



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

SECTION 1: DESCRIPTION

General Tracking		Contract Terms	
FILE ID#: FI-P-0033-25	RFP, BID, QUOTE OR RENEWAL #:	INITIAL TERM WITH RENEWALS: OTHER	INITIAL TERM TOTAL COST: \$278,296.00
COMMITTEE: FINANCE	TARGET COMMITTEE DATE: 12/09/2025	PROMPT FOR RENEWAL: 3 MONTHS	CONTRACT TOTAL COST WITH ALL RENEWALS: \$278,296.00
	CURRENT TERM TOTAL COST: \$278,296.00	MAX LENGTH WITH ALL RENEWALS: ONE YEAR	CURRENT TERM PERIOD:
Vendor Information		Department Information	
VENDOR: Alliant (Trinity Risk Solutions)	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 #:	
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 DuPage Care Center Liability Insurance at a cost of \$278,296.			
JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished Insurance coverage for the County and its employees for incidents at the DuPage Care Center.			

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. The Trinity Risk Solutions Risk Retention Group continues to be the most competitive option.
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). Trinity Risk Solutions continues to be the best option at a cost of \$278,296.00. They provide many services not offered by other companies and continue to enhance their post-claim reporting services and loss control services.

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: PO Box 744912	City: Los Angeles	Address: 421 N. County Farm Rd	City: Wheaton
State: CA	Zip: 90074-4912	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): 1/1/2026	Contract End Date (PO25): 1/1/2027

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 DuPage Care Center Liability Insurance	FY26	1100	1212	53130		278,296.00	278,296.00
<i>FY is required, ensure the correct FY is selected.</i>										Requisition Total	\$ 278,296.00

Comments	
HEADER COMMENTS	Provide comments for P020 and P025. This contract covers the period of January 1, 2026 to January 1, 2027.
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.