

## Town of Tyrone Contract Renewal Form

Vendor: Aabby Group

Original Contract Date: July 1, 2020 to June 30, 2021

Contract for: Right-of-Way Mowing and Grounds Maintenance

New Contract Extension Date: July 1, 2023 to June 30, 2024

This extension agreement as described above extends the existing contract without change including, but is not limited to, conditions, scope of work, term, price, schedule, and insurance requirements. As Vendor, you here by confirm that you have legal authority with the company to approve contracts and extensions, and your company accepts the same contract as the original contract for the time extension listed above. Also attached is an update Certificate of Insurance for the amounts depicted on the contract.

Vendor Signature: Kimberly Leedy (Vice-President)

Vendor Name: (printed) Kimberly Leedy Date signed: 7-11-2023

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The Town of Tyrone hereby agrees to the extension of the contract as allowed under the provisions of the original contract.

Town Signature \_\_\_\_\_

Name: (Printed) \_\_\_\_\_ Date Signed: \_\_\_\_\_



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/11/2023

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> The Harbin Agency, Inc. PO Box 1130 215 Greencastle Road Tyrone GA 30290	<b>CONTACT NAME:</b> Stacey Skeen <b>PHONE (A/C, No, Ext):</b> 770-461-4315 <b>FAX (A/C, No):</b> 770-461-3359 <b>E-MAIL ADDRESS:</b> staceys@harbinagency.com
<b>INSURED</b> A Abby Group Inc 154 Rockwood Road Tyrone GA 30290	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Trustgard Insurance Company <b>INSURER B:</b> Grange Insurance Company <b>INSURER C:</b> Allied Eastern Indemnity Company <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>
	<b>NAIC #</b> 40118 14060 11242

**COVERAGES****CERTIFICATE NUMBER:** 39744834**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> <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:			CPP2841677	8/27/2022	8/27/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			CA2841678	8/27/2022	8/27/2023	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"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			CUP2841679	8/27/2022	8/27/2023	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
C	<input checked="" type="checkbox"/> <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 <input type="checkbox"/> N/A			01-0000134495-02	8/26/2022	8/26/2023	<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
A	Leased & Rented Equipment			CPP2841677	8/27/2022	8/27/2023	\$120,000 Limit \$500 Deductible

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

See Attached Endorsement Forms  
GK1054 (4-2017) Contractor's Optimum Endorsement (Includes Additional Insureds Required by Contract, Blanket Primary and Non Contributory and Blanket Waiver of Subrogation)  
CG38 (6-2015) Additional Insured -Owners, Lessees or Contractors - Completed Operations - Automatic Status When Required in Construction Agreement with You  
AKK376 (10-2016) Business Auto Optimum Plus (Blanket Designated Insured and Waiver of Subrogation Included)  
WC 000313 (4-84) Waiver of our Right to Recover From Others Endorsement - WC

**CERTIFICATE HOLDER****CANCELLATION**

Town of Tyrone  
881 Senoia Road  
Tyrone GA 30290

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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