

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



## DATE RECEIVED: Tuesday, December 9, 2014 @ 2:00 PM, EST CITY QUOTE #: Q-15-002 PROPOSAL NAME: Risk Management Consultant (RMC) Services for the City of Ocean City

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NAME, ADDRESS &	Alamo Insurance Group		McMahon Agency							
BID OF EACH BIDDER	55 Flanagan Way		2131 Asbury Avenue							
	Secaucus, NJ 07	094	Ocean City, NJ 0	08226						
	Lais Louis Discot		Martin L. Markard	h						
	Lois Lugo, Direct	tor of Operations	William J. McMal	non III						
	Db. (077) FF0 F	2//	Db. ((00) 200 0	0/0						
	Ph: (877) 552-5		Ph: (609) 399-0060 Fx: (609) 399-9178							
	Fx: (201) 295-8			Billm@Mcmahonagency.com						
ITEM DESCRIPTION	email: inio@ala	moinsurance.net	DIIImeivicmanon			Democrat 0/		Democrat 0/		Democrat 94
PROPOSED ANNUAL COMPENSATION PERCENTAGES FOR RISK		Percent %		Percent %		Percent %		Percent %		Percent %
MANAGEMENT CONSULTANT (RMC) SERVICES										
Years 2015-2017										
10 The Dick Management Consultant (DMC) proposes										
1.0 The Risk Management Consultant (RMC) proposes	1				ł					
that they will be compensated and will accept a rate not to exceed% of the City's annual	1				<del> </del>					
assessment levied by Atlantic County Municipal Joint	1				1					
Insurance Fund for the calendar year <b>2015</b> .	1				1					
(Maximum Allowable Percent is 6%)	1	4.25%		2.40%	1	%		%		%
(Maximum Anowable Percent is 076)		4.2376		2.4078	1	70		78		78
2.0 The Risk Management Consultant (RMC) proposes										
that they will be compensated and will accept a rate										
not to exceed% of the City's annual										
assessment levied by Atlantic County Municipal Joint										
Insurance Fund for the calendar year <b>2016</b> .										
(Maximum Allowable Percent is 6%)		4.50%		2.30%		%		%		%
		4.0070		2.0070		70		70		70
3.0 The Risk Management Consultant (RMC) proposes										
that they will be compensated and will accept a rate										
not to exceed% of the City's annual										
assessment levied by Atlantic County Municipal Joint										
Insurance Fund for the calendar year 2017.										
(Maximum Allowable Percent is 6%)		5.00%		2.24%		%		%		%
Required Information					•					
RIGHT TO EXTEND-TIME OF AWARD	: YES/NO	Y	YES/NO	Y	YES/NO		YES/NO		YES/NO	
		•	120/110	•	120/110		120/110		120/110	
ACKNOWLEDGEMENT OF RECEIPT OF ADDENDA	: YES/NO	Y	YES/NO	Y	YES/NO		YES/NO		YES/NO	
PUBLIC DISCLOSURE STATEMENT	: YES/NO	Y	YES/NO	Y	YES/NO		YES/NO		YES/NO	
NON-COLLUSION AFFIDAVIT	: YES/NO	Y	YES/NO	Y	YES/NO		YES/NO		YES/NO	
NJ MANDATORY EQUAL EMPLOYMENT OPPORTUNITY LANGUAGE	: YES/NO	Y	YES/NO	Y	YES/NO		YES/NO		YES/NO	
AFFIRMATIVE ACTION COMPLIANCE NOTICE	: YES/NO	Y	YES/NO	Y	YES/NO		YES/NO		YES/NO	
SWORN STATEMENT BY PROFESSIONAL SERVICES PROVIDER	: YES/NO	Y	YES/NO	Y	YES/NO		YES/NO		YES/NO	
DISCLOSURE OF INVESTMENT ACTIVITIES IN IRAN STATEMENT -2 PART FORM	: YES/NO	Y	YES/NO	Y	YES/NO		YES/NO		YES/NO	
NJ BUSINESS REGISTRATION CERTIFICATE (BRC)	: YES/NO	Y	YES/NO	Y	YES/NO		YES/NO		YES/NO	
NUMBER OF COPIES (2)	:	Y		Y						