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**PROPOSAL FORM  
VENDOR MUST COMPLETE**

**WE THE UNDERSIGNED PROPOSE TO PROVIDE BROKER INSURANCE SERVICES FOR THE CITY OF TRENTON PURSUANT TO THE SCOPE OF SERVICES AND ORDINANCE 18-12 AND REQUIREMENTS AND MADE PART HEREOF:**

**FLAT FEE FOR BROKER INSURANCE SERVICES** \$ 40,000

  
\_\_\_\_\_  
**REPRESENTATIVE'S SIGNATURE**

(Corporation)  
The undersigned is a (Partnership) under the laws of the State of  
(Individual)

Alliant/Boynton Insurance Services having its principal office at

21 Cedar Avenue, Fair Haven, NJ 07704

Alliant/Boynton Insurance Services  
Company Name Federal I.D. # or Social Security #

21 Cedar Avenue, Fair Haven, NJ 07704  
Address

  
Signature of Authorized Agent John J. Lynch  
Type or Print Name

732-747-0800 ext 1102  
Telephone Number 5/2/2019  
Date

732-530-4220  
Fax Number jlynch@boyntonandboynton.com  
Email Address



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**WE THE UNDERSIGNED PROPOSE TO PROVIDE BROKER INSURANCE SERVICES FOR THE CITY OF TRENTON PURSUANT TO THE SCOPE OF SERVICES AND ORDINANCE 18-12 AND REQUIREMENTS AND MADE PART HEREOF:**

**FLAT FEE FOR BROKER INSURANCE SERVICES**

\$ Year 1: \$65,000; Year 2: \$70,000; Year 3: \$75,000

  
**REPRESENTATIVE'S SIGNATURE**

(Corporation)  
The undersigned is a (Partnership) under the laws of the State of  
(Individual)

New Jersey having its principal office at

250 Phillips Blvd., Suite 280, Ewing, NJ 08618

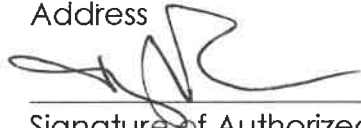
Borden-Perlman Insurance Agency, Inc.

Company Name

Federal I.D. # or Social Security #

250 Phillips Blvd., Suite 280, Ewing, NJ 08618

Address



Signature of Authorized Agent

Douglas Borden

Type or Print Name

(609) 896-3434

Telephone Number

April 19, 2019

Date

(609) 895-1468

Fax Number

DBorden@bordenperlman.com

Email Address



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VENDOR MUST COMPLETE**

**WE THE UNDERSIGNED PROPOSE TO PROVIDE BROKER INSURANCE SERVICES FOR THE CITY OF TRENTON PURSUANT TO THE SCOPE OF SERVICES AND ORDINANCE 18-12 AND REQUIREMENTS AND MADE PART HEREOF:**

**FLAT FEE FOR BROKER INSURANCE SERVICES** \$ 72,000

*[Handwritten Signature]*  
REPRESENTATIVE'S SIGNATURE

(Corporation)  
The undersigned is a (Partnership) under the laws of the State of  
(Individual)

Corporation having its principal office at

25 Fairview Ave., Verona, NJ 07044  
Fairview Insurance Agency Associates, Inc.

Company Name Federal I.D. # or Social Security #

25 Fairview Ave., Verona, NJ 07044  
Address

\_\_\_\_\_  
Signature of Authorized Agent

Michael Graham, C.O.O.  
Type or Print Name

973-857-0870  
Telephone Number

5/6/19  
Date

973-857-9645  
Fax Number

mgraham@fairviewinsurance.com  
Email Address

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**PROPOSAL FORM  
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**WE THE UNDERSIGNED PROPOSE TO PROVIDE BROKER INSURANCE SERVICES FOR THE CITY OF TRENTON PURSUANT TO THE SCOPE OF SERVICES AND ORDINANCE 18-12 AND REQUIREMENTS AND MADE PART HEREOF:**

**FLAT FEE FOR BROKER INSURANCE SERVICES**

\$ 75,000

Lindsay Travalis

**REPRESENTATIVE'S SIGNATURE**

(Corporation) Limited Liability Company

The undersigned is a (Partnership) under the laws of the State of  
(Individual)

Michigan having its principal office at

5664 Prairicreek Drive SE, Caledonia, Michigan 49316

Acrisure, LLC

Company Name

Federal I.D. # or social security #

6 Dickinson Drive, Building 300, Suite 302, Chadds Ford, Pennsylvania 19317

Address

L Travalis

Signature of Authorized Agent

Lindsay Travalis

Type or Print Name

800.513.9755

Telephone Number

April 3, 2019

Date

610-459-2299

Fax Number

ltravalis@acrisure.com

Email Address



**PROPOSAL FORM  
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**WE THE UNDERSIGNED PROPOSE TO PROVIDE BROKER INSURANCE SERVICES FOR THE CITY OF TRENTON PURSUANT TO THE SCOPE OF SERVICES AND ORDINANCE 18-12 AND REQUIREMENTS AND MADE PART HEREOF:**

**FLAT FEE FOR BROKER INSURANCE SERVICES** \$ 75,000.00

[Signature]  
**REPRESENTATIVE'S SIGNATURE**

(Corporation)  
The undersigned is a ~~(Partnership)~~ under the laws of the State of  
(Individual)

Conner Strong + Buckelew Companies, LLC  
having its principal office at  
401 Route 73 N., Marlton, NJ 08053

Conner Strong + Buckelew Companies, LLC  
Company Name Federal I.D. # or Social Security #  
401 Route 73 N., Marlton, NJ 08053  
Address

[Signature]  
Signature of Authorized Agent

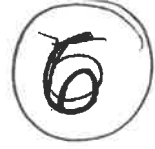
Edward Cooney  
Type or Print Name

073-659-6424  
Telephone Number

4/16/19  
Date

\_\_\_\_\_  
Fax Number

ecooney@connerstrong.com  
Email Address



## FEE PROPOSAL

**Brown and Brown's compensation will be a flat fee of \$80,000.**



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**WE THE UNDERSIGNED PROPOSE TO PROVIDE BROKER INSURANCE SERVICES FOR THE CITY OF TRENTON PURSUANT TO THE SCOPE OF SERVICES AND ORDINANCE 18-12 AND REQUIREMENTS AND MADE PART HEREOF:**

**FLAT FEE FOR BROKER INSURANCE SERVICES** \$ 135,000.00

**REPRESENTATIVE'S SIGNATURE**

(Corporation)

The undersigned is a (Partnership) under the laws of the State of Maryland  
(Individual)

CBIZ Insurance Services, Inc. having its principal office at  
700 W 47th Street, Suite 1100, Kansas City, MO 64112

CBIZ Insurance Services, Inc.  
Company Name Federal I.D. # or Social Security #  
219 South Street, New Providence, NJ 07974

Address  
Nancy M. Mellard  
Signature of Authorized Agent Nancy M. Mellard - Vice President  
Type or Print Name

908-738-2010  
Telephone Number 4/29/2019  
Date

908-665-2638  
Fax Number LNestel@cbiz.com  
Email Address