



**DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE**

**CONTRACT RENEWAL AGREEMENT**

**DEPARTMENT:** Real Estate and Asset Management

**BID/RFP# NUMBER:** 20ITB125868C-CG (B)

**BID/RFP# TITLE:** Glass and Plexiglas Repair and Replacement

**ORIGINAL APPROVAL DATE:** 10/7/2020

**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:** P & E Mirror and Glass, LLC

**ADDRESS:** 2790 Lakewood Ave SW, STE C

**CITY:** Atlanta

**STATE:** GA

**ZIP:** 30315

**This Renewal Agreement No. 2 was approved by the Fulton County Board of Commissioners on BOC DATE:** 10/5/2022 **BOC NUMBER:** 2022-0703

**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*

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

**ATTEST:**

DocuSigned by:

*Tonya R. Grier*

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

**(Affix County Seal)**



**AUTHORIZATION OF RENEWAL:**

DocuSigned by:

*Joseph N. Davis*

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

**P & E MIRROR AND GLASS, LLC**

DocuSigned by:

*Thernisa Hindsman*

**Thernisa Hindsman  
Partner**

**ATTEST:**

**Secretary/  
Assistant Secretary**

**(Affix Corporate Seal)**

**ATTEST:**

DocuSigned by:

*Bernice W. Slaton*

**Notary Public**

County: Fulton

**Commission Expires:** 12/05/2026

**(Affix Notary Seal)**

DocuSigned by:



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

**ITEM#:** 2022-0 **RM:** 10/5/2022  
**REGULAR MEETING**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/19/2023

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).

<b>PRODUCER</b>  Valerie Primas 2798 Lakewood Ave SW Suite A  Atlanta GA 303155807	<b>CONTACT</b> NAME: Valerie Primas PHONE (A/C, No, Ext): 404-209-1225 FAX (A/C, No): E-MAIL ADDRESS: valerie.primas.gsb2@statefarm.com
<b>INSURER(S) AFFORDING COVERAGE</b>	
INSURER A: State Farm Fire and Casualty Company (Auto or Fire)	
INSURER B: State Farm Mutual Automobile Insurance Company (inclu	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

<b>COVERAGES</b>	<b>CERTIFICATE NUMBER:</b>	<b>REVISION NUMBER:</b>
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	ADD INSD	SUB WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	91-GC-H153-4	12/12/2022	12/12/2023	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000						
	MED EXP (Any one person) \$ 5,000						
	PERSONAL & ADV INJURY \$						
B	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	9943802-F12-11	12/12/2022	06/12/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 500,000
	BODILY INJURY (Per person) \$						
	BODILY INJURY (Per accident) \$						
	PROPERTY DAMAGE (Per accident) \$						
A	<b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0	N/A		91-E4-X362-6	12/12/2022	12/12/2023	EACH OCCURRENCE \$ 1,000,000
	AGGREGATE \$						
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	N	91-G3-M140-3	12/12/2022	12/12/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ 500,000

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

## CERTIFICATE HOLDER

Fulton County Government- Purchasing Department 130 Peachtree St SW Suite 168 Atlanta GA 30303	<b>CANCELLATION</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. AUTHORIZED REPRESENTATIVE  This form was system-generated on 01/19/2023
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## CANCELLATION

© 1988-2015 ACORD CORPORATION. All rights reserved.

**22-0702 Board of Commissioners**

Execution by Chairman Robert L. Pitts of a TEFRA (Tax Equity Fiscal Responsibility Act) for documentation pertaining to the proposed issuance of its Development Authority of Fulton County Senior Housing Revenue Notes (Piedmont Senior Apartments Project) Series 2022 or similarly styled instrument, in an amount not to exceed \$20,300,000.00 (the "Notes").

**Open & Responsible Government****22-0703 Real Estate and Asset Management**

Request approval to renew existing contracts - Department of Real Estate and Asset Management, 20ITB125868C-CG, Glass and Plexiglas Repair and Replacement in the total amount of \$55,000.00 with (A) Brad Construction Company II, LLC (Fayetteville, GA) in the amount of \$40,000.00; and (B) P & E Mirror and Glass, LLC (Atlanta, GA) in the amount of \$15,000.00, to provide glass and plexiglas repair and replacement 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.

**22-0704 Real Estate and Asset Management**

Request approval to renew an existing contract - Department of Real Estate and Asset Management, 20ITB1008C-MH, Boiler Inspection and Preventive Maintenance Services in the amount of \$100,000.00 with Daikin Applied Americas, Inc. (Marietta, GA), to provide standby on-site boiler inspection and preventive maintenance services for 27 boilers on an "as needed" basis located within selected Fulton County facilities. This action exercises the second of two renewal options. No renewal options remain. Effective dates: January 1, 2023 through December 31, 2023.

**22-0705 Real Estate and Asset Management**

Request approval to renew an existing contract - Department of Real Estate and Asset Management, 20ITB126371C-CG Towing and Wrecker Services for County Fleet in an amount not to exceed \$30,000.00 with S&W Services of Atlanta Inc. (Atlanta, GA), to provide towing and wrecker services on an "as-needed" basis for the County fleet. This action exercises the second of two renewal options. No renewal options remain. Effective dates: January 1, 2023 through December 31, 2023.

**22-0706 Real Estate and Asset Management**

Request approval to renew an existing contract - Department of Real Estate and Asset Management, 20ITB125925C-CG, Septic Tank and Grease Trap Maintenance Services Countywide in the amount of \$25,000.00 with Darling Ingredients, Inc. - Dar Pro Solutions (Atlanta, GA), to provide septic tank and grease trap maintenance services on an "as needed" basis for the 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:** 20ITB125868C-CG (A)

**BID/RFP# TITLE:** Glass and Plexiglas Repair and Replacement

**ORIGINAL APPROVAL DATE:** 10/7/2020

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

**RENEWAL OPTION #:** 2 OF 2

**NUMBER OF RENEWAL OPTIONS:** 2

**RENEWAL AMOUNT:** \$40,000.00

**COMPANY'S NAME:** Brad Construction Company II, LLC

**ADDRESS:** 550 W. Lanier Ave., Suite 801

**CITY:** Fayetteville

**STATE:** GA

**ZIP:** 30214

**This Renewal Agreement No. 2 was approved by the Fulton County Board of Commissioners on BOC DATE:** 2022-0703 **BOC NUMBER:** 10/5/2022

**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**


**BRAD CONSTRUCTION COMPANY II, LLC**

DocuSigned by:  
  
14E1B4AA5F6A44A...  
**Robert L. Pitts, Chairman**  
**Fulton County Board of Commissioners**

DocuSigned by:  
  
48919D1C8EFC42D...  
**Jameel Hanif**  
**Principal**

**ATTEST:**

**ATTEST:**

DocuSigned by:  
  
EEC476C4837648D...  
**Tonya R. Grier**  
**Clerk to the Commission**

DocuSigned by:



**(Affix County Seal)**

**Secretary/  
Assistant Secretary**

**(Affix Corporate Seal)**

**AUTHORIZATION OF RENEWAL:**

**ATTEST:**

DocuSigned by:  
  
B20354A00000422...  
**Joseph N. Davis, Director**  
**Department of Real Estate and Asset Management**

DocuSigned by:  
  
B1F644AE33AF469...  
**Jonathan L. Daniels**  
**Notary Public**

**County:** Fayette

**Commission Expires:** 4-27-2025

**(Affix Notary Seal)**



<b>ITEM#:</b> _____ <b>RCS:</b> _____	<b>ITEM#:</b> 2022-07 <b>RM:</b> 10/5/2022
<b>RECESS MEETING</b>	<b>REGULAR MEETING</b>





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/29/2022

**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.**

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<b>PRODUCER</b> Strawn & Co., Insurance 16 Hampton Street Post Office Box 38 McDonough GA 30253	<b>CONTACT NAME:</b> Anna Strawn <b>PHONE (A/C, No, Ext):</b> (770) 957-9005 <b>FAX (A/C, No):</b> (770) 957-9720 <b>E-MAIL ADDRESS:</b> annastrawn@strawninsurance.com <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td><b>INSURER A:</b> The Harford Mutual Insurance Co</td> <td>14141</td> </tr> <tr> <td><b>INSURER B:</b> Builders Insurance (A Mutual Captive)</td> <td>10704</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> The Harford Mutual Insurance Co	14141	<b>INSURER B:</b> Builders Insurance (A Mutual Captive)	10704	<b>INSURER C:</b>		<b>INSURER D:</b>		<b>INSURER E:</b>		<b>INSURER F:</b>	
INSURER(S) AFFORDING COVERAGE	NAIC #														
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<b>INSURER D:</b>															
<b>INSURER E:</b>															
<b>INSURER F:</b>															
<b>INSURED</b> Brad Construction Company II LLC 500 W. Lanier Avenue Suite 801 Fayetteville GA 30214															

**COVERAGES****CERTIFICATE NUMBER:** CL2272941622**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>			9215435	07/29/2022	07/29/2023	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person)	\$ 10,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY	\$ 1,000,000
	OTHER:						GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident)	\$
	<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 type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
								\$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b>			CU104732910	07/29/2022	07/29/2023	EACH OCCURRENCE	\$ 3,000,000
	<input type="checkbox"/> <b>EXCESS LIAB</b>	<input type="checkbox"/> OCCUR					AGGREGATE	\$ 3,000,000
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	<input type="checkbox"/> CLAIMS-MADE						\$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>			WCV0223426 06	07/29/2022	07/29/2023	<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	<input type="checkbox"/> Y	N / A				E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
	Leased & Rented Eq			PKG 0223219 04	07/29/2022	07/29/2023	Limit of Insurance	\$ 250,000

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

**CERTIFICATE HOLDER****CANCELLATION**

Fulton County Government, Its Officials, Officers & Employees 130 Peachtree St., SW Suite 1168 Atlanta, GA 30303  NY 14623	<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> <b>AUTHORIZED REPRESENTATIVE</b>
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**22-0702 Board of Commissioners**

Execution by Chairman Robert L. Pitts of a TEFRA (Tax Equity Fiscal Responsibility Act) for documentation pertaining to the proposed issuance of its Development Authority of Fulton County Senior Housing Revenue Notes (Piedmont Senior Apartments Project) Series 2022 or similarly styled instrument, in an amount not to exceed \$20,300,000.00 (the "Notes").

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**AMENDMENT NO. 1 TO FORM OF CONTRACT**

Contractor: **Brad Construction Company II, LLC**

Contract No. **20ITB125868C-CG, Glass and Plexiglas Repair and Maintenance**

Address: **500 W. Lanier Ave., Suite 801**  
City, State **Fayetteville, GA 30214**

Telephone: **(770) 469-7271**

E-mail: [jhanif@bradconstruction.com](mailto:jhanif@bradconstruction.com)

Contact: **Jameel Hanif,**  
**Principal**

**W I T N E S S E T H**

WHEREAS, Fulton County ("County") entered into a Contract with **Brad Construction Company II, LLC** to provide Glass and Plexiglas Repair and Maintenance, dated January 1, 2021, on behalf of the Department of Real Estate and Asset Management; and

WHEREAS, the purpose for of this amendment is for the approving of increase spending authority to cover the costs to provide replacement of two SAGE glass curtainwall panels at the Fulton County Juvenile Court building located at 395 Pryor Street SW, Atlanta, GA 30312; and

WHEREAS, the Contractor has performed satisfactorily over the period of the contract; and

WHEREAS, this amendment was approved by the Fulton County Board of Commissioners on **August 16, 2023, BOC Item #23-0553**.

**NOW, THEREFORE**, the County and the Contractor agree as follows:

This Amendment No. 1 to Form of Contract is effective as of the 16<sup>th</sup> day of August, 2023, between the County and **Brad Construction Company II, LLC**, who agree that all Services specified will be performed in accordance with this Amendment No. 1 to Form of Contract and the Contract Documents.

**SCOPE OF WORK TO BE PERFORMED:** To furnish all labor, materials, tools, equipment, and appurtenances necessary to provide immediate replacement of two SAGE glass curtainwall panels at the Fulton County Juvenile Court building located at 395 Pryor Street SW, Atlanta, GA 30312, and anticipated repair/replacement work for the remainder of FY2023.

The two panels were damaged due to structural movements of the building curtainwall façade that led to the shattering of Insulated glass units (IGU). We are requesting spending authority in the total amount of \$40,000; for the replacement costs of \$17,690, and we are requesting the remaining \$22,310 to cover anticipated related repair maintenance and replacement expenses for remaining five months (August through December) of fiscal year 2023.

2. **COMPENSATION:** The services described under Scope of Work herein shall be performed by Contractor for a total amount not to exceed **\$40,000.00** (Forty Thousand Dollars and Zero Cents).
3. **LIABILITY OF COUNTY:** This Amendment No. 1 to Form of Contract shall not become binding on the County and the County shall incur no liability upon same until such agreement has been executed by the Chair to the Commission, attested to by the Clerk to the Commission and delivered to Contractor.
4. **EFFECT OF AMENDMENT NO. 1 TO FORM OF CONTRACT:** Except as modified by this Amendment No. 1 to Form of Contract, the Contract, and all Contract Documents, remain in full force and effect.

**[INTENTIONALLY LEFT BLANK]**

**IN WITNESS THEREOF**, the Parties hereto have caused this Contract to be executed by their duly authorized representatives as attested and witnessed and their corporate seals to be hereunto affixed as of the day and year date first above written.

OWNER:

**FULTON COUNTY, GEORGIA**

DocuSigned by:

*Robert L. Pitts*

Robert L. Pitts, Chairman  
Fulton County Board of Commissioners

CONSULTANT:

**BRAD CONSTRUCTION  
COMPANY II, LLC**

DocuSigned by:

*Jameel Hanif*

Jameel Hanif,  
Principal

ATTEST:

DocuSigned by:

*Tonya R. Grier*

Tonya R. Grier  
Clerk to the Commission

(Affix County Seal)

DocuSigned by:

Secretary/  
Assistant Secretary

(Affix Corporate Seal)

APPROVED AS TO FORM:

DocuSigned by:

*Patrick O' Connor*

Office of the County Attorney

APPROVED AS TO CONTENT:

DocuSigned by:

*Joseph N. Davis*

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

ATTEST:

DocuSigned by:

*Ralonda Hanif*

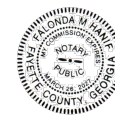
Notary Public

County: Fayette

Commission Expires: March 26, 2027

(Affix Notary Seal)

DocuSigned by:



ITEM#: 22-0703 RCS: 10/5/2022  
**RECESS MEETING**

ITEM#: \_\_\_\_\_ RM: \_\_\_\_\_  
**REGULAR MEETING**





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/01/2023

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**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> Strawn & Co., Insurance 16 Hampton Street Post Office Box 38 McDonough GA 30253	<b>CONTACT NAME:</b> Certificate Department <b>PHONE (A/C, No, Ext):</b> (770) 957-9005 <b>FAX (A/C, No):</b> (770) 957-9720 <b>E-MAIL ADDRESS:</b> coi@strawninsurance.com														
<b>INSURED</b> Brad Construction Company II LLC 500 W. Lanier Avenue Suite 801 Fayetteville GA 30214	<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> The Harford Mutual Insurance Co</td> <td>14141</td> </tr> <tr> <td><b>INSURER B:</b> Builders Insurance (A Mutual Captive)</td> <td>10704</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> The Harford Mutual Insurance Co	14141	<b>INSURER B:</b> Builders Insurance (A Mutual Captive)	10704	<b>INSURER C:</b>		<b>INSURER D:</b>		<b>INSURER E:</b>		<b>INSURER F:</b>	
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<b>INSURER F:</b>															

**COVERAGES****CERTIFICATE NUMBER:** CL238144562**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>			MP10825006	07/29/2023	07/29/2024	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person) \$ 10,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		PERSONAL & ADV INJURY \$ 1,000,000				
	OTHER:						GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident) \$
	<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 type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b>			CU104732910	07/29/2023	07/29/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> <b>EXCESS LIAB</b>						AGGREGATE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE						
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>			WCV0223426 07	07/29/2023	07/29/2024	<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	<input type="checkbox"/> Y <input type="checkbox"/> N	N / A				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)

**CERTIFICATE HOLDER****CANCELLATION**

Fulton County

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