



DAWSON COUNTY FINANCE DEPARTMENT

October 1, 2018

ShawHankins, Inc.
Attn: Scott Hankins
351 Washington Avenue, Suite 120
Marietta, GA 30060
scott@shawhankins.com

Subject: Annual Agreement Renewal – #301-017 – Insurance Broker Services

The County and ShawHankins entered into an agreement for above services on February 15, 2018. As of December 31, 2018, the above listed contract's current term will expire. The provisions for renewal options exist within the contract document. The Dawson County Board of Commissioners wishes to exercise the renewal option year term effective January 1, 2019 through December 31, 2019.

At the bottom of this letter you will see three available options: 1) renew the contract as it is; 2) renew the contract with changes; or, 3) let the contract expire. Please mark where appropriate, sign and date this letter and return it to my attention no later than close of business **Tuesday, October 23, 2018.** Please return the completed letter via e-mail to mhawk@dawsoncounty.org

Thank you for your prompt attention to this matter, please do not hesitate to contact me at (706) 344-3501 should you have any questions.

Sincerely,

Melissa Hawk,
Purchasing Manager

Yes, we want to renew the subject contract for one (1) additional year at the current pricing. Contract period will be effective January 1, 2019 through December 31, 2019.

Please provide your E-Verify number 287890. Please provide an updated insurance certificate .

Yes, we want to renew subject contract – but with a change in pricing. New pricing is attached for Dawson County's review. It is understood that Dawson County has the right to accept or reject the changes. Rejection will result in a re-bid on the contract if product/services are still required.

No, it is not desirous to renew the above-referenced contract and wish it to expire on December 31, 2018.

Authorized Signature: _____

Dated: _____

10/4/18

Vickie L. Neikirk
Chief Financial Officer

Accounting

Accounts Payable

Accounts Receivable

Budget

Grant Administration

Payroll

Purchasing

Dawson County
Government Center
25 Justice Way, Suite 2214
Dawsonville, GA 30534
Phone 706-344-3501
Fax 706-531-3504



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/4/2018

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 770-855-4723 866-845-5081 SHAWHANKINS INC 351 W WASHINGTON AVENUE, SUITE120 MARIETTA, GA 30012	CONTACT NAME: Karen L. Owens PHONE (A/C, No, Ext): 770-855-4723 FAX (A/C, No): 866-845-5081 E-MAIL ADDRESS: karen@klowensassociates.com														
INSURED SHAWHANKINS INC 351 W. WASHINGTON AVENUE, SUITE 120 MARIETTA GA 30012	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A : TRAVELERS INDEMNITY COMPANY</td> <td></td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : TRAVELERS INDEMNITY COMPANY		INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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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	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 type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	680007C922418-42	04/04/2018	04/04/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 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 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	<input checked="" type="checkbox"/>		BA0F2400781	08/25/2018	08/25/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	CUP8C380520-18-42	04/04/2018	04/04/2019	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/>	<input type="checkbox"/>	UB8C38313-A-18	04/04/2018	04/04/2019	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER E. L. EACH ACCIDENT \$ 500,000 E. L. DISEASE - EA EMPLOYEE \$ 500,000 E. L. DISEASE - POLICY LIMIT \$ 500,000

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

CERTIFICATE HOLDER

Dawson County Government

25 Justice Way, Suite 2223
Dawsonville, GA 30534**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

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