

| This form | must accompany | all Purchase | Order Rea | uisitions |
|--------------|----------------|--------------|-----------|-----------|
| 11113 101111 | mast accompany | un r urchuse | oraci neg | ansitions |

| SECTION 1: DESCRIPTION | | | | | | |
|---|---------------------------------------|---------------------------------------|--|--|--|--|
| General Tracking | | Contract Terms | | | | |
| MINUTETRAQ ID#: | RFP, BID, QUOTE OR RENEWAL #: | INITIAL TERM WITH RENEWALS: | INITIAL TERM TOTAL COST: | | | |
| 23-1638 | | 3 YRS + 1 X 1 YR TERM PERIOD | \$238,500.00 | | | |
| COMMITTEE: | TARGET COMMITTEE DATE: | PROMPT FOR RENEWAL: | CONTRACT TOTAL COST WITH ALL RENEWALS: | | | |
| FINANCE | 05/09/2023 | 6 MONTHS | \$318,000.00 | | | |
| | CURRENT TERM TOTAL COST: | MAX LENGTH WITH ALL RENEWALS: | CURRENT TERM PERIOD: | | | |
| | \$79,500.00 | FOUR YEARS | FIRST RENEWAL | | | |
| Vendor Information | | Department Information | | | | |
| VENDOR: Mesirow Insurance Services, Inc. (an Alliant-owned company) VENDOR #: 12104 | | DEPT: Finance - Tort Liability | DEPT CONTACT NAME: Jim Morrissy | | | |
| VENDOR CONTACT: Cathy Juricic | VENDOR CONTACT PHONE: 312-595-8149 | DEPT CONTACT PHONE #: 630-407-6116 | DEPT CONTACT EMAIL: Jim.Morrissy@dupageco.org | | | |
| VENDOR CONTACT EMAIL: Catherine.Juricic@alliant.com | VENDOR WEBSITE: alliant.com | DEPT REQ #: | | | | |
| Overview | 1 | | | | | |

DESCRIPTION Identify scope of work, item(s) being purchased, total cost and type of procurement (i.e., lowest bid, RFP, renewal, sole source, etc.). Approval of a one-year renewal to Mesirow Insurance Services, Inc. (an Alliant-owned company) to provide insurance brokerage services for DuPage County.

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 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.

 RENEWAL OF RFP
 Select an item from the following dropdown menu to identify why a Decision Memo (Section 3) is required.

| | 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. Mesirow Insurance Services, Inc. (an Alliant-owned company) was chosen from four broker submittals. Mesirow Insurance Services, Inc. is our current broker and has saved the County over a 50% reduction in broker service fees/costs since the initial contract in 2011. In addition, their vast experience in providing brokerage services to over 100 counties including Cook, Kendall, Lake and Will, allows for increased marketing leverage with our numerous coverages, including the difficult to obtain Law Enforcement and Employee Practices Liaibility. | | | | |
| 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). Staff recommends approving the renewal. Other options would include doing nothing, or starting the RFP process over again. | | | | |

| | 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 Purcha | ase Order To: | Send Invoices To: | | | |
|---|--|---|--|--|--|
| Vendor: Mesirow Insurance Services, Inc. (an Alliant-owned company) | Vendor#: 12104 | Dept: DuPage County | Division: Finance - Tort Liability Email: jim.morrissy@dupageco.org | | |
| Attn: Cathy Juricic | Email: Catherine.Juricic@alliant.com | Attn: Jim Morrissy | | | |
| 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: 630-407-6116 | Fax: | | |
| Send Pay | ments To: | | Ship to: | | |
| Vendor: Mesirow Insurance Services, Inc. (an Alliant-owned company) | sirow Insurance Services, Inc. (an 12104 | | Division: Finance - Tort Liability | | |
| Attn: | Email: | Attn: Email: Jim Morrissy jim.morrissy@dupagec | | | |
| Address: 29278 Network Place | City: Chicago | Address: 421 N. County Farm Road | City: Wheaton | | |
| State: IL | Zip: 60673-1292 | State: IL | Zip: 60187 | | |
| Phone: | Fax: | Phone: | Fax: | | |
| Ship | pping | Cor | ntract Dates | | |
| Payment Terms: PER 50 ILCS 505/1 | FOB: Destination | Contract Start Date (PO25): 06/01/2023 | Contract End Date (PO25): 05/31/2024 | | |

| | Purchase Requisition Line Details | | | | | | | | | | |
|----|--|-----|----------------------------|------------------------------|--------------|---------|------|-----------|-----------------------------|------------|-----------|
| LN | Qty | UOM | ltem Detail (Product #) | Description | FY | Company | AU | Acct Code | Sub-Accts/ Activity Code | Unit Price | Extension |
| 1 | 1 | EA | | Insurance Brokerage Services | FY23 | 1100 | 1212 | 53090 | | 79,500.00 | 79,500.00 |
| FY | FY is required, assure the correct FY is selected. Requisition Total | | | | \$ 79,500.00 | | | | | | |

| Comments | | | | |
|----------------------|--|--|--|--|
| HEADER COMMENTS | Provide comments for P020 and P025. | | | |
| 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. | | | |

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