



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

SECTION 1: DESCRIPTION

<i>General Tracking</i>		<i>Contract Terms</i>	
FILE ID#: FI-P-0024-24	RFP, BID, QUOTE OR RENEWAL #:	INITIAL TERM WITH RENEWALS: OTHER	INITIAL TERM TOTAL COST: \$47,917.00
COMMITTEE: FINANCE	TARGET COMMITTEE DATE: 11/12/2024	PROMPT FOR RENEWAL:	CONTRACT TOTAL COST WITH ALL RENEWALS: \$47,917.00
	CURRENT TERM TOTAL COST: \$47,917.00	MAX LENGTH WITH ALL RENEWALS: ONE YEAR	CURRENT TERM PERIOD:
<i>Vendor Information</i>		<i>Department Information</i>	
VENDOR: Alliant (National Casualty Company)	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 Employment Practices Liability Insurance at a cost of \$47,917.			
JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished To secure coverage for lawsuits brought against the policies or individual supervisors of the County and the DuPage County Health Department. This is an underlying policy that covers County losses over a retention of \$150,000.			

SECTION 2: DECISION MEMO REQUIREMENTS

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

SOURCE SELECTION	Describe method used to select source. Broker solicited 19 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). The market remains limited for this line of coverage on a monoline basis for public entities. The incumbent carrier, Freedom Specialty/National Casualty Company provides their renewal proposal at reduced premium for the expiring \$150,000 retention.

SECTION 4: SOLE SOURCE MEMO/JUSTIFICATION

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

<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 Employment Practices Liability Insurance for the County, Health Department and Chief Judge.	FY25	1100	1212	53130		47,917.00	47,917.00
										Requisition Total	\$ 47,917.00

FY is required, ensure the correct FY is selected.

Comments

HEADER COMMENTS	Provide comments for P020 and P025. \$2,000,000 Limit; \$150,000 Retention 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.