

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.: 13-010V Purchase Order No.: None

What was the product / service? _____

1. How do you rate the supplier in the following areas?

| | 1 Poor | 2 Fair | 3 Good | 4 Very Good | 5 Excellent |
|-----------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| Overall Customer Service | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Delivery as Scheduled or Promised | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

2. How satisfied are you with the supplier?

| 1 | 2 | 3 | 4 |
|--|---|------------------------------------|--|
| Not Satisfied <input type="checkbox"/> | Somewhat Satisfied <input type="checkbox"/> | Satisfied <input type="checkbox"/> | Very Satisfied <input checked="" type="checkbox"/> |

3. Will you use them again? Yes ☒ No ☐

SECTION 2 – PRODUCT / SERVICE EVALUATION

4. How do you rate their product / service?

| | 1 Poor | 2 Fair | 3 Good | 4 Very Good | 5 Excellent |
|--|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| Compliance with Specifications | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Quality as Compared to Similar Products/Services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Price as Compared to Similar Products/Services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

5. Would you purchase this product or use this vendor again?

| 1 | 2 | 3 | 4 |
|--|-----------------------------------|-----------------------------------|-------------------------------------|
| Very Unlikely <input type="checkbox"/> | Unlikely <input type="checkbox"/> | Probably <input type="checkbox"/> | Definitely <input type="checkbox"/> |

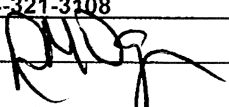
*If not, please explain why in comments.

SECTION 3 – END-USER INPUT

Please share any additional information regarding this supplier or the product / service provided. If this supplier's performance is unsatisfactory, please tell us why. You may attach an additional sheet if necessary.

*Comments: _____

Evaluation Form Completed By:
Name / Title: Dr. Dildra Martin-Ogburn, Director, Benefits & Employment Services
School / Department: Benefits Department
Contact Telephone: 754-321-3108

Participant's Signature:  Date: 6/10/15

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: Washington National Insurance Company
Supplier Contact: Linda Teets
Contact Telephone: 317-817-4942

Bid No.: 13-010V Purchase Order No.: None

What was the product / service? _____

1. How do you rate the supplier in the following areas?

| | 1 Poor | 2 Fair | 3 Good | 4 Very Good | 5 Excellent |
|-----------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| Overall Customer Service | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Delivery as Scheduled or Promised | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

2. How satisfied are you with the supplier?

| 1 | 2 | 3 | 4 |
|--|---|------------------------------------|--|
| Not Satisfied <input type="checkbox"/> | Somewhat Satisfied <input type="checkbox"/> | Satisfied <input type="checkbox"/> | Very Satisfied <input checked="" type="checkbox"/> |

3. Will you use them again? Yes ☒ No ☐

SECTION 2 – PRODUCT / SERVICE EVALUATION

4. How do you rate their product / service?

| | 1 Poor | 2 Fair | 3 Good | 4 Very Good | 5 Excellent |
|--|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| Compliance with Specifications | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Quality as Compared to Similar Products/Services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Price as Compared to Similar Products/Services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

5. Would you purchase this product or use this vendor again?

| 1 | 2 | 3 | 4 |
|--|-----------------------------------|-----------------------------------|--|
| Very Unlikely <input type="checkbox"/> | Unlikely <input type="checkbox"/> | Probably <input type="checkbox"/> | Definitely <input checked="" type="checkbox"/> |

*If not, please explain why in comments.

SECTION 3 – END-USER INPUT

Please share any additional information regarding this supplier or the product / service provided. If this supplier's performance is unsatisfactory, please tell us why. You may attach an additional sheet if necessary.

*Comments: _____

Evaluation Form Completed By:

Name / Title: Dr. Dildra Martin-Ogburn, Director, Benefits & Employment Services
School / Department: Benefits Department
Contact Telephone: 754-321-3108

Participant's Signature: [Signature] Date: 6/10/15