

FI+CB 3/24



REQUEST FOR CHANGE ORDER FORM

Procurement Services Division

Revised 05-30-2025

Date: Mar 17, 2026

File ID #: FI-CO-0002-26

Purchase Order #: 7376-0001 SERV	Original Purchase Order Date: Dec 1, 2024	Change Order #: 1	Department: Finance
Vendor Name: Alliant Insurance Services, Inc. (Safety National)		Vendor #: 44109	Dept. Contact: Jim Morrissy
Action Requested and Reason for Change: Increase contract total by \$13,802.00 and add Line 2 for (1100-1212-53110). Order Request:			

IN ACCORDANCE WITH 720 ILCS 5/33E-9

- (A) Were not reasonably foreseeable at the time the contract was signed.
- (B) The change is germane to the original contract as signed.
- (C) Is in the best interest for the County of DuPage and authorized by law.

INCREASE/DECREASE

A	Starting Contract Value	\$217,021.00
B	Net \$ Change for Previous Change Order	
C	Current Contract Amount (A + B)	\$217,021.00
D	Amount of this Change Order <input checked="" type="checkbox"/> Increase <input type="checkbox"/> Decrease	\$13,802.00
E	New Contract Amount (C + D)	\$230,823.00
F	Cumulative Change Order Amount (B + D)	\$13,802.00
G	Cumulative Percent of all Change Orders (B+D/A); (60% maximum on construction contracts)	6.36%

DECISION MEMO NOT REQUIRED - Check Applicable Box(es)

- Cancel Entire Order
- Close Contract
- Contract Extension (59 Days)
- Consent Only
- Change Budget Code From: _____ to: _____
- Increase/Decrease Quantity From: _____ to: _____
- Price Shows: _____ should be: _____ Move Funds Between Lines
- Decrease Remaining Encumbrance and Close Contract
- Increase Encumbrance and Close Contract
- Decrease Encumbrance
- Increase Encumbrance

DECISION MEMO REQUIRED - Check Applicable Box(es) and Fill In All Answers Below

- Increase Contract Expiration Greater Than 59 Days From _____ to: _____ Cancel Contract
- Cumulative Increase Greater Than \$10,000 (Row 'F' Above) Other - Explain In Summary Explanation Box Below

Summary Explanation - Provide a summary of the action. Explain why it is necessary and what is to be accomplished.
 The County creates an estimate for the next fiscal years payroll on an annual basis for the insurance premium quote. At the end of the year an audit is performed to verify estimates. Due to increases in salaries, combined with COLA adjustments, payroll actuals came in higher than estimated for FY25. An additional payment of \$13,802.00 is required for the Workers Compensation premium.

Original Source Selection/Vetting Information - Describe method used to select source; for instance, bid, RFP, sole source, etc.

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Recommendations/Alternatives - Describe staff recommendation and provide justification. Identify at least 2 other options to accomplish this request.
Increase the contract by \$13,802.00. There are no recommended alternates as this is for insurance already provided.

Fiscal Impact/Cost Summary - Include projected cost for each fiscal year, approved budget amount and account number
Increase contract by \$13,802.00 for a total contract amount not to exceed \$230,823.00

APPROVALS - Initials Only

JM	6116	Mar 17, 2026	KH	6193	Mar 18, 2026
Prepared By	Phone Ext.	Date	Recommended for Approval	Phone Ext.	Date
					
Reviewed by Procurement Officer	Date		Completed by Buyer	Date	
	3/19/2026				