THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

Supplier/Product Evaluation Form

The purpose of this evaluation form is to rate a supplier's performance. 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 forms to:

Procurement & Warehousing Services Department (TSSC Building) 7720 West Oakland Park Boulevard, Suite 323 Sunrise, Florida 33351

For assistance with this form contact us at

(754) 321-0505 or CLICK HERE to send us an email (inc	lude the wo	oras Supplier/	Product Ev	aluation Form in	the subject)
GENERAL	INFORMA	TION			
Bid #: 18-010V Bid Title: Voluntary Supplementa	l Insurance	for School Bo	ard Employ	ees	
Purchase Order #:	Produc	t/Service Pr	ovided: Vo	luntary Insuranc	e
Supplier (Company) Name: AFLAC					
Contact Name:	Conta	ct Phone #:	()	.=9	
SECTION 1: SU	PPLIER EV	ALUATION			
1.) How would you rate the supplier in the following	ng areas?				
	1	2	3	4	5
	Poor	Fair	Good	Very Good	Excellent
Overall customer service					
Delivery as scheduled or promised	П	П	Ħ		
46 - SEGNANDA, KANI ▼ PROPRINCES PROGRAMMENT NI SEGNAMENT NI SEGNAMEN	1	<u></u>		الكا	
	Not	Somewha	t	3	4
S	atisfied	Satisfied	Sat	isfied Ver	y Satisfied
2.) How satisfied are you with the supplier?			ſ	~	
3.) Will you use this supplier again?	Yes		•		_
SECTION 2: PRODUC	2		ON		
4.) Based on the areas below, how would you rate				wish ship Did?	
4.) Dased on the areas below, now would you rate	tile produ 1	2	3	with this blur	-
	Poor	Z Fair	Good	4 Very Good	5 Excellent
Compliance with specifications		<u> </u>			
Quality as compared to similar products/services	Ħ	H	H		H
#0000000000000000000000000000000000000	H	님	H		님
Prices as compared to similar products/services		L			
	V	1 . Undilanta	2	3	4 D-6-1-1-1-
5.) Would you purchase this product/service again:		Unlikely	Unlikely	Probably	Definitely
5.7 Would you parchase this producty service against					<u>~</u>
SECTION 3: EN	D USER CO	DMMENTS .			
Please share any additional information regarding this					
performance is unsatisfactory, please tell us w	/hy. You ma	ay attach an a	dditional sh	eet if necessary	•
EVALUATION FO	ORM COM	PLETED BY:			
Name: Dr. Dildra Martin-Ogburn Title: Director	Zillineselli	The state of the s	ontact Pho	one #: (754) 3	21 - 2400
				1/34/3	21 2400
School/Department: Benefits and Employment Service	S				
Participant's Signature:		Da	te: 07/30/	2020	
16, 1	\				
02 2017 1/ DWC #1				D	

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	L INFORM <i>A</i>	COMPAND PROPERTY			
Bid #: 18-010V Bid Title: Voluntary Supplement	al Insurance	for School Bo	ard Employ	ees .	
Purchase Order #:	Produc	t/Service Pr	ovided: Vo	luntary Insuranc	ce
Supplier (Company) Name: BMG Money, Inc.					
Contact Name:	Conta	ct Phone #:	()	23	
SECTION 1: SU	JPPLIER EV	ALUATION			
1.) How would you rate the supplier in the follow	ng areas?				Į.
	1	2	3	4	5
	Poor	<u>Fair</u>	Good	Very Good	Excellent
Overall customer service	Ш	Ш			V
Delivery as scheduled or promised					V
	1				
	Not	Somewha	it sat	3 isfied Ver	y Satisfied
	Satisfied	Satisfied	Jai		y Jacisiieu
2.) How satisfied are you with the supplier?					V
3.) Will you use this supplier again?	✓ Yes	☐ No			
SECTION 2: PRODU	CT / SERVI	CE EVALUAT	ION		
4.) Based on the areas below, how would you rate	the produ	cts/services	provided	with this Bid?	
± 1 × 1000 • 1000 50000	1	2	3	4	5
	Poor	Fair	Good	Very Good	Excellent
Compliance with specifications					V
Quality as compared to similar products/services	П	П	П		
Prices as compared to similar products/services	Ħ	Ħ	Ħ	Ħ	Ī
		1	<u> </u>	<u> </u>	4
	Ver	y Unlikely	Unlikely	Probably	Definitely
5.) Would you purchase this product/service again	150000000000000000000000000000000000000			П	
SECTION 3: EN		The second secon			
Please share any additional information regarding this performance is unsatisfactory, please tell us					
periormance is unsatisfactory, please tell us	••••••••••••••••••••••••••••••••••••••	ay attacii ail d	uulliollai Si	icet ii necessary	•
EVALUATION F	ORM COM				
Name: Dr. Dildra Martin-Ogburn Title: Director		С	ontact Ph	one #: (754) 3	321 - 3100
School/Department: Benefits and Employment Service	es				
Participant's Signature:		D.	to: 07/20	/2020	
ratticipant's signature:	~	D	ate: 07/30,	2020	
03 2017 V DWG #4					an 1 of 1

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(754) 321-0505 or CLICK HERE to send us an email (include the words Supplier/Product Evaluation Form in the subject)

(101) 021 0000 01	GENERA			A SALES		i die Subject)		
GENERAL INFORMATION Bid #: 18-010V Bid Title: Voluntary Supplemental Insurance for School Board Employees								
Purchase Order #:								
Supplier (Company) Name: Combined Insurance Company of America								
Contact Name:								
	SECTION 1: S	JPPLIER EV	ALUATION					
1.) How would you	rate the supplier in the follow	ing areas?						
		1 /	2	3	4	5		
		Poor	Fair	Good	Very Good	Excellent		
Overall customer se	rvice		Ш					
Delivery as schedule	ed or promised					V		
		1	2		3			
		Not	Somewha	Sat		y Satisfied		
		Satisfied	Satisfied		_	,		
	e you with the supplier?	Ц	L	I				
3.) Will you use this	s supplier again?	✓ Yes	☐ No					
	SECTION 2: PRODU	CT / SERVI	CE EVALUAT	ION				
4.) Based on the are	eas below, how would you rate	e the produ	cts/services	provided	with this Bid?			
		1	2	3	4	5		
		Poor	Fair	Good	Very Good	Excellent		
Compliance with sp	ecifications	Ш				~		
Quality as compared	d to similar products/services					~		
Prices as compared	to similar products/services				V			
			1	2	3	4		
		CONTRACTOR CONTRACTOR	y Unlikely	Unlikely	Probably	Definitely		
5.) Would you purc	hase this product/service again	n?				~		
	SECTION 3: E	ND USER CO	OMMENTS					
Please share any ad	ditional information regarding this			/ services p	rovided. <u>If this s</u>	upplier's		
performance is unsatisfactory, please tell us why. You may attach an additional sheet if necessary.								
EVALUATION FORM COMPLETED BY:								
Name: Dr. Dildra Mar		- Anni Goli	to cercify the first an abs		one #: (754) 3	321 - 3100		
	AND CO. TO THE PRODUCTIONS TO THE PROPERTY OF	= 8			(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5100		
	Benefits and Employment Service	es	55506	10 Q2-15Q40Q1Q1Q1Q1	17			
Participant's Signatu	ire: MUVS		D	ate: 07/30,	/2020			
	. ~ \							

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(754) 321-0505 or CLICK HERE to send us an email (include the words Supplier/Product Evaluation Form in the subject)								
GENERAL INFORMATION								
Bid #: 18-010V Bid Title: Voluntary Supplemental Insurance for School Board Employees								
Purchase Order #: Product/Service Provided: Voluntary Insurance								
Supplier (Company) Name: Texas Life Insurance Company								
Contact Name: Contact Phone #: () -								
SECTION 1: S	UPPLIER EV	ALUATION						
1.) How would you rate the supplier in the follow	ing areas?							
	1	2	3	4	5			
	Poor	Fair	Good	Very Good	Excellent			
Overall customer service	Ш			Ш	~			
Delivery as scheduled or promised					V			
	1	2		3	4			
	Not	Somewha	Sat	- 	y Satisfied			
	Satisfied	Satisfied	1					
2.) How satisfied are you with the supplier?	Ш		L					
3.) Will you use this supplier again?	✓ Yes	☐ No						
SECTION 2: PRODU	JCT / SERVI	CE EVALUAT	ION					
4.) Based on the areas below, how would you rat	e the produ	cts/services	provided	with this Bid?				
	1	2	3	4	5			
	Poor	Fair	Good	Very Good	Excellent			
Compliance with specifications			Ш					
Quality as compared to similar products/services					V			
Prices as compared to similar products/services				П				
		1	2	3	4			
	Ven	Unlikely	Unlikely	Probably	Definitely			
5.) Would you purchase this product/service again	in?				V			
SECTION 2. F	ND LICED CO	DRABACNITC						
SECTION 3: E Please share any additional information regarding th		The American State of the State	/ services n	rovided If this	upplier's			
performance is unsatisfactory, please tell us								
EVALUATION	FORM COM		and a st Dh					
Name: Dr. Dildra Martin-Ogburn Title: Director			ontact PN	one #: (754) 3	321 - 3100			
School/Department: Benefits and Employment Serv	ices							
Participant's Signature:	\	Da	ate: 07/30,	/2020				

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For assistance	with this for	m contact us	at				
(754) 321-0505 or <u>CLICK HERE</u> to send us an email (include the w	ords Supplier/	Product Eva	aluation Form in	n the subject)		
GENERAL INFORMATION							
Bid #: 18-010V Bid Title: Voluntary Supplement	ntal Insurance	for School Bo	ard Employ	ees			
Purchase Order #:	Product/Service Provided: Voluntary Insurance						
Supplier (Company) Name: U.S. Legal, Inc.							
Contact Name:	Conta	ct Phone #:	()	-			
SECTION 1:	SUPPLIER EV	ALUATION					
1.) How would you rate the supplier in the following areas?							
	1	2	3	4	5		
	Poor	Fair	Good	Very Good	Excellent		
Overall customer service					V		
Delivery as scheduled or promised	F	Ħ	Ħ	一百			
	1	Ц,					
	Not	Somewha	nt .	3	4		
	Satisfied	Satisfied	Sat	isfied Ver	y Satisfied		
2.) How satisfied are you with the supplier?	П						
3.) Will you use this supplier again?	Yes	□ No	•		e l el co		
SECTION 2: PROD	UCT / SERV	CE EVALUAT	ION				
4.) Based on the areas below, how would you ra			- Maria de -	with this Bid?			
,,	1	2	3	4	5		
	Poor	Fair	Good	Very Good	Excellent		
Compliance with specifications				П			
Quality as compared to similar products/services		Ħ	Ħ	Ħ	员		
73 12 13 11		H	H	Ħ			
Prices as compared to similar products/services		,⊔	Ļ	Ļ			
	Vor	y Unlikely	Z Unlikely	3 Probably	4 Definitely		
5.) Would you purchase this product/service aga							
.,,,,,,,		Н	Ш				
SECTION 3:	END USER C	OMMENTS					
Please share any additional information regarding the	2 80	- 12	2021				
performance is unsatisfactory, please tell u	<u>is why.</u> You m	ay attach an a	idditional sh	eet if necessary	/.		
EVALUATION	FORM CON	IPLETED BY:					
Name: Dr. Dildra Martin-Ogburn Title: Director			ontact Pho	one #: (754) :	321 - 3100		
School/Department: Benefits and Employment Serv	(ices	2.1		\$1500 PM (\$150.00	and Selection		
Participant's Signature:	\	D	ate: 07/30/	2020			

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GENERAL	INFORMATIO	ON			
Bid #: 18-010V Bid Title: Voluntary Supplementa	l Insurance for	School Boar	d Employe	ees	
Purchase Order #:	Product/S	Service Pro	vided: Vol	untary Insuranc	e
Supplier (Company) Name: Washington National Insur	ance Company	1			
Contact Name:	Contact	Phone #: (}	_	
SECTION 1: SU	PPLIER EVAL	UATION	NY ST		
1.) How would you rate the supplier in the following	ng areas?			(9) 2+1	
*	1	2	3	4	5
	Poor	Fair	Good	Very Good	Excellent
Overall customer service		Ш	Ш		
Delivery as scheduled or promised					V
	1	2		3	Δ
		Somewhat			y Satisfied
	Satisfied	Satisfied	•	–	
2.) How satisfied are you with the supplier?	ᆜ .	_⊔_	<u> </u>		
3.) Will you use this supplier again?	✓ Yes	No			
SECTION 2: PRODUC	T / SERVICE	EVALUATIO	N		
4.) Based on the areas below, how would you rate	the products	/services p	rovided v	with this Bid?	
	1	2	3	4	5
	Poor	Fair	Good	Very Good	Excellent
Compliance with specifications			Ш		~
Quality as compared to similar products/services					~
Prices as compared to similar products/services			П	П	
		L	2	3	4
	1005	nlikely	Unlikely	Probably	Definitely
5.) Would you purchase this product/service again	?	33.			V
SECTION 2: EN	D LICED COM	MENTS			de Pokulaja
SECTION 3: EN Please share any additional information regarding this		Market S. A. Land of Street, Square, and	services n	ovided If this s	unnlier's
performance is unsatisfactory, please tell us v	0.07.0952	22.00		177	
	2214 622424	ETCD OV			
EVALUATION FO	ORM COMPL	A STATE OF THE STA	-4 PI	4. /> -	
Name: Dr. Dildra Martin-Ogburn Title: Director		Co	ntact Pho	one #: (754) 3	321 - 3100
School/Department: Benefits and Employment Service	2S				
Participant's Signature:		Dat	e: 07/30/	2020	
1/10/					
02 2017 1/ DIME #1				Pa	ge 1 of 1