



DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE

CONTRACT RENEWAL AGREEMENT

DEPARTMENT: Real Estate and Asset Management

BID/RFP# NUMBER: 21ITB130147C-GS (B)

BID/RFP# TITLE: Modular Workstations and Free Standing Furniture Countywide

ORIGINAL APPROVAL DATE: 12/15/2021

RENEWAL EFFECTIVE DATES: 1/1/2023 through 12/31/2023

RENEWAL OPTION #: 1 OF 2

NUMBER OF RENEWAL OPTIONS: 2

RENEWAL AMOUNT: \$575,000.00

COMPANY'S NAME: Office Design Concepts Georgia, LLC

ADDRESS: 3355 Lenox Road, Suite 750

CITY: Atlanta

STATE: Georgia

ZIP: 30326

This Renewal Agreement No. 1 was approved by the Fulton County Board of Commissioners on BOC DATE: 10/05/2022 BOC NUMBER: 22-0728

SIGNATURES: SEE NEXT PAGE

SIGNATURES:

Vendor agrees to accept the renewal option and abide by the terms and conditions set forth in the contract and specifications as referenced herein: 21ITB130147C-GS (B)

FULTON COUNTY, GEORGIA

**OFFICE DESIGN CONCEPTS
GEORGIA, LLC**

DocuSigned by:

Sabrina Washington Sylvan

B647D442FDA5478...

**Robert L. Pitts, Chairman
Fulton County Board of Commissioners**

**Sabrina Washington Sylvan,
President**

ATTEST:

ATTEST:

**Tonya R. Grier
Clerk to the Commission**

**Secretary/
Assistant Secretary**

(Affix County Seal)

(Affix Corporate Seal)

AUTHORIZATION OF RENEWAL:

ATTEST:

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

Notary Public

County: _____

Commission Expires: _____

(Affix Notary Seal)

ITEM#: _____ RCS: _____ RECESS MEETING	ITEM#: _____ RM: _____ REGULAR MEETING
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PRESENTATIONS TO THE BOARD**Metropolitan Atlanta Rapid Transit Authority****22-0726 Board of Commissioners**
MARTA Quarterly Briefing**COUNTY MANAGER'S RENEWAL ACTION ITEMS****Open & Responsible Government****22-0727 Real Estate and Asset Management**

Request approval to renew existing contracts - Department of Real Estate and Asset Management, 20RFP127348C-CG, Standby Emergency Restoration and Repair Services in the total amount of \$3,000,000.00 with (A) Full Circle Restoration & Construction Services, Inc. (Duluth, GA), in the amount of \$1,500,000.00; and (B) CRM Services, LLC (Austell, GA), in the amount of \$1,500,000.00 to provide standby emergency repair and restoration services for Fulton County facilities on an "as needed" basis. This action exercises the second of two renewal options. No renewal options remain. Effective dates: January 1, 2023 through December 31, 2023.

22-0728 Real Estate and Asset Management

Request approval to renew existing contracts - Department of Real Estate and Asset Management, 21ITB130147C-GS, Modular Workstations and Free Standing Furniture Countywide, in the total amount not to exceed \$1,500,000.00 with (A) 5 Star Office Furniture, Inc. (Avondale Estates, GA) in the amount of \$675,000.00; (B) Office Design Concepts Georgia, LLC (Atlanta, GA) in the amount of \$575,000.00 to provide office modular workstation systems and free standalone furniture for Fulton County agencies on an "as needed" basis; and (C) Beltmann Relocation (Stone Mountain, GA) in the amount of \$250,000.00, to provide all labor for breaking down and reconfigurations of existing workstations and office relocation. This action exercises the first of two renewal options. One renewal option remains. Effective dates: January 1, 2023 through December 31, 2023.

22-0729 Real Estate and Asset Management

Request approval to renew existing contracts - Department of Real Estate and Asset Management, 20ITB125598C-GS, HVAC On Call Maintenance Services Countywide in the total amount not to exceed \$1,200,000.00 with (A) Mechanical Services, Inc. (Hapeville, GA) in the amount of \$300,000.00; (B) Trane U.S., Inc. (Atlanta, GA) in the amount of \$300,000.00; (C) Johnson Controls, Inc. (Roswell, GA) in the amount of \$300,000.00; and (D) Daikin Applied Americas, Inc. (Marietta, GA) in the amount of \$300,000.00, to provide standby on-site HVAC on call maintenance services of air conditioning systems on an "as needed" basis for all Fulton County facilities. This action exercises the second of two renewal options. No renewal options remain. Effective dates: January 1, 2023 through December 31, 2023.

SIGNATURES:

Vendor agrees to accept the renewal option and abide by the terms and conditions set forth in the contract and specifications as referenced herein: 21ITB130147C-GS (B)

FULTON COUNTY, GEORGIA

DocuSigned by:

Robert L. Pitts

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Robert L. Pitts, Chairman
Fulton County Board of Commissioners

ATTEST:

DocuSigned by:

Tonya R. Grier

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Tonya R. Grier
Clerk to the Commission

(Affix County Seal)

**AUTHORIZATION OF RENEWAL:**

DocuSigned by:

Joseph N. Davis

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

**OFFICE DESIGN CONCEPTS
GEORGIA, LLC**

DocuSigned by:

Sabrina Washington Sylvan

B647D442FDA5478...

Sabrina Washington Sylvan,
President

ATTEST:

[Signature]
**Secretary/
Assistant Secretary**

(Affix Corporate Seal)

**ATTEST:**

Notary Public

County: _____

Commission Expires: _____

(Affix Notary Seal)

ITEM#: _____ RCS: _____
RECESS MEETING

ITEM#: 2022-0728 RM: 10/5/2022
REGULAR MEETING



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/14/2022

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 Sherry DeVouse-Dennard 422 Hwy 155 S McDonough, GA 30253-6623	CONTACT NAME: Tiffany N Calvert PHONE (A/C No. Ext): (678)782-3005 FAX (A/C No.): (470)237-2455 E-MAIL ADDRESS: tiffany@sddinsurance.com												
INSURER(S) AFFORDING COVERAGE													
INSURED Office Design Concepts Georgia LLC 3355 Lenox Rd NE Ste 750 Atlanta, GA 30326-1353	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">INSURER A: State Farm Fire and Casualty Company</td> <td style="width: 20%;">NAIC #: 25143</td> </tr> <tr> <td>INSURER B: State Farm County Mutual Insurance Company of Te</td> <td>26816</td> </tr> <tr> <td>INSURER C: State Farm Lloyds</td> <td>43419</td> </tr> <tr> <td>INSURER D:</td> <td><input type="button" value="v"/></td> </tr> <tr> <td>INSURER E:</td> <td><input type="button" value="v"/></td> </tr> <tr> <td>INSURER F:</td> <td><input type="button" value="v"/></td> </tr> </table>	INSURER A: State Farm Fire and Casualty Company	NAIC #: 25143	INSURER B: State Farm County Mutual Insurance Company of Te	26816	INSURER C: State Farm Lloyds	43419	INSURER D:	<input type="button" value="v"/>	INSURER E:	<input type="button" value="v"/>	INSURER F:	<input type="button" value="v"/>
INSURER A: State Farm Fire and Casualty Company	NAIC #: 25143												
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INSURER C: State Farm Lloyds	43419												
INSURER D:	<input type="button" value="v"/>												
INSURER E:	<input type="button" value="v"/>												
INSURER F:	<input type="button" value="v"/>												

COVERAGES**CERTIFICATE NUMBER:****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
X	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <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:	X	X	91-GC-Q793-1F	06/04/2022	06/04/2023	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000 \$
X	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	X	X	C94 1230-A20-11	07/20/2022	01/20/2023	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE (Per accident) \$ 1,000,000 \$
	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	X	X	90-EQ-P437-5	12/08/2021	12/08/2023	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ \$
	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 <input checked="" type="checkbox"/> N	N / A	X 90-GM-G231-1	08/06/2022	08/06/2023	<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)

2011 Chevrolet Express Cargo Van IGCZGTB2B1155515
 21ITB130147C-GS, Modular Workstation and Free Standing Furniture (B)

CERTIFICATE HOLDER**CANCELLATION**

Fulton County Government
 Purchasing and Contract Compliance Department
 130 Peachtree Street, S.W. Suite 1168
 Atlanta, Georgia 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

Completed by an authorized State Farm representative. If signature

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ACORD 25 (2016/03)

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DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE

CONTRACT RENEWAL AGREEMENT

DEPARTMENT: Real Estate and Asset Management

BID/RFP# NUMBER: 21ITB130147C-GS (C)

BID/RFP# TITLE: Modular Workstations and Free Standing Furniture Countywide

ORIGINAL APPROVAL DATE: 12/15/2021

RENEWAL EFFECTIVE DATES: 1/1/2023 through 12/31/2023

RENEWAL OPTION #: 1 OF 2

NUMBER OF RENEWAL OPTIONS: 2

RENEWAL AMOUNT: \$250,000.00

COMPANY'S NAME: Beltmann Relocation Group

ADDRESS: 4897 Lewis Road

CITY: Stone Mountain

STATE: Georgia

ZIP: 30087

This Renewal Agreement No. 1 was approved by the Fulton County Board of Commissioners on BOC DATE: 10/05/2022 BOC NUMBER: 22-0728

SIGNATURES: SEE NEXT PAGE

SIGNATURES:

Vendor agrees to accept the renewal option and abide by the terms and conditions set forth in the contract and specifications as referenced herein: 21ITB130147C-GS (C)

FULTON COUNTY, GEORGIA

DocuSigned by:

Robert L. Pitts

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**Robert L. Pitts, Chairman
Fulton County Board of Commissioners**

ATTEST:

DocuSigned by:

Tonya R. Grier

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**Tonya R. Grier
Clerk to the Commission**

(Affix County Seal)



AUTHORIZATION OF RENEWAL:

DocuSigned by:

Joseph N. Davis

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

BELTMANN RELOCATION GROUP

DocuSigned by:

Charles Shockley

FG1E353AFB15463...

**Charlie Shockley,
Account Executive**

ATTEST:

**Secretary/
Assistant Secretary**

(Affix Corporate Seal)

ATTEST:

Troykia D. Wynn

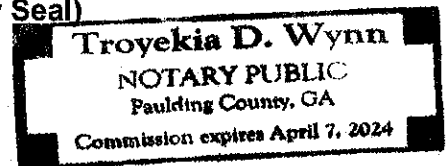
Notary Public

For Charlie Shockley

County: Paulding

Commission Expires: 4/7/2024

(Affix Notary Seal)



ITEM#: _____ RCS: _____
RECESS MEETING

2022-0728 10/5/2022
ITEM#: _____ RM: _____
REGULAR MEETING

PRESENTATIONS TO THE BOARD**Metropolitan Atlanta Rapid Transit Authority****22-0726 Board of Commissioners**
MARTA Quarterly Briefing**COUNTY MANAGER'S RENEWAL ACTION ITEMS****Open & Responsible Government****22-0727 Real Estate and Asset Management**

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CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)
07/25/2022

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.

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PRODUCER Brown & Brown Inc. 80 South 8th Street Suite 700 Minneapolis, MN 55402 INSURED Beltmann Group Incorporated DBA Beltmann Relocation Group 2480 Long Lake Road Roseville, MN 55113	CONTACT NAME: Dawn Heinemann or Lori Lock PHONE (A/C, No. Ext): 612-333-3323 FAX (A/C, No): 612-373-7270 E-MAIL ADDRESS: dheinemann@hayscompanies.com <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A: VANLINER INS CO</td> <td>21172</td> </tr> <tr> <td>INSURER B:</td> <td></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: VANLINER INS CO	21172	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: VANLINER INS CO	21172														
INSURER B:															
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES
CERTIFICATE NUMBER: 66188938

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	X 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:	X	X	BGG000000109	08/01/22	08/01/23	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> Auto Phys Dam	X	X	BGA582790010	08/01/22	08/01/23	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	X UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	X	X	UMV582790010	08/01/22	08/01/23	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000 \$
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 <input checked="" type="checkbox"/> N	N/A	BGW582790010	08/01/22	08/01/23	<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)

Fulton County Government, its Officials, Officers and Employees are additional insured on a primary and non-contributory basis as respects general, automobile and umbrella liability policies where required by written contract subject to the policy(s) terms and conditions. Waiver of subrogation applies in favor of the additional insured as respects general, automobile and umbrella liability and workers compensation policies where required by written contract subject to the policy(s) terms and conditions.

CERTIFICATE HOLDER

Fulton County Government Purchasing Department 130 Peachtree Street, S.W., Suite 1168 Atlanta, GA 30303-3459 <div style="text-align: right;">USA</div>	CANCELLATION 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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ACORD 25 (2016/03)

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