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 <u>CLICK HERE</u> to send us an email (inc	lude the w	ords Supplier/	Product Ev	aluation Form ir	the subject)
GENERAL	.INFORMA	ATION			
Bid #: 17-010V Bid Title: Group Dental and Grou	p Vision Ins	urance for Scl	nool Board	Employees	
Purchase Order #:	Produc	ct/Service Pr	ovided: De	ental and Vision	Insurance
Supplier (Company) Name: AETNA					
Contact Name: Dr. Dildra Martin-Ogburn	Conta	ct Phone #:	(759)321	l - 3111	
SECTION 1: SU	PPLIER EV	ALUATION			
1.) How would you rate the supplier in the following	ng areas?	į.			
	1	2	3	4	5
	Poor	Fair	Good	Very Good	Excellent
Overall customer service					V
Delivery as scheduled or promised	\Box	П	Ħ	Ħ	
S SECURIO : VISI AND	1	ц,	ш	ш	
	Not	Somewha	t _	3	4
S	atisfied	Satisfied	Sat	isfied Ver	y Satisfied
2.) How satisfied are you with the supplier?		П	•		
3.) Will you use this supplier again?	Yes		•		
SECTION 2: PRODUC			ON		
				-141-41-1-B1-12	
4.) Based on the areas below, how would you rate	tne produ		Alt.		
	Poor	2 Fair	3 Good	4 Very Good	5 Excellent
Compliance with specifications					Excellent
18 III	H	H	H	H	
Quality as compared to similar products/services	닏	Щ	닐	브	
Prices as compared to similar products/services				~	
		1	2	3	4
E \ Mandana and a state of the		Unlikely	Unlikely	Probably	Definitely
5.) Would you purchase this product/service again	f .	\sqcup	Ш	Ц	V
SECTION 3: EN	D USER CO	OMMENTS			
Please share any additional information regarding this			services p	rovided. If this s	upplier's
performance is unsatisfactory, please tell us w					
EVALUATION	2014.60**	DI ETER AV			
EVALUATION FO	JKIVI COM		ON ONE DI		
Name: Dr. Dildra Martin-Ogburn Title: Director		C	ontact Pho	one #: (754) 3	21 - 3100
School/Department: Benefits and Employment Services					
Participant's Signature:		Da	te: 07/30/	2020	
1811011			•		

02.2017. V. PWS #1

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	GENER	AL INFORMA	TION			
Bid #: 17-010V	Bid Title: Group Dental and Gro	oup Vision Ins	urance for So	chool Board	Employees	
Purchase Order #:					ntal and Vision	Insurance
Supplier (Company	Name: CompBenefits Company					
the state of the s	Dildra Martin-Ogburn		ct Phone #:		- 3111	
SERVICE TO SERVICE	SECTION 1: S					
1.) How would you	rate the supplier in the follow			- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10		
	9 	1	2	3	4	5
		Poor	Fair	Good	Very Good	Excellent
Overall customer so	ervice	П	П		П	
Delivery as schedul	led or promised	一一	Ħ	H	Ħ	
Delivery as scriedui	ed of profitised	부	띡	Ш		
		1 Not	Somewh	at	3	4
		Satisfied	Satisfie	Sat	isfied Ver	y Satisfied
2.) How satisfied a	re you with the supplier?			1	7	
3.) Will you use thi				L		
5.7 Will you use th		✓ Yes	☐ No			
	SECTION 2: PRODI					
4.) Based on the ar	eas below, how would you rat	te the produ	cts/service	s provided	with this Bid?	
		1	2	3	4	5
		Poor	Fair	Good	Very Good	Excellent
Compliance with sp	ecifications	Ш	Ш			V
Quality as compare	d to similar products/services					V
Prices as compared	to similar products/services		П	П		
	• a v youe		1	2	3	4
		Ven	/ Unlikely	Unlikely	Probably	Definitely
5.) Would you pure	hase this product/service again		П		\Box	
					<u> </u>	<u> </u>
	SECTION 3: E	AND DESCRIPTION OF THE PARTY OF				
	dditional information regarding the ice is unsatisfactory, please tell us					
periorillan	ce is unsatisfactory, please tell us	s wily. Tou file	ay attach an	additional Sr	leet ii necessary	•
	EVALUATION	FORM COM	PLETED BY:			
Name: Dr. Dildra Mar			A local tribute and comment of the pro-		one #: (754) 3	21 - 3100
	Benefits and Employment Service					
	11	.es /	g) 92000			
Participant's Signat	ure: 121 MV9/	\	D	ate: 07/30/	2020	
	16.	1				
02.2017. V. PWS #1	1				Pa	ge 1 of 1

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GENERA	AL INFORM <i>A</i>	TION			
Bid #: 17-010V Bid Title: Group Dental and Gro	oup Vision Ins	urance for Sci	hool Board I	Employees	
Purchase Order #:	Produc	t/Service Pr	ovided: De	ntal and Vision	Insurance
Supplier (Company) Name: Metropolitan Life Insurar	nce Company				
Contact Name: Dr. Dildra Martin-Ogburn	Conta	ct Phone #:	(754)321	- 3111	
SECTION 1: S	SUPPLIER EV	ALUATION			
1.) How would you rate the supplier in the follow	ving areas?	1			
	1	2	3	4	5
	Poor	Fair	Good	Very Good	Excellent
Overall customer service				V	
Delivery as scheduled or promised		П	百	同	\Box
,	1	<u></u>			
	Not	Somewha	nt _	3	4
	Satisfied	Satisfied	Sat	isfied Ver	y Satisfied
2.) How satisfied are you with the supplier?			Ī	7	
3.) Will you use this supplier again?	Yes		52		
			ION		
SECTION 2: PRODU					
4.) Based on the areas below, how would you rat				with this Bia?	-
	1 Poor	2 Fair	3 Good	4 Very Good	5 Excellent
Compliance with specifications				Very Good	
	H	Η	님		님
Quality as compared to similar products/services	ᆜ	ᆜ	닏	旦	
Prices as compared to similar products/services		Ш			V
		1	2	3	4
	The second second	Unlikely	Unlikely	Probably	Definitely
5.) Would you purchase this product/service again	in?	Ц			V
SECTION 3: E	ND LISER CO	OMMENTS			
Please share any additional information regarding th	Constitution of the last of the last tent of the last ten		/ services p	rovided. If this	supplier's
performance is unsatisfactory, please tell us		-		9000	
EVALUATION	FORM COM				
Name: Dr. Dildra Martin-Ogburn Title: Director		C	ontact Pho	one #: (754) :	321 - 3100
School/Department: Benefits and Employment Service	es				
Participant's Signature:		D	ate: 07/30/	2020	
Kind	\				

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