THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

7720 WEST OAKLAND PARK BOULEVARD, SUITE 323, SUNRISE, FLORIDA 33351 • TEL 754-321-0501 • FAX 754-321-0936



PROCUREMENT & WAREHOUSING SERVICES MARY C. COKER, DIRECTOR www.browardschools.com

VIA EMAIL & FACSIMILE

April 10, 2018

SCHOOL BOARD

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ROBERT W. RUNCIE. Superimendent of Schools

Mr. Lane Smith

Scholastic Insurance of Florida, LLC d/b/a School Insurance of Florida 12200 West Colonial Dr. Suite 100

Winter Garden Fl. 34787

Phone: 407-798-0290

Fax: 407-798-0296 Email: lanes@lesmith.net

Reference:

RFP 14-015P – Student and Athletic Accident Insurance

Dear Mr. Smith:

The above-referenced contract expires June 30, 2018. In accordance with Special Condition 2.3 of the RFP, this contract may, by mutual agreement and upon School Board approval, be extended for an additional 180 days from July 1, 2018 through December 31, 2018. This letter does not constitute the actual extension or contract offer. Please indicate below your willingness to extend this RFP award, which shall be considered by the School District for renewal of your award premised upon your combined agreement to all terms and conditions of the awarded RFP and your agreement to maintain (or reduce) the current awarded price(s). Please execute this document on the space provided and return it to my attention no later than April 16, 2018.

If you do not respond by April 16, 2018, the School District will not consider extension of your award. The School District will notify you if, and when, your contract is extended by the School Board. Thank you for your prompt attention to this matter.

X	Yes, I offer to renew the current contract award at the current awarded price(s).
	Yes, I offer to renew the current contract award at the lower price(s), contained on the attached page(s).
	No, I do not wish to renew the current contract award.
Sincerely,	
/	1 vdl

CVH/jp

cc: Bid File

Chades V. Aigh, C

Purchasing Agent

M. A.P.P. MBA

LANE L. Sm, TH President
Name and Title of Authorized

Representative (PLEASE PRINT)

Signature of Authorized Representative