

CC2020-04 BROKER INSURANCE SERVICES FOR THE CITY OF TRENTON, DEPARTMENT OF ADMINISTRATION PROPOSALS OPENED 6/19/2020
AT 11:00AM

CC2020-04 BROKER INSURANCE SERVICES FOR THE CITY OF TRENTON, DEPARTMENT OF ADMINISTRATION			
NUMBER OF RESPONDENTS:	3		
NAME OF BIDDER	ALLIANT/BOYNTON INSURANCE SERVICES	FAIREVIEW INSURANCE AGENCY ASSOCIATES	BORDERN-PERLMAN INSURANCE AGENCY, INC.
ADDRESS	21 CEDAR AVENUE	25 FAIRVIEW AVENUE	250 PHILLIPS BOULEVARD, SUITE 280
CITY, STATE, ZIP	FAIR HAVEN, NJ 07704	VERONA, NJ 07044	EWING, NJ 08618
CONTACT NAME	JOHN J. LYNCH	MICHAEL GRAHAM, C.O.O.	DOUGLAS BORDEN
TELEPHONE	732-588-1102	973-857-0870	609-896-3434
FAX	732-530-4220	973-857-9645	609-895-1468
E-MAIL	JAY.LYNCH@ALLIANT.COM	MGARAHAM@FAIRVIEWINSURANCE.COM	DBORDEN@BORDENPERLMAN.COM
STATEMENT OF OWNERSHIP DISCLOSURE	INCLUDED	INCLUDED	INCLUDED
MANDATORY EQUAL EMPLOYMENT OPPORTUNITY	INCLUDED	INCLUDED	INCLUDED
REQUIRED EVIDENCE			
EEO/AFFIRMATIVE ACTION			
REGULATIONS QUESTIONNAIRE	INCLUDED	INCLUDED	INCLUDED
ACKNOWLEDGEMENT OF RECEIPT OF ADDENDA	N/A	N/A	N/A
NJ BUSINESS REGISTRATION CERTIFICATE	INCLUDED	INCLUDED	INCLUDED
NON-COLLUSION AFFIDAVIT	INCLUDED	INCLUDED	INCLUDED
AMERICANS WITH DISABILITIES ACT OF 1990 LANGUAGE	INCLUDED	INCLUDED	INCLUDED
DEBARMENT NOTICE	INCLUDED	INCLUDED	INCLUDED
DISCLOSURE OF INVESTED ACTIVITIES IN IRAN	INCLUDED	INCLUDED	INCLUDED
ETHICS COMPLAINT			
DISCLOSURE	INCLUDED	INCLUDED	INCLUDED
POLITICAL CONTRIBUTION DISCLOSURE FORM	INCLUDED	INCLUDED	INCLUDED
EIC	CERT.#6161 EXP. 12/15/2020	CERT.#8189 EXP. 05/15/2026	CERT.#26557 EXP. 05/15/2022
CITY OF TRENTON RESIDENT EMPLOYMENT POLICY	INCLUDED	INCLUDED	INCLUDED
CERTIFICATE OF INSURANCE	REQUIRED FROM AWARDED VENDOR WITH SIGN CONTRACTS	REQUIRED FROM AWARDED VENDOR WITH SIGN CONTRACTS	REQUIRED FROM AWARDED VENDOR WITH SIGN CONTRACTS
W-9	INCLUDED	INCLUDED	N/A
HOLDING PRICE FOR SIXTY (60) DAYS	NO	YES	YES
COMPLIANCE WITH EMERGENCY SERVICES	YES	YES	YES
FLAT FEE FOR BROKER INSURANCE SERVICES	\$40,000.00	\$72,000.00	\$75,000.00
REFERENCES	INCLUDED		INCLUDED
EXCEPTIONS	NONE	NONE	NONE
FATAL FLAW	NONE	NONE	NONE

(3)

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:

yr. 1 \$40,000

yr. 2 \$40,000

\$ yr. 3 \$40,000

FLAT FEE FOR BROKER INSURANCE SERVICES

John Lynch

REPRESENTATIVE'S SIGNATURE

(Corporation)

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

New Jersey having its principal office at

21 Cedar Ave, Fair Haven, NJ 07704

Alliant/Boynton Insurance Services
Company Name

Federal I.D. # or Social Security #

21 Cedar Avenue, Fair Haven, NJ 07704

Address

John Lynch

Signature of Authorized Agent

John J. Lynch

Type or Print Name

732-588-1102
Telephone Number

June 16, 2020

Date

732-530-4022
Fax Number

jay.lynch@alliant.com
Email Address

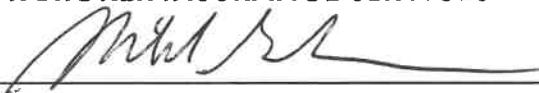
(2)

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

\$ 72,000



REPRESENTATIVE'S SIGNATURE

(Corporation)

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

Delaware having its principal office at

25 Fairview Avenue, Verona, NJ 07044

Foundation Risk Partners, Corp.
dba Fairview Insurance Agency Associates
Company Name

Federal I.D. # or Social Security #

25 Fairview Avenue, Verona, NJ 07044

Address



Signature of Authorized Agent

Michael Graham, C.O.O.

Type or Print Name

973-857-0870

Telephone Number

6/17/2020

Date

973-857-9131

Fax Number

m.graham@fairviewinsurance.com

Email Address

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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

\$ 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 Boulevard, Suite 280 Ewing, NJ 08618

Borden-Perlman Insurance Agency

Company Name

Federal I.D. # or Social Security #

250 Phillips Boulevard, Suite 280 Ewing, NJ 08618

Address

Signature of Authorized Agent

Douglas Borden

Type or Print Name

609-896-3434

6/3/2020

Telephone Number

Date

609-895-1468

dborden@bordenperlman.com

Fax Number

Email Address