SUPPLIER / PRODUCT EVALUATION FORM

The purpose of this evaluation form is to rate a supplier's performance. Completion of this form will aid the Procurement & Warehousing Services Department in determining the quality of goods and/or services purchased for the District. Your input will be used in the evaluation of future bids or proposals submitted by this supplier. Please return completed evaluation form to:

Procurement & Warehousing Services Department
Technology and Support Services Center
7720 West Oakland Park Boulevard, Sunrise, Florida 33351
For assistance with this form, please contact (754) 321-0527 or
E-mail to: charles.high@browardschools.com

SECTION 1 – SUPPLIER EVALUATION

Supplier Company Name:	Texas Life Insurance Company							
Supplier Contact:	Carroll Fadal							
Contact Telephone:	800-283-9233 x6312							
Bid No.: 13-010 V	Purchase Order No.: <u>None</u>							
What was the product / service	9?							
1. How do you rate the supplie	er in the following areas?							
Overall Customer Service Delivery as Scheduled or Pr	1 Poor □ romised □	2 3 Fair Good	Very Good Excellent					
2. How satisfied are you with t		3	•					
1 Not Satisfied ☐	1 2 Not Satisfied ☐ Somewhat Satisfied ☐		4 Very Satisfie					
3. Will you use them again?	Yes No □							
	SECTION 2 - PRODUCT / S	ERVICE EVALUATION						
4. How do you rate their produ	ct / service?							
	1 Poor	2 3 Fair Good	4 5					
Compliance with Specification Quality as Compared to Simila Price as Compared to Simila	ons ilar Products/Services		Very Good Excellent					
5. Would you purchase this pro	oduct or use this vendor again?		•					
า Very Unlikely [☐	2 Unlikely []	3 Probably ☐	4 Definitely ☐					
*If not, please explain why in co	omments.							
	SECTION 3 – END-U	USER INPUT						
Please share any additional info	ormation regarding this supplier lease tell us why. You may attach	or the product / service	provided. If this supplier's					
*Comments:	lease ten as why. Tou may attach	i ali additional Sheet ii het	essary.					
Comments.								
Name / Title: Dr. Dil	Evaluation Form Con							
	ldra Martin-Ogburn, Director, Ben ts Department	efits & Employment Servi	ces					
	1-3108							
Participant's Signature:	MIR	Date:	11011					
			4					
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SUPPLIER / PRODUCT EVALUATION FORM

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•	SECTION 1 -	SUPPLIE	REVALUATION	<u>NC</u>				
Supplier Company Name:	lier Company Name: Washington National Insurance Company							
Supplier Contact:	Linda Teets							
Contact Telephone:								
								
Bid No.: 13-010V	Purchase Order No.:	None		<u>-</u>				
What was the product / service	ce?							
1. How do you rate the suppl	ier in the following areas	? 1	2	3	4	5		
Overall Customer Service Delivery as Scheduled or l	Promised	Poor	Fair	Good	Very Good	Excellent		
How satisfied are you with	the supplier?		3		4			
	·		Satisfied 🗍		Very Satisfied			
3. Will you use them again?	Yes No 🗌							
SECTION 2 – PRODUCT / SERVICE EVALUATION								
4. How do you rate their prod	uct / service?	1	2	3	Á	5		
Compliance with Specifications Quality as Compared to Similar Products/Services Price as Compared to Similar Products/Services			Fair	Good	Very _l Good	Excellent		
5. Would you purchase this product or use this vendor again? 1 2 3 4 /								
Very Unlikely ☐	Unlikely [Probably 🗌		Definitely			
*If not, please explain why in comments.								
SECTION 3 – END-USER INPUT								
Please share any additional ir performance is unsatisfactory,	nformation regarding this please tell us why. You r	s supplier nay attach	or the productional s	t / service sheet if nec	provided. If th essary.	is supplier's		
*Comments:								

			npleted By:					
Name / Title: Dr. Dildra Martin-Ogburn, Director, Benefits & Employment Services								
School / Department: Benefits Department Contact Telephone: 754-321 3 108								
Contact Telephone: 754-3	321F3TU8				-77-=			
Participant's Signature:				Date: _	110119	1		
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