



Procurement Review Comprehensive Checklist
 Procurement Services Division
 This form must accompany all Purchase Order Requisitions

SECTION 1: DESCRIPTION

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|--|---------------------------------------|--|---|
| <i>General Tracking</i> | | <i>Contract Terms</i> | |
| FILE ID#: FI-P-0027-24 | RFP, BID, QUOTE OR RENEWAL #: | INITIAL TERM WITH RENEWALS: OTHER | INITIAL TERM TOTAL COST: \$217,021.00 |
| COMMITTEE: FINANCE | TARGET COMMITTEE DATE: 11/12/2024 | PROMPT FOR RENEWAL: | CONTRACT TOTAL COST WITH ALL RENEWALS: \$217,021.00 |
| | CURRENT TERM TOTAL COST: \$217,021.00 | MAX LENGTH WITH ALL RENEWALS: ONE YEAR | CURRENT TERM PERIOD: |
| <i>Vendor Information</i> | | <i>Department Information</i> | |
| VENDOR: Alliant (Safety National) | VENDOR #: 44109 | DEPT: Finance | DEPT CONTACT NAME: Jim Morrissy |
| VENDOR CONTACT: Wendy Teller | VENDOR CONTACT PHONE: (312) 595-7495 | DEPT CONTACT PHONE #: (630) 407-6116 | DEPT CONTACT EMAIL: Jim.Morrissy@dupagecounty.gov |
| VENDOR CONTACT EMAIL: Wendy.Teller@alliant.com | VENDOR WEBSITE: | DEPT REQ #: | |
| <i>Overview</i> | | | |
| DESCRIPTION Identify scope of work, item(s) being purchased, total cost and type of procurement (i.e., lowest bid, RFP, renewal, sole source, etc.). Secure Excess Workers' Compensation Insurance to cover employees of the County and the Health Department in case of injury on the job at a cost of \$217,021. | | | |
| JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished The County needs excess insurance in case of major on the job injuries to employees. The County is self-insured up to \$2,000,000, but needs excess coverage in case of a catastrophic accident | | | |

SECTION 2: DECISION MEMO REQUIREMENTS

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| DECISION MEMO NOT REQUIRED | Select an item from the following dropdown menu to identify why a Decision Memo (Section 3) is not required. |
| DECISION MEMO REQUIRED | Select an item from the following dropdown menu to identify why a Decision Memo (Section 3) is required. |
| OTHER PROFESSIONAL SERVICES (DETAIL SELECTION PROCESS ON DECISION MEMO) | |

SECTION 3: DECISION MEMO

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| SOURCE SELECTION | Describe method used to select source. Broker solicited 5 insurance carriers. |
| RECOMMENDATION AND TWO ALTERNATIVES | Describe staff recommendation and provide justification. Identify at least 2 other options to accomplish this request, including status quo, (i.e., take no action). We approached all carriers who write excess workers compensation in Illinois, a total of 5 carriers. Safety National continues to provide the best option for the lead excess layer and the workers compensation. The incumbent carriers on the excess limits also provide the best renewal. Premiums are increased from expiring, but this is largely due to increased payroll. |

SECTION 4: SOLE SOURCE MEMO/JUSTIFICATION

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| JUSTIFICATION | Select an item from the following dropdown menu to justify why this is a sole source procurement. |
| NECESSITY AND UNIQUE FEATURES | Describe the product or services that are not available from other vendors. Explain necessary and unique features or services. Attach letters from manufacturer, letters from distributor, warranties, licenses, or patents as needed. Be specific. |
| MARKET TESTING | List and describe the last time the market has been tested on the applicability of the sole source. If it has not been tested over the last 12 months, explain why not. |
| AVAILABILITY | Describe steps taken to verify that these features are not available elsewhere. Included a detailed list of all products or services by brand/manufacturer examined and include names, phone numbers, and emails of people contacted. |

SECTION 5: Purchase Requisition Information

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|-------------------------------------|------------------------------------|--|---|
| <i>Send Purchase Order To:</i> | | <i>Send Invoices To:</i> | |
| Vendor: Alliant | Vendor#: 44109 | Dept: DuPage County | Division: Finance Department |
| Attn: Wendy Teller | Email: Wendy.Teller@alliant.com | Attn: Jim Morrissy | Email: jim.morrissy@dupagecounty.gov |
| Address: 353 N. Clark St | City: Chicago | Address: 421 N. County Farm Rd | City: Wheaton |
| State: IL | Zip: 60654 | State: IL | Zip: 60187 |
| Phone: (312) 595-7495 | Fax: (312) 595-7163 | Phone: (630) 407-6116 | Fax: |
| <i>Send Payments To:</i> | | <i>Ship to:</i> | |
| Vendor: Alliant | Vendor#: 44109 | Dept: DuPage County | Division: Finance Department |
| Attn: | Email: | Attn: Jim Morrissy | Email: jim.morrissy@dupagecounty.gov |
| Address: 29278 Network Place | City: Chicago | Address: 421 N. County Farm Rd | City: Wheaton |
| State: IL | Zip: 60673-1292 | State: IL | Zip: 60187 |
| Phone: | Fax: | Phone: (630) 407-6116 | Fax: |
| Shipping | | Contract Dates | |
| Payment Terms: PER 50 ILCS 505/1 | FOB: Destination | Contract Start Date (PO25): 12/1/2024 | Contract End Date (PO25): 12/1/2025 |

Purchase Requisition Line Details

| LN | Qty | UOM | Item Detail (Product #) | Description | FY | Company | AU | Acct Code | Sub-Accts/ Activity Code | Unit Price | Extension |
|--|-----|-----|-------------------------|--|------|---------|------|-----------|--------------------------|-------------------|---------------|
| 1 | 1 | EA | | This requisition is for Workers' Compensation Insurance for the County and the Health Department | FY25 | 1100 | 1212 | 53110 | | 217,021.00 | 217,021.00 |
| <i>FY is required, ensure the correct FY is selected.</i> | | | | | | | | | | Requisition Total | \$ 217,021.00 |

| <i>Comments</i> | |
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| HEADER COMMENTS | Provide comments for P020 and P025. \$2,000,000 SIR; Increase in premium of \$17,270 from FY2024. This contract covers the period of December 1, 2024 to December 1, 2025. |
| SPECIAL INSTRUCTIONS | Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO. |
| INTERNAL NOTES | Provide comments for department internal use (not for P020 and P025). Comments will not appear on PO. |
| APPROVALS | Department Head signature approval for procurements under \$15,000. Procurement Officer Approval for ETSB. |