



***DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE***

**CONTRACT RENEWAL AGREEMENT**

**DEPARTMENT:** Real Estate and Asset Management

**BID/RFP# NUMBER:** 20ITB125835C-GS (A)

**BID/RFP# TITLE:** Carpet, Carpet Tile Installation and Repair Services Countywide

**ORIGINAL APPROVAL DATE:** 12/16/2020

**RENEWAL EFFECTIVE DATES:** 1/1/ 2023 **THROUGH** 12/ 31/2023

**RENEWAL OPTION #:** 2 **OF** 2

**NUMBER OF RENEWAL OPTIONS:** 2

**RENEWAL AMOUNT:** \$100,000.00

**COMPANY'S NAME:** Bonitz, Inc.

**ADDRESS:** 6095 Northbelt Drive, Unit D

**CITY:** Atlanta

**STATE:** GA

**ZIP:** 30071

**This Renewal Agreement No. 2 was approved by the Fulton County Board of Commissioners on BOC DATE: 10/05/2022    BOC NUMBER: 22-0733**

**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:

**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)**

DocuSigned by:



**AUTHORIZATION OF RENEWAL:**

DocuSigned by:

*Joseph N. Davis*

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

**BONITZ, INC.**

DocuSigned by:

*Gregory Ellison*

E1DE5EBD82DC4DE...

**Gregory Ellison  
Atlanta Design Project Specialist**

**ATTEST:**

**Secretary/  
Assistant Secretary**

**(Affix Corporate Seal)**

**ATTEST:**

Ashley Malloy

**Notary Public**

County: Columbia

**Commission Expires:** December 1, 2023

**(Affix Notary Seal)**

DocuSigned by:



**ITEM#: \_\_\_\_\_ RCS: \_\_\_\_\_  
RECESS MEETING**

**ITEM#: 2022-0733 RM: 10/5/2022  
REGULAR MEETING**

**22-0732 Real Estate and Asset Management**

Request approval to renew existing contracts - Department of Real Estate and Asset Management, 21ITB130241C-CG, Standby Plumbing Repair Services in the total amount not to exceed \$350,000.00 with (A) Talon Property Services, LLC (Atlanta, GA) in the amount of \$90,000.00; (B) J2 Connect, Inc. dba J Squared Plumbing Co., Inc. (McDonough, GA) in the amount of \$100,000.00; and (C) B & W Mechanical Contractors, Inc. (Lawrenceville, GA) in the amount of \$160,000.00, to provide on-site standby plumbing repair services on an "as needed" basis for County facilities. This action exercises the first of two renewal options. One renewal option remains. Effective dates: January 1, 2023 through December 31, 2023. **(APPROVED)**

A motion was made by Commissioner Hall and seconded by Commissioner Ellis, to approve renewal items #22-0727 through #22-0736. The motion passed by the following vote:

**Yea:** Pitts, Hausmann, Ellis, Morris, Hall, Arrington, and  
Abdur-Rahman

**22-0733 Real Estate and Asset Management**

Request approval to renew and amend existing contracts - Department of Real Estate and Asset Management, 20ITB125835C-GS, Carpet, Carpet Tile Installation and Repair Services Countywide in the total amount not to exceed \$400,500.00 with (A) Bonitz, Inc. (Norcross, GA) in the amount of \$100,000.00; (B) Prime Contractors, Inc. (Powder Springs, GA) in the amount of \$75,000.00; and (C) HPI Floors, LLC (Atlanta, GA) in the amount of \$225,500.00, to provide carpet and carpet tile installation and repair services on an "as-needed" basis for County facilities. This action exercises the second of two renewal options. No renewal options remain. Effective dates: January 1, 2023 through December 31, 2023. **(APPROVED)**

A motion was made by Commissioner Hall and seconded by Commissioner Ellis, to approve renewal items #22-0727 through #22-0736. The motion passed by the following vote:

**Yea:** Pitts, Hausmann, Ellis, Morris, Hall, Arrington, and  
Abdur-Rahman



# 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).**

<b>PRODUCER</b> Willis Towers Watson Southeast, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	<b>CONTACT</b> NAME: Willis Towers Watson Certificate Center PHONE (A/C No. Ext): 1-877-945-7378      FAX (A/C No): 1-888-467-2378 E-MAIL ADDRESS: certificates@willis.com														
<b>INSURED</b> Bonitz, Inc. 3719 Benchmark Drive Augusta, GA 30909	<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: Zurich American Insurance Company</td> <td style="text-align: center;">16535</td> </tr> <tr> <td>INSURER B: American Guarantee and Liability Insurance</td> <td style="text-align: center;">26247</td> </tr> <tr> <td>INSURER C: North River Insurance Company</td> <td style="text-align: center;">21105</td> </tr> <tr> <td>INSURER D: Ironshore Specialty Insurance Company</td> <td style="text-align: center;">25445</td> </tr> <tr> <td>INSURER E: Columbia Casualty Company</td> <td style="text-align: center;">31127</td> </tr> <tr> <td>INSURER F: Travelers Property Casualty Company of Ame</td> <td style="text-align: center;">25674</td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Zurich American Insurance Company	16535	INSURER B: American Guarantee and Liability Insurance	26247	INSURER C: North River Insurance Company	21105	INSURER D: Ironshore Specialty Insurance Company	25445	INSURER E: Columbia Casualty Company	31127	INSURER F: Travelers Property Casualty Company of Ame	25674
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## COVERAGES

**CERTIFICATE NUMBER: W26671681**
**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						EACH OCCURRENCE \$ 2,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
	<input checked="" type="checkbox"/> XCU/Independent Contractors						MED EXP (Any one person) \$ 10,000
	<input checked="" type="checkbox"/> Contractual	Y	Y	GLO 8343873-26	04/01/2022	04/01/2023	PERSONAL & ADV INJURY \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 4,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 4,000,000
	OTHER:						\$
B	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS	Y	Y	BAP-8343872-26	04/01/2022	04/01/2023	BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR						EACH OCCURRENCE \$ 10,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE	Y	Y	5821186185	04/01/2022	04/01/2023	AGGREGATE \$ 10,000,000
	DED <input checked="" type="checkbox"/> RETENTION \$ 0						\$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						<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	No	N/A	WC 8343871-26	04/01/2022	04/01/2023	E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	Contractor's Pollution			ICELLUW00108796	04/01/2021	04/01/2023	Each Loss \$2,000,000 Aggregate Limit \$2,000,000 Deductible/SIR Amount \$25,000

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

Re: 6095 Northbelt Drive, Unit D, Atlanta, GA 30071

Named Insureds include: Bonitz Flooring Group, Inc. and Bonitz Contracting Co., Inc.

Certificate Holder and all other parties are named as Additional Insureds under the General Liability for ongoing and SEE ATTACHED

## CERTIFICATE HOLDER

Fulton County Government  
 Attn: Purchasing Department  
 130 Peachtree St S.W.  
 Suite 1168  
 Atlanta, GA 30303-3459

## 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

*Thomas J. Cox Jr.*

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ACORD 25 (2016/03)

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SR ID: 23325486

BATCH: 2741645

AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_

**ADDITIONAL REMARKS SCHEDULE**Page 2 of 3

AGENCY Willis Towers Watson Southeast, Inc.		NAMED INSURED Bonitz, Inc. 3719 Benchmark Drive Augusta, GA 30909	
POLICY NUMBER See Page 1		EFFECTIVE DATE: See Page 1	
CARRIER See Page 1	NAIC CODE See Page 1		

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

completed operations, the Auto Liability and Umbrella Policies when required by written contract.

The General Liability, Auto Liability and Umbrella policies are Primary and Non-Contributory in favor of the Additional Insureds when required by written contract.

Waiver of Subrogation is included in favor of the Additional Insureds with regards to General Liability, Auto Liability, Workers' Compensation and Umbrella policies when required by written contract and permitted by law.

Coverage for XCU, Contractual and Independent Contractors is provided under the General Liability policy.

Umbrella/Excess is Follow Form over General Liability, Auto Liability, Employers Liability (Workers' Compensation) coverages including endorsements.

3.A. Workers' Compensation States: AL, CO, FL, GA, KY, LA, MD, MS, NC, PA, SC, TN, VA

General Liability and Umbrella policies do not have a residential/habitational exclusion.

Includes Microbial Matter (Fungi, Mold or Mildew); Clean-Up Costs, Pollution Conditions includes the discharge, dispersal, release of bacteria.

DEPARTMENT: Real Estate and Asset Management

BID/RFP# NUMBER: 20ITB125835C-GS (A)

BID/RFP# TITLE: Carpet, Carpet Tile Installation and Repair Services Countywide

BOC NUMBER: 22-0733

INSURER AFFORDING COVERAGE: Columbia Casualty Company

NAIC#: 31127

POLICY NUMBER: CEO 1014136604

EFF DATE: 04/01/2022

EXP DATE: 04/01/2023

TYPE OF INSURANCE:

Professional Liability

LIMIT DESCRIPTION:

Per Claim

Aggregate

Retention

LIMIT AMOUNT:

\$2,000,000

\$2,000,000

\$50,000

INSURER AFFORDING COVERAGE: Travelers Property Casualty Company of America

NAIC#: 25674

POLICY NUMBER: Y-630-0D492820-TIL-22

EFF DATE: 04/01/2022

EXP DATE: 04/01/2023

TYPE OF INSURANCE:

Blk Bldg, BPP, Stock, Inv

Special Form Inc Theft

Replacement Cost

LIMIT DESCRIPTION:

Total Values

LIMIT AMOUNT:

\$42,500,000

AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_

**ADDITIONAL REMARKS SCHEDULE**Page 3 of 3

AGENCY Willis Towers Watson Southeast, Inc.		NAMED INSURED Bonitz, Inc. 3719 Benchmark Drive Augusta, GA 30909	
POLICY NUMBER See Page 1		EFFECTIVE DATE: See Page 1	
CARRIER See Page 1	NAIC CODE See Page 1		

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

INSURER AFFORDING COVERAGE: Travelers Property Casualty Company of America NAIC#: 25674  
POLICY NUMBER: QT-660-8190A917-TIL-22      EFF DATE: 04/01/2022      EXP DATE: 04/01/2023

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Contractors Equipment	Owned Equipment	\$911,963
Boom & Jib Coverage Included	Leased & Rented Equip	\$300,000
Overload excluded	\$5,000 Deductible	

**ADDITIONAL REMARKS:**

Unlisted Items Including Borrowed Equipment: not to exceed \$106,000 per item.

INSURER AFFORDING COVERAGE: Travelers Property Casualty Company of America NAIC#: 25674  
POLICY NUMBER: QT-660-8190A917-TIL-22      EFF DATE: 04/01/2022      EXP DATE: 04/01/2023

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Installation Floater	Limit	\$1,500,000
Basic Deductible		\$5,000
Risks of Direct Physical Loss		Except as Excluded

**ADDITIONAL REMARKS:**

Transit Limit of Insurance: \$1,500,000

Temporary Storage Limit of Insurance: \$1,500,000

Named Wind Storm Limit of Insurance: \$500,000 (High Hazard South Carolina: Beaufort, Berkley, Charleston, Colleton, Dorchester, Florence, Georgetown, Hampton, Horry, Jasper, Marion, Williamsburg); Entire State of Florida

Certificate Holder is included as Loss Payee for Stored Materials.



Additional Insured – Automatic – Owners, Lessees Or Contractors

Masters Contract Cancellation Date Cancellation Date	
Contract Number 8343873-2	Effective Date 04/01/2022

Contractor shall provide the following information to the Contractor:

1. The Contractor shall provide the following information to the Contractor:

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## Waiver Of Subrogation (Blanket) Endorsement

Policy No.	Eff. Date of Pol.	Exp. Date of Pol.	Eff. Date of End.	Producer	Add'l Prem.	Return Prem.
GLO8343873-26	04/01/2022	04/01/2023	04/01/2022	80062000	\$ <b>INCL</b>	\$

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

This endorsement modifies insurance provided under the:

### **Commercial General Liability Coverage Part**

The following is added to the **Transfer Of Rights Of Recovery Against Others To Us Condition**:

If you are required by a written contract or agreement, which is executed before a loss, to waive your rights of recovery from others, we agree to waive our rights of recovery. This waiver of rights shall not be construed to be a waiver with respect to any other operations in which the insured has no contractual interest.

POLICY NUMBER: GLO8343873-26

COMMERCIAL GENERAL LIABILITY  
CG 20 32 04 13**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.****ADDITIONAL INSURED – ENGINEERS, ARCHITECTS OR  
SURVEYORS NOT ENGAGED BY THE NAMED INSURED**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE****Name Of Additional Insured Engineers, Architects Or Surveyors Not Engaged By The Named Insured:**

ANY ENGINEERS, ARCHITECTS OR SURVEYORS WHILE NOT ENGAGED BY YOU, TO WHOM OR TO WHICH YOU ARE REQUIRED TO PROVIDE ADDITIONAL INSURED STATUS IN A WRITTEN CONTRACT OR WRITTEN AGREEMENT EXECUTED PRIOR TO THE LOSS.

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 architects, engineers or surveyors 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 performed by you or on your behalf.

Such architects, engineers or surveyors, while not engaged by you, are contractually required to be added as an additional insured to your policy.

However, the insurance afforded to such additional insured:

1. Only applies to the extent permitted by law; and
2. Will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**B.** With respect to the insurance afforded to these additional insureds, the following additional exclusion applies:

This insurance does not apply to "bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of or the failure to render any professional services, including:

1. The preparing, approving, or failing to prepare or approve, maps, drawings, opinions, reports, surveys, change orders, designs or specifications; or
2. Supervisory, inspection or engineering services.

This exclusion applies even if the claims against any insured allege negligence or other wrongdoing in the supervision, hiring, employment, training or monitoring of others by that insured, if the "occurrence" which caused the "bodily injury" or "property damage", or the offense which caused the "personal and advertising injury", involved the rendering of or the failure to render any professional services.

- C. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

The most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or

2. Available under the applicable Limits of Insurance shown in the Declarations;  
whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.



# Coverage Extension Endorsement

Policy No.	Eff. Date of Pol.	Exp. Date of Pol.	Eff. Date of End.	Producer No.	Add'l. Prem	Return Prem.
BAP8343872-26	04/01/2022	04/01/2023	04/01/2022	80062000	<b>INCL</b>	

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

This endorsement modifies insurance provided under the:

**Business Auto Coverage Form**  
**Motor Carrier Coverage Form**

## A. Amended Who Is An Insured

1. The following is added to the **Who Is An Insured** Provision in **Section II – Covered Autos Liability Coverage**:

The following are also "insureds":

- a. Any "employee" of yours is an "insured" while using a covered "auto" you don't own, hire or borrow for acts performed within the scope of employment by you. Any "employee" of yours is also an "insured" while operating an "auto" hired or rented under a contract or agreement in an "employee's" name, with your permission, while performing duties related to the conduct of your business.
- b. Anyone volunteering services to you is an "insured" while using a covered "auto" you don't own, hire or borrow to transport your clients or other persons in activities necessary to your business.
- c. Anyone else who furnishes an "auto" referenced in Paragraphs **A.1.a.** and **A.1.b.** in this endorsement.
- d. Where and to the extent permitted by law, any person(s) or organization(s) where required by written contract or written agreement with you executed prior to any "accident", including those person(s) or organization(s) directing your work pursuant to such written contract or written agreement with you, provided the "accident" arises out of operations governed by such contract or agreement and only up to the limits required in the written contract or written agreement, or the Limits of Insurance shown in the Declarations, whichever is less.

2. The following is added to the **Other Insurance** Condition in the Business Auto Coverage Form and the **Other Insurance – Primary and Excess Insurance Provisions Condition** in the Motor Carrier Coverage Form:

Coverage for any person(s) or organization(s), where required by written contract or written agreement with you executed prior to any "accident", will apply on a primary and non-contributory basis and any insurance maintained by the additional "insured" will apply on an excess basis. However, in no event will this coverage extend beyond the terms and conditions of the Coverage Form.

## B. Amendment – Supplementary Payments

Paragraphs **a.(2)** and **a.(4)** of the **Coverage Extensions** Provision in **Section II – Covered Autos Liability Coverage** are replaced by the following:

- (2) Up to \$5,000 for the cost of bail bonds (including bonds for related traffic law violations) required because of an "accident" we cover. We do not have to furnish these bonds.
- (4) All reasonable expenses incurred by the "insured" at our request, including actual loss of earnings up to \$500 a day because of time off from work.

agent, servant or employee of the "insured" to notify us of any "accident", claim, "suit" or "loss" shall not invalidate the insurance afforded by this policy.

Include, as soon as practicable:

- (1) How, when and where the "accident" or "loss" occurred and if a claim is made or "suit" is brought, written notice of the claim or "suit" including, but not limited to, the date and details of such claim or "suit";
- (2) The "insured's" name and address; and
- (3) To the extent possible, the names and addresses of any injured persons and witnesses.

If you report an "accident", claim, "suit" or "loss" to another insurer when you should have reported to us, your failure to report to us will not be seen as a violation of these amended duties provided you give us notice as soon as practicable after the fact of the delay becomes known to you.

#### **P. Waiver of Transfer Of Rights Of Recovery Against Others To Us**

The following is added to the **Transfer Of Rights Of Recovery Against Others To Us** Condition:

This Condition does not apply to the extent required of you by a written contract, executed prior to any "accident" or "loss", provided that the "accident" or "loss" arises out of operations contemplated by such contract. This waiver only applies to the person or organization designated in the contract.

#### **Q. Employee Hired Autos – Physical Damage**

Paragraph **b.** of the **Other Insurance** Condition in the Business Auto Coverage Form and Paragraph **f.** of the **Other Insurance – Primary and Excess Insurance Provisions** Condition in the Motor Carrier Coverage Form are replaced by the following:

For Hired Auto Physical Damage Coverage, the following are deemed to be covered "autos" you own:

- (1) Any covered "auto" you lease, hire, rent or borrow; and
- (2) Any covered "auto" hired or rented under a written contract or written agreement entered into by an "employee" or elected or appointed official with your permission while being operated within the course and scope of that "employee's" employment by you or that elected or appointed official's duties as respect their obligations to you.

However, any "auto" that is leased, hired, rented or borrowed with a driver is not a covered "auto".

#### **R. Unintentional Failure to Disclose Hazards**

The following is added to the **Concealment, Misrepresentation Or Fraud** Condition:

However, we will not deny coverage under this Coverage Form if you unintentionally:

- (1) Fail to disclose any hazards existing at the inception date of this Coverage Form; or
- (2) Make an error, omission, improper description of "autos" or other misstatement of information.

You must notify us as soon as possible after the discovery of any hazards or any other information that was not provided to us prior to the acceptance of this policy.

#### **S. Hired Auto – World Wide Coverage**

Paragraph **7a.(5)** of the **Policy Period, Coverage Territory** Condition is replaced by the following:

- (5) Anywhere in the world if a covered "auto" is leased, hired, rented or borrowed for a period of 60 days or less,

#### **T. Bodily Injury Redefined**

The definition of "bodily injury" in the **Definitions** Section is replaced by the following:

"Bodily injury" means bodily injury, sickness or disease, sustained by a person including death or mental anguish, resulting from any of these at any time. Mental anguish means any type of mental or emotional illness or disease.

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY****WC 00 03 13**

(Ed. 4-84)

**WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT**

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

Schedule

**ALL PERSONS AND/OR ORGANIZATIONS THAT ARE REQUIRED BY WRITTEN CONTRACT OR AGREEMENT WITH THE INSURED, EXECUTED PRIOR TO THE ACCIDENT OR LOSS, THAT WAIVER OF SUBROGATION BE PROVIDED UNDER THIS POLICY FOR WORK PERFORMED BY YOU FOR THAT PERSON AND/OR ORGANIZATION**

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

**(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)**

Endorsement Effective 04/01/2022

Policy No. WC8343871-26

Endorsement No.

Insured ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Premium \$

Insurance Company Zurich American Insurance Company

Countersigned By Thomas H. Cox, Jr.

**WC 00 03 13**  
(Ed. 4-84)



# Blanket Notification to Others of Cancellation or Non-Renewal



Policy No.	Eff. Date of Pol.	Exp. Date of Pol.	Eff. Date of End.	Producer No.	Add'l. Prem	Return Prem.
BAP 8343872-26	04/01/2022	04/01/2023	04/01/2022	80062000	<b>INCL</b>	

## THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the:

### Commercial Automobile Coverage Part

- A.** If we cancel or non-renew this Coverage Part by written notice to the first Named Insured, we will mail or deliver notification that such Coverage Part has been cancelled or non-renewed to each person or organization shown in a list provided to us by the first Named Insured if you are required by written contract or written agreement to provide such notification. However, such notification will not be mailed or delivered if a conditional notice of renewal has been sent to the first Named Insured. Such list:
1. Must be provided to us prior to cancellation or non-renewal;
  2. Must contain the names and addresses of only the persons or organizations requiring notification that such Coverage Part has been cancelled or non-renewed; and
  3. Must be in an electronic format that is acceptable to us.
- B.** Our notification as described in Paragraph **A.** of this endorsement will be based on the most recent list in our records as of the date the notice of cancellation or non-renewal is mailed or delivered to the first Named Insured. We will mail or deliver such notification to each person or organization shown in the list:
1. Within seven days of the effective date of the notice of cancellation, if we cancel for non-payment of premium; or
  2. At least 30 days prior to the effective date of:
    - a. Cancellation, if cancelled for any reason other than nonpayment of premium; or
    - b. Non-renewal, but not including conditional notice of renewal.
- C.** Our mailing or delivery of notification described in Paragraphs **A.** and **B.** of this endorsement is intended as a courtesy only. Our failure to provide such mailing or delivery will not:
1. Extend the Coverage Part cancellation or non-renewal date;
  2. Negate the cancellation or non-renewal; or
  3. Provide any additional insurance that would not have been provided in the absence of this endorsement.
- D.** We are not responsible for the accuracy, integrity, timeliness and validity of information contained in the list provided to us as described in Paragraphs **A.** and **B.** of this endorsement.

All other terms and conditions of this policy remain unchanged.



# Blanket Notification to Others of Cancellation or Non-Renewal

Policy No.	Eff. Date of Pol.	Exp. Date of Pol.	Eff. Date of End.	Producer No.	Add'l. Prem	Return Prem.
GLO 8343873-26	04/01/2022	04/01/2023	04/01/2022	80062000	<b>INCL</b>	

## THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the:

### Commercial General Liability Coverage Part

- A.** If we cancel or non-renew this Coverage Part by written notice to the first Named Insured, we will mail or deliver notification that such Coverage Part has been cancelled or non-renewed to each person or organization shown in a list provided to us by the first Named Insured if you are required by written contract or written agreement to provide such notification. However, such notification will not be mailed or delivered if a conditional notice of renewal has been sent to the first Named Insured. Such list:
1. Must be provided to us prior to cancellation or non-renewal;
  2. Must contain the names and addresses of only the persons or organizations requiring notification that such Coverage Part has been cancelled or non-renewed; and
  3. Must be in an electronic format that is acceptable to us.
- B.** Our notification as described in Paragraph **A.** of this endorsement will be based on the most recent list in our records as of the date the notice of cancellation or non-renewal is mailed or delivered to the first Named Insured. We will mail or deliver such notification to each person or organization shown in the list:
1. Within seven days of the effective date of the notice of cancellation, if we cancel for non-payment of premium; or
  2. At least 30 days prior to the effective date of:
    - a. Cancellation, if cancelled for any reason other than nonpayment of premium; or
    - b. Non-renewal, but not including conditional notice of renewal.
- C.** Our mailing or delivery of notification described in Paragraphs **A.** and **B.** of this endorsement is intended as a courtesy only. Our failure to provide such mailing or delivery will not:
1. Extend the Coverage Part cancellation or non-renewal date;
  2. Negate the cancellation or non-renewal; or
  3. Provide any additional insurance that would not have been provided in the absence of this endorsement.
- D.** We are not responsible for the accuracy, integrity, timeliness and validity of information contained in the list provided to us as described in Paragraphs **A.** and **B.** of this endorsement.

All other terms and conditions of this policy remain unchanged.

---

**BLANKET NOTIFICATION TO OTHERS OF CANCELLATION OR NONRENEWAL ENDORSEMENT**

This endorsement adds the following to Part Six of the policy.

**PART SIX  
CONDITIONS****Blanket Notification to Others of Cancellation or Nonrenewal**

1. If we cancel or non-renew this policy by written notice to you, we will mail or deliver notification that such policy has been cancelled or non-renewed to each person or organization shown in a list provided to us by you if you are required by written contract or written agreement to provide such notification. However, such notification will not be mailed or delivered if a conditional notice of renewal has been sent to you. Such list:
  - a. Must be provided to us prior to cancellation or non-renewal;
  - b. Must contain the names and addresses of only the persons or organizations requiring notification that such policy has been cancelled or non-renewed; and
  - c. Must be in an electronic format that is acceptable to us.
2. Our notification as described in Paragraph 1. above will be based on the most recent list in our records as of the date the notice of cancellation or non-renewal is mailed or delivered to you. We will mail or deliver such notification to each person or organization shown in the list:
  - a. Within seven days of the effective date of the notice of cancellation, if we cancel for non-payment of premium; or
  - b. At least 30 days prior to the effective date of:
    - (1) Cancellation, if cancelled for any reason other than nonpayment of premium; or
    - (2) Non-renewal, but not including conditional notice of renewal.
3. Our mailing or delivery of notification described in Paragraphs 1. and 2. above is intended as a courtesy only. Our failure to provide such mailing or delivery will not:
  - a. Extend the policy cancellation or non-renewal date;
  - b. Negate the cancellation or non-renewal; or
  - c. Provide any additional insurance that would not have been provided in the absence of this endorsement.
4. We are not responsible for the accuracy, integrity, timeliness and validity of information contained in the list provided to us as described in Paragraphs 1. and 2. above.

All other terms and conditions of this policy remain unchanged.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

**(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)**

Endorsement Effective  
Insured

Policy No.

Endorsement No.  
Premium \$

Insurance Company

# CONTRACT RENEWAL AGREEMENT

**ZIP: 30331**

**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: #20ITB125835C-GS (C)

**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 Commission**

**(Affix County Seal)**



**AUTHORIZATION OF RENEWAL:**

DocuSigned by:

*Joseph N. Davis*

E45C5C5F17FB417...

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

**HPI FLOORS, LLC**

DocuSigned by:

*Lawrence Hollinshead*

AEB14AB39D444BF...

**Lawrence Hollinshead  
President**

**ATTEST:**

**Secretary/  
Assistant Secretary**

**(Affix Corporate Seal)**

**ATTEST:**

Pamela Hollinshead

**Notary Public**

FULTON

**County:** ☐

**Commission Expires:** 10/07/2025 ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

**(Affix Notary Seal)**



**ITEM#: \_\_\_\_\_ RCS: \_\_\_\_\_  
RECESS MEETING**

**ITEM#: 2022-0733 RM: 10/5/2022  
REGULAR MEETING**

**22-0732 Real Estate and Asset Management**

Request approval to renew existing contracts - Department of Real Estate and Asset Management, 21ITB130241C-CG, Standby Plumbing Repair Services in the total amount not to exceed \$350,000.00 with (A) Talon Property Services, LLC (Atlanta, GA) in the amount of \$90,000.00; (B) J2 Connect, Inc. dba J Squared Plumbing Co., Inc. (McDonough, GA) in the amount of \$100,000.00; and (C) B & W Mechanical Contractors, Inc. (Lawrenceville, GA) in the amount of \$160,000.00, to provide on-site standby plumbing repair services on an "as needed" basis for County facilities. This action exercises the first of two renewal options. One renewal option remains. Effective dates: January 1, 2023 through December 31, 2023. **(APPROVED)**

A motion was made by Commissioner Hall and seconded by Commissioner Ellis, to approve renewal items #22-0727 through #22-0736. The motion passed by the following vote:

**Yea:** Pitts, Hausmann, Ellis, Morris, Hall, Arrington, and  
Abdur-Rahman

**22-0733 Real Estate and Asset Management**

Request approval to renew and amend existing contracts - Department of Real Estate and Asset Management, 20ITB125835C-GS, Carpet, Carpet Tile Installation and Repair Services Countywide in the total amount not to exceed \$400,500.00 with (A) Bonitz, Inc. (Norcross, GA) in the amount of \$100,000.00; (B) Prime Contractors, Inc. (Powder Springs, GA) in the amount of \$75,000.00; and (C) HPI Floors, LLC (Atlanta, GA) in the amount of \$225,500.00, to provide carpet and carpet tile installation and repair services on an "as-needed" basis for County facilities. This action exercises the second of two renewal options. No renewal options remain. Effective dates: January 1, 2023 through December 31, 2023. **(APPROVED)**

A motion was made by Commissioner Hall and seconded by Commissioner Ellis, to approve renewal items #22-0727 through #22-0736. The motion passed by the following vote:

**Yea:** Pitts, Hausmann, Ellis, Morris, Hall, Arrington, and  
Abdur-Rahman





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/03/2022

**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).**

<b>PRODUCER</b> Little & Smith Inc. 202 Church Street P. O. Box 1089 Marietta GA 30061	<b>CONTACT NAME:</b> Courtney Tighe <b>PHONE (A/C, No, Ext):</b> (770) 428-3308 <b>FAX (A/C, No):</b> (770) 429-8305 <b>E-MAIL ADDRESS:</b> ctighe@littleandsmith.com														
<b>INSURED</b> HPI Floors, LLC 1035 Research Center Dr Suite F Atlanta GA 30331	<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><b>INSURER A:</b> Selective Ins. Co. of SC</td> <td>19259</td> </tr> <tr> <td><b>INSURER B:</b> Selective Ins. Co. of The SE</td> <td>39926</td> </tr> <tr> <td><b>INSURER C:</b></td> <td></td> </tr> <tr> <td><b>INSURER D:</b></td> <td></td> </tr> <tr> <td><b>INSURER E:</b></td> <td></td> </tr> <tr> <td><b>INSURER F:</b></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	<b>INSURER A:</b> Selective Ins. Co. of SC	19259	<b>INSURER B:</b> Selective Ins. Co. of The SE	39926	<b>INSURER C:</b>		<b>INSURER D:</b>		<b>INSURER E:</b>		<b>INSURER F:</b>	
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<b>INSURER D:</b>															
<b>INSURER E:</b>															
<b>INSURER F:</b>															

**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"/> <b>COMMERCIAL GENERAL LIABILITY</b>	Y	Y	S 2096507	02/26/2022	02/26/2023	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000
	<input checked="" type="checkbox"/> \$0 Deductible						MED EXP (Any one person)	\$ 15,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	\$ 1,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE	\$ 3,000,000
	OTHER:						PRODUCTS - COMP/OP AGG	\$ 3,000,000
A	<b>AUTOMOBILE LIABILITY</b>	Y	Y	S 2096507	02/26/2022	02/26/2023	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)	\$
								\$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b>	Y	Y	S 2096507	02/26/2022	02/26/2023	EACH OCCURRENCE	\$ 2,000,000
	<input checked="" type="checkbox"/> <b>EXCESS LIAB</b>						AGGREGATE	\$ 2,000,000
	<input type="checkbox"/> CLAIMS-MADE							\$
	DED <input checked="" type="checkbox"/> RETENTION \$ 0							
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	N/A	Y	WC 9029419	02/18/2022	02/18/2023	<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	
	E.L. DISEASE - EA EMPLOYEE						\$ 1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
A	Leased & Rented Equipment			S 2096507	02/26/2022	02/26/2023	Limit	\$25,000
							Deductible	\$500

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

Re: 20ITB125835C-GS; Carpet, Carpet Tile Installation and Repair Services

Fulton County Government, Its Employees, Servants and Agents are included as additional insured with respect to general liability, as required by written contract. 30 day notice of cancellation applies, except 10 days notice for non-payment of premium.

**CERTIFICATE HOLDER****CANCELLATION**

Fulton County Government Attn: Purchasing Department 130 Peachtree SW, Ste 1168 Atlanta GA 30303-3459	<p><b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b></p> <p><b>AUTHORIZED REPRESENTATIVE</b></p> <p style="text-align: center;"><i>James Richard</i></p>
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