

CONTRACT RENEWAL AGREEMENT

DEPARTMENT: Sheriff's Office

BID/RFP# NUMBER: 17RFP07012016B-BR

BID/RFP# TITLE: Inmate Medical Services

ORIGINAL APPROVAL: November 15, 2017

RENEWAL EFFECTIVE DATES: January 1, 2024 through December 31, 2024

RENEWAL OPTION #: 6 OF 9

NUMBER OF RENEWAL OPTIONS: 9

RENEWAL AMOUNT: \$33,791,785.73

COMPANY'S NAME: NaphCare of Fulton County, LLC.

ADDRESS: 2090 Columbiana Road, Suite 4000

CITY: Birmingham

STATE: Alabama

ZIP: 35126

This Renewal Agreement No. 6 was approved by the Fulton County Board ofCommissioners on BOC DATE: 11/15/23BOC NUMBER: #23-0831

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	NAPHCARE OF FULTON COUNTY,
DocuSigned by:	LLC DocuSigned by:
Robert L. Pitts	James S. Melane
Robert L. Pitts, Chairman	James S. McLane
Fulton County Board of Commissioners	Chairman of the Board
ATTEST:	ATTEST:
DocuSigned by:	DocuSigned by:
Tonya R. Grier	Bradley J. Cain
Tonya R. Grier	Secretary/
Clerk to the Commission DocuSigned by:	Assistant Secretary
	SEAL
(Affix County Seal)	(Affix Corporate Seal)
AUTHORIZATION OF RENEWAL:	ATTEST:
AUTHORIZATION OF RENEWAL:	ATTEST:
DocuSigned by:	
Patrick "Pat" Labat	
Patrick "Pat" Labat, Sheriff	Notary Public
Fulton County Sheriff's Office	
•	
	County:
	Commission Expires:
	(Affix Notary Seal)

ITEM#: 23-0831	RCS: 11/15/2023	ITEM#:	RM:
RECESS MEETING		REGULAR MEETING	ì

A		CD.	TIC					e [DATE	E (MM/DD/YYYY)
ACORD CERTIFICATE OF LIABILITY INSURANCE							11/16/2023			
C B	HIS CERTIFICATE IS ISSUED AS A ERTIFICATE DOES NOT AFFIRMAT ELOW. THIS CERTIFICATE OF INS EPRESENTATIVE OR PRODUCER, A	IVEL` SURA	Y OR NCE	NEGATIVELY AMEND, DOES NOT CONSTITUT	EXTEN	D OR ALTE	ER THE CO	VERAGE AFFORDED B	зү тн	E POLICIES
IN	IPORTANT: If the certificate holder SUBROGATION IS WAIVED, subject	is an	ADD	ITIONAL INSURED, the p						
	his certificate does not confer rights t				uch end	orsement(s)		- 1		
PRO	DUCER				CONTAC NAME:	Hunter V	Villiams			
VIC	G, LLC, The Vestavia Group				PHONE (A/C, No.	Ext): 205-26	6-7304	FAX (A/C, No):	205-	244-8072
209	90 Columbiana Road Ste. 2000				E-MAIL ADDRES	s: hunter.w	illiams@vesta	aviagroup.com		
										NAIC #
	mingham IRED			AL 35216	INSURE			Company "A" XV		25445
NSU							surance comp	pany "A+" XV nce Company "A++" XV		11150
	NaphCare, Inc. NaphCare of Fulton County,	uс			INSURE					25615
	2090 Columbiana Rd Ste. 40				INSURE					
	Birmingham			AL 35216	INSURE					
co		TIFIC	CATE	NUMBER:				REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY	EQUIF PERT	REME AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF ANY ED BY 1	CONTRACT	OR OTHER DESCRIBED	DOCUMENT WITH RESPE	ст то	WHICH THIS
NSR		ADDL	SUBR			POLICY EFF	POLICY EXP	LIMI		
LTR	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	EACH OCCURRENCE	\$	2,000,000
•			v			40/04/0000	40/04/0000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
A	Retro Date: 12/31/2018	Y	Y	HC7BAB5A62003		12/31/2022	12/31/2023	MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	9,000,000
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:								\$	
в	AUTOMOBILE LIABILITY	Y	Y	11CAB1077600		9/30/2023	9/30/2024	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
Б	ANY AUTO	'		TICABIOTTOOD		9/30/2023	9/30/2024	BODILY INJURY (Per person)	\$	XXXXXXXX
	OWNED SCHEDULED AUTOS ONLY AUTOS HIRED NON-OWNED							BODILY INJURY (Per accident) PROPERTY DAMAGE		XXXXXXXX
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$ \$	XXXXXXXX
										5.000.000
А	EXCESS LIAB CLAIMS-MADE	Y	Y	HC7BAB5A67003		12/31/2022	12/31/2023	EACH OCCURRENCE AGGREGATE	\$ \$	5.000.000
	DED RETENTION \$	1						AGGREGATE	\$	0,000,000
	WORKERS COMPENSATION							X PER OTH- STATUTE ER		
С	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE		Y	UB-1P248768-22-51-K UB-1P250924-22-51-R		9/30/2023	9/30/2024	E.L. EACH ACCIDENT	\$	1,000,000
	OFFICER/MEMBER EXCLUDED?	N/A		00-11 200924-22-01-10				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	Professional Liability Claims Made Retro Date: 07/01/03	N	Y	HC7BAB5A62003		12/31/2022	12/31/2023	Each Med Incident Aggregate		2,000,000 9,000,000
17 na Su	CRIPTION OF OPERATIONS/LOCATIONS/VEHIC RFP07012016B-BR/Inmate med as Additional Insured, a Ibrogation shall be provided t	Mec is re for F	lical spe ulto	Services; It is unde ects their contract w on County as respe	erstoo ith Na cts the	d and ag phCare c eir contra	reed Fulto of Fulton (ct with Na	on County Govern County, LLC. A Wa aphCare of Fulton	aiver Cou	^r of nty, LLC.
sh	surance policies shall be prin all result in a thirty (30) day v									
	Iton County, LLC.				0.4110					
υE				1		ELLATION				
Fulton County Government Purchasing & Contracting Compliance Department 130 Peachtree Street S.W., Suite 1168				epartment	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
	Atlanta, GA 30303-	340	ฮ		AUTHOR	IZED REPRESEI		t the		
							~~	a cost		

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	Fulton County							
FULTON COUNTY	Legislation Details							
File #:	23-0831	Version: 1	Name:					
Туре:	CM Action Ite Safety	em - Justice and	Status:	Passed				
File created:	10/23/2023		In control:	Board of Commissioners				
On agenda:	11/15/2023		Final action:	11/15/2023				
Title:	Request approval to renew an existing contract - Sheriff's Office, 17RFP07012016B-BR, Inmate Medical Services with NaphCare, Inc. (Birmingham, AL) in the amount of \$33,791,785.73 to provide physical and mental health services to inmates at the Fulton County Jail and other locations in addition to the annual medication pass through costs estimated not to exceed \$5,500,000.00. This action exercises the sixth of nine renewal options. Three renewal options remain. Effective dates: January 1, 2024, through December 31, 2024.							
Sponsors:								
Indexes:								
Code sections:								
Attachments:	1. Renewal A	Agreement No.pdf	, 2. NapeCare-Ve	endor Performance Report- Nov	/-23			
Date	Ver. Action E	Зу	Act	ion	Result			
11/15/2023	1 Board	of Commissioners						