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: Mutual of Omaha Insurance Company
Supplier Contact: Dan Rood, National Sales Director – Special Products
Contact Telephone: (407) 420-6802

Bid No.: 14-010P **Purchase Order No.:** _____

What was the product / service? Employee Benefits Insurance Consultant Services

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	☐	☐	☐	☒	☐
Delivery as Scheduled or Promised	☐	☐	☐	☒	☐

2. How satisfied are you with the supplier?

1 Not Satisfied ☐ 2 Somewhat Satisfied ☐ 3 Satisfied ☒ 4 Very Satisfied ☐

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	☐	☐	☐	☒	☐
Quality as Compared to Similar Products/Services	☐	☐	☐	☒	☐
Price as Compared to Similar Products/Services	☐	☐	☐	☒	☐

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

1 Very Unlikely ☐ 2 Unlikely ☐ 3 Probably ☐ 4 Definitely ☒

***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
School / Department: Benefits & Employment Services
Contact Telephone: (754) 321-3111
Participant's Signature: _____ **Date:** 5/17/16