

Fayette
COUNTY

"WHERE QUALITY
IS A LIFESTYLE"

PURCHASING DEPARTMENT
140 STONEWALL AVENUE WEST, STE 204
FAYETTEVILLE, GEORGIA 30214
PHONE: 770-305-5420
www.fayettecountyga.gov

July 25, 2014

Kip Oldham
K.A. Oldham Design, Inc.
14 East Washington Street
Newnan, Georgia 30263

Subject: Contract #A-42 Design for Renovation of the old Jail – Notice to Proceed

Dear Mr. Oldham:

You are hereby notified the contract for design services for renovation of the old Fayette County Jail is fully executed. Your contact person for this project is Carlos Christian at (770) 320-6037. Please notify Carlos prior to getting started.

All insurance coverage shall be kept current for the duration of the contract period.

Thank you for your participation in this Fayette County project. If you have any questions, please do not hesitate to contact Trina Barwicks, Contract Administrator at (770) 305-5314.

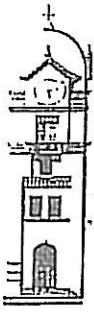
Sincerely,

A handwritten signature in dark ink, appearing to read "Ted L. Burgess", with a large, sweeping flourish at the end.

Ted L. Burgess
Director of Purchasing

TLB/tcb

Attachments



Fayette
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140 STONEWALL AVENUE WEST, STE 204
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June 30, 2014

Kip Oldham
K.A. Oldham Design, Inc.
14 East Washington Street
Newnan, Georgia 30263

Subject: Contract #A-42 Design for Renovation of the old Jail

Dear Mr. Oldham:

Fayette County, Georgia wishes to contract with your firm for design services for renovation of the old Fayette County Jail. Enclosed, please find two copies of the Fayette County contract which includes AIA Document B105-2007 Standard Form of Agreement between Owner and Architect, Attachment A Feasibility Study Cost Estimate drafted by Gleeds and Attachment B Fayette County Additional Terms and Conditions. You will need to sign both copies of the contracts, and stamp them with your corporate seal, if applicable. Please return both complete documents to the Fayette County Purchasing Department.

Please note that we have replaced the original Attachment B with a revised document. It reflects deletion of those provisions that do not pertain to this agreement.

So that this agreement can be executed and to comply with state legal requirements, you will need to provide the following documentation:

1. **Insurance Certificate:** Current insurance certificate including limits of liability as stated in the enclosed agreement, with Fayette County, Georgia listed as an additional insured. If you have three or more employees, we will need to receive proof of workers compensation coverage. If you do not have three or more employees, we will need a letter from your company so stating signed by the president of your company.
2. **Work Authorization Documents:** Georgia law (O.C.G.A. 13-10-91) stipulates that the county cannot enter into a contract for the physical performance of services "unless the contractor registers and participates in the federal work authorization program." In compliance with this legal requirement, the attached form titled *Contractor Affidavit under O.C.G.A § 13-*

10-91 (B) (1) must be completed and signed by someone at least 18 years old, who is authorized to execute binding legal documents on behalf of your company. It must also be notarized.

Note: Affidavits for any subcontractors or sub-subcontractors are included here for your convenience, although you are not required to submit them to the county with the contractor affidavit.

3. **IRS Form W-9:** So that the county's Finance Department can fulfill reporting requirements to the internal Revenue Service, please complete and sign the enclosed Form W-9.

Thank you, and if you have questions please contact Trina Barwicks, Contracts Administrator at 770-305-5314 or me.

Sincerely,



Ted L. Burgess
Director of Purchasing

TLB/tcb

Attachments

AGREEMENT

This Agreement is made this 25 day of July, 20 14, by and between Fayette County, Georgia (hereinafter called "Owner") and K.A. Oldham (hereinafter called "Architect" or "Contractor").

WITNESSETH: That for and in consideration of the payments and agreements hereinafter mentioned:

1. The Contractor will provide architectural services for renovation of the old jail, as described in the agreement.
2. The Contractor agrees to perform all of the services described in the contract documents, and comply with the terms therein, for compensation of an amount not to exceed \$121,900.00.
3. The term "Contract Document" means and includes the following:
 - a. This Agreement
 - b. AIA Document B105 – 2007
 - c. Attachment B – Additional Terms and Conditions
 - d. Contractor's (E-Verify) Affidavit
 - e. Notice to proceed
4. This Agreement shall be binding upon all parties hereto and their respective heirs, executors, administrators, successors, and assigns.
5. Any dispute which may arise under this Agreement shall be resolved under the laws of the State of Georgia and venue shall be proper in Fayette County, Georgia.

IN WITNESS WHEREOF, the parties hereto have executed or caused to be executed by their duly authorized official, this Agreement on the date first above written.

OWNER:
Fayette County, Georgia


By: STEVE RAPSON, County Administrator

CONTRACTOR:

K.A. OLDHAM DESIGN, INC.

BY: 

Name: KIP OLDHAM, PRES

Address: 14 EAST WASHINGTON ST.

NEWNAN, GA 30263

Employer Identification Number:

58-2330373



Employment Eligibility Verification

Welcome
Kip Oldham

User ID
KOLD6885

Last Login
02:34 PM - 07/03/2014

[Log Out](#)



Click any for help

[Home](#)

[My Cases](#)

[New Case](#)

[View Cases](#)

[Search Cases](#)

[My Profile](#)

[Edit Profile](#)

[Change Password](#)

[Change Security Questions](#)

[My Company](#)

[Edit Company Profile](#)

[Add New User](#)

[View Existing Users](#)

[Close Company Account](#)

[My Reports](#)

[View Reports](#)

[My Resources](#)

[View Essential Resources](#)

[Take Tutorial](#)

[View User Manual](#)

[Share Ideas](#)

[Contact Us](#)

Company Information

Company Name: K A Oldham Design, Inc.

[View / Edit](#)

Company ID Number: 298612

Doing Business As (DBA) Name:

DUNS Number:

Physical Location:

Address 1: 14 East Washington Street

Address 2:

City: Newnan

State: GA

Zip Code: 30263

County: COWETA

Mailing Address:

Address 1:

Address 2:

City:

State:

Zip Code:

Additional Information:

Employer Identification Number: 582330373

Total Number of Employees: 5 to 9

Parent Organization:

Administrator:

Organization Designation:

Employer Category: None of these categories apply

NAICS Code: 541 - PROFESSIONAL, SCIENTIFIC, AND TECHNICAL SERVICES

[View / Edit](#)

Total Hiring Sites: 1

[View / Edit](#)

Total Points of Contact: 1

[View / Edit](#)

[View MOU](#)

Contractor Affidavit under O.C.G.A. § 13-10-91(b)(1)

By executing this affidavit, the undersigned contractor verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services on behalf of Fayette County, Georgia has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91. Furthermore, the undersigned contractor will continue to use the federal work authorization program throughout the contract period and the undersigned contractor will contract for the physical performance of services in satisfaction of such contract only with subcontractors who present an affidavit to the contractor with the information required by O.C.G.A. § 13-10-91(b). Contractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

815748022151113011
Federal Work Authorization User Identification Number

6/2007
Date of Authorization

K.A. OLDHAM DESIGN, INC.
Name of Contractor

ARCHITECTURAL SERVICES FOR RENOVATION
OF OLD JAIL
Name of Project

FAYETTE COUNTY, GEORGIA
Name of Public Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on July, 2, 201 4 in (city) NEWNAN, (state) GA

[Signature]
Signature of Authorized Officer or Agent

KIP OLDHAM, PRESIDENT
Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE 3rd DAY OF July, 201 4.

[Signature]
NOTARY PUBLIC

My Commission Expires:

My Commission Expires September 22, 2016

**Request for Taxpayer
Identification Number and Certification**

Give Form to the
requester. Do not
send to the IRS.

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above K.A. OLDHAM DESIGN, INC.	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input checked="" type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	
	<input type="checkbox"/> Exempt payee	
	Address (number, street, and apt. or suite no.) 14 EAST WASHINGTON ST City, state, and ZIP code MEMPHIS, GA 30263 List account number(s) here (optional)	Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number								
			-				-	

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number								
5	0	-	2	3	3	0	3	7

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶ 	Date ▶ 7/2/14
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

AIA[®] Document B105[™] – 2007

Standard Form of Agreement Between Owner and Architect for a Residential or Small Commercial Project

AGREEMENT made as of the 27 day of June in the year 2014
(In words, indicate day, month and year.)

BETWEEN the Owner:
(Name, legal status, address and other information)

Fayette County Board of Commissioners
140 Stonewall Avenue West
Suite 100
Fayetteville, GA 30214

Telephone Number: 770-305-5100

and the Architect:
(Name, legal status, address and other information)

K.A. Oldham Design, Inc., Subchapter S Corporation
14 East Washington St.
Newnan, Georgia 30263
Telephone Number: 770-683-9170
Fax Number: 770-683-9171

for the following Project:
(Name, location and detailed description)

1330-00 Fayette County Jail Renovation
Fayette County Jail
145 Johnson Ave
Fayetteville, GA 30214

update and renovation of an existing Jail Pod with the goal of bringing it back online to serve classification and temporary holding functions as determined and needed by the County Jail.

The Owner and Architect agree as follows.

ADDITIONS AND DELETIONS:

The author of this document has added information needed for its completion. The author may also have revised the text of the original AIA standard form. An *Additions and Deletions Report* that notes added information as well as revisions to the standard form text is available from the author and should be reviewed. A vertical line in the left margin of this document indicates where the author has added necessary information and where the author has added to or deleted from the original AIA text.

This document has important legal consequences. Consultation with an attorney is encouraged with respect to its completion or modification.

State or local law may impose requirements on contracts for home improvements. If this document will be used for Work on the Owner's residence, the Owner should consult local authorities or an attorney to verify requirements applicable to this Agreement.

ARTICLE 1 ARCHITECT'S RESPONSIBILITIES

The Architect shall provide architectural services for the Project as described in this Agreement in a manner consistent with locally accepted standards for professional skill and care. The Architect shall assist the Owner in determining consulting services required for the Project. The Architect's services include the following consulting services, if any:

| Mechanical, Electrical, and Plumbing Engineering as well as a narrative specification for the sprinkler system.

During the Design Phase, the Architect shall review the Owner's scope of work, budget and schedule and reach an understanding with the Owner of the Project requirements. Based on the approved Project requirements, the Architect shall develop a design. Upon the Owner's approval of the design, the Architect shall prepare Construction Documents indicating requirements for construction of the Project and shall coordinate its services with any consulting services the Owner provides. The Architect shall assist the Owner in filing documents required for the approval of governmental authorities, in obtaining proposals and in awarding contracts for construction.

During the Construction Phase, the Architect shall act as the Owner's representative and provide administration of the Contract between the Owner and Contractor. The extent of the Architect's authority and responsibility during construction is described in AIA Document A105™-2007, Standard Form of Agreement Between Owner and Contractor for a Residential or Small Commercial Project. Generally, the Architect's services during construction include interpreting the Contract Documents, reviewing the Contractor's submittals, visiting the site, reviewing and certifying payments, and rejecting nonconforming Work.

ARTICLE 2 OWNER'S RESPONSIBILITIES

The Owner shall provide full information about the objectives, schedule, constraints and existing conditions of the Project, and shall establish a budget that includes reasonable contingencies and meets the Project requirements. The Owner shall provide decisions and furnish required information as expeditiously as necessary for the orderly progress of the Project. The Architect shall be entitled to rely on the accuracy and completeness of the Owner's information. The Owner shall furnish consulting services not provided by the Architect, but required for the Project, such as surveying, which shall include property boundaries, topography, utilities, and wetlands information; geotechnical engineering; and environmental testing services. The Owner shall employ a Contractor, experienced in the type of Project to be constructed, to perform the construction Work and to provide price information.

ARTICLE 3 USE OF DOCUMENTS

Drawings, specifications and other documents prepared by the Architect are instruments of the Architect's service and are for the Owner's use solely with respect to this Project. The Architect shall retain all common law, statutory and other reserved rights, including the copyright. Upon completion of the Project or termination of this Agreement, the Owner's right to use the instruments of service shall cease. When transmitting copyright-protected information for use on the Project, the transmitting party represents that it is either the copyright owner of the information, or has permission from the copyright owner to transmit the information for its use on the Project.

ARTICLE 4 TERMINATION, SUSPENSION OR ABANDONMENT

In the event of termination, suspension or abandonment of the Project by the Owner, the Architect shall be compensated for services performed. The Owner's failure to make payments in accordance with this Agreement shall be considered substantial nonperformance and sufficient cause for the Architect to suspend or terminate services. Either the Architect or the Owner may terminate this Agreement after giving no less than seven days' written notice if the Project is suspended for more than 90 days, or if the other party substantially fails to perform in accordance with the terms of this Agreement.

ARTICLE 5 MISCELLANEOUS PROVISIONS

This Agreement shall be governed by the law of the place where the Project is located. Terms in this Agreement shall have the same meaning as those in AIA Document A105-2007, Standard Form of Agreement Between Owner and Contractor for a Residential or Small Commercial Project. Neither party to this Agreement shall assign the contract as a whole without written consent of the other.

Nothing contained in this Agreement shall create a contractual relationship with, or a cause of action in favor of, a third party against either the Owner or the Architect.

Init.

The Architect and Architect's consultants shall have no responsibility for the identification, discovery, presence, handling, removal or disposal of, or exposure of persons to, hazardous materials in any form at the Project site.

ARTICLE 6 PAYMENTS AND COMPENSATION TO THE ARCHITECT

The Architect's Compensation shall be:

\$121,900.00

The Owner shall pay the Architect an initial payment of five percent of the total fee equal to (\$ \$6,095.00) as a minimum payment under this Agreement. The initial payment shall be credited as a 5% reduction to each future invoice.

The Owner shall reimburse the Architect for expenses incurred in the interest of the Project, plus ten percent (10 %). Any and all reimbursable expenses will be approved by the Owner prior to being expended.

Payments are due and payable upon receipt of the Architect's monthly invoice. Amounts unpaid thirty (30) days after the invoice date shall bear interest from the date payment is due at the rate of percent (%) , or in the absence thereof, at the legal rate prevailing at the principal place of business of the Architect.

At the request of the Owner, the Architect shall provide services not included in Article 1 for additional compensation. Such services may include providing or coordinating services of consultants not identified in Article 1; revisions due to changes in the scope, quality or budget; evaluating changes in the Work and Contractors' requests for substitutions of materials or systems; and services not completed within twelve (12) months of the date of this Agreement through no fault of the Architect.

ARTICLE 7 OTHER PROVISIONS

(Insert descriptions of other services and modifications to the terms of this Agreement.)

Attachment A is the accepted budgetary format upon which this project is based at the time of initiation. This document was created by Gleeds USA as the result of the previously conducted needs assessment and feasibility study.

Attachment B is the mandatory Terms and Conditions for Professional Services as required by Fayette County as part of this contract. Any stipulations in the Fayette County terms and conditions for professional services that are in conflict with this contract document shall take precedence over the terms in the AIA B105 contract.

It is understood that Fayette County intends to contract separately with Gleeds USA as the project manager of this project and that KAOD will cooperate with them in the best interest of the Owner and the project.

This Agreement entered into as of the day and year first written above.

OWNER


(Signature)

Steven A. Rapson, CPA, County Administrator

(Printed name and title)

ARCHITECT


(Signature)

Kip Oldham, President

(Printed name and title)

ATTACHMENT A

Feasibility Study Cost Estimate
Fayette County Jail
Fayette County, Georgia
March 20, 2014

gleeds®

Div. No.	Description	Base Construction Cost	Cost without Units 60 & 70
02	Existing Conditions	0	0
05	Metals	5,250	5,250
06	Wood, Plastics, and Composites	986	986
07	Thermal and Moisture Protection	42,758	42,758
08	Openings, doors and windows	116,196	58,146
09	Finishes - floor, wall, ceiling	223,737	177,837
10	Specialties / accessories / signage	15,891	15,891
12	Furnishings	8,000	8,000
21	Fire Suppression	20,000	20,000
22	Plumbing and sanitary installations / repairs	125,039	121,589
23	Heating, Ventilation, and Air Conditioning	185,364	185,364
26	Electrical distribution & Lighting	214,410	170,565
27	Communications	0	0
28	Electronic Safety, Security and controls	317,160	306,360
32	Exterior Improvements	0	0
Measured Work		1,274,790	1,112,744
•	General Conditions 8.00%	102,000	89,000
•	Performance & Payment Bond 0.70%	8,900	7,800
•	General Contractor's Fee 3.00%	38,200	33,400
Cost of Construction - Present Day		1,423,890	1,242,944
•	Construction Contingency (Change Orders) 7.00%	99,700	87,000
Total Construction Cost (Rounded)		1,523,600	1,330,000
•	Risk items		
•	Additional work to sewer lines	7,500	
•	Fire Department Connection work	15,000	
•	Asbestos removal - pipework & insulation	20,000	
•	Balcony railings	30,600	
Total Risk Items		73,100	
•	Project Fees		
•	Architectural & Design Services	121,900	106,400
•	Project & Cost Management	95,000.00	90,000.00
•	Criminal Justice Planning consultant	6,000.00	6,000.00
•	Miscellaneous fees & permits	15,000.00	15,000.00
Total Project Cost (Excluding Risks)		1,761,500	1,547,400

ATTACHMENT B

ADDITIONAL TERMS AND CONDITIONS Architectural Services – Old Jail Renovation

The following Terms and Conditions shall be part of the agreement with K.A. Oldham Design, Inc, for architect's services related to renovation of the old jail in Fayette County, Georgia. In the event of disagreement between the below provisions, and other parts of the agreement, these provisions shall govern. As used below, the term "county" means Fayette County, Georgia. "Architect" means K.A. Oldham Design, Inc.

1. **Notice to Proceed:** The County shall not be liable for payment of any work done or any costs incurred by the Program Manager prior to the county issuing a written notice to proceed.
2. **Patent Indemnity:** The contractor guarantees to save the county, its agents, officers, or employees harmless from liability of any kind for use of any copyrighted or uncopyrighted composition, secret process, patented or unpatented invention, articles or appliances furnished or used in the performance of the contract, for which the Program Manager is not the patentee, assignee or licensee.
3. **Indemnification:** The Program Manager shall defend, indemnify and save the county and all its officers, agents and employees harmless from all suits, actions, or other claims of any character, name and description brought for or on account of any injuries or damages received or sustained by any person, persons, or property on account of any negligent act or fault of the Program Manager, or of any agent, employee, subcontractor or supplier in the execution of, or performance under this agreement. The Program Manager shall pay any judgment with cost which may be obtained against the county growing out of such injury or damages.
4. **Insurance:** The Program Manager shall, without expense to the county, carry the following insurance, to be in effect throughout the term of the contract, in at least the amounts and limits set forth as follows:
 - **General Liability Insurance:** \$1,000,000 combined single limit per occurrence, including bodily and personal injury, destruction of property, and contractual liability.
 - **Automobile Liability Insurance:** \$1,000,000 combined single limit each occurrence, including bodily injury and property damage liability.
 - **Worker's Compensation:** Workers Compensation as required by Georgia statute.
 - **Professional Liability (Errors and Omissions) Insurance:** \$1,000,000 limit per claim and aggregate.

A copy of the certificate of insurance must be submitted to the county. No award will be made until proof of the insurance coverage is submitted. The certificate shall list an additional insured as follows:

Fayette County Board of Commissioners
140 Stonewall Avenue West
Fayetteville, GA 30214



CERTIFICATE OF LIABILITY INSURANCE

OP ID: LN

DATE (MM/DD/YYYY)

07/03/2014

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 Matrix Insurance Agency, Inc. P. O. Box 1909 Newnan, GA 30264 Otis F. Jones, III, AAI		CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: KAOLDHA	
INSURED K. A. Oldham Design, Inc. 14 East Washington Street Newnan, GA 30263	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Southern Trust Insurance Co		12610
	INSURER B: National Casualty Company		
	INSURER C:		
	INSURER D:		
	INSURER E:		
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	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <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		BOP7341	03/07/2013	03/07/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		BOP7341	03/07/2013	03/07/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (PER ACCIDENT) \$ \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE \$ RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 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		WC3371	03/07/2014	03/07/2015	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Businessowners Lia		BOP7341	03/07/2013	03/07/2016	PROPERTY 67,000
B	Professional Liab		ARO0005238	05/14/2014	05/14/2014	1,000,000 /\$1000000

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

CERTIFICATE HOLDER**CANCELLATION**

FAYECGO

Fayette County Government
140 Stonewall Ave, W
Suite 204
Fayetteville, GA 30214

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