

### CONTRACT RENEWAL AGREEMENT

**DEPARTMENT:** Select Fulton Workforce

BID/RFP# NUMBER: 22RFP0119B-PS

BID/RFP# TITLE: One Stop Operator

ORIGINAL APPROVAL DATE: April 20, 2022

RENEWAL EFFECTIVE DATES: July 1, 2023 through June 30, 2024

**RENEWAL OPTION #:** 1 of 3

**NUMBER OF RENEWAL OPTIONS: 2** 

**RENEWAL AMOUNT:** \$125,000.00

**COMPANY'S NAME:** Arbor E&T, LLC dba Equus Workforce Solutions

ADDRESS: 9200 Shelbyville Road, Suite 210

**CITY:** Louisville

**STATE: KY** 

**ZIP**: 40222

This Renewal Agreement No. \_1\_ was approved by the Fulton County Board of

Commissioners on BOC DATE: May 3, 2023 BOC NUMBER: 23-0317

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	Arbor E&T, LLC dba Equus Workforce Solutions
Robert L. Pitts	Docusigned by:  Mark Douglass
Robert L. Pitts, Chairman Fulton County Board of Commissioners	Mark Douglass President
ATTEST:	ATTEST:
Tonya Grier	
Tonya R. Grier	Secretary/
Clerk to the Commission	Assistant Secretary
(Affix County Seal)	(Affix Corporate Seal)
AUTHORIZATION OF RENEWAL:	ATTEST:
DocuSigned by:	Cousigned by:
Samir Abdullalii	Ensant when
Samir Abdullahi, Director	Susan Turner
Select Fulton	Notary Publi©ocuSigned by:  County:
	Commission Expires:
	(Affix Notary Seal)

ITEM#:	RCS:	ITEM#: 2023-0317	RM: 5/3/2023
<b>RECESS MEETING</b>		REGULAR MEETING	

**GRANASS-03** 

#### **GRACEWARD**

ACORD

### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/18/2023

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 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	CONTACT House Account				
IFP Property & Casualty Services, Inc. 777 North Gainey Center Drive	PHONE   FAX (A/C, No, Ext): (A/C, No):				
uite 260	E-MAIL ADDRESS:				
cottsdale, AZ 85258	INSURER(S) AFFORDING COVERAGE				
	INSURER A: Great Northern Insurance Company				
NSURED	INSURER B : Fortegra Specialty Insurance Company	16823			
Arbor E&T, LLC d/b/a Equus Workforce Solutions	INSURER C: QBE Insurance Corporation				
9200 Shelbyville Road, Suite 210	INSURER D : Gemini Insurance Company				
Louisville, KY 40222	INSURER E : National Liability & Fire Insurance Company				
	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	ADDI	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	EACH OCCURRENCE	\$	6,000,000
	CLAIMS-MADE X OCCUR	X	X	9950-72-33 GAB	9/30/2022	9/30/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	2,000,000
							MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	6,000,000
	X POLICY PRO-						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:							\$	
В	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	ANY AUTO	X		FMCHNO100062100	1/5/2023	1/5/2024	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
								\$	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-N	ADE					AGGREGATE	\$	
	DED RETENTION\$							\$	
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	. , , ,					X PER OTH- STATUTE ER	<u> </u>	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	'/N   N / A		QWC3001160	3/20/2023	3/20/2024	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
-	E&O/Prof Liability			VPPL018265	10/25/2022	9/30/2023	Per Claim/Aggregate	1	2,000,000
E	Auto (Owned)			73APB005995	12/21/2022	12/21/2023	Limit	İ	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
\*Cowden The Insurance Brokers, Level 3, 985 Wellington Street, West Perth WA 6005 is the broker of record for the below global policies. These policies extend excess coverage over the above evidenced General Liability\*

Public & Products Liability (CGL) - Chubb - Policy Number: 05CL014144 - 09/30/2022 to 09/30/2023 - AUD \$30,000,000 limit

Umbrella Liability - Chubb - Policy Number: 01CE553437- 09/30/2022 to 09/30/2023 - AUD \$20,000,000

SEE ATTACHED ACORD 101

**CERTIFICATE HOLDER** 

Fulton County Government - Purchasing and Contract Compliance Department	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
130 Peachtree Street, S.W. Suite 1168 Atlanta, GA 30303	AUTHORIZED REPRESENTATIVE				

CANCELLATION

AGENCY CUSTOMER ID: GRANASS-03

GRACEWARD

LOC #: 1



### ADDITIONAL REMARKS SCHEDULE

Page	1	of	1
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AGENCY NFP Property & Casualty Services, Inc.		NAMED INSURED Arbor E&T, LLC d/b/a Equus Workforce Solutions 9200 Shelbyville Road, Suite 210 Louisville, KY 40222
POLICY NUMBER		
SEE PAGE 1		
CARRIER	NAIC CODE	
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SFF PAGE 1

#### **ADDITIONAL REMARKS**

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

**Description of Operations/Locations/Vehicles:** 

Excess General Liability -\$2Mx\$2M - Federal Insurance Company - Policy Number: 78198365 - 1/18/2023 to 9/30/2023 - Limit: \$2,000,000 Each Occurrence \$2,000,000 Aggregate

Excess General Liability- \$2M x \$4M - RSUI Indemnity Company - Policy Number: NHA100769 - 1/26/2023 to 9/30/2023 - Limit \$2.000.000 Each Occurrence: \$2.000.000

Excess Scheduled Auto Liability - National Liability & Fire Insurance Company - Policy Number: 72APB006333 - 4/1/2023 to 9/30/2023 - Limit: \$1,000,000

Owned Auto Liability- National Liability & Fire Insurance Company - Policy Number: 73APB005995 - 12/21/2022 to 12/21/2023 - Limit: \$1.000.000

Excess Owned Auto Liability, Excess Hired & Non-Owned Auto Liability - AXIS Surplus Insurance Company - Policy Number: P-001-001096327-01 - 1/20/2023 to 1/20/2024 - Limit: \$1,000,000

Auto Policy (Gap Coverage)- Federal Insurance Company - Policy Number: 2273621664 -11/01/2022 to 1/5/2023 - Limit: \$1,000,000

Management Liability (D&O, EPL FID)- Ironshore Insurance Ltd - Policy Number: DO6AACKTY2001 - 7/19/2022 to 7/19/2023 - Aggregate Limit: \$3,000,000

Fidelity Bond/Crime - Ironshore Insurance Ltd - Policy Number: FI4NACKT5I001 - 7/19/2022 to 7/19/2023 - Limit: \$3,000,000

Sexual Abuse and Molestation - Syndicate 2623/623 at Lloyd's (Beazley) - Policy Number: W33C90220101 - 11/1/2022 to 11/1/2023 - Occurrence Limit: \$2,000,000 Aggregate Limit: \$4,000,000 - Deductible \$250,000

Group Accident - National Union Fire Insurance Company of Pittsburgh, PA - Policy Number: SRG 0009159184 - 9/30/2022 to 9/30/2023 - Limit: \$25,000

Fulton County Government, its Officials, Officers and Employees are included as Additional Insured included as an Additional Insured, on a primary and non-contributory basis, with respects to General Liability and Auto Liability where required by written contract with the Named Insured. A Wavier of Subrogation applies in favor of the Additional Insure with respects to General Liability where required by written contract with the Named insured.



# Liability Insurance

### Endorsement

Policy Period SEPTEMBER 30, 2022 TO SEPTEMBER 30, 2023

Effective Date SEPTEMBER 30, 2022

Policy Number 9950-72-33 GAB

Insured ROSS INNOVATIVE EMPOLOYMENT SOLUTIONS

CORPORATION

Name of Company GREAT NORTHERN INSURANCE COMPANY

Date Issued OCTOBER 31, 2022

This Endorsement applies to the following forms:

#### GENERAL LIABILITY

Under Who Is An Insured, the following provision is added.

#### Who Is An Insured

Additional Insured -Scheduled Person Or Organization Persons or organizations shown in the Schedule are **insureds**; but they are **insureds** only if you are obligated pursuant to a contract or agreement to provide them with such insurance as is afforded by this policy.

However, the person or organization is an insured only:

- if and then only to the extent the person or organization is described in the Schedule;
- to the extent such contract or agreement requires the person or organization to be afforded status as an insured;
- for activities that did not occur, in whole or in part, before the execution of the contract or agreement; and
- with respect to damages, loss, cost or expense for injury or damage to which this insurance
  applies,

No person or organization is an insured under this provision:

- that is more specifically identified under any other provision of the Who Is An Insured section (regardless of any limitation applicable thereto).
- with respect to any assumption of liability (of another person or organization) by them in a
  contract or agreement. This limitation does not apply to the liability for damages, loss, cost or
  expense for injury or damage, to which this insurance applies, that the person or organization
  would have in the absence of such contract or agreement.

Liability Insurance

Additional Insured - Scheduled Person Or Organization

continued

# CHUBB

### Liability Endorsement

(continued)

Under Conditions, the following provision is added to the condition titled Other Insurance.

#### **Conditions**

Other Insurance – Primary, Noncontributory Insurance – Scheduled Person Or Organization If you are obligated, pursuant to a contract or agreement, to provide the person or organization shown in the Schedule with primary insurance such as is afforded by this policy, then in such case this insurance is primary and we will not seek contribution from insurance available to such person or organization.

#### Schedule

Persons or organizations that you are obligated, pursuant to a contract or agreement, to provide with such insurance as is afforded by this policy.

PERSONS OR ORGANIZATIONS THAT YOU ARE OBLIGATED, PURSUANT TO A CONTRACT OR AGREEMENT, TO PROVIDE WITH SUCH INSURANCE AS IS AFFORDED BY THIS POLICY

All other terms and conditions remain unchanged.

Authorized Representative

Liability Insurance

Additional Insured - Scheduled Person Or Organization

last page

ACORD

**GRANASS-03** 

MICHAELSEPANSKI

DATE (MM/DD/YYYY)

# CERTIFICATE OF LIABILITY INSURANCE

1/19/2023

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		CONTACT Michael Sepanski					
Cowden The Insurance Bro	okers	PHONE (A/C, No, Ext): (312) 566-4701 FAX (A/C, No):					
985 Wellington Street West Perth WA 6005		E-MAIL ADDRESS: michael.sepanski@nfp.com					
West Perti WA 6005		INSURER(S) AFFORDING COVERAGE	NAIC#				
		INSURER A : Chubb Insurance Company of Australia Ltd					
INSURED		INSURER B: Chubb Insurance Australia Ltd					
Arbor E&T, LLC d/b/a Equus Workforce Solutions		INSURER C:					
9200 Shelbyville Road, Suite 210 Louisville, KY 40222		INSURER D :					
	40222	INSURER E :					
		INSURER F:					
COVERACES	CERTIFICATE NUMBER.	DEVISION NUMBER.					

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	SUBR		POLICY EFF	POLICY EXP	LIMIT	<u> </u>	
A	X	COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR	X	X	05CL014144	9/30/2022	9/30/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person)	\$ \$ \$	30,000,000
	GEN X	N'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- DECT LOC OTHER:						PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ \$ \$	30,000,000
	AU1	OWOBILE LIABILITY  ANY AUTO OWNED AUTOS ONLY  HIRED AUTOS ONLY  AUTOS ONLY  AUTOS ONLY  AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$	
В	X	UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE	:		01CE553437	9/30/2022	9/30/2023	EACH OCCURRENCE AGGREGATE	\$ \$	20,000,000
	ANY OFFI ( <b>Mar</b>	RKERS COMPENSATION 'EMPLOYERS' LIABILITY PROPRIETOR:PARTNER:EXECUTIVE IDER://MEMBER EXCLUDED? Idatory in NH) s, describe under CRIPTION OF OPERATIONS below	N/A					PER STATUTE OTH- STATUTE OTH- E.L. EACH ACCIDENT  E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Professional Indemnity (E&O) - Carrier: Vero (Suncorp Group) - Limit: \$20,000,000 AUD - Policy #05CL014144 - Effective date: 9/30/2022-9/30/2023
The above mentioned policies sit excess of the locally placed U.S. policy evidenced below.
General Liability Policy #: 9950-72-33 GAB

Fulton County Government, its Officials, Officers and Employees are included as Additional Insured (on a primary and non-contract basis) regarding General Liability where required by written contract with the Named Insured. A waiver of Subrogation applies in favor of the Additional Insureds with respect to General Liability where required by written contract.

CERTIFICATE HOLDER	CANCELLATION
Fulton County Government - Purchasing and Contract Compliance Department 130 Peachtree Street, S,W,	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 Ritz Kerai



# Liability Insurance

### **Endorsement**

Policy Period SEPTEMBER 30, 2022 TO SEPTEMBER 30, 2023

Effective Date SEPTEMBER 30, 2022

Policy Number 9950-72-33 GAB

Insured ROSS INNOVATIVE EMPOLOYMENT SOLUTIONS

CORPORATION

Name of Company GREAT NORTHERN INSURANCE COMPANY

Date Issued OCTOBER 31, 2022

This Endorsement applies to the following forms:

#### GENERAL LIABILITY

Under Who Is An Insured, the following provision is added.

#### Who is An Insured

Additional Insured -Scheduled Person Or Organization Persons or organizations shown in the Schedule are **insureds**; but they are **insureds** only if you are obligated pursuant to a contract or agreement to provide them with such insurance as is afforded by this policy.

However, the person or organization is an **insured** only:

- if and then only to the extent the person or organization is described in the Schedule;
- to the extent such contract or agreement requires the person or organization to be afforded status as an insured;
- for activities that did not occur, in whole or in part, before the execution of the contract or agreement; and
- with respect to damages, loss, cost or expense for injury or damage to which this insurance applies.

No person or organization is an insured under this provision:

- that is more specifically identified under any other provision of the Who Is An Insured section (regardless of any limitation applicable thereto).
- with respect to any assumption of liability (of another person or organization) by them in a
  contract or agreement. This limitation does not apply to the liability for damages, loss, cost or
  expense for injury or damage, to which this insurance applies, that the person or organization
  would have in the absence of such contract or agreement.

Liability Insurance

Additional Insured - Scheduled Person Or Organization

continued

## 

### Liability Endorsement

(continued)

Under Conditions, the following provision is added to the condition titled Other Insurance.

#### **Conditions**

Other Insurance – Primary, Noncontributory Insurance – Scheduled Person Or Organization If you are obligated, pursuant to a contract or agreement, to provide the person or organization shown in the Schedule with primary insurance such as is afforded by this policy, then in such case this insurance is primary and we will not seek contribution from insurance available to such person or organization.

#### Schedule

Persons or organizations that you are obligated, pursuant to a contract or agreement, to provide with such insurance as is afforded by this policy.

PERSONS OR ORGANIZATIONS THAT YOU ARE OBLIGATED, PURSUANT TO A CONTRACT OR AGREEMENT, TO PROVIDE WITH SUCH INSURANCE AS IS AFFORDED BY THIS POLICY

All other terms and conditions remain unchanged.

Authorized Representative

Liability Insurance

Additional Insured - Scheduled Person Or Organization

last page



# **Fulton County**

# **Legislation Details**

File #: 23-0317 Version: 1 Name:

Type: CM Action Item - Infrastructure Status: Agenda Ready

and Economic Development

File created: 3/14/2023 In control: Board of Commissioners

On agenda: 5/3/2023 Final action:

**Title:** Request approval to renew an existing contract - Select Fulton - Workforce Development Division,

22RFP0119B-PS, One Stop Operator in the amount of \$125,000.00 with Arbor E&T, LLC dba Equus Workforce Solutions (Louisville, KY) to provide the coordination and facilitation of a "One- Stop Operator" service. This action exercises the first of three renewal options. Two renewal options remain. Effective dates: July 1, 2023 through June 30, 2024. This contract is 100% grant funded.

Sponsors:

Indexes:

Code sections:

Attachments: 1. Contract Renewal Evaluation Form - One Stop Operator, 2. CONTRACT RENEWAL 1

AGREEMENT FORM - One Stop Operator, 3. Contractors Performance Report - Equus OSO Q2

Date Ver. Action By Action Result