CITY OF OCEAN CITY

AMERICA'S GREATEST FAMILY RESORT

PURCHASING DIVISION

SUMMARY OF RFP

BY THE GOVERNING BODY OF THE CITY OF OCEAN CITY, NJ

DATE RECEIVED: Tuesday, July 30, 2013 @ 2:00 PM, EDT
CITY RFP #: Q-13-010
PROPOSAL NAME: Agent/Broker of Record for the City's Employee Benefit Program for the City of Ocean City

NAME, ADDRESS & BID OF EACH BIDDER	Alamo Insurance Group		Allen Associates		Brown & Brown Metro, Inc.		Hafetz and Associates		Innovative Risk Solutions, Inc.		METLIFE Solutions Group	
	8419 Bergenline Avenue		630 S. Brewster Road, Building C		30A Vreeland Road		600 New Road		3330 Bargaintown Road, Suite 2		425 Eagle Rock Avenue, Suite 401	
	North Bergen, NJ 07047		Vineland, NJ 08361		Florham Park, NJ 07932		Linwood, NJ 08221		Egg Harbor Township, NJ 08234		Roseland, NJ 07068	
	Lois Lugo, Director of Operations		Richard S. Allen, President		Kutay Beba, Executive Vice President		Ben Newton, Group Benefits Consultant		Sean Gormley, President		Joseph Ablahani, FSR	
											Christopher DeMarco	
	Ph: (201) 295-9044 ext. 210		Ph: (856) 692-2250		Ph: (973) 549-1877		Ph: (609) 872-0001		Ph: (609) 927-7475			
	Fax: (973) 273-7086		Fx: (856) 794-1106		Fx: (973) 549-1001		Fx: (609) 872-0010		Fx: (609) 927-7476		Ph: (973) 618-2360	
											Fx: (973) 618-2361	
	email: tsmith@alamoinsurance.net		email: Rich@allenassoc.com		email: tbeba@bbmetro.com		email: bnewton@srhafetz.com		email: sean@irsteam.com			
											email: jablahani@metlife.com	
											email: cdemarco@metlife.com	
PROPOSED FEE:	No Cost to the City-Alamo is compensated by the carrier(s) and/or fund under their standard compensation terms: for a fee not to exceed 2.75%		Compensation is a flat 2% of all premium/rates paid to all carriers.		$85,000.00/year		$25,000.00/year		Continue to accept the current commission of 2% on all fully insured lines of coverage (Medical & Prescription) Continue to manage all other lines of coverage with no additional broker commission charged.		Premium-$500K to $14M 3.00 % Commission Self-Insured (per head) $2.50/month	
REQUIRED INFORMATION												
RIGHT TO EXTEND TIME OF AWARD:	YES/NO	Y	YES/NO	Y	YES/NO	Y	YES/NO	N	YES/NO	Y	YES/NO	Y
ACKNOWLEDGEMENT OF RECEIPT OF ADDENDA:	YES/NO	Y	YES/NO	Y	YES/NO	Y	YES/NO	N	YES/NO	Y	YES/NO	Y
STOCKHOLDER DISCLOSURE STATEMENT:	YES/NO	Y	YES/NO	Y	YES/NO	Y	YES/NO	Y	YES/NO	Y	YES/NO	Y
NON-COLLUSION AFFIDAVIT:	YES/NO	Y	YES/NO	Y	YES/NO	Y	YES/NO	Y	YES/NO	Y	YES/NO	Y
MANDATORY EQUAL EMPLOYMENT OPPORTUNITY LANGUAGE:	YES/NO	Y	YES/NO	Y	YES/NO	Y	YES/NO	Y	YES/NO	Y	YES/NO	Y
NJ AFFIRMATIVE ACTION REGULATION COMPLIANCE NOTICE:	YES/NO	Y	YES/NO	Y	YES/NO	Y	YES/NO	Y	YES/NO	Y	YES/NO	Y
SWORN STATEMENT BY PROFESSIONAL SERVICES PROVIDER:	YES/NO	Y	YES/NO	Y	YES/NO	Y	YES/NO	Y	YES/NO	Y	YES/NO	Y
J BUSINESS REGISTRATION CERTIFICATE (BRC) SUBMITTED:	YES/NO	Y	YES/NO	Y	YES/NO	Y	YES/NO	N	YES/NO	Y	YES/NO	Y
NUMBER OF COPIES SUBMITTED (3):	YES/NO	Y	YES/NO	Y	YES/NO	Y	YES/NO	Y	YES/NO	Y	YES/NO	Y