



AGENDA REQUEST FORM

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

MEETING DATE	2020-09-01 10:05 - School Board Operational Meeting
AGENDA ITEM	ITEMS
CATEGORY	E. OFFICE OF STRATEGY & OPERATIONS
DEPARTMENT	Procurement & Warehousing Services

Special Order Request
<input type="radio"/> Yes <input checked="" type="radio"/> No
Time
Open Agenda
<input type="radio"/> Yes <input checked="" type="radio"/> No

ITEM No.:
E-1.

TITLE:
Recommendation to Approve the First and Second Amendments to Agreements - 18-015V - Voluntary Supplemental Insurance for School Board Employees

REQUESTED ACTION:
Approve the First Amendment to Agreements for AFLAC, Combined Insurance Company of America, Texas Life Insurance Company, U.S. Legal, Inc. and Washington National Insurance Company, and the Second Amendment to Agreement for BMG Money, Inc. Contract Term: January 1, 2021 through December 31, 2021, One (1) Year; User Department: Benefits and Employment Services; Award Amount: None; Small/Minority/Women Business Enterprise Vendor(s): See Continuation of Requested Action.

SUMMARY EXPLANATION AND BACKGROUND:
Request For Proposal 18-010V, Voluntary Supplemental Insurance for School Board Employees was awarded to AFLAC, BMG Money, Inc. Texas Life Insurance Company, U.S. Legal Services, Inc. and Washington National Insurance Company on August 22, 2017, Agenda Item E-3, and Combined Insurance Company of America on September 26, 2017, Agenda Item E-4.
The First and Second Amendments to Agreements have been reviewed and approved as to form and legal content by the Office of the General Counsel. A copy of the RPF documents are available online at: http://www.broward.k12.fl.us/supply/agenda/RFP_18-010V_VoluntarySupplementalInsurance.pdf
A copy of the Original Executed Documents are available online at: http://www.broward.k12.fl.us/supply/agenda/18-010V_OriginalExecutedDocuments.pdf

SCHOOL BOARD GOALS:
 Goal 1: High Quality Instruction Goal 2: Safe & Supportive Environment Goal 3: Effective Communication

FINANCIAL IMPACT:
There is no financial impact to the District. Premiums are paid by benefit-eligible School Board employees who elect to enroll in these plans.

EXHIBITS: (List)
(1) Continuation of Requested Action (2) Executive Summary (3) Financial Analysis Worksheet (4) Amendment to Agreements-6 (5) Supplier Evaluations-6

BOARD ACTION:
APPROVED
(For Official School Board Records Office Only)

SOURCE OF ADDITIONAL INFORMATION:

Name: Dr. Dildra Martin-Ogburn	Phone: 754-321-3100
Name: Mary C. Coker	Phone: 754-321-0501

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA
Senior Leader & Title

Maurice L. Woods - Chief Strategy & Operations Officer

Signature
Maurice Woods
8/24/2020, 10:59:26 AM

Approved In Open Board Meeting On:

SEP 01 2020

By: *Donna K...*
School Board Chair

**Recommendation to Approve the First and Second Amendments to Agreements
18-010V – Voluntary Supplemental Insurance for School Board Employees
September 1, 2020 Board Agenda**

CONTINUATION OF REQUESTED ACTION

Awarded Vendor(s):

AFLAC

BMG Money, Inc.

Combined Insurance Company of America

Texas Life Insurance Company

U.S. Legal Services, Inc.

Washington National Insurance Company

Small/Minority/Women Business Enterprise Vendor(s): None.

EXECUTIVE SUMMARY

Recommendation to Approve the First and Second Amendments to Agreements 18-010V – Voluntary Supplemental Insurance for School Board Employees

Introduction

Responsible: Procurement & Warehousing Services (PWS)

This request is to approve the First Amendment to the Agreements and first one (1) year renewal option for AFLAC, Combined Insurance Company of America, Texas Life Insurance Company, U.S. Legal, Inc., and Washington National Insurance Company and the Second Amendment to Agreement and first one (1) year renewal option for BMG Money, Inc. This Request for Proposal (RFP) was approved at the Special School Board Meeting on September 26, 2017, and the term of the contract was for three (3) years from January 1, 2018 through December 31, 2020, with a renewal option for two (2) additional one (1) year periods.

The renewal contract term is January 2021 through December 31, 2021. There is no financial impact to the District. Premiums are paid by benefit-eligible School Board employees who elect to enroll in these plans.

Good/Services Description

Responsible: Benefits

AFLAC, BMG Money, Inc., Combined Insurance Company of America, Texas Life Insurance Company, U.S. Legal, Inc., and Washington National Insurance Company are leading providers of insurance products and other financial services. Through their subsidiaries and affiliates, these organizations collectively offer a suite of voluntary products spanning Accident, Cancer, Critical Illness, Consumer Loans, Hospital Indemnity, Life Insurance, Short-term Disability, and Pre-paid Legal Services.

Procurement Method

Responsible: PWS

The procurement method chosen was through a competitive solicitation, which required Purchasing Policy 3320, Part II, Rule V, and Florida Administration Code 6A-1.012(15).

RFP 18-010V – Voluntary Supplemental Insurance for School Board Employees, was released via Onvia Demandstar on December 15, 2016, by Procurement & Warehousing Services and opened February 9, 2019. Six hundred (600) vendors were notified through Onvia Demandstar, fifty-four (54) vendors downloaded the RFP and The School Board of Broward County, Florida, received responses from eight (8) Proposers:

- AFLAC
- BMG Money, Inc.
- Combined Insurance Company of America
- Legal Access Consulting, LLC dba/LegalEASE
- Nationwide
- Texas Life Insurance Company
- U.S. Legal Services, Inc.
- Washington National Insurance Company

**Recommendation to Approve First and Second Amendments to Agreements
18-010V – Voluntary Supplemental Insurance for School Board Employees
September 1, 2020 Board Agenda
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**Procurement Method (Continued)
Responsible: PWS**

Prior to the review and evaluation of the Proposals from the above-noted Proposers, the Benefits Consultants, Gallagher Benefit Services, Inc. informed the SIWAC that the Proposal of LegalEase did not meet the minimum eligibility requirement under Section 4.2.6 of the RFP and therefore should be found non-responsive. The Superintendent's Insurance & Wellness Advisory Committee (SIWAC) voted to find LegalEASE non-responsive.

Seven (7) of the eight (8) proposals were evaluated by the SIWAC on March 29, 2017, based on Experience & Qualifications, Scope of Services, Cost, and Small/Minority/Women Business Enterprise. As a result of the scoring and ensuing negotiations for the remaining proposals, the SIWAC voted to recommend to the Superintendent the following awards:

- **AFLAC**
 - Accident, Critical Illness, Hospital Indemnity, Short Term Disability, Term Life Insurance
- **BMG Money, Inc.**
 - Consumer Loans
- **Combined Insurance Company of America**
 - Accident, Critical Illness and Life Insurance
- **Texas Life Insurance Company**
 - Voluntary Permanent Life Insurance
- **U.S. Legal Services, Inc.**
 - Pre-paid Legal Services
- **Washington National Insurance Company**
 - Accident, Cancer, Critical Illness, Life Insurance

On August 22, 2017, the School Board awarded the following Voluntary Supplemental contracts:

- **AFLAC**
 - Accident, Term Life, Short Term Disability, Hospital Indemnity, Critical Illness
- **BMG Money, Inc.**
 - Consumer Loans
- **Texas Life Insurance Company**
 - Voluntary Permanent Life Insurance
- **U.S. Legal Services, Inc.**
 - Pre-paid Legal Services
- **Washington National Insurance Company**
 - Cancer, Critical Illness, Accident, Life Insurance

On September 26, 2017, the School Board awarded the following Voluntary Supplemental contract:

- **Combined Insurance Company of America**
 - Accident, Critical Illness and Life Insurance

**Recommendation to Approve First and Second Amendments to Agreements
18-010V – Voluntary Supplemental Insurance for School Board Employees
September 1, 2020 Board Agenda
Page 3 of 3**

The initial contract period for the above awards was January 1, 2018 through December 31, 2020.

2021 Renewals:

On May 13, 2020, the SIWAC held its annual contract renewal meeting. The SIWAC voted unanimously to recommend the first renewal option for AFLAC, BMG Money, Inc., COMBINED, Texas Life Insurance Company, U.S. Legal, Inc., and Washington National Insurance Company for contract period January 1, 2021 through December 31, 2021.

Financial Impact

Responsible: Benefits

There is no financial impact to the District. School Board employees are responsible for all costs of Voluntary Supplemental products, should they elect to enroll in a Voluntary plan(s).

FIRST AMENDMENT TO AGREEMENT

^{1st} THIS FIRST AMENDMENT TO AGREEMENT is made and entered into as of this day of September 2020, by and between

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA
(hereinafter referred to as "SBBC"),
a body corporate and political subdivision of the State of Florida,
whose principal place of business is
600 Southeast Third Avenue,
Fort Lauderdale, Florida 33301

and

AFLAC
(hereinafter referred to as "[AFLAC]"),
whose principal place of business is
1932 Wynnton Road
Columbus, GA 31999

WHEREAS, SBBC issued a Request For Proposal identified as RFP 18-010V, Voluntary Supplemental Insurance for School Board Employees dated December 15, 2016 and amended by Addendum Number One dated December 23, 2016 (herein referred to as "RFP") which is incorporated by reference herein, for the purpose of receiving proposals for Voluntary Supplemental Insurance for School Board Employees; and

WHEREAS, AFLAC offered a proposal dated February 8, 2017 (hereinafter referred to as "Proposal") which is incorporated by reference herein, in response to the RFP; and

WHEREAS, SBBC and AFLAC entered in an Agreement dated, August 22, 2017; and

WHEREAS, the Parties mutually desire to amend certain provisions of the Agreement to include references to Group Critical Illness and Hospital Indemnity Rate Sheets, respectively attached as Attachments A-B.

NOW, THEREFORE, in consideration of the premises and of the mutual covenants contained herein and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the Parties hereby agree as follows:

ARTICLES

1.01 **Recitals.** The Parties agree that the foregoing recitals are true and correct and that such recitals are incorporated herein by reference.

2.01 **Term of Agreement.** The August 22, 2017 Agreement is hereby extended from January 1, 2021 through December 31, 2021, unless terminated earlier pursuant to Section 3.05 of the Agreement.

3.01 **Premiums.** Effective January 1, 2021 the Critical Illness and Hospital Indemnity premiums will be modified, as outlined in Attachments A-B, respectively, to this First Amendment to Agreement. Premiums for Accident, Term Life and Short-Term Disability will remain unchanged.

4.01 **Order of Precedence Among Agreement Documents:** In the event of any dispute or difference of opinion concerning the interpretation of the Agreement and any documents incorporated therein, the decision of SBBC shall be final and binding upon all parties.

- a) This First Amendment to Agreement; then
- b) The Agreement dated, August 22, 2017; then
- c) Addendum Number Three (dated, December 23, 2016); then
- d) RFP 18-010V – “Voluntary Supplemental Insurance for School Board Employees”; then
- e) The Proposal submitted in response to the RFP by AFLAC

5.01 **Other Provisions Remain in Force.** Except as expressly provided herein, all other portions of the Agreement remain in full force and effect.

6.01 **Authority.** Each person signing this First Amendment to Agreement on behalf of either party individually warrants that he or she has full legal power to execute this First Amendment to Agreement on behalf of the party for whom he or she is signing, and to bind and obligate such party with respect to all provisions contained in this First Amendment to Agreement

IN WITNESS WHEREOF, the Parties hereto have made and executed this First Amendment to Agreement on the date first above written.

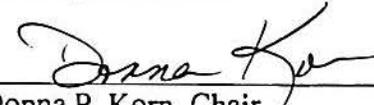
SBBC

(Corporate Seal)

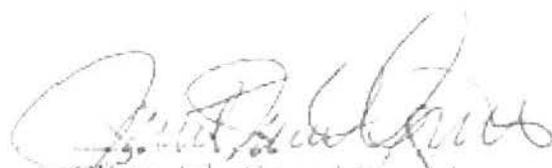
ATTEST:


Robert W. Runcie, Superintendent of Schools

THE SCHOOL BOARD OF BROWARD
COUNTY, FLORIDA

By 
Donna P. Korn, Chair

Approved as to Form and Legal Content:


Office of the General Counsel

FOR AFLAC

(Corporate Seal)

AFLAC

ATTEST:

By [Signature]

_____, Secretary

-OR-

[Signature]
Witness
[Signature]
Witness

The Following Notarization is Required for Every Agreement Without Regard to Whether the Party Chose to Use a Secretary's Attestation or Two (2) Witnesses.

STATE OF Georgia

COUNTY OF Muscogee

The foregoing instrument was acknowledged before me this 7 day of July, 2020 by Chuck McDaniel of AFLAC, on behalf of the corporation/agency.
Name of Person Name of Corporation or Agency

He/She is personally known to me or produced Driver's License as identification and did/did not first take an oath. Type of Identification

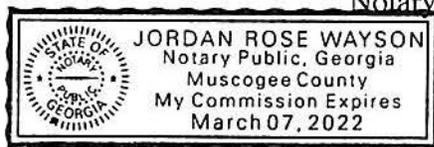
My Commission Expires:
March 7, 2020

[Signature]
Signature - Notary Public

Jordan R Wayson
Printed Name of Notary

(SEAL)

00359261
Notary's Commission No.



SECOND AMENDMENT TO AGREEMENT

THIS SECOND AMENDMENT TO AGREEMENT is made and entered into as of this 1st day of September, 2020, by and between

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

(hereinafter referred to as "SBBC"),
a body corporate and political subdivision of the State of Florida,
whose principal place of business is
600 Southeast Third Avenue,
Fort Lauderdale, Florida 33301

and

BMG MONEY, INC.

(hereinafter referred to as "BMG"),
whose principal place of business is
1221 Brickell Avenue, Suite 1170
Miami, Florida 33131

WHEREAS, SBBC issued a Request for Proposal identified as RFP 18-010V - Voluntary Supplemental Insurance for School Board Employees dated, December 15, 2016 and amended by Addendum Number One dated, December 23, 2016 (herein referred to as "RFP") which are incorporated by reference herein, for the purpose of receiving proposals for Voluntary Supplemental Insurance for School Board Employees; and

WHEREAS, BMG offered a proposal dated, February 9, 2017 RFP; (hereinafter referred to as "Proposal"), which is incorporated by reference herein, in response to the RFP; and

WHEREAS, SBBC and BMG entered into an Agreement dated, August 22, 2017 (hereafter "Agreement") for Voluntary Supplemental Insurance for School Board Employees under RFP 18-010V; and

WHEREAS, SBBC and BMG entered into a First Amendment to Agreement dated, August 21, 2018 for Voluntary Supplemental Insurance for School Board Employees under RFP 18-010V; and

WHEREAS, the parties mutually desire to amend certain provisions of the Agreement.

NOW, THEREFORE, in consideration of the premises and of the mutual covenants contained herein and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the Parties hereby agree as follows:

ARTICLES

1.01 **Recitals.** The Parties agree that the foregoing recitals are true and correct and that such recitals are incorporated herein by reference.

2.01 **Term of Agreement.** The August 22, 2017 Agreement is hereby extended from January 1, 2021 through December 31, 2021, unless terminated earlier pursuant to Section 3.05 of the Agreement.

3.01 **Order of Precedence Among Agreement Documents.** In the event of a conflict between the provisions of the Agreement and the provisions contained herein, the provisions of the following documents shall take precedence in this order:

- a) This Second Amendment to Agreement; then
- b) The First Amendment to Agreement dated, August 21, 2018; then
- c) The Agreement dated, August 22, 2017; then
- d) Addendum Number One dated, December 23, 2016 to the RFP; then
- e) RFP 18-010V "Voluntary Supplemental Insurance for School Board Employees"; then
- f) The Proposal submitted by BMG in response to the RFP.

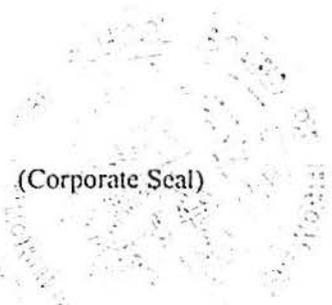
In case of any other doubt or difference of opinion, the decision of SBBC shall be final and binding on both parties.

4.01 **Other Provisions Remain in Force.** Except as expressly provided herein, all other portions of the Agreement remain in full force and effect.

5.01 **Authority.** Each person signing this Second Amendment to Agreement on behalf of either Party individually warrants that he or she has full legal power to execute this Second Amendment to Agreement on behalf of the Party for whom he or she is signing, and to bind and obligate such Party with respect to all provisions contained in this Second Amendment to Agreement.

IN WITNESS WHEREOF, the Parties hereto have made and executed this Second Amendment to Agreement on the date first above written.

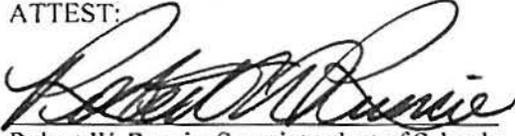
SBBC



(Corporate Seal)

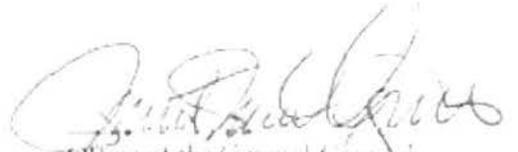
THE SCHOOL BOARD OF BROWARD
COUNTY, FLORIDA

ATTEST:


Robert W. Runcie, Superintendent of Schools

By 
Donna P. Korn, Chair

Approved as to Form and Legal Content:


Office of the General Counsel

FOR BMG

(Corporate Seal)

ATTEST:

BMG Money, Inc.,

By

[Handwritten Signature]

Printed Name: Tom McCormick

Title: CHIEF GROWTH OFFICER

_____, Secretary

-or-

[Handwritten Signature]
Witness

[Handwritten Signature]

Witness

The Following Notarization is Required for Every Agreement Without Regard to Whether the Party Chose to Use a Secretary's Attestation or Two (2) Witnesses.

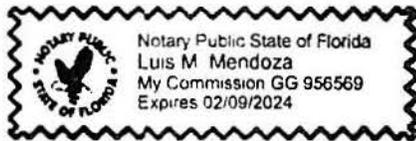
STATE OF Florida

COUNTY OF Miami Dade

The foregoing instrument was acknowledged before me this 26 day of June, 2020 by Tom McCormick of BMG MONEY, INC. on behalf of the corporation/agency.

He/She is personally known to me or produced Driver License as identification and did/did not first take an oath.

My Commission Expires: 02/09/2024



(SEAL)

Signature - Notary Public

[Handwritten Signature]

Printed Name of Notary

Luis M Mendoza

Notary's Commission No.

956569

FIRST AMENDMENT TO AGREEMENT

KT **THIS FIRST AMENDMENT TO AGREEMENT** is made and entered into as of this day of September, 2020, by and between

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA
(hereinafter referred to as "SBBC"),
a body corporate and political subdivision of the State of Florida,
whose principal place of business is
600 Southeast Third Avenue,
Fort Lauderdale, Florida 33301

and

COMBINED INSURANCE COMPANY OF AMERICA
(hereinafter referred to as "COMBINED"),
whose principal place of business is
8750 W. Brynmawr Avenue
Chicago, IL 60631

WHEREAS, SBBC issued a Request for Proposal identified as RFP 18-010V Voluntary Supplemental Insurance for School Board Employees dated December 15, 2016 and amended by Addendum Number One dated December 23, 2016. (herein referred to as "RFP") which is incorporated by reference herein, for the purpose of receiving proposals for Voluntary Supplemental Insurance for School Board Employees; and

WHEREAS, COMBINED offered a proposal dated, February 8, 2017 (hereinafter referred to as "Proposal", which is incorporated by reference herein, in response to the RFP; and

WHEREAS, the SBBC and COMBINED entered into an Agreement dated, September 26, 2017 (hereafter "Agreement") for Voluntary Supplemental Insurance for School Board Employees under RFP 18-010V; and

WHEREAS, the parties mutually desire to amend certain provisions of the Agreement.

NOW, THEREFORE, in consideration of the premises and of the mutual covenants contained herein and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the Parties hereby agree as follows:

ARTICLE 1 - RECITALS

1.01 **Recitals.** The Parties agree that the foregoing recitals are true and correct and that such recitals are incorporated herein by reference.

ARTICLE 2 – SPECIAL CONDITIONS

2.01 **Term of Agreement.** The September 26, 2017 Agreement is hereby extended from January 1, 2021 through December 31, 2021, unless terminated earlier pursuant to Section 3.05 of the Agreement.

3.01 **Order of Precedence Among Agreement Documents.** In the event of a conflict between the provisions contained herein, the provisions of the following documents shall take precedence in this order:

- a): This First Amendment to Agreement; then
- b) The Agreement dated, September 26, 2017; then
- c) Addendum Number One [dated December 23, 2016] to the RFP; then
- d) RFP 18-010V “Voluntary Supplemental Insurance for School Board Employees”; then
- e) The Proposal submitted by COMBINED in response to the RFP

In case of any other doubt or difference of opinion, the decision of SBBC shall be final and binding on both parties.

4.01 **Other Provisions Remain in Force.** Except as expressly provided herein, all other portions of the Agreement remain in full force and effect.

5.01 **Authority.** Each person signing this First Amendment to Agreement on behalf of either party individually warrants that he or she has full legal power to execute this First Amendment to Agreement on behalf of the party for whom he or she is signing, and to bind and obligate such party with respect to all provisions contained in this First Amendment to Agreement.

IN WITNESS WHEREOF, the Parties hereto have made and executed this First Amendment to Agreement on the date first above written.

SBBC

(Corporate Seal)

THE SCHOOL BOARD OF BROWARD
COUNTY, FLORIDA

ATTEST:

By Donna Korn
Donna P. Korn, Chair

Robert W. Runcie
Robert W. Runcie, Superintendent of Schools

Approved as to Form and Legal Content:

[Signature]
Office of the General Counsel

FOR COMBINED

(Corporate Seal)

COMBINED INSURANCE COMPANY OF AMERICA

ATTEST:

By Chris Martin
Chris Martin, President

_____, Secretary

-or-

Patricia Morrison

Witness

[Signature]

Witness

The Following Notarization is Required for Every Agreement Without Regard to Whether the Party Chose to Use a Secretary's Attestation or Two (2) Witnesses.

STATE OF IL

COUNTY OF Cook

The foregoing instrument was acknowledged before me this 8 day of July, 2020 by Chris Martin of Combined Insurance Company,
Name of Person Name of Corporation or Agency
on behalf of the corporation/agency.

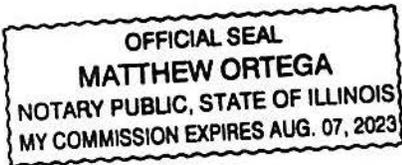
He/She is personally known to me or produced Drivers License as identification
and did/did not first take an oath. Type of Identification

My Commission Expires: 8/7/2023

Matthew Ortega
Signature - Notary Public

Matthew Ortega
Printed Name of Notary

(SEAL)



Notary's Commission No.

FIRST AMENDMENT TO AGREEMENT

1st ~~THIS~~ **FIRST AMENDMENT TO AGREEMENT** is made and entered into as of this day of September, 2020, by and between

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA
(hereinafter referred to as "SBBC"),
a body corporate and political subdivision of the State of Florida,
whose principal place of business is
600 Southeast Third Avenue, Fort Lauderdale, Florida 33301

and

TEXAS LIFE INSURANCE COMPANY
(hereinafter referred to as "TEXAS"),
whose principal place of business is
900 Washington Ave.
Waco, Texas 76701

WHEREAS, SBBC issued a Request for Proposal, identified as RFP 18-010V – Voluntary Supplemental Insurance for School Board Employees, dated December 15, 2016 and amended by Addendum Number One dated December 23, 2016 (hereinafter referred to as "RFP") which is incorporated by reference herein, for the purpose of receiving proposals for Voluntary Supplemental Insurance for School Board Employees; and

WHEREAS, TEXAS offered a proposal dated February 3, 2017 (hereinafter referred to as "Proposal") which is incorporated by reference herein, in response to the RFP; and

WHEREAS, the SBBC and TEXAS entered into an Agreement dated, August 22, 2017 (hereafter referred as "Agreement") for Voluntary Supplemental Insurance for School Board Employees under RFP 18-010V; and

WHEREAS, the parties mutually desire to amend certain provisions of the Agreement.

NOW, THEREFORE, in consideration of the premises and of the mutual covenants contained herein and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the Parties hereby agree as follows:

ARTICLE 1 – RECITALS

1.01 **Recitals.** The Parties agree that the foregoing recitals are true and correct and that such recitals are incorporated herein by reference.

ARTICLE 2 – SPECIAL CONDITIONS

2.01 **Term of Agreement.** The August 22, 2017 Agreement is hereby extended from January 1, 2021 through December 31, 2021, unless terminated earlier pursuant to Section 3.05 of the Agreement.

3.01 **Order of Precedence Among Agreement Documents:** In the event of a conflict between the provisions contained herein, the provisions of the following documents shall take precedence in this order:

- a) This First Amendment to Agreement; then
- b) The Agreement dated, August 22, 2017; then
- c) Addendum Number One (dated, December 23, 2016); then
- d) RFP 18-009V – “Voluntary Supplemental Insurance for School Board Employees”; then
- e) The Proposal submitted in response to the RFP by TEXAS

In the event of any dispute or difference of opinion concerning the interpretation of the Agreement and any documents incorporated therein, the decision of SBBC shall be final and binding upon all parties.

4.01 **Other Provisions Remain in Force.** Except as expressly provided herein, all other portions of the Agreement remain in full force and effect.

5.01 **Authority.** Each person signing this First Amendment to Agreement on behalf of either party individually warrants that he or she has full legal power to execute this First Amendment to Agreement on behalf of the party for whom he or she is signing, and to bind and obligate such party with respect to all provisions contained in this First Amendment to Agreement.

IN WITNESS WHEREOF, the Parties hereto have made and executed this First Amendment to Agreement on the date first above written.

FOR SBBC

(Corporate Seal)



ATTEST:

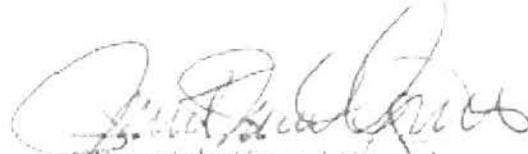

Robert W. Runcie, Superintendent of Schools

THE SCHOOL BOARD OF BROWARD
COUNTY, FLORIDA

By


Donna P. Korn, Chair

Approved as to Form and Legal Content:


Office of the General Counsel

FOR TEXAS

(Corporate Seal)

Texas Life Insurance Company

ATTEST:

By *Carroll W. Fadal*
Carroll W. Fadal, Vice President, Sales

_____, Secretary

-or-

[Signature]
Witness

Stephanie Roark
Witness

The Following Notarization is Required for Every Agreement Without Regard to Whether the Party Chose to Use a Secretary's Attestation or Two (2) Witnesses.

STATE OF Texas

COUNTY OF McLennan

The foregoing instrument was acknowledged before me this 1st day of July, 2020 by Carroll W. Fadal of Texas Life Insurance Company,
Name of Person Name of Corporation or Agency
on behalf of the corporation/agency.

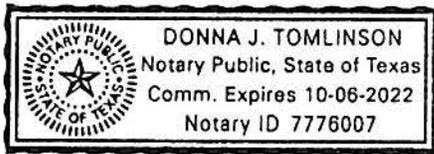
He/She is personally known to me or produced _____ as identification and did/did not first take an oath. (Type of Identification)

My Commission Expires:

Donna J. Tomlinson
Signature - Notary Public

Donna J. Tomlinson
Printed Name of Notary

(SEAL)



Exp: 10-6-22 ID# 7776007
Notary's Commission No.

FIRST AMENDMENT TO AGREEMENT

1st **THIS FIRST AMENDMENT TO AGREEMENT** is made and entered into as of this day of September, 2020, by and between

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

(hereinafter referred to as "SBBC"),
a body corporate and political subdivision of the State of Florida,
whose principal place of business is
600 Southeast Third Avenue, Fort Lauderdale, Florida 33301

and

U.S. LEGAL SERVICES, INC.

(hereinafter referred to as "U.S. LEGAL"),
whose principal place of business is
8133 Baymeadows Way
Jacksonville, Florida 32256

WHEREAS, SBBC issued a Request for Proposal, identified as RFP 18-010V – Voluntary Supplemental Insurance for School Board Employees, dated December 15, 2016 and amended by Addendum Number One dated December 23, 2016 (hereinafter referred to as "RFP") which is incorporated by reference herein, for the purpose of receiving proposals for Voluntary Supplemental Insurance for School Board Employees; and

WHEREAS, U.S. LEGAL offered a proposal dated February 8, 2017 (hereinafter referred to as "Proposal") which is incorporated by reference herein, in response to RFP; and

WHEREAS, the SBBC and U.S. LEGAL entered into an Agreement dated August 22, 2017 (hereinafter referred to as "Agreement"); and

WHEREAS, the Parties mutually desire to amend certain provisions of the Agreement.

NOW, THEREFORE, in consideration of the premises and of the mutual covenants contained herein and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the Parties hereby agree as follows:

ARTICLE 1 – RECITALS

1.01 **Recitals.** The Parties agree that the foregoing recitals are true and correct and that such recitals are incorporated herein by reference.

ARTICLE 2 – SPECIAL CONDITIONS

2.01 **Term of Agreement.** The August 22, 2017 Agreement is hereby extended from January 1, 2021 through December 31, 2021, unless terminated earlier pursuant to Section 3.05 of the Agreement.

3.01 **Other Provisions Remain in Force:** Except as expressly provided herein, all other portions of the Agreement remain in full force and effect.

- a) This First Amendment to Agreement; then
- b) The Agreement dated, August 22, 2017; then
- c) Addendum Number Three (dated, December 23, 2016); then
- d) RFP 18-010V – “Voluntary Supplemental Insurance for School Board Employees”; then
- e) The Proposal submitted in response to the RFP by U.S. Legal

In the event of any dispute or difference of opinion concerning the interpretation of the Agreement and any documents incorporated therein, the decision of SBBC shall be final and binding upon all parties.

4.01 **Other Provisions Remain in Force.** Except as expressly provided herein, all other portions of the Agreement remain in full force and effect.

5.01 **Authority.** Each person signing this First Amendment to Agreement on behalf of either party individually warrants that he or she has full legal power to execute this First Amendment to Agreement on behalf of the party for whom he or she is signing, and to bind and obligate such party with respect to all provisions contained in this First Amendment to Agreement.

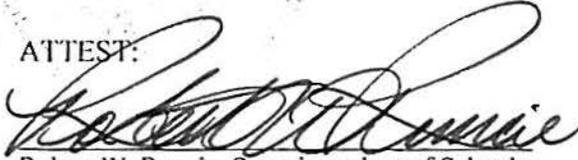
IN WITNESS WHEREOF, the Parties hereto have made and executed this First Amendment to Agreement on the date first above written.

FOR SBBC

(Corporate Seal)

THE SCHOOL BOARD OF BROWARD
COUNTY, FLORIDA

ATTEST:



Robert W. Runcie, Superintendent of Schools

By 
Donna P. Korn, Chair

Approved as to Form and Legal Content:


Office of the General Counsel

FOR U.S. LEGAL

(Corporate Seal)

U.S. LEGAL SERVICES, INC.

ATTEST:

Marie M. Forbes

_____, Secretary

By *Marie M. Forbes*

Marie M. Forbes, President

-or-

Witness *[Signature]*

Witness *[Signature]*

The Following Notarization is Required for Every Agreement Without Regard to Whether the Party Chose to Use a Secretary's Attestation or Two (2) Witnesses.

STATE OF *Florida*

COUNTY OF *Duval*

The foregoing instrument was acknowledged before me this *26th* day of *June*, 2020 by *Marie M. Forbes* of *U.S. LEGAL SERVICES, INC.*,
Name of Person Name of Corporation or Agency
on behalf of the corporation/agency.

He/She is personally known to me or produced _____ as
identification and did/did not first take an oath. Type of Identification

My Commission Expires:

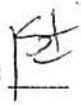
Deborah M. Carson

Signature: *Deborah M. Carson*
Notary Public
Commission # GG 951263
Expires January 26, 2024
Bonded Thru Troy Fain Insurance 800-385-7019
Printed Name of Notary

(SEAL)

Notary's Commission No.

FIRST AMENDMENT TO AGREEMENT

THIS FIRST AMENDMENT TO AGREEMENT is made and entered into as of this 
day of September, 2020, by and between

THE SCHOOL BOARD OF BROWARD COUNTY,
FLORIDA
(hereinafter referred to as
"SBBC"),
a body corporate and political subdivision of the State of
Florida, whose principal place of business is
600 Southeast Third Avenue,
Fort Lauderdale, Florida
33301

and

WASHINGTON NATIONAL INSURANCE COMPANY
(hereinafter referred to as "WASHINGTON
NATIONAL"), whose principal place of business is
11825 N. Pennsylvania
street
Camel, IN
46032

WHEREAS, SBBC issued a Request for Proposal identified as RFP 18-010V Voluntary Supplemental Insurance for School Board Employees dated December 15, 2016 and amended by Addendum Number One dated December 23, 2016. (herein referred to as "RFP") which is incorporated by reference herein, for the purpose of receiving proposals for Voluntary Supplemental Insurance for School Board Employees; and

WHEREAS, WASHINGTON NATIONAL offered a proposal dated February 1, 2017 (hereinafter referred to as "Proposal") which is incorporated by reference herein, in response to RFP; and

WHEREAS, SBBC and WASHINGTON NATIONAL entered into an Agreement dated, August 22, 2017 (hereafter referred as "Agreement") for Voluntary Supplemental Insurance for School Board Employees under RFP 18-010V; and

WHEREAS, the parties mutually desire to amend certain provisions of the Agreement.

NOW, THEREFORE, in consideration of the premises and of the mutual covenants contained herein and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the Parties hereby agree as follows:

ARTICLE 1 - RECITALS

1.01 Recitals. The Parties agree that the foregoing recitals are true and correct and that such recitals are incorporated herein by reference.

ARTICLE 2 – SPECIAL CONDITIONS

2.01 Term of Agreement. The August 22, 2017 Agreement is hereby extended from January 1, 2021 through December 31, 2021, unless terminated earlier pursuant to Section 3.05 of the Agreement.

3.01 Priority of Documents. In the event of a conflict between the documents, the following priority of documents shall govern:

- a) This First Amendment to Agreement; then
- b) The Agreement dated, August 22, 2017; then
- c) Addendum Number One [dated December 23, 2016] to the RFP; then
- d) RFP 18-010V – “Voluntary Supplemental Insurance for School Board Employees; then
- e) The Proposal submitted in response to the RFP by WASHINGTON NATIONAL

In case of any other doubt or difference of opinion, the decision of SBBC shall be final and binding on both parties.

4.01 Other Provisions Remain in Force. Except as expressly provided herein, all other portions of the Agreement remain in full force and effect.

5.01 Authority. Each person signing this First Amendment to Agreement on behalf of either party individually warrants that he or she has full legal power to execute this First Amendment to Agreement on behalf of the party for whom he or she is signing, and to bind and obligate such party with respect to all provisions contained in this First Amendment to Agreement.

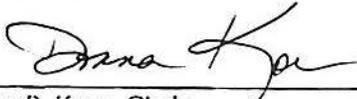
IN WITNESS WHEREOF, the Parties hereto have made and executed this First Amendment to Agreement on the date first above written.

SBBC



(Corporate Seal)

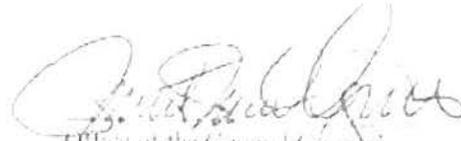
THE SCHOOL BOARD OF BROWARD
COUNTY, FLORIDA

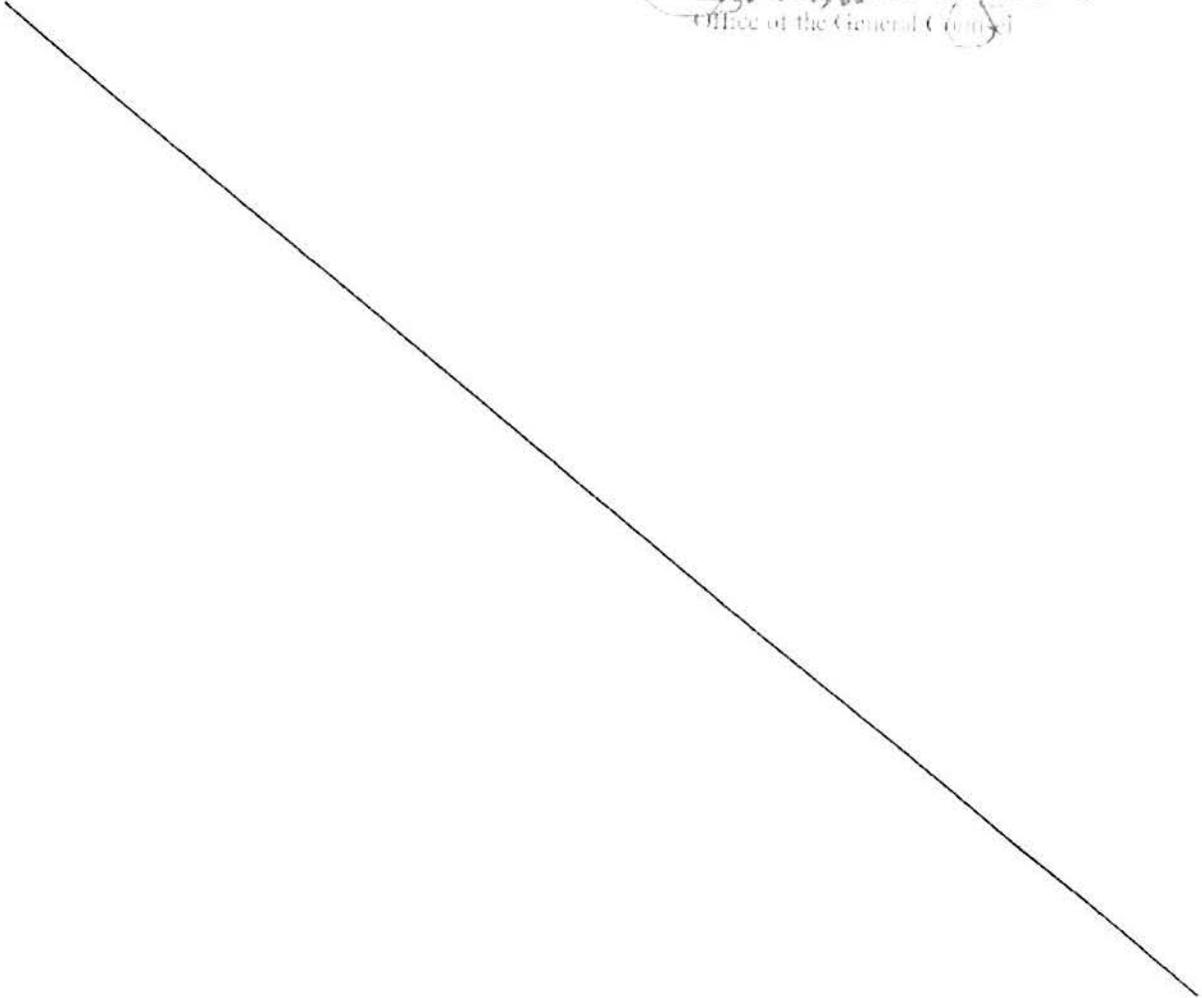
By 
Donna P. Korn, Chair

ATTEST:


Robert W. Runcie, Superintendent of Schools

Approved as to Form and Legal Content:


Office of the General Counsel



FOR WASHINGTON NATIONAL

(Corporate Seal)

WASHINGTON NATIONAL
INSURANCE COMPANY

ATTEST:

By *Michael Heard*
Michael Heard, President

Secretary

-or-

Shirley
Witness
Kelly Spann
Witness

The Following Notarization is Required for Every Agreement Without Regard to
Whether the Party Chose to Use a Secretary's Attestation or Two (2) Witnesses.

STATE OF Indiana
COUNTY OF Hamilton

The foregoing instrument was acknowledged before me this 30 day of
June, 2020 by Michael Heard of Washington National Insurance Company
Name of Person Name of Corporation or Agency
on behalf of the corporation/agency.

He/She is personally known to me or produced ID as identification
and did/did not first take an oath. Type of Identification

My Commission Expires: 2/7/2021



Kilee Powell
Signature - Notary Public
Kilee Powell
Printed Name of Notary
641919
Notary's Commission No.



PROCUREMENT & WAREHOUSING SERVICES
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 (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: AFLAC
Contact Name: Contact Phone #: () -

SECTION 1: SUPPLIER EVALUATION

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	<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"/>

	1	2	3	4
	Not Satisfied	Somewhat Satisfied	Satisfied	Very Satisfied
2.) How satisfied are you with the supplier?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

3.) Will you use this supplier again? Yes No

SECTION 2: PRODUCT / SERVICE EVALUATION

4.) Based on the areas below, how would you rate the products/services provided with this Bid?

	1	2	3	4	5
	Poor	Fair	Good	Very Good	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"/>
Prices as compared to similar products/services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

	1	2	3	4
	Very Unlikely	Unlikely	Probably	Definitely
5.) Would you purchase this product/service again?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

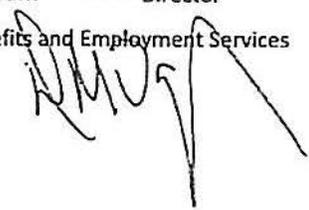
SECTION 3: END USER COMMENTS

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

EVALUATION FORM COMPLETED BY:

Name: Dr. Dildra Martin-Ogburn Title: Director Contact Phone #: (754) 321 - 2400

School/Department: Benefits and Employment Services

Participant's Signature: 

Date: 07/30/2020



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.

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Sunrise, Florida 33351

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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: BMG Money, Inc.
Contact Name: Contact Phone #: () -

SECTION 1: SUPPLIER EVALUATION

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Delivery as scheduled or promised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	1	2	3	4
	Not Satisfied	Somewhat Satisfied	Satisfied	Very Satisfied
2.) How satisfied are you with the supplier?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.) Will you use this supplier again?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		

SECTION 2: PRODUCT / SERVICE EVALUATION

4.) Based on the areas below, how would you rate the products/services provided with this Bid?

	1	2	3	4	5
	Poor	Fair	Good	Very Good	Excellent
Compliance with specifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Quality as compared to similar products/services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Prices as compared to similar products/services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	1	2	3	4
	Very Unlikely	Unlikely	Probably	Definitely
5.) Would you purchase this product/service again?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

SECTION 3: END USER COMMENTS

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

EVALUATION FORM COMPLETED BY:

Name: Dr. Dildra Martin-Ogburn Title: Director Contact Phone #: (754) 321 - 3100

School/Department: Benefits and Employment Services

Participant's Signature:

Date: 07/30/2020



PROCUREMENT & WAREHOUSING SERVICES

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

Supplier/Product Evaluation Form

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Sunrise, Florida 33351

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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: Combined Insurance Company of America
Contact Name: Contact Phone #: () -

SECTION 1: SUPPLIER EVALUATION

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Delivery as scheduled or promised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	1	2	3	4
	Not Satisfied	Somewhat Satisfied	Satisfied	Very Satisfied
2.) How satisfied are you with the supplier?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.) Will you use this supplier again?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		

SECTION 2: PRODUCT / SERVICE EVALUATION

4.) Based on the areas below, how would you rate the products/services provided with this Bid?

	1	2	3	4	5
	Poor	Fair	Good	Very Good	Excellent
Compliance with specifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Quality as compared to similar products/services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Prices as compared to similar products/services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

	1	2	3	4
	Very Unlikely	Unlikely	Probably	Definitely
5.) Would you purchase this product/service again?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

SECTION 3: END USER COMMENTS

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

EVALUATION FORM COMPLETED BY:

Name: Dr. Dildra Martin-Ogburn Title: Director Contact Phone #: (754) 321 - 3100

School/Department: Benefits and Employment Services

Participant's Signature: 

Date: 07/30/2020



PROCUREMENT & WAREHOUSING SERVICES

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

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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: SUPPLIER EVALUATION

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Delivery as scheduled or promised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	1	2	3	4
	Not Satisfied	Somewhat Satisfied	Satisfied	Very Satisfied
2.) How satisfied are you with the supplier?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.) Will you use this supplier again?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		

SECTION 2: PRODUCT / SERVICE EVALUATION

4.) Based on the areas below, how would you rate the products/services provided with this Bid?

	1	2	3	4	5
	Poor	Fair	Good	Very Good	Excellent
Compliance with specifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Quality as compared to similar products/services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Prices as compared to similar products/services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	1	2	3	4
	Very Unlikely	Unlikely	Probably	Definitely
5.) Would you purchase this product/service again?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

SECTION 3: END USER COMMENTS

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

EVALUATION FORM COMPLETED BY:

Name: Dr. Dildra Martin-Ogburn Title: Director Contact Phone #: (754) 321 - 3100

School/Department: Benefits and Employment Services

Participant's Signature:

Date: 07/30/2020



PROCUREMENT & WAREHOUSING SERVICES

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

Supplier/Product Evaluation Form

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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: U.S. Legal, Inc.
Contact Name: Contact Phone #: () -

SECTION 1: SUPPLIER EVALUATION

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Delivery as scheduled or promised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	1	2	3	4
	Not Satisfied	Somewhat Satisfied	Satisfied	Very Satisfied
2.) How satisfied are you with the supplier?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.) Will you use this supplier again?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		

SECTION 2: PRODUCT / SERVICE EVALUATION

4.) Based on the areas below, how would you rate the products/services provided with this Bid?

	1	2	3	4	5
	Poor	Fair	Good	Very Good	Excellent
Compliance with specifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Quality as compared to similar products/services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Prices as compared to similar products/services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	1	2	3	4
	Very Unlikely	Unlikely	Probably	Definitely
5.) Would you purchase this product/service again?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

SECTION 3: END USER COMMENTS

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

EVALUATION FORM COMPLETED BY:

Name: Dr. Dildra Martin-Ogburn Title: Director Contact Phone #: (754) 321 - 3100

School/Department: Benefits and Employment Services

Participant's Signature: 

Date: 07/30/2020



PROCUREMENT & WAREHOUSING SERVICES

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

Supplier/Product Evaluation Form

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Sunrise, Florida 33351

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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: Washington National Insurance Company
Contact Name: Contact Phone #: () -

SECTION 1: SUPPLIER EVALUATION

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Delivery as scheduled or promised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	1	2	3	4
	Not Satisfied	Somewhat Satisfied	Satisfied	Very Satisfied
2.) How satisfied are you with the supplier?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.) Will you use this supplier again?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		

SECTION 2: PRODUCT / SERVICE EVALUATION

4.) Based on the areas below, how would you rate the products/services provided with this Bid?

	1	2	3	4	5
	Poor	Fair	Good	Very Good	Excellent
Compliance with specifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Quality as compared to similar products/services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Prices as compared to similar products/services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	1	2	3	4
	Very Unlikely	Unlikely	Probably	Definitely
5.) Would you purchase this product/service again?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

SECTION 3: END USER COMMENTS

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

EVALUATION FORM COMPLETED BY:

Name: Dr. Dildra Martin-Ogburn Title: Director Contact Phone #: (754) 321 - 3100

School/Department: Benefits and Employment Services

Participant's Signature:

Date: 07/30/2020