

Georgia Department of Public Health Intergovernmental Contract for Services

Solicitation Title Exempt-Intergovernmental	Solicitation Number n/a	Contract Number 40500-065-25254981
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1. This Contract is entered into and between the Georgia Department of Public Health and the Contractor named below:
DeKalb County Government (hereafter called Contractor)

2. Contract to Begin: 09/01/2024	Date of Completion: 08/31/2025	Renewals: Four (4)
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3. Performance Bond, if any: n/a	Other Bonds, if any: n/a
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4. Maximum Amount of this Contract: \$24,780.00	Total Financial Obligation of the Department for the First Fiscal Year: \$24,780.00	Total Financial Obligation of the Department for each Renewal Period if Renewed: \$24,780.00
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IN WITNESS WHEREOF, this Contract has been executed by the parties hereto.

5.
DeKalb County Government (hereafter called "Contractor")
Contractor's Name (If other than an individual, state whether a corporation, partnership, etc.)

By (Authorized Signature)	Date Signed
Printed Name	Title of Person Signing
Address	

6.
Georgia Department of Public Health (hereafter called "DPH" or "Department")

By (Authorized Signature)	Date Signed
Printed Name Kathleen E. Toomey, M.D., M.P.H.	Title of Person Signing Commissioner
Address 200 Piedmont Ave, SE, West Tower, 19th Floor Atlanta, GA 30334	

7. Authorized Person to Receive Contract Notices for Department:	Authorized Person to Receive Contract Notices for Contractor:
Business Owner: Haley Hirsh Georgia Department of Public Health 200 Piedmont Ave, SE, West Tower, Suite 1003 Atlanta, GA 30334 Phone: 478-951-7987 Email: haley.hirsh@dph.ga.gov	Patrick Bailey 3550 Kinsington Rd Decatur, GA 30032 Phone: 404-508-3500 Email: plbailey@dekalbcountyga.gov
Contract Administrator: Joshua Martin Georgia Department of Public Health 200 Piedmont Ave, SE, West Tower, Suite 1920 Atlanta, GA 30334 Phone: 470-763-7885 Email: joshua.martin2@dph.ga.gov	

8. The parties agree to comply with the terms and conditions of the following attachments which are by this reference made a part of the Contract:

Attachment 1: Department of Public Health Terms and Conditions for Intergovernmental Service Contracts
Attachment 2: Vendor Lobbyist Disclosure (pursuant to Georgia Executive Order Number 10.01.03.01, 2003)
Attachment 3: Contractor Work Authorization Affidavit O.C.G.A. 13-10-91(b)(1)
Attachment 4: Responsibilities, Deliverables and Payment Schedule
Attachment 5: Insurance Forms

**Department of Public Health
Attachment 1
Terms and Conditions for Intergovernmental Service Contracts**

A. DEFINITIONS AND GENERAL INFORMATION

1. **Definitions.** The following words shall be defined as set forth below:
 - i. **"Contractor"** means the provider of the Services under the Contract as identified in paragraph 1 on page 1.
 - ii. **"Department"** means the Georgia Department of Public Health.
 - iii. **"Services"** means the responsibilities and deliverables as provided in the Scope of Work and as further described by the Contract.

B. DURATION OF CONTRACT

1. **Contract Term.** The Contract shall begin and end on the dates specified in the Department Standard Contract Form unless terminated earlier in accordance with the applicable terms and conditions.
2. **Contract Renewal.** If renewals are authorized on paragraph 2 on page 1, the Department shall have the option, in its sole discretion, to renew the Contract for additional one-year terms by giving the Contractor written notice of the renewal decision. The Contract shall be renewed at the same amount with the same deliverables unless otherwise agreed upon.

C. COMPENSATION

1. **Pricing and Payment.** The Contractor will be paid for the Services in accordance with the maximum amount on the Standard Contract form and any budget documents attached to this Contract.
2. **Billings.** If applicable, the Contractor shall submit, on a regular basis, an invoice for the Services supplied to the Department under the Contract at the billing address specified by the Department. The Department shall pay all approved invoices in arrears.

D. TERMINATION

1. **Summary Termination.** The Department may terminate the Contract for any one or more of the following reasons effective immediately without advance notice:
 - i. Pursuant to O.C.G.A. Section 50-5-64, if the Department determines, in its sole discretion, that appropriated and otherwise unobligated funds are no longer available to satisfy the obligations of the Department under this contract.
 - ii. The Contractor fails to deliver or has delivered nonconforming Services, or fails to perform, to the Department's satisfaction, any material requirement of the Contract, or is in violation of a material provision of the Contract;
 - iii. The Contractor has failed to comply with applicable federal, state and local laws, rules, ordinances, regulations and orders; or

- iv. The Contractor has engaged in conduct that has or may expose the Department or the State to liability, as determined in the Department's sole discretion.

2. **Termination For Convenience.** Following thirty days' written notice, either party may terminate the Contract in whole or in part without the payment of any penalty or incurring any further obligation to the Contractor.

E. CONFIDENTIAL INFORMATION

1. **Access to Confidential Data.** The Contractor's employees, agents and subcontractors may have access to confidential data maintained by the Department to the extent necessary to carry out the Contractor's responsibilities under the Contract. All information received pursuant to the Contract is confidential and shall remain the property of the Department unless otherwise designated by the Department.

- i. The Contractor shall provide to the Department upon request a written description of the Contractor's policies and procedures to safeguard confidential information;
- ii. Policies of confidentiality shall address, as appropriate, information conveyed in verbal, written, and electronic formats;
- iii. The Contractor must designate one individual who shall remain the responsible authority in charge of all data collected, used, or disseminated by the Contractor in connection with the performance of the Contract; and
- iv. The Contractor shall provide adequate supervision and training to its agents, employees and subcontractors to ensure compliance with the terms of the Contract. The private or confidential data shall remain the property of the Department at all times. Some Services performed for the Department may require the Contractor to sign a nondisclosure agreement. Contractor understands and agrees that refusal or failure to sign such a nondisclosure agreement, if required, may result in termination of the Contract.

2. **No Dissemination of Confidential Data.** No confidential data collected, maintained, or used in the course of performance of the Contract shall be disseminated except as authorized by law and with the written consent of the Department, either during the period of the Contract or thereafter. Any data supplied to or created by the Contractor shall be considered the property of the Department. The Contractor must return any and all data collected, maintained, created or used in the course of the performance of the Contract, in whatever form it is maintained, promptly at the request of the Department.

3. **Subpoena.** In the event that a subpoena or other legal process is served upon the Contractor seeking records containing confidential information, the Contractor shall promptly notify the Department and cooperate with the Department in any lawful effort to protect the confidential information.

4. **Reporting of Unauthorized Disclosure.** The Contractor shall immediately report to the Department any unauthorized disclosure of confidential information.

5. **Survives Termination.** The Contractor's confidentiality obligation under the Contract shall survive termination of the Contract.

F. MISCELLANEOUS PROVISIONS

1. Compliance with the Law. The Contractor, its employees, agents, and subcontractors shall comply with all applicable federal, state, and local laws, rules, ordinances, regulations and orders now or hereafter in effect when performing under the Contract. Contractor and Contractor's personnel shall also comply with all State and Department policies and standards in effect during the performance of the Contract, including but not limited to the Department's policies and standards relating to personnel conduct, security, safety, confidentiality, and ethics.

2. Drug-free Workplace. The Contractor hereby certifies as follows:

- i. Contractor will not engage in the unlawful manufacture, sale, distribution, dispensation, possession, or use of a controlled substance or marijuana during the performance of this Contract; and
- ii. If Contractor has more than one employee, including Contractor, Contractor shall provide for such employees a drug-free workplace, in accordance with the Georgia Drug-free Workplace Act as provided in O.C.G.A. Section 50-24-1 et seq., throughout the duration of this Contract; and
- iii. Contractor will secure from any subcontractor hired to work on any job assigned under this Contract the following written certification: "As part of the subcontracting agreement with (Contractor's Name), (Subcontractor's Name) certifies to the contractor that a drug-free workplace will be provided for the subcontractor's employees during the performance of this Contract pursuant to paragraph 7 of subsection (b) of Code Section 50-24-3."

3. Amendments. The Contract may be amended only through a writing signed by both parties.

4. Sexual Harassment Prevention. The State of Georgia promotes respect and dignity and does not tolerate sexual harassment in the workplace. The State is committed to providing a workplace and environment free from sexual harassment for its employees and for all persons who interact with state government. All State of Georgia employees are expected and required to interact with all persons including other employees, contractors, and customers in a professional manner that contributes to a respectful work environment free from sexual harassment. Furthermore, the State of Georgia maintains an expectation that its contractors and their employees and subcontractors will interact with entities of the State of Georgia, their customers, and other contractors of the State in a professional manner that contributes to a respectful work environment free from sexual harassment.

Pursuant to the State of Georgia's Statewide Sexual Harassment Prevention Policy (the "Policy"), all contractors who are regularly on State premises or who regularly interact with State personnel must complete sexual harassment prevention training on an annual basis.

If the Contractor, including its employees and subcontractors, violates the Policy, including but not limited to engaging in sexual harassment and/or retaliation, the Contractor may be subject to appropriate corrective action. Such action may include, but is not limited to, notification to the employer, removal from State premises, restricted access to State premises and/or personnel, termination of contract, and/or other corrective action(s) deemed necessary by the State.

(i) If Contractor is an individual who is regularly on State premises or who will regularly interact with State personnel, Contractor certifies that:

(a) Contractor has received, reviewed, and agreed to comply with the State of Georgia's Statewide Sexual Harassment Prevention Policy located at

<http://doas.ga.gov/human-resources-administration/board-rules-policy-and-compliance/jointly-issued-statewide-policies/sexual-harassment-prevention-policy>;

- (b) Contractor has completed sexual harassment prevention training in the last year and will continue to do so on an annual basis; or will complete the Georgia Department of Administrative Services' sexual harassment prevention training located at this direct link <https://www.youtube.com/embed/NjVt0DDnc2s?rel=0> prior to accessing State premises and prior to interacting with State employees; and on an annual basis thereafter; and,
 - (c) Upon request by the State, Contractor will provide documentation substantiating the completion of sexual harassment training.
- (ii) If Contractor has employees and subcontractors that are regularly on State premises or who will regularly interact with State personnel, Contractor certifies that:
- (a) Contractor will ensure that such employees and subcontractors have received, reviewed, and agreed to comply with the State of Georgia's Statewide Sexual Harassment Prevention Policy located at <http://doas.ga.gov/human-resources-administration/board-rules-policy-and-compliance/jointly-issued-statewide-policies/sexual-harassment-prevention-policy>;
 - (b) Contractor has provided sexual harassment prevention training in the last year to such employees and subcontractors and will continue to do so on an annual basis; or Contractor will ensure that such employees and subcontractors complete the Georgia Department of Administrative Services' sexual harassment prevention training located at this direct link <https://www.youtube.com/embed/NjVt0DDnc2s?rel=0> prior to accessing State premises and prior to interacting with State employees; and on an annual basis thereafter; and
 - (c) Upon request of the State, Contractor will provide documentation substantiating such employees and subcontractors' acknowledgment of the State of Georgia's Statewide Sexual Harassment Prevention Policy and annual completion of sexual harassment prevention training.

5. **Third Party Beneficiaries.** There are no third-party beneficiaries to the Contract. The Contract is intended only to benefit the Department and the Contractor.
6. **Assignment and Delegation.** The Contract may not be assigned, transferred or conveyed in whole or in part without the prior written consent of the Department.
7. **Integration.** The Contract, together with its attachments, exhibits, and all other documents incorporated by reference, represents the entire agreement between the parties. No other understanding, oral or written regarding the subject matter of this Contract, may be deemed to exist or to bind the parties at the time of execution. Unless otherwise specified in the Contract, this Contract supersedes all prior contracts or agreements between the Department and the Contractor for the Services provided in connection with the Contract.
8. **Not a Joint Venture.** Nothing in the Contract shall be construed as creating or constituting the relationship of a partnership, joint venture, or principal and agency relationship between the parties. Neither Contractor nor any of Contractor's agents, servants, employees, subcontractors

or contractors shall become or be deemed to become agents, servants, or employees of the Department.

- 9. Waiver.** Except as specifically provided for in a waiver signed by duly authorized representatives of the Department and the Contractor, failure by either party at any time to require performance by the other party or to claim a breach of any provision of the Contract shall not be construed as affecting any subsequent right to require performance or to claim a breach.
- 10. Severability.** If any provision of the Contract is determined to be invalid or unenforceable, such determination shall not affect the validity or enforceability of any other part or provision of the Contract. Further, if any provision of the Contract is determined to be unenforceable by virtue of its scope, but may be made enforceable by a limitation of the provision, the provision shall be deemed to be amended to the minimum extent necessary to render it enforceable under the applicable law.
- 11. Time is of the Essence.** Time is of the essence with respect to the performance of the terms of the Contract.
- 12. Use of Name or Intellectual Property.** Contractor agrees it will not use the name of the Georgia Department of Public Health or any intellectual property owned by the Department, including but not limited to Department trademarks or logos, in any manner, including commercial advertising or as a business reference, without the express prior written consent of the Department.
- 13. Obligations Beyond Contract Term.** All obligations of the Contractor incurred or existing under the Contract as of the date of expiration, termination or cancellation will survive the termination, expiration or conclusion of the Contract.

ATTACHMENT 2

VENDOR LOBBYIST DISCLOSURE AND REGISTRATION CERTIFICATION FORM

Pursuant to Executive Order Number 10.01.03.01 (the "Order"), which was signed by Governor Sonny Perdue on October 1, 2003, Contractors with the state are required to complete this form. The Order requires "Vendor Lobbyists," defined as those who lobby state officials on behalf of businesses that seek a contract to sell goods or services to the state or those who oppose such a contract, to certify that they have registered with the State Ethics Commission and filed the disclosures required by Article 4 of Chapter 5 of Title 21 of the Official Code of Georgia Annotated. Consequently, every vendor desiring to enter into a contract with the state must complete this certification form. False, incomplete, or untimely registration, disclosure, or certification shall be grounds for termination of the award and contract and may cause recoupment or refund actions against Contractor.

In order to be in compliance with Executive Order Number 10.01.03.01, please complete this Certification Form by designating only one of the following:

Contractor *does not have any* lobbyist employed, retained, or affiliated with the Contractor who is seeking or opposing contracts for it or its clients. Consequently, Contractor has not registered anyone with the State Ethics Commission as required by Executive Order Number 10.01.03.01 and any of its related rules, regulations, policies, or laws.

Contractor *does have* lobbyist(s) employed, retained, or affiliated with the Contractor who are seeking or opposing contracts for it or its clients. The lobbyists are:

Contractor states, represents, warrants, and certifies that it has registered the above named lobbyists with the State Ethics Commission as required by Executive Order Number 10.01.03.01 and any of its related rules, regulations, policies, or laws.

Contractor is a Georgia state agency.

CONTRACTOR NAME (*print*): _____

BY: _____

SIGNATURE DATE

ATTACHMENT 3
Contractor Affidavit under O.C.G.A. § 13-10-91(b)(1)

The undersigned contractor ("Contractor") executes this Affidavit to comply with O.C.G.A § 13-10-91 related to any contract to which Contractor is a party that is subject to O.C.G.A. § 13-10-91 and hereby verifies its compliance with O.C.G.A. § 13-10-91, attesting as follows:

- a) The Contractor has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program;
- b) The Contractor will continue to use the federal work authorization program throughout the contract period, including any renewal or extension thereof;
- c) The Contractor will notify the public employer in the event the Contractor ceases to utilize the federal work authorization program during the contract period, including renewals or extensions thereof;
- d) The Contractor understands that ceasing to utilize the federal work authorization program constitutes a material breach of Contract;
- e) The Contractor will contract for the 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(a), (b), and (c);
- f) The Contractor acknowledges and agrees that this Affidavit shall be incorporated into any contract(s) subject to the provisions of O.C.G.A. § 13-10-91 for the project listed below to which Contractor is a party after the date hereof without further action or consent by Contractor; and
- g) Contractor acknowledges its responsibility to submit copies of any affidavits, drivers' licenses, and identification cards required pursuant to O.C.G.A. § 13-10-91 to the public employer within five business days of receipt.

Federal Work Authorization User Identification Number

Date of Authorization

Name of Contractor

Name of Project

Name of Public Employer

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

Executed on _____, _____, 20____ in _____ (city), _____ (state).

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE _____ DAY OF _____, 20_____.

NOTARY PUBLIC

My Commission Expires: _____

ATTACHMENT 4
CONTRACT SCOPE, RESPONSIBILITIES, DELIVERABLES, PAYMENT SCHEDULE

1. SCOPE OF WORK

The Georgia Department of Public Health (hereafter called “DPH” or “Department”) is seeking to establish a contractual relationship with Dekalb County Government (hereafter called “Contractor”) regarding the Overdose Data to Action (OD2A) program. OD2A is part of a Centers for Disease Control and Prevention (CDC) funding opportunity that links mortality data to medical examiner reports and coroner reports to create a census of unintentional drug overdose in Georgia and improves toxicology testing of drug overdose deaths. Funding provided by the CDC will be allocated to provide the Contractor with the resources to conduct toxicology tests on suspected unintentional drug overdose deaths.

This contract is a continuation of services provided under 40500-036-22203327 which ended August 31, 2024, with no renewals remaining.

2. SPECIFIC CONTRACTOR RESPONSIBILITIES

Contractor shall complete the following actions, tasks, obligations and responsibilities:

- A. Conduct 84 toxicology tests on suspected unintentional drug overdose deaths based on the following criteria:
 - a. Wherein a strong investigative evidence of illicit drug overdose was reported on the death certificate.
 - b. Exclude cases with strong investigative evidence of suicide or accidental overdose with prescribed opioids.
 - c. Conduct tests using a postmortem expanded panel. If results indicate there may be a derivative of an opioid, a test to identify any designer opioids must be conducted.
- B. Provide a compilation of an electronic drug overdose report derived from the toxicology testing to include the number of cases and tests performed.
- C. Provide electronic delivery of complete death reports (to include death investigations, autopsy and toxicology).

3. DELIVERABLES

Payment of invoices is contingent on the timely remittance of the deliverables and the submission of programmatic/statistical reports and invoices. Reports must be submitted in a format approved by the Business Owner. Upon request by the Department, Contractor shall submit to the Department supporting documentation of services provided, which the Department considers to be acceptable in form and substance. Failure to submit reports, deliverables and supporting documentation as required by the Department may delay or negate payment of invoice.

Contractor shall deliver the following reports or items to the Department:

- A. Submit the compilation of an electronic drug overdose report derived from the toxicology testing to include the number of cases and tests performed monthly.

- B. Submit complete death reports promptly when records are complete or upon request by the DPH State Unintentional Drug Overdose Reporting System program.

RATE SCHEDULE BUDGET

CONTRACTOR	CONTRACT NUMBER
DeKalb County Government	40500-065-25254981
CONTRACTOR CONTACT NAME	CONTRACTOR CONTACT PHONE NUMBER
Patrick Bailey	404-508-3500
Electronic Funds Transfer? <input checked="" type="checkbox"/> Yes (Authorization for EFT must be attached or on file) <input type="checkbox"/> No	

Remit Invoices to:

Georgia Department of Public Health
 Attn: Haley Hirsh
haley.hirsh@dph.ga.gov

DESCRIPTION OF SERVICES	Dollar Amount per Unit of Measure	Unit of Measure (i.e., each, month, lot)	Number of Units (Quantity)	Total Approved Budget Funds
Toxicology Tests	\$295.00	Each	84	\$24,780.00
TOTAL				\$24,780.00

ATTACHMENT 5

STANDARD INSURANCE FORMS

Contractor shall, at a minimum, prior to the commencement of work, procure the insurance policies identified below at Contractor's own cost and expense and shall furnish DPH with proof of coverage at least in the amounts indicated. Proof of insurance must be received by the DPH Contracts Administration within 10 days of execution of this contract. Proof of insurance on renewals must be received by DPH Contracts Administration prior to start date of renewal period. It shall be the responsibility of Contractor to require any subcontractor to secure the same insurance coverage as prescribed herein for Contractor, and to obtain a certificate evidencing that such insurance is in effect. Contractor shall indemnify, hold harmless and name the following as Additional Insured: DPH, the State of Georgia, its officers, employees and agents from any liability arising out of Contractor's or subcontractor's untimely failure in securing adequate insurance coverage as prescribed herein:

- A. Workers' Compensation Insurance, the policies to insure the statutory limits established by the General Assembly of the State of Georgia. The Workers' Compensation Policy must include Coverage B – Employer's Liability Limits of:
- | | |
|---------------------------|---------------------------|
| Bodily Injury by Accident | \$100,000.00 per employee |
| Bodily Injury by Disease | \$100,000.00 per employee |
| Bodily Injury by Disease | \$500,000.00 policy limit |
- B. Commercial General Liability Policy(ies) as follows:
- | | |
|---------------------------------------|----------------|
| General Aggregate Limit | \$2,000,000.00 |
| Products & Completed Operations Limit | \$2,000,000.00 |
| Each Occurrence | \$1,000,000.00 |
| Personal & Advertising Injury Limit | \$1,000,000.00 |
- C. Automobile Liability
- | | |
|-----------------------|----------------|
| Combined Single Limit | \$1,000,000.00 |
|-----------------------|----------------|
- D. Umbrella Liability \$2,000,000.00
- E. Liability for property damage in the amount of \$3,000,000.00, including contents coverage for all records maintained pursuant to this Contract.
- F. Failure to provide Proof of Insurance within the timeframe described above will result in the termination of this contract.
- G. All policies must be issued by an insurance company licensed to do business in the State of Georgia, with a minimum AM Best rating of A-, and signed by an authorized agent.
- H. As stated above, contractor shall procure and maintain insurance which shall protect the contractor and the state from any claims for bodily injury, property damage, or personal injury which may arise out of operations under the agreement. Contractor shall procure the insurance policies at the contractor's own expense. All coverage shall remain in full force and effect during the initial term of the agreement and any renewal or extension thereof. All policies shall contain a provision that coverage afforded under the policies shall not be canceled, changed, allowed to lapse, or allowed to expire until thirty (30) calendar days after written notice has been given to the state certificate holder on the certificate of insurance. Contractor shall furnish the state an

insurance certificate listing the state as certificate holder. The insurance certificate must document that the liability insurance coverage purchased by the contractor includes contractual liability coverage to protect the state. The certificate shall be furnished no later than ten (10) business days after notification of the State's intent to award a contract. In addition, the insurance certificate must provide the following information:

1. Name and address of authorized agent
2. Name and address of insured
3. Name of insurance company (licensed to operate in Georgia)
4. Description of coverage in standard terminology
5. Policy period
6. Limits of liability
7. Name and address of certificate holder
8. Acknowledgment of notice of cancellation to the state
9. Signature of authorized agent
10. Telephone number of authorized agent
11. Details of policy exclusions in comments section of insurance certificate

Certificate of Insurance (Sample)

INSTRUCTIONS TO PRODUCING AGENT: Complete the shaded portions of this certificate and return to the Insured. No condition, term, qualification, limitation, exception, exemption, modification, or proviso shall appear on the certificate.

Name, Address and Telephone Number of Producing Agent

CONTRACT NUMBER:

CONTRACT NAME:

Name and Address of Insured Contractor

Certificate Holder (Owner)

Type of Insurance (include brief description)	Policy No.	Company Affording Coverage	Policy Period Dates (MM/DD/YY)	Limits
Commercial General Liability				General Aggregate (Per Project) Products-Co./Op Agg Personal & Adv injury Contractual Each Occurrence
Commercial Business Automobile Liability Including, but not limited to, owned, hired and non-owned autos				Combined Single Limit OR Bodily Injury (per person) Property Damage
Workers Compensation				GA Statutory Limits Each Occurrence Disease - Policy Limit Disease Each Employee
Commercial Umbrella Liability				Each Occurrence Aggregate
Employers' Liability				Each Occurrence Disease - Policy Limit Disease Each Employee
Additional:				

Such insurance as is herein certified (i) applies to all insurance issues in connection with the work required by the provisions of the documents forming the contract, (ii) applies whether or not the contract documents between the insured contractor and the Owner have been executed, (iii) is written in accordance with the company's regular policies and endorsements, subject to the company's applicable manuals or rules and rates in effect, as modified by this certificate and the insurance article of the contract, (iv) have been issued to the insured named above, and (v) are in force at this time.

The Officers, Members, & Employees of the Owner and the State of Georgia are included as additional insureds as their interests may appear. Each Insurer is hereby notified that the statutory requirement that the Attorney General of Georgia shall represent and defend the Indemnities remains in full force and effect and is not waived by issuance of any policy of insurance.

Each policy shall contain a provision that coverage afforded under the policies will not be canceled (or not renewed or allowed to lapse for any reason) until at least thirty (30) days after Owner has received notice thereof as evidenced by return receipt of registered letter. All policies must be issued by an insurance company licensed to do business in the State of Georgia, with a minimum AM Best rating of A-, and signed by an authorized agent.

Authorized Representative: _____ Date: _____

Type Name: _____