



**FULTON
COUNTY**

CONTRACT RENEWAL #1

#20RFP124470K-DB

**TSPLOST PROGRAM MANAGEMENT
SERVICES**

FOR

**FULTON COUNTY
DEPARTMENT OF PUBLIC WORKS**



CONTRACT RENEWAL AGREEMENT

DEPARTMENT: PUBLIC WORKS

BID/RFP# NUMBER: 20RFP124470K-DB

BID/RFP# TITLE: TSPLOST Program Management Services

ORIGINAL APPROVAL DATE: 8/5/2020

RENEWAL EFFECTIVE DATES: 08/28/2021 THROUGH 08/29/2022

RENEWAL OPTION #: 1 OF 2

NUMBER OF RENEWAL OPTIONS: 2

RENEWAL AMOUNT: \$114,600.00

COMPANY'S NAME: Goodwyn, Mills and Cawood, LLC.

ADDRESS: 6120 Powers Ferry Rd., NW, Suite 350

CITY: Atlanta

STATE: GA

ZIP: 30339

This Renewal Agreement No. 1 was approved by the Fulton County Board of Commissioners on BOC DATE: 9/1/2021 BOC NUMBER: 21-0653

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: 20RFP124470K-DB

FULTON COUNTY, GEORGIA**GOODWYN, MILLS AND CAWOOD, LLC.**

DocuSigned by:

Robert L. Pitts

Robert L. Pitts, Chairman
Fulton County Board of Commissioners

DocuSigned by:

Bryant Poole

Bryant Poole, Vice President
Transportation

ATTEST:**ATTEST:**

DocuSigned by:

Tonya R. Grier

Tonya R. Grier
Clerk to the Commission

DocuSigned by:

Amanda Davis

Secretary/
Assistant Secretary

(Affix County Seal)**(Affix Corporate Seal)****AUTHORIZATION OF RENEWAL:****ATTEST:**

DocuSigned by:

David Clark

David Clark, Director
Department of Public Works

Amanda Davis

Notary Public**County:** Montgomery**Commission Expires:** 3/19/2022**(Affix Notary Seal)**

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

ITEM#: 21-0653 **RM:** 9/1/2021
REGULAR MEETING

ACORDTM**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

8/23/2021

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 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 Harmon Dennis Bradshaw, Inc. 334-273-7277 P.O. Box 241667 Montgomery, AL 36124	CONTACT NAME: Julie Faulkner PHONE (A/C, No, Ext): 334-273-7277 FAX (A/C, No): 334-273-9197 E-MAIL ADDRESS: jfaulkner@hdbinsurance.com														
INSURED Goodwyn Mills & Cawood, Inc. Goodwyn Mills Cawood, LLC. P.O. Box 242128 Montgomery, AL 36124	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Charter Oak Fire Insurance Co.</td> <td>25615</td> </tr> <tr> <td>INSURER B : Travelers Property Casualty Co of Ameri</td> <td>25674</td> </tr> <tr> <td>INSURER C : Assoc General Cont SIF/Midwest ECC</td> <td>23612</td> </tr> <tr> <td>INSURER D : Midwest Employers Casualty Company</td> <td>23612</td> </tr> <tr> <td>INSURER E : Phoenix Insurance Company</td> <td>25623</td> </tr> <tr> <td>INSURER F : Continental Insurance Company</td> <td>35289</td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Charter Oak Fire Insurance Co.	25615	INSURER B : Travelers Property Casualty Co of Ameri	25674	INSURER C : Assoc General Cont SIF/Midwest ECC	23612	INSURER D : Midwest Employers Casualty Company	23612	INSURER E : Phoenix Insurance Company	25623	INSURER F : Continental Insurance Company	35289
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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 INSR	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 type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	X	6600J635966	03/03/2021	03/03/2022	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 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 \$
E	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	X	X	8100N418627	03/03/2021	03/03/2022	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$10,000	X		CUP7K314062	03/03/2021	03/03/2022	EACH OCCURRENCE \$4,000,000 AGGREGATE \$6,000,000 \$
F				6050024662 EXC	03/03/2021	03/03/2022	
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		X	CA1452021 AL ONLY	01/01/2021	01/01/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
D			X	PFSC180024	01/01/2021	01/01/2022	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)

RE: TSPLOST PROGRAM MANAGEMENT SERVICES

WC Alabama Policy - Waiver of Subrogation is included in favor of certificate holder when required by written contract.

(See Attached Descriptions)

CERTIFICATE HOLDER**CANCELLATION**

Fulton County Government
 Attn: Purchasing & Contract
 Compliance Dept
 130 Peachtree St. SW
 Ste 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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DESCRIPTIONS (Continued from Page 1)

Alabama Work Comp-Regarding effective and expiration, both days are at 12:01 Standard Time at the insured's address. Coverage under this program is limited to the Alabama Workers Compensation Act. Alabama Associated General Contractors Self Insurers Fund (dba Comp Trust AGC)is rated by A.M. Best and their rating is A-VI. Midwest Employers Casualty Company is rated by A.M. Best and their rating is A+XV.

Work Comp Out of State policy applies to the following States: GA, SC, TN, TX, FL, MS
Blanket WOS is included for WC Out of State Policy.