



**DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE**

**CONTRACT RENEWAL AGREEMENT**

**DEPARTMENT:** Department of Real Estate and Asset Management

**BID/RFP# NUMBER:** 21ITB129724C-GS

**BID/RFP# TITLE:** Hazardous Waste Disposal Services

**ORIGINAL APPROVAL DATE:** 7/14/2021

**RENEWAL EFFECTIVE DATES:** January 1, 2022

**RENEWAL OPTION #:** 1 of 2

**NUMBER OF RENEWAL OPTIONS:** 2

**RENEWAL AMOUNT:** \$15,000.00

**COMPANY'S NAME:** Brooks Environmental Solutions, LLC.

**ADDRESS:** 4062 Peachtree Rd. NE #A631

**CITY:** Brookhaven

**STATE:** GA

**ZIP:** 30319

**This Renewal Agreement No. 1 was approved by the Fulton County Board of Commissioners on BOC DATE: 9/7/2022**

**BOC NUMBER: 22-0602**

**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: 21ITB129107C-GS

**FULTON COUNTY, GEORGIA**

DocuSigned by:

*Robert L. Pitts*

14E1B4AA5F6A44A...

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

**ATTEST:**

Tonya R. Grier

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

(Affix County Seal)

DocuSigned by:



**AUTHORIZATION OF RENEWAL:**

DocuSigned by:

*Joseph N. Davis*

E45C5C5F17FB417...

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

**BROOKS ENVIRONMENTAL SOLUTIONS, LLC**

DocuSigned by:

*Marco Brooks*

AFAC1195CA3731C1

**Marco Brooks**  
**President**

**ATTEST:**

**Secretary/  
Assistant Secretary**

(Affix Corporate Seal)

**ATTEST:**



**Notary Public**

County: DeKalb

Commission Expires: March 13, 2026

(Affix Notary Seal)



ITEM#:	2022-0602	RM:	9/7/2022
REGULAR MEETING			



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/13/2021

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> Tom Stewart Insurance 423 Mason Park Blvd, Suite A Katy TX 77450		<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): (281) 398-0001 FAX (A/C, No): (281) 398-0021 E-MAIL ADDRESS: service@tomstewartinsurance.com															
<b>INSURED</b> Brooks Environmental Solutions, LLC 104 N Gulf Blvd. Suite E Panama City Beach FL 32413		<b>INSURER(S) AFFORDING COVERAGE</b> <table border="1"> <tr> <th>INSURER</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Century Surety Insurance Group</td> <td>36951</td> </tr> <tr> <td>INSURER B: Star Insurance Company</td> <td>18023</td> </tr> <tr> <td>INSURER C: Pacific Employers-Chubb</td> <td>22748</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	NAIC #	INSURER A: Century Surety Insurance Group	36951	INSURER B: Star Insurance Company	18023	INSURER C: Pacific Employers-Chubb	22748	INSURER D:		INSURER E:		INSURER F:	
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INSURER D:																	
INSURER E:																	
INSURER F:																	

## 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"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	y	y	CCP893095	06/19/2020	06/19/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Professional Liability \$ 1,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	y	y	CA0937328	06/19/2020	06/19/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ 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	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
C	Property			D95920421	03/04/2021	03/04/2022	Bus Personal Propert; Deductible \$500 20,000

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

The Commercial General Liability and Business Auto Insurance policies contains a blanket automatic additional insured endorsement that provides additional insured status to the certificate holder when there is a written contract between the named insured and the certificate holder that requires such status. The Commercial General Liability policy is Primary and Non-Contributory.

The Commercial General Liability and Business Auto Liability policies includes a blanket automatic waiver of subrogation endorsement that provides this feature when there is a written contract between the named insured and the certificate holder that requires a waiver of subrogation.

## CERTIFICATE HOLDER

## CANCELLATION

Fulton County Government - Purchasing Department 130 Peachtree Street, S.W. Suite 1168 Atlanta GA 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 
-----------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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

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

**ADDITIONAL REMARKS SCHEDULE**

Page \_\_\_\_ of \_\_\_\_

AGENCY Tom Stewart Insurance		NAMED INSURED Brooks Environmental Solutions, LLC	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE:	

**ADDITIONAL REMARKS**

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

Contractors Environmental Liability Coverage Part:  
Contractors Pollution Liability \$1,000,000 Each Pollution Condition  
Transportation Pollution Liability \$1,000,000 Each Pollution Condition  
Non-Owned Disposal Site Liability \$1,000,000 Each Pollution Condition  
Professional Services Liability \$1,000,000 Each Professional Services Wrongful Act.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/21/2022

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 SUNZ Insurance Solutions, LLC. ID: (Cornerstone)  
c/o Cornerstone Capital Group, Inc.  
10 Willow Road, Building 3, Suite 151  
Maple Shade, NJ 08052

CONTACT NAME: Jessi Crumb  
PHONE (A/C, No, Ext): 870-376-2871 FAX (A/C, No):  
E-MAIL: coi.requests@cornerstonepeo.com  
ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: SUNZ Insurance Company

34762

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED  
Cornerstone Capital Group, Inc.  
10 Willow Road, Building 3  
Suite 151  
Maple Shade NJ 08052

## COVERAGES

CERTIFICATE NUMBER: 66827998

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
	<b>COMMERCIAL GENERAL LIABILITY</b> <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 OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input 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						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WC044-00001-022	1/1/2022	1/1/2023	<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)

Coverage provided for all leased employees but not subcontractors of: All Purpose Staffing, LLC  
Client Effective: 01/17/2021  
while on assignment for Brooks Environmental Solutions

## CERTIFICATE HOLDER

## CANCELLATION

6955 (FL,GA)  
Fulton County Government-Purchasing Department  
130 Peachtree St. SW 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

Rick Leonard

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ACORD 25 (2016/03)

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**22-0599 Board of Commissioners**  
**FULTON COUNTY REPARATIONS TASK FORCE**

Each Commissioner shall appoint one (1) member.

Term = 2 Years

**Chairman Pitts has nominated Tamika Jackson to replace Janay Wilborn for an unexpired term ending December 31, 2023.**

**Vice-Chairman Hausmann has nominated Shanti Oleti Vissa for a District appointment to a term ending December 31, 2023.**

**Open & Responsible Government**

**22-0600 Real Estate and Asset Management**

Request approval to renew an existing contract - Department of Real Estate and Asset Management, 21ITB129107C-GS, Uniforms and Related Accessories in the amount of \$80,000.00 with North America Fire Equipment Company, Inc. (NAFECO) (Norcross, GA), to provide uniforms and related accessories for the Department of Real Estate and Asset Management. This action exercises the second of two renewal options. No renewal options remain. Effective dates: January 1, 2023 through December 31, 2023.

**22-0601 Real Estate and Asset Management**

Request approval to renew existing contracts - Department of Real Estate and Asset Management, 21ITBC130825C-MH, Plumbing Supplies and Related Items in the total amount of \$98,899.93 with (A) Best Plumbing Specialties (Myersville, MD) in the amount of \$105.15; (B) Equiparts Corp, (Oakmont, PA) in the amount of \$18,484.60; (C) HD Supply Facilities Maintenance, formerly Interline Brands. (Jacksonville, FL) in the amount of \$35,676.31; (D) South K & A Specialty Parts (Newnan, GA) in the amount of \$7,300.19; (E) Tiles in Style d.b.a. Taza Supplies (Willow Brook, IL) in the amount of \$15,990.75; (F) Total Maintenance Solutions South (Taylors, SC) in the amount of \$276.86; and (G) WW Grainger (Norcross, GA) in the amount of \$21,066.07, to provide plumbing supplies and related items for Fulton County facilities. This action exercises the first of two renewal options. One renewal option remains. Effective dates: January 1, 2023 through December 31, 2023.

**22-0602 Real Estate and Asset Management**

Request approval to renew an existing contract - Department of Real Estate and Asset Management, 21ITB129724C-GS, Hazardous Waste Disposal Services in the amount of \$15,000.00 with Brooks Environmental Solutions, LLC (Brookhaven, GA) to provide hazardous waste disposal services on an "as-needed" basis for Fulton County. This action exercises the second of two renewal options. No renewal options remain. Effective dates: January 1, 2023 through December 31, 2023.



**DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE**

**CONTRACT RENEWAL AGREEMENT**

**DEPARTMENT:** Real Estate and Asset Management

**BID/RFP# NUMBER:** 21ITB129724C-GS

**BID/RFP# TITLE:** Hazardous Waste Disposal Services

**ORIGINAL APPROVAL DATE:** 7/14/2021

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

**RENEWAL OPTION #:** 2 OF 2

**NUMBER OF RENEWAL OPTIONS:** 2

**RENEWAL AMOUNT:** \$ 15,000.00

**COMPANY'S NAME:** Brooks Environmental Solutions, LLC

**ADDRESS:** 4062 Peachtree Rd. NE #A631

**CITY:** Brookhaven

**STATE:** GA

**ZIP:** 30319

**This Renewal Agreement No. \_\_\_\_ was approved by the Fulton County Board of Commissioners on BOC DATE:                      BOC NUMBER:**

**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: 21ITB129107C-GS

### 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)



DocuSigned by:

### AUTHORIZATION OF RENEWAL:

DocuSigned by:

Joseph N. Davis

E45C5C5F17FB417...

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

### BROOKS ENVIRONMENTAL SOLUTIONS, LLC

DocuSigned by:

Marco Brooks

AFAC1B8CA373CT

Marco Brooks  
President

### ATTEST:

Secretary/  
Assistant Secretary

(Affix Corporate Seal)

### ATTEST:



Notary Public

County: DeKalb

Commission Expires: March 13, 2026

(Affix Notary Seal)



22-0602	09/07/2022
ITEM#:	RM:
REGULAR MEETING	



**22-0599 Board of Commissioners  
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**Open & Responsible Government**

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/17/2022

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<b>PRODUCER</b> Navigant Insurance 423 Mason Park Blvd, Suite A  Katy TX 77450	<b>CONTACT</b> NAME: Ricky Wong PHONE (A/C, No, Ext): (281) 398-0001 FAX (A/C, No): (281) 398-0021 E-MAIL ADDRESS: service@navigantinsurance.com														
<b>INSURER(S) AFFORDING COVERAGE</b>															
<b>INSURED</b> Brooks Environmental Solutions, LLC 104 N Gulf Blvd. Suite E Panama City Beach FL 32413	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">INSURER</th> <th style="width: 20%;">NAIC #</th> </tr> <tr> <td>INSURER A: Homeland Insurance Co. of NYA</td> <td>010604</td> </tr> <tr> <td>INSURER B: Atlantic Specialty Insurance Company</td> <td>012666</td> </tr> <tr> <td>INSURER C: Pacific Employers-Chubb</td> <td>002262</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	NAIC #	INSURER A: Homeland Insurance Co. of NYA	010604	INSURER B: Atlantic Specialty Insurance Company	012666	INSURER C: Pacific Employers-Chubb	002262	INSURER D:		INSURER E:		INSURER F:	
INSURER	NAIC #														
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INSURER B: Atlantic Specialty Insurance Company	012666														
INSURER C: Pacific Employers-Chubb	002262														
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INSURER F:															

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

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	BODILY INJURY (Per person) \$						
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	PROPERTY DAMAGE (Per accident) \$						
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$						EACH OCCURRENCE \$
	AGGREGATE \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					PER STATUTE OTH-ER
	E.L. EACH ACCIDENT \$						
	E.L. DISEASE - EA EMPLOYEE \$						
	E.L. DISEASE - POLICY LIMIT \$						
C	Property			D95920421	03/04/2022	03/04/2023	Bus Personal Property Deductible \$500 20,000

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

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**CERTIFICATE HOLDER****CANCELLATION**

Fulton County Government - Purchasing Department 130 Peachtree Street, S.W. Suite 1168 Atlanta GA 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 
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AGENCY CUSTOMER ID: \_\_\_\_\_

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

**ADDITIONAL REMARKS SCHEDULE**

Page \_\_\_\_ of \_\_\_\_

AGENCY Navigant Insurance		NAMED INSURED Brooks Environmental Solutions, LLC	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE:	

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

Contractors Environmental Liability Coverage Part:  
Contractors Pollution Liability \$1,000,000 Each Pollution Condition  
Transportation Pollution Liability \$1,000,000 Each Pollution Condition  
Non-Owned Disposal Site Liability \$1,000,000 Each Pollution Condition  
Professional Services Liability \$1,000,000 Each Professional Services Wrongful Act.





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/21/2022

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 SUNZ Insurance Solutions, LLC. ID: (Cornerstone)  
c/o Cornerstone Capital Group, Inc.  
10 Willow Road, Building 3, Suite 151  
Maple Shade, NJ 08052

CONTACT NAME: Jessi Crumb  
PHONE (A/C, No, Ext): 870-376-2871 FAX (A/C, No):  
E-MAIL: coi.requests@cornerstonepeo.com  
ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: SUNZ Insurance Company

34762

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

## INSURED

Cornerstone Capital Group, Inc.  
10 Willow Road, Building 3  
Suite 151  
Maple Shade NJ 08052

## COVERAGES

CERTIFICATE NUMBER: 66827998

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
	<b>COMMERCIAL GENERAL LIABILITY</b> <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 OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input 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						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WC044-00001-022	1/1/2022	1/1/2023	<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)

Coverage provided for all leased employees but not subcontractors of: All Purpose Staffing, LLC  
Client Effective: 01/17/2021  
while on assignment for Brooks Environmental Solutions

## CERTIFICATE HOLDER

6955 (FL,GA)

Fulton County Government-Purchasing Department  
130 Peachtree St. SW Suite 1168, Atlanta, GA 30303

## 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

Rick Leonard

ACORD 25 (2016/03)

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**CONTACT NAME:** Jessi Crumb

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	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
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