services, Dept. of Public Works
141 Pryor Street, SW
Atlanta, GA 30303

Terry Peters, P.E.CPM
Deputy Director
Technical Services, Dept. of Public Works
141 Pryor Street, SW
Atlanta, GA 30303

PROJECT: Camp Creek WRF UV Replacement

PROJECT NO. ITB 21ITB129828K-JAJ

SUBJECT: PCI 006 – UV Electrical System Changes and Cable trough Changes

Dear Mr. Peters & Ms. Smith:

The costs associated with PCI 006 – UV Electrical System Changes and Cable trough Changes have been evaluated. Per the attached documents the cost associated with the changes in electrical, and structural scopes are detailed with all associated material, subcontract, and equipment cost in detail. At this time we are still evaluating the impact to time and will relay that information as soon as feasibly possible.

Please find attached the cost breakdown of the Lump Sum cost proposal in the amount of \$113,910.98

After your review and approval, please present the proper documentation so this change may be incorporated into our schedule of values.

Your help in this manner is appreciated in advance.

Very truly yours,

Corbin Coker,
Project Manager
ARCHER WESTERN CONSTRUCTION

\$106,801.87 in costs to perform work. -Highlights



DESCRIPTION	Unit of Msr.	QTY.	MATERIAL		MANHOURS		LABOR		EQUIPMENT		SUB-CONTRACT		OTHER DIRECT COST		TOTAL
			UNIT	EXT.	UNIT	EXT.	RATE	EXT.	UP	EXT	UP	EXT	UP	EXT	
Labor															
Additional Trough Forming															
Carpenter Forman	EA	1			45	45.00	\$ 33.75	\$ 1,518.75		\$0					\$ 1,518.75
Carpenter	EA	1			40	40.00	\$ 29.25	\$ 1,170.00		\$0					\$ 1,170.00
Additional Concrete Demo Assistance Labor															
Labor Forman	EA	1			3	3.00	\$ 30.37	\$ 91.11		\$0					\$ 91.11
Laborer	EA	1			3	3.00	\$ 21.37	\$ 64.12		\$0					\$ 64.12
Additional Elevated Slab Shoring Labor															
Carpenter Forman	EA	1			8.5	8.50	\$ 33.75	\$ 286.88		\$0					\$ 286.88
Carpenter	EA	1			8	8.00	\$ 29.25	\$ 234.00		\$0					\$ 234.00
Additional Concrete Pouring for Troughs															
Finish Forman	EA	1			1.5	1.50	\$31.50	\$ 47.24		\$0					\$ 47.24
Finisher	EA	1			1.5	1.50	\$27.00	\$ 40.50		\$0					\$ 40.50
SUBTOTAL LABOR															\$ 3,452.60
Equipment / Materials/ Subcontract/ Other Direct Cost															
Excel - Subcontract	LS	1.00		\$ -						\$ -	\$ 91,130	\$ 91,130		\$ -	\$ 91,130.32
ABC Coring and Cutting - additional depth of Sawcutting	LS	1.00		\$ -						\$ -	\$ 910	\$ 910.00		\$ -	\$ 910.00
ULMA - Shoring	LS	1.00	\$ 7,400.00	\$ 7,400.00						\$ -		\$ -		\$ -	\$ 7,400.00
Formwork	SQF	80.00	\$ 4.50	\$ 360.00						\$ -		\$ -		\$ -	\$ 360.00
Anatek - Rebar	LS	1.00		\$ -						\$ -	\$ 2,131	\$ 2,130.95		\$ -	\$ 2,130.95
Argos	CY	1.00	\$ 157.00	\$ 157.00						\$ -		\$ -		\$ -	\$ 157.00
Pump Truck Cubin Yard Fee	CY	1.00		\$ -						\$ -	\$ 3	\$ 3.00		\$ -	\$ 3.00
Safety Supplies at 3% of Labor	LS	1.00	\$ 103.58	\$ 103.58						\$ -		\$ -		\$ -	\$ 103.58
Small Tools at 5% of Labor	LS	1.00	\$ 172.63	\$ 172.63						\$ -		\$ -		\$ -	\$ 172.63
SUBTOTAL EQUIPMENT, MATERIALS, SUB-CONTRACT AND OTHER DIRECT COST															\$ 102,367.48
SUBTOTAL 1															\$ 105,820.07
TAX @ 7.75%					\$ 634.97										\$ 634.97
LABOR BURDEN @ 40%							\$ 1,381.04								\$ 1,381.04
SUBTOTAL 2					\$ 8,828.18		110.50		\$ 4,833.63		\$ -		\$ 94,174.27		\$ -
Camp Creek WRF UV Replacement					MARK UP ON LABOR BURDEN, MATERIALS, & EQUIPMENT (10%)										\$ 1,366.18
					MARK UP ON SUBCONTRACTOR (5% OF SUBCONTRACTOR)										\$ 4,708.71
															\$ -
					SUBTOTAL COST										\$ 113,910.98
					BOND AND INSURANCE (0.0% - Included in Mark Up Above)										\$ -
					GRAND TOTAL										\$ 113,910.98

Camp Creek WRF UV Replacement

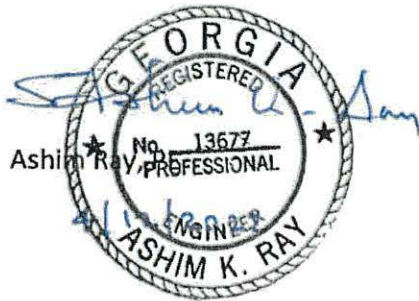
***Labor C	Description	HOURS	PCI wage
	*****Hourly*****		
CARP1	CARP GENL FOREMAN		\$ 34.87
CARP2	CARP FOREMAN		\$ 33.75
CARP3	CARPENTER		\$ 29.25
CARP4	FORMSETTER		\$ 23.62
FN0	PAVING FMAN		\$ 31.50
FN1	FINISHER GENL FMAN		\$ 33.75
FN2	FINISHER FMAN		\$ 31.50
FN3	FINISHER		\$ 27.00
IWRF1	IW GENL FMAN-REBAR		\$ 34.87
IWRF2	IW FMAN-REBAR		\$ 33.75
IWRF3	IW -REBAR		\$ 27.00
IWSS1	IW GENL FMAN-STR STL		\$ 33.75
IWSS2	IW FMAN-STR STL		\$ 31.50
IWSS3	IW-STR STL		\$ 28.12
LAB1	LABOR GENL FMAN		\$ 33.75
LAB2	LABOR FMAN		\$ 30.37
LAB3	LABORER		\$ 21.37
LAF3	FLAGMAN		\$ 19.12
LAG3	GRADE CHECKER		\$ 20.81
MAS1	MASON GENL FMAN		\$ 44.99
MAS2	MASON FORMAN		\$ 33.75
MAS3	MASON JOURNEY		\$ 25.87
MAS4	MASON APPRENT		\$ 20.25
MAS5	MASON TENDER FMAN		\$ 33.75
MAS6	MASON TENDER		\$ 25.87
MAS7	MASON FORKLIFT OPS		\$ 22.50
MILL1	MILLWRIGHT GENT FMAN		\$ 34.87
MILL2	MILLWRIGHT FMAN		\$ 33.75
MILL3	MILLWRIGHT		\$ 27.56
OP0	OPER-FMAN		\$ 33.75
OP1	OPER-CRANE (Avg)		\$ 38.25
OP1L	OPER-CRANE (LARGE)		\$ 38.25
OP1S	OPER-CRANE (SMALL)		\$ 38.25
OP2	OPER-BH		\$ 30.37
OP3	OPER-DZR		\$ 28.12
OP3L	OPER-LDR		\$ 28.12
OP3L1	OPER-DZR/LDR/ETC		\$ 28.12
OP4	OPER-ROLLER ETC		\$ 24.18
OP5	OPER-GRADER		\$ 28.12
OP7	OPER-OILER/GRSR		\$ 23.62
OP8	OPER-PAVING		\$ 28.12
OP9	OPER-DRILL		\$ 28.12
OPR0M	OPER-MAST MECH		\$ 36.00
OPR1M	OPER-MECHANIC		\$ 32.62
PILE1	PILEDRIVER GENL FMAN		\$ 44.99
PILE2	PILEDRIVER FMAN		\$ 33.75
PILE3	PILEDRIVER		\$ 28.12
PIPEF1	PIPEFITTER GENL FMAN		\$ 34.87
PIPEF2	PIPEFITTER FMAN		\$ 33.75

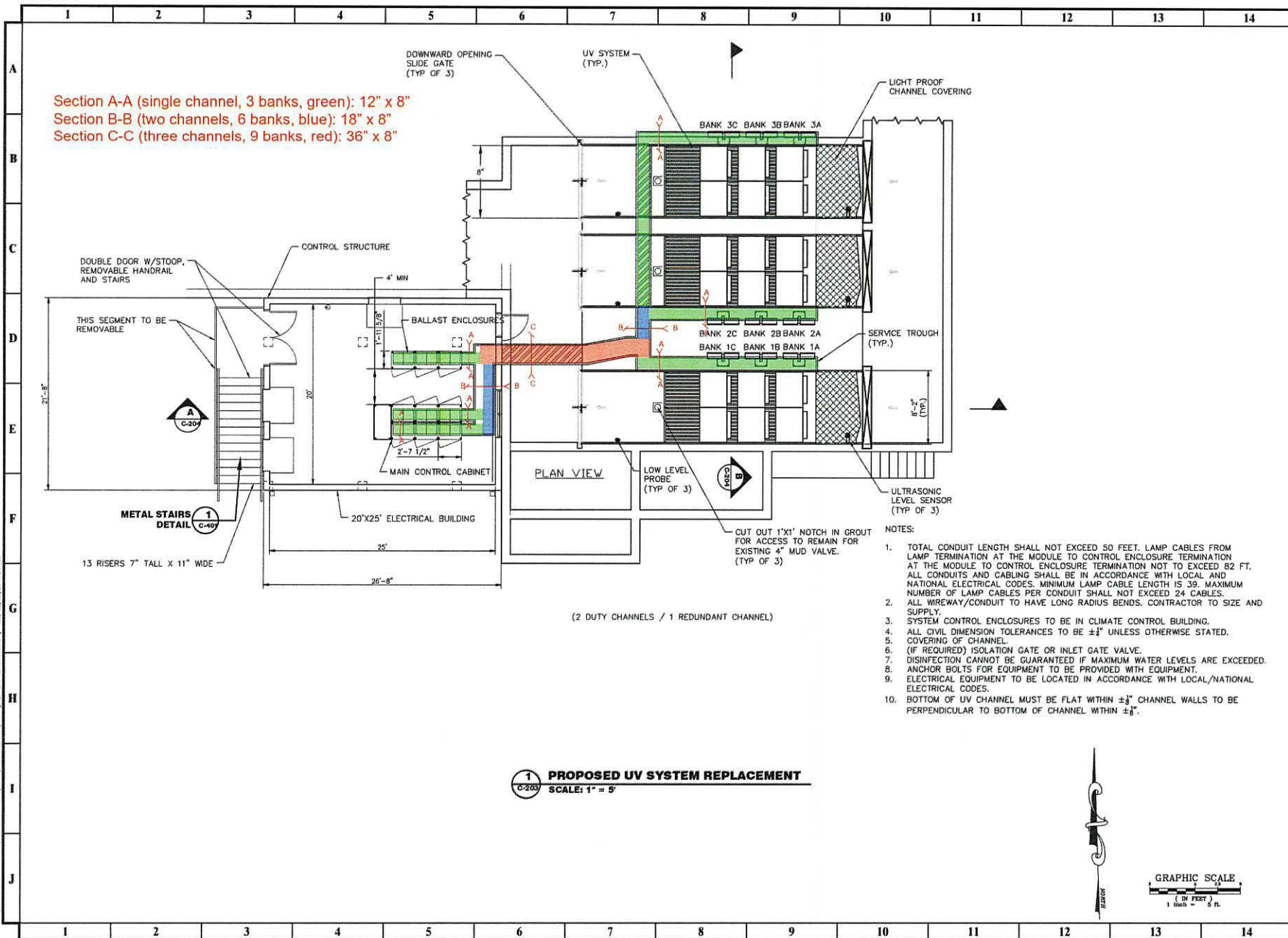
PIPEF3	PIPEFITTER	\$ 29.25
PIPEF4	PIPEFITTER HELPER	\$ 23.62
PIPEL1	PIPELAYER	\$ 21.37
TEAM2	TRK DRIVER FMAN	\$ 28.12
TEAM3	TRK DRIVER-CDL	\$ 31.50
TEAM3H	TRK DRIVER-CDL HWY	\$ 31.50
TEAM3O	TRK DRIVER-OFF HWY	\$ 31.50
U	LABOR PLUG PRICE	\$ -
Z01040	*****SURVEYING*****	\$ -
Z01042	PARTY CHIEF	\$ 6,186.75
Z01043	INSTRUMENT MAN	\$ 5,511.83
Z01044	RODMAN	\$ 4,499.46
Z0108	*****WAREHOUSING*****	\$ -
Z01081	RUNNER	\$ 3,937.02
Z01082	WAREHOUSE CLERK	\$ 5,624.32
Z01083	GATE GUARD	\$ 3,374.59

Conduit and Cable Changes at UV Disinfection Area

Due to design changes @ Camp Creek WWTP

Please change the conduits and cables from existing UV electrical room to new UV electrical room from 1" conduit, 3#6awg, 1#10awg G cable to 1-1/2" conduit, 3#1/0awg, 1#6awg G cable. Section 1 in DWG E-202 shall reflect that and shall be changed. These conduits and cables will feed the 3-channels. Provide 3-150amp breakers in MCC3A or MCC3B spare spaces instead of the 3-50amp breakers. Provide a 60amp/3p/4X disconnect at each bank to a total of 9 banks. Run 150amp cables from disconnect to disconnect for each channel. Run cable and conduit suitable for 60amps from disconnect to each bank.





PRIME ENGINEERING INCORPORATED 100 SOUTH FULTON AVENUE SUITE 100 ATLANTA, GEORGIA 30349 TEL: 404.525.1000																
PROJECT: CAMP CREEK WRF UV REPLACEMENT 7530 COCHRAN ROAD ATLANTA, GEORGIA 30349 PREPARED FOR: FULTON COUNTY DEPARTMENT OF PUBLIC WORKS																
REVISIONS <table border="1"> <thead> <tr> <th>NO.</th> <th>DATE</th> <th>DESCRIPTION</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		NO.	DATE	DESCRIPTION												
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SEAL 	DATE: 02/01/2017															
© 2017 PRIME ENGINEERING, INC. All rights reserved. This drawing is the property of Prime Engineering, Inc. and is not to be reproduced or copied in whole or in part without the written consent of Prime Engineering, Inc. and is not to be used on any other project. It is to be returned upon request.																
DRAWING TITLE PROPOSED UV SYSTEM REPLACEMENT																
DRAWN BY TMB	DESIGNED BY KKK															
CHECKED BY KKK	REVIEW REV															
DRAWING DATE 01/17/20	PROJECT NUMBER 2015-0056															
DRAWING NUMBER C-203	ISSUED FOR CONSTRUCTION															

CHANGE ORDER NO. 1 TO FORM OF CONTRACT

Contractor: **Archer Western Construction, LLC**

Contract No. **21ITB129828K-JAJ Camp Creek WRF UV Replacement**

Address: **2839 Paces Ferry Road, SE, Suite 1200**

City, State **Atlanta, GA 30339**

Telephone: **404-495-8700**

Facsimile or: **404-495-8701**
E-mail address

Contact: **Daniel P. Walsh**
President

W I T N E S S E T H

WHEREAS, Fulton County ("County") entered into a Contract with Archer Western Construction Group, LLC to provide/perform construction services to replace the ultraviolet (UV) system at the Camp Creek WRF, dated August 4th, 2021, on behalf of the Public Works Department.; and

WHEREAS the spending authority authorized under that contract should be increased based on the costs associated with ensuring that the UV system is properly sized; and

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

WHEREAS this Change Order 1 was approved by the Fulton County Board of Commissioners on September 21, 2022 Item #22-0662.

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[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

EEC476C4837648D...

Tonya R. Grier
Clerk to the Board of Commissioners

(Affix Corporate Seal)



APPROVED AS TO FORM:

DocuSigned by:

Denval Stewart

2277A2CEF73F4E4...

Office of the County Attorney

APPROVED AS TO CONTENT:

DocuSigned by:

David Clark

65CE1C9FDD834B8...

David E. Clark, Director
Public Works

CONTRACTOR:

**ARCHER WESTERN
CONSTRUCTION GROUP, LLC**

DocuSigned by:

Daniel P. Walsh

EDFB784E59884BC...

Daniel P. Walsh
President

ATTEST:

Secretary/
Assistant Secretary

(Affix Corporate Seal)

ATTEST:

DocuSigned by:

Laura Reed

F9CBB5EE3634404...

Notary Public

County: Cook

Commission Expires: 12.15.2024

(Affix Notary Seal)



ITEM#: <u>2022-0662</u> RCS: <u>9/21/2022</u>	ITEM#: _____ RM: _____
RECESS MEETING	REGULAR MEETING



CERTIFICATE OF LIABILITY INSURANCE

 DATE(MM/DD/YYYY)
10/07/2022

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 Central, Inc. Chicago IL Office 200 East Randolph Chicago IL 60601 USA	CONTACT NAME: PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): 800-363-0105 E-MAIL ADDRESS:														
INSURED Archer Western Construction, LLC 2839 Paces Ferry Rd. SE, Suite 1200 Atlanta GA 30339 USA	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Arch Insurance Company</td> <td>11150</td> </tr> <tr> <td>INSURER B: Berkshire Hathaway Specialty Ins Company</td> <td>22276</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> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Arch Insurance Company	11150	INSURER B: Berkshire Hathaway Specialty Ins Company	22276	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES
CERTIFICATE NUMBER: 570095983914

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 checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	Y	Y	41PKG8901916 SIR applies per policy terms & conditions	06/01/2022	06/01/2023	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$25,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$4,000,000 PRODUCTS - COMP/OP AGG \$4,000,000
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	41PKG8901916 AOS 41CAB8902016 MA ONLY	06/01/2022	06/01/2023	COMBINED SINGLE LIMIT (Ea accident) \$5,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION	Y	Y	47XSF30256807	06/01/2022	06/01/2023	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000
A	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	Y	41WCI8910909	06/01/2022	06/01/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE-EA EMPLOYEE \$1,000,000 E.L. DISEASE-POLICY LIMIT \$1,000,000

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

RE: Camp Creek Water Reclamation Facility UV Replacement. Location: 7520 Cochran Road, Atlanta, GA 30349; Project No. 21ITB129828K-JAJ - Archer Western Job No.: 221129. See attached.

CERTIFICATE HOLDER
CANCELLATION

Fulton County Purchasing and Contract Compliance Department 130 Peachtree Street, S.W., 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 : ABNO

Certificate No : 570095983914



**ADDITIONAL REMARKS SCHEDULE**

Page _ of _

AGENCY Aon Risk Services Central, Inc.		NAMED INSURED Archer Western Construction, LLC	
POLICY NUMBER See Certificate Number: 570095983914			
CARRIER See Certificate Number: 570095983914	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

Continuation

Fulton County Government, Its' Officials, Officers and Employees are an Additional Insureds pertaining to General Liability, Automobile Liability and Excess Liability with respects to liability arising out of the Named Insured's operations on the referenced project. Professional services for Architects, Engineers, Consultants, etc. are excluded.

This insurance will be Primary and Non-Contributory to the General Liability policy with respect to any other available insurance to the Additional Insureds for the negligence of the insured on the referenced project.

A waiver of Subrogation in favor of Fulton County is included on the General Liability, Automobile Liability, Excess Liability and workers Compensation policies.

Contractual Liability is included, subject to the terms, conditions, limitations and exclusions of the General Liability policy.

General Liability and Automobile Liability includes Severability of Interests / Cross Liability.

Excess Liability follows form to the underlying General Liability, Automobile Liability and Employers Liability policies.

POLICY NUMBER: 41PKG8901916

COMMERCIAL GENERAL LIABILITY
CG 20 10 07 04

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR
CONTRACTORS – SCHEDULED 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):	Location(s) Of Covered Operations
Any person or organization, you have agreed by means of a written contract or agreement, to add as an additional insured; such person or organization is an additional insured on this policy. When required by a written contract or agreement, coverage afforded to these additional insured parties will be primary to and non-contributory with any other insurance available to that person or organization.	
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:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

POLICY NUMBER: 41PKG8901916

COMMERCIAL GENERAL LIABILITY
CG 20 37 07 04

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – OWNERS, LESSEES OR
CONTRACTORS – COMPLETED OPERATIONS**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):	Location And Description Of Completed Operations
<p>Any person or organization, you have agreed by means of a written contract or agreement, to add as an additional insured; such person or organization is an additional insured on this policy.</p> <p>When required by a written contract or agreement, coverage afforded to these additional insured parties will be primary to and non-contributory with any other insurance available to that person or organization.</p>	
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

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" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**NOTICE OF CANCELLATION – CERTIFICATE HOLDERS
(SPECIFIED DAYS)**

The person(s) or organization(s) listed or described in the Schedule below have requested that they receive written notice of cancellation when this policy is cancelled by us. We will mail or deliver to the Person(s) or Organization(s) listed or described in the Schedule a copy of the written notice of cancellation that we sent to you. If possible, such copies of the notice will be mailed at least **60** days, except for cancellation for non-payment of premium which will be mailed 10 days, prior to the effective date of the cancellation, to the address or addresses of certificate holders as provided by your broker or agent.

Schedule

Person(s) or Organization(s) including mailing address:

All certificate holders where written notice of the cancellation of this policy is required by written contract, permit or agreement with the Named Insured and whose names and addresses will be provided by the broker or agent listed in the Declarations Page of this policy for the purposes of complying with such request.

This notification of cancellation of the policy is intended as a courtesy only. Our failure to provide such notification to the person(s) or organization(s) shown in the Schedule will not extend any policy cancellation date nor impact or negate any cancellation of the policy. This endorsement does not entitle the person(s) or organization(s) listed or described in the Schedule above to any benefit, rights or protection under this policy.

Any provision of this endorsement that is in conflict with a statute or rule is hereby amended to conform to that statute or rule.

All other terms and conditions of this policy remain unchanged.
Endorsement Number:

Policy Number: 41PKG8901916

Named Insured: THE WALSH GROUP, LTD

This endorsement is effective on the inception date of this Policy unless otherwise stated herein:

Endorsement Effective Date: 06-01-22

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**NOTICE OF CANCELLATION – CERTIFICATE HOLDERS
(SPECIFIED DAYS)**

The person(s) or organization(s) listed or described in the Schedule below have requested that they receive written notice of cancellation when this policy is cancelled by us. We will mail or deliver to the Person(s) or Organization(s) listed or described in the Schedule a copy of the written notice of cancellation that we sent to you. If possible, such copies of the notice will be mailed at least **60** days, except for cancellation for non-payment of premium which will be mailed 10 days, prior to the effective date of the cancellation, to the address or addresses of certificate holders as provided by your broker or agent.

Schedule

Person(s) or Organization(s) including mailing address:

All certificate holders where written notice of the cancellation of this policy is required by written contract, permit or agreement with the Named Insured and whose names and addresses will be provided by the broker or agent listed in the Declarations Page of this policy for the purposes of complying with such request.

This notification of cancellation of the policy is intended as a courtesy only. Our failure to provide such notification to the person(s) or organization(s) shown in the Schedule will not extend any policy cancellation date nor impact or negate any cancellation of the policy. This endorsement does not entitle the person(s) or organization(s) listed or described in the Schedule above to any benefit, rights or protection under this policy.

Any provision of this endorsement that is in conflict with a statute or rule is hereby amended to conform to that statute or rule.

All other terms and conditions of this policy remain unchanged.

Endorsement Number:

Policy Number: 41WCI8910909

Named Insured: WALSH CONSTRUCTION GROUP, LLC

This endorsement is effective on the inception date of this Policy unless otherwise stated herein:

Endorsement Effective Date: 06-01-22