BID AWARD RECOMMENDATION FORM

| From: | Purcha | sing Division | Cassandra LeMasuri | er | Dat | e <u>2/9/2017</u> |
|-----------------|--|---|---|----------------|--------------|--|
| To: _ | Risk M | anagement | Dep | partment | Attn.: _ | Cindy Lawrence |
| Subjec | ct: Bid l | No. <u>L-22-17</u> | Item/service | ee: Excess | Insurance | |
| form i | n order val, as a | that proper pres | entation and recomme | ndations may | be made to | or department. Please complete this to the City Commission for its form to the Purchasing Division |
| used f might | or, statir be requ | ng that it is eithe | er a replacement or an y Commission. This r | additional ite | m, and any | vice to be purchased, what it will be other pertinent information which in a detailed justification if you are |
| 1. | SOURCE OF FUNDS: Budgeted Code: 506-5520-596-45-85 | | | | | |
| | | | | | | |
| | Title: | Other Insura | nce Premium | | _ | |
| 2. | RECOMMENDATION: (a) Which bidder do you recommend? | | | | | |
| | | | | | | |
| | Arthur J. Gallagher Risk Management Services, Inc. | | | | | |
| | (b) | Is the recommended bid the lowest bid received? | | | | |
| | | Yes X | No | | | |
| | Note: If you recommend award to other than the low bidder detailed justification must be furnished for rejection of all lower bids, in an accompanying memorandum. | | | | | |
| | (c) If references were required, were they checked? | | | | | |
| | | Yes | | | cable for th | 1 |
| Signa | ture: | 15.1- | 1/11 | | Date: | 2/16/17 |
| Title: | | ng Human Resonartment Head) | | | _ | , |