



# 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-0016-24	RFP, BID, QUOTE OR RENEWAL #: RFP # 24-048-FIN	INITIAL TERM WITH RENEWALS: 3 YRS + 1 X 1 YR TERM PERIOD	INITIAL TERM TOTAL COST: \$234,000.00
COMMITTEE: FINANCE	TARGET COMMITTEE DATE: 05/28/2024	PROMPT FOR RENEWAL: 6 MONTHS	CONTRACT TOTAL COST WITH ALL RENEWALS: \$312,000.00
	CURRENT TERM TOTAL COST: \$234,000.00	MAX LENGTH WITH ALL RENEWALS: FOUR YEARS	CURRENT TERM PERIOD: INITIAL TERM
<i>Vendor Information</i>		<i>Department Information</i>	
VENDOR: Alliant Insurance Services, Inc.	VENDOR #: 12104	DEPT: FINANCE	DEPT CONTACT NAME: JIM MORRISSY
VENDOR CONTACT: Cathy Juricic Easley	VENDOR CONTACT PHONE: 312-595-7495	DEPT CONTACT PHONE #: 630-407-6116	DEPT CONTACT EMAIL: Jim.Morrissy@dupagecounty.gov
VENDOR CONTACT EMAIL: Catherine.Juricic@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.). Provide Commercial Insurance brokerage services to the County including the Health Department., ETSB, and Election Polling Places. See Bid pricing form for breakout of 29 coverages.			
JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished The County does not have the ability to broker its own insurance and has historically utilized insurance brokers to ensure the County obtained the best coverages at the best prices.			

### 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.
RFP (REQUEST FOR PROPOSAL)	

### 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. RFP sent to forty one (41) insurance brokers and two (2) submissions were received.
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). 1. Recommendation to hire Alliant as broker for Commercial Insurance coverages; 2. Hire less experienced broker

## SECTION 4: SOLE SOURCE MEMO/JUSTIFICATION

<b>JUSTIFICATION</b>	Select an item from the following dropdown menu to justify why this is a sole source procurement.
<b>NECESSITY AND UNIQUE FEATURES</b>	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.
<b>MARKET TESTING</b>	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.
<b>AVAILABILITY</b>	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 Insurance Services, Inc	Vendor#: 12104	Dept: Finance	Division: Risk Management
Attn: Cathy Juricic Easley	Email: Catherine.Juricic@alliant.com	Attn: Jim Morrissy	Email: Jim.Morrissy@dupagecounty.gov
Address: 353 N. Clark St	City: Chicago	Address: 421 N. County Farm Road	City: Wheaton
State: IL	Zip: 60654	State: IL	Zip: 60187
Phone: 312-595-8149	Fax:	Phone: 6304076116	Fax:
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: Alliant Insurance Services, Inc	Vendor#: 12104	Dept: SAME AS ABOVE	Division:
Attn: Cathy Juricic Easley	Email: Catherine.Juricic@alliant.com	Attn:	Email:
Address: 353 N. Clark St	City: Chicago	Address:	City:
State: IL	Zip: 60654	State:	Zip:
Phone: 312-595-8149	Fax:	Phone:	Fax:
<b>Shipping</b>		<b>Contract Dates</b>	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): Jun 1, 2024	Contract End Date (PO25): May 31, 2027
Contract Administrator (PO25):			

**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		Insurance Brokerage Service FY24	FY24	1100	1212	53090		78,000.00	78,000.00
2	1	EA		Insurance Brokerage Service FY25	FY25	1100	1212	53090		78,000.00	78,000.00
3	1	EA		Insurance Brokerage Service FY26	FY26	1100	1212	53090		78,000.00	78,000.00
<b><i>FY is required, assure the correct FY is selected.</i></b>										Requisition Total	\$ 234,000.00

<i>Comments</i>	
HEADER COMMENTS	Provide comments for P020 and P025. This contract agreement is to provide Commercial Insurance Broker Services per RFP# 24-048-FIN for the period of June 01, 2024 through May 31, 2027 for a contract total not to exceed \$234,000.
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. Do not encumber.
APPROVALS	Department Head signature approval for procurements under \$15,000. Procurement Officer Approval for ETSB.

The following documents have been attached:     W-9             Vendor Ethics Disclosure Statement