

This form must accompany all Purchase Order Requisitions

	SECTION 1:	DESCRIPTION				
General Tracking		Contract Terms				
FILE ID#: FI-P-0022-23	RFP, BID, QUOTE OR RENEWAL #:	INITIAL TERM WITH RENEWALS: OTHER	INITIAL TERM TOTAL COST: \$373,051.00			
COMMITTEE: TARGET COMMITTEE DATE FINANCE 11/14/2023		PROMPT FOR RENEWAL:	CONTRACT TOTAL COST WITH ALL RENEWALS: \$373,051.00			
	CURRENT TERM TOTAL COST: \$373,051.00	MAX LENGTH WITH ALL RENEWALS: ONE YEAR	CURRENT TERM PERIOD:			
Vendor Information		Department Information				
VENDOR: Alliant/Mesirow Insurance Services, Inc. (Chubb)	VENDOR #: 12104 R02	DEPT: Finance	DEPT CONTACT NAME: Jim Morrissy			
VENDOR CONTACT: Wendy Teller	VENDOR CONTACT PHONE: (312) 837-4734	DEPT CONTACT PHONE #: (630) 407-6116	DEPT CONTACT EMAIL: Jim.Morrissy@dupageco.org			
VENDOR CONTACT EMAIL: Wendy.Teller@alliant.com	VENDOR WEBSITE:	DEPT REQ #:				

## Overview

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 Property Insurance for DuPage County and DuPage County Health Department property at a cost of \$373,051.00

JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished

This insurance is to prevent a major financial loss for the County in the event of property damage. Property insurance has always been purchased by the County. This is a renewal of an existing policy with a retention of \$500,000.

	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 OTHER PROFESSIONAL SERVICES (I	Select an item from the following dropdown menu to identify why a Decision Memo (Section 3) is required.  DETAIL SELECTION PROCESS ON DECISION MEMO)

	SECTION 3: DECISION MEMO
STRATEGIC IMPACT	Select an item from the following dropdown menu of County's strategic priorities that this action will most impact. FINANCIAL PLANNING
SOURCE SELECTION	Describe method used to select source.  Broker solicited 10 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).  Property insurance will be obtained by Chubb at a cost of \$373,051. Of the 10 carriers solicited the Incumbent carrier Chubb offers the most competitive option for renewal. Their rates are competitive however, Chubb has required further increases in insured values, generating a higher renewal premium. Overall, the total insured values provided by the County have increased generating an increase in premium solely based on valuation/rating basis but the rate is essentially flat to prior year.

	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.

Send Purchase Order To:		Send Invoices To:			
Vendor: Alliant/Mesirow Insurance Services, Inc.	Vendor#: 12104 R02	Dept: DuPage County	Division: Finance Department		
Attn: Wendy Teller	Email: Wendy.Teller@alliant.com	Attn: Jim Morrissy	Email: jim.morrissy@dupageco.org		
Address: 353 N. Clark St	City: Chicago	Address: 421 N. County Farm Rd	City: Wheaton		
State: IL	Zip: 60654	State:	Zip: 60187		
Phone: (312) 5957495	Fax: (312) 595-7163	Phone: (630) 407-6116	Fax:		
Send Pay	ments To:		Ship to:		
Vendor: Alliant/Mesirow Insurance Services, Inc.	Vendor#: 12104 R02	Dept: DuPage County	Division: Finance Department		
Attn:	Email:	Attn: Jim Morrissy	Email: jim.morrissy@dupageco.org		
Address: 29278 Network Place	City: Chicago	Address: 421 N. County Farm Rd.	City: Wheaton		
State: IL	Zip: 60673-1292	State:	Zip: 60187		
Phone:	Fax:	Phone: (630) 407-6116	Fax:		
Ship	pping	Con	tract Dates		
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): Dec 1, 2023	Contract End Date (PO25): Dec 1, 2024		

					Purchas	se Requis	ition Lin	e 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 Property Insurance for the County including the Health Department	FY24	1000	1200	53120		373,051.00	373,051.00
FY is	s require	d, assure	the correct FY i	s selected.				•		Requisition Total	\$ 373,051.00

ments for P020 and P025.
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covers the period of December 1, 2023 to December 1, 2024.
ments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO.
ments for department internal use (not for P020 and P025). Comments will not appear on PO.
Head signature approval for procurements under \$15,000. Procurement Officer Approval for ETSB.