



CONTRACT RENEWAL AGREEMENT

DEPARTMENT: MEDICAL EXAMINER

BID/RFP# NUMBER: 21ITB131809C-MH

BID/RFP# TITLE: Forensic Postmortem Toxicology Testing

ORIGINAL APPROVAL DATE: 12/15/2021

RENEWAL EFFECTIVE DATES: 01/01/2023-12/31/2023

RENEWAL OPTION #: 1 OF 2

NUMBER OF RENEWAL OPTIONS: 1

RENEWAL AMOUNT: \$ 125,000

COMPANY'S NAME: Axis Forensic Toxicology Inc

ADDRESS: P.O. Box 681513

CITY: Indianapolis

STATE: IN

ZIP: 46268-7513

This Renewal Agreement No. 1 was approved by the Fulton County Board of Commissioners on BOC DATE: 10/05/2022 BOC NUMBER: 2022-0719

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

14E1B4AA5E6A44A...

Robert L. Pitts, Chairman
Fulton County Board of Commissioners

ATTEST:

DocuSigned by:

Tonya R. Grier

EE6476C4837648D...

Tonya R. Grier
Clerk to the Commission

(Affix County Seal)

**AUTHORIZATION OF RENEWAL:**

DocuSigned by:

Marian Green

A0029331AF5C41A...

Marian Green, Deputy Director
Medical Examiner

AXIS FORENSIC TECHNOLOGY, INC.

DocuSigned by:

Denise Purdie Andrews

E1A86F9D6C0D4F3...

Denise Purdie Ansreus,
Sales

ATTEST:

Secretary/
Assistant Secretary

(Affix Corporate Seal)

ATTEST:

DocuSigned by:

Denise Helen Island

17331BD87A89484...

Notary Public

County: Marion County, Indiana

Commission Expires: January 21, 2027
 DocuSigned by:

(Affix Notary Seal)



ITEM#: _____ **RCS:** _____
RECESS MEETING

ITEM#: 2022-0719 **RM:** 10/05/2022
REGULAR MEETING





AXISFOR-01

MHOLLENSTEINER

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/28/2022

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 Gregory & Appel Insurance 1402 N Capitol Suite 400 Indianapolis, IN 46202	CONTACT NAME: PHONE (A/C, No, Ext): (317) 634-7491 FAX (A/C, No): (317) 634-6629 E-MAIL ADDRESS: corp@gregoryappel.com
INSURER(S) AFFORDING COVERAGE	
INSURED	INSURER A : Hartford Underwriters Ins Co INSURER B : The Hartford INSURER C : Capitol Specialty Ins Corp INSURER D : Hartford Insurance Company of the Southeast INSURER E : INSURER F :
Axis Forensic Toxicology, Inc. PO Box 681513 Indianapolis, IN 46278	NAIC # 30104 22357 10328 38261

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
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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			36SBAAL70BS	7/1/2022	7/1/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 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 \$
B	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			36UECAE4062	7/1/2022	7/1/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 5,000			MM20172369	7/1/2022	7/1/2023	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	36WECAL70EC	7/1/2022	7/1/2023	<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)
 Fulton County Government, its' Officials, Officers and Employees are included as additional insured as defined in SL3032 10/18 with respects to General Liability and as defined in HA9916 12/21 with respects to Auto Liability according to the terms, conditions and exclusions within the policy. General Liability is issued on a Primary/Non-Contributory basis as defined in SL 00 00 10/18 according to the terms, conditions and exclusions within the policy. Waiver of Subrogation is provided for General Liability as defined in SL0000 10/18; Auto Liability as defined in HA9916 12/21; Workers Compensation as defined in WC00 03/13 according to the terms, conditions and exclusions within the policy.

CERTIFICATE HOLDER

CANCELLATION

Fulton County Government Purchasing and Contract Compliance Department 130 Peachtree Street, S.W. Suite 1168 Atlanta, GA 30303	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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22-0718 Medical Examiner

Request approval to increase spending authority - Medical Examiner, 19ITB867972C-BKJ, Pick-up, Removal and Delivery of Deceased Remains, in the amount of \$15,000.00 with Middleton Mortuary Transport (Fairburn, GA) to provide transportation of deceased remains. Effective upon BOC Approval.

22-0719 Medical Examiner

Request approval to renew an existing contract - Medical Examiner, 21ITB131809C-MH, Forensic Postmortem Toxicology Testing in the amount of \$125,000.00 with Axis Forensic Toxicology, Inc. (Indianapolis, IN) to provide toxicology testing services. This action exercises the first of two renewal options. One renewal option remains. Effective January 1, 2023, through December 31, 2023.

22-0720 Marshal

Request approval to renew existing contracts - Marshal Department, 22ITBC0412B-EF, Duty Gear & Uniform in the total amount of \$58,648.00 with (A) Lawmen's Shooter's Supply, Inc., (Titusville, FL) in the amount of \$6,648.00, (B) T&T Uniforms, Inc., (Smyrna, GA) in the amount of \$21,000.00 and (C) Smyrna Police Distributors (Smyrna, GA) in the amount of \$31,000.00 to provide duty gear, uniforms and other related items for Fulton County Marshal's Department assigned employees. This action exercises the first of two renewal options. One renewal option remains. Effective dates: January 1, 2023 - December 31, 2023.

22-0721 Superior Court Administration

Request approval of a Memorandum of Understanding between Fulton County, Grady Memorial Hospital Corporation d/b/a Grady Health System, Atlanta Fulton County Prearrest Diversion Initiative, Inc., and the Georgia Housing Finance and Authority on behalf of the Georgia Department of Community Affairs for information-sharing. This MOU commences upon the full execution by the authorized representatives of each Member and shall automatically renew annually for five (5) additional one (1) year terms on the anniversary of the effective date. The purpose of the MOU is to allow for information-sharing in order to divert persons with substance use and/or behavioral health challenges from the criminal justice system when appropriate and ensure that they receive access to care and needed support and services when they are involved in the criminal justice system. No funding is required.

REGULAR MEETING AGENDA**22-0722 Board of Commissioners**

Adoption of the Regular Meeting Agenda.

22-0723 Board of Commissioners

Ratification of Minutes.

Regular Meeting Minutes, September 7, 2022

Recess Meeting Post Agenda Minutes, September 21, 2022