

CC2019-03 BROKER INSURANCE SERVICES FOR THE CITY OF TRENTON, DEPARTMENT OF ADMINISTRATION PROPOSAL OPENED 5/14/19 AT 11:00AM

(V)

**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



**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**

**\$** 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

April 19, 2019

Telephone Number

Date

(609) 895-1468

DBorden@bordenperlman.com

Fax Number

Email Address



**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)

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

5/6/19

Telephone Number

Date

973-857-9645

m.graham@fairviewinsurance.com

Fax Number

Email Address

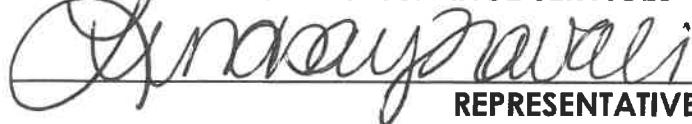
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**PROPOSAL FORM**  
**VENDOR MUST COMPLETE**

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) Limited Liability Company

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

Michigan having its principal office at

5064 Prairie Creek 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

Lindsay Travali  
Signature of Authorized Agent

Lindsay Travali  
Type or Print Name

800.513.9755

Telephone Number

April 13, 2019

Date

610-459-2299

Fax Number

ltraveli@acrisure.com  
Email Address



**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

\$ 75,000.00

**REPRESENTATIVE'S SIGNATURE**

(Corporation)

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

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

Conner Strong + Buckelaw Companies, LLC

Company Name

Federal I.D. # or Social Security #

481 Route 73 N., Marlton, NJ 08053

**Address**

Signature of Authorized Agent

$$079 - 650 = 641$$

Telephone Number

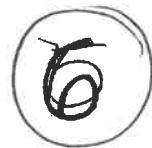
Edward Cooney

Type or Print Name

4/16/9  
Date

ecooney@connerstrong.com  
Email Address

## FEE PROPOSAL



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

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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** \$ 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

Nancy M. Mellard - Vice President

Signature of Authorized Agent

Type or Print Name

908-738-2010

4/29/2019

Telephone Number

Date

908-665-2638

LNestel@cbiz.com

Fax Number

Email Address