

**First Coast Workforce Development, Inc. Purchase Order Requisition**

Purchasing Department use:

P.O. Number 1350 Date \_\_\_\_\_ Vendor Number \_\_\_\_\_

To: Philadelphia Insurance Companies  
P.O. Box 70251  
Philadelphia, PA 19176-0251

Date Needed: \_\_\_\_\_

*Special Instructions*

Element	Quantity	Product Description (Be specific, Catalog number, etc.)	Unit Price	Total Cost
	1	General Liability Policy	35,898.50	35,898.50
	1	Vehicle Policy (Access points/IT/Veteran's)	15,244.00	15,244.00
	1	Umbrella-excess liability	7,323.00	7,323.00

**THIS SECTION MUST BE FILLED IN!**

STATE CONTRACT # _____	Subtotal	58,465.50
QUOTES Attached _____	Shipping	_____
SOLE SOURCE _____	Other	_____
Other: _____	Total Cost	58,465.50

**Purchasing Department Use:**

Element	Project	Code	Transaction Amount	Element	Project	Code	Transaction Amount

**Justification:**

First Coast Workforce Development, Inc./FCWD Consortium Insurance  
 Complete quote package on file

Requestor:

*Paul P. Smith*

Date: 11-7-17

Procurer:

*Paul P. Smith*

Date: 12-7-17

FCWD President:

*B. Ferguson*  
 Bruce Ferguson, Jr.

Date: 12/28/17

**Request for Proposals/quotes: Insurance for First Coast Workforce Development, Inc.**

First Coast Workforce Development, Inc. Is seeking proposals/quotes for insurance coverage for:

D & O First Coast Workforce Development, Inc.  
D & O First Coast Workforce Consortium

First Coast Workforce Development, Inc./First Coast Workforce Consortium  
General Liability  
Professional Liability  
Hired Auto Coverage  
Fleet Coverage  
(See Attached Current Policies)

Service to begin on 12-14-2017

One-year proposal  
With cancellation clause by either party  
With a second and a third year renewal option  
First Coast Workforce Development Inc. in tax exempt and a Certificate of Tax Exemption Certificate will be presented with acceptance of service.  
Vendor may quote for one or all coverage.

**Please provide proposals/quotes via mail/email or hand delivery to Joel Hickox (contact information below). All questions must be directed to Joel V. Hickox.**

Joel V. Hickox  
Chief Administrative Officer  
First Coast Workforce Development, Inc.  
1845 Town Center Blvd. Suite 250  
Fleming Island, Florida 32003  
Email: JHickox@careersourcenf.com  
Phone 904.213.3800 ext. 2030  
Cell number 904.868.9158

	Arch	AI G	Philadelphia	Florida Insurance Trust	Care Providers	Markel	Hanover	Ivins Sigel	Church Mutual	Travelers	Chubb	Charity First
Property	6657.00	4632.00	4503.50	Declined	Declined	Declined	Declined	Declined	Declined	Declined	Declined	Declined
Crime	573.00	683.00	1421.00	Declined	Declined	Declined	Declined	Declined	Declined	Declined	Declined	Declined
EDP/Computers	5858.00	3476.00	7149.00	Declined	Declined	Declined	Declined	Declined	Declined	Declined	Declined	Declined
General Liability	18579.00	16561.00	15544.00	Declined	Declined	Declined	Declined	Declined	Declined	Declined	Declined	Declined
Abuse/molestation	2886.00	1260.00	1433.00	Declined	Declined	Declined	Declined	Declined	Declined	Declined	Declined	Declined
Professional Liability	11569.00	9876.00	6462.00	Declined	Declined	Declined	Declined	Declined	Declined	Declined	Declined	Declined
FL Surcharges/fee	1008.41	Included	Included	Declined	Declined	Declined	Declined	Declined	Declined	Declined	Declined	Declined
Auto	13426.00	15643.00	14630.00	Declined	Declined	Declined	Declined	Declined	Declined	Declined	Declined	Declined
FL Surcharges/fee	174.54	Included	Included	Declined	Declined	Declined	Declined	Declined	Declined	Declined	Declined	Declined
Umbrella	7570.00	8436.00	7323.00	Declined	Declined	Declined	Declined	Declined	Declined	Declined	Declined	Declined
FL Surcharges/fee	98.41	1000.00	Included	Declined	Declined	Declined	Declined	Declined	Declined	Declined	Declined	Declined
	68419.36	61567.00	58465.50	Declined	Declined	Declined	Declined	Declined	Declined	Declined	Declined	Declined

AI G/Care Providers  
16301 Quorum Drive Suite 100A  
Addison, TX 75001

Philadelphia Insurance  
One Bala Plaza Suite 100  
Bala Cynwyd, Penn 19004

Arch Insurance Group  
16301 Quoron Drive  
Addison, Tx 75001

The Hanover Insurance Group (Regional Office)  
300 Primera Blvd Suite 112  
Lake Mary, Florida 32746

Non-Profit Insurance Services (FIT)  
20 North Orange Ave.  
Orlando, FL 32801

Chubb (Commercial Insurance Specialty)  
3800 Bayport Drive Suite 700  
Tampa FL 33607

Charity First Insurance Services  
1255 Battery Street Suite 400  
San Francisco, Ca 94111

Irwin Siegal Agency  
25 Lake Louise Marie Rd  
Rock Hill, New York 12775

Travelers Insurance  
1000 Windward Concourse  
Alpharetta, Ga. 30005

Markel Specialty Commercial  
4600 Cox Rd  
Glen Allen, VA 23060



A Member of the Toldo Marine Group

One Bala Plaza, Suite 100  
Bala Cynwyd, Pennsylvania 19004  
610.617.7900 Fax: 610.617.7940  
PHLY.com

### PROPOSAL FOR INSURANCE

Quotation Number: 10927455

Proposal Date: 11/28/2017

**Named Insured and Mailing Address:**  
First Coast Workforce Development I  
and First Coast Workforce Dev, Consortiu  
1845 Town Center Blvd Ste 250  
Orange Park, FL 32003-4304

**Producer: 3816**  
Willis of Florida, Inc.  
4880 W Newberry Rd Ste 100  
Gainesville, FL 32607

**Contact: Linda Gallagher**  
**Phone: (352)378-2511**  
**Fax: (352)378-9801**

**Insurer: Philadelphia Indemnity Insurance Company**

**Policy Period From: 12/13/2017 To: 12/13/2018**  
**Proposal Valid Until: 12/13/2017** at 12:01 A.M. Standard Time at your mailing address shown above.

**Product: Non Profit**

**Submission Type: Renewal Business**

**PHLY Representative: Sundstrom, Christopher J.**  
**PHLY Representative Phone: (407) 551-8288**  
**Underwriter: Murray, Kirk M.**  
**Underwriter Phone: (469) 221-7991**

**Email: Christopher.Sundstrom@phly.com**  
**Email: Kirk.Murray@phly.com**

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO EXTEND INSURANCE AS STATED IN THIS PROPOSAL.

THIS PROPOSAL CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

	PREMIUM
Commercial Property Coverage Part	\$ 4,503.50
Commercial General Liability Coverage Part	\$ 15,244.00
Commercial Inland Marine Coverage Part	\$ 7,149.00
Commercial Crime Coverage Part	\$ 1,421.00
Commercial Auto Coverage Part	\$ 14,630.00
Employee Benefits Liability	\$ 300.00
Sexual/Physical Abuse or Molestation Liability	\$ 1,433.00
Professional Liability	\$ 6,462.00

The Total Premium includes Federal Terrorism Risk Insurance Act Premium in the amount of:

**TOTAL** \$ 51,142.50  
\$ 17.00

- Bill Plan Options:
- 25% Down & 3 Consecutive Monthly Installments
  - 25% Down & 5 Consecutive Monthly Installments
  - 25% Down & 9 Consecutive Monthly Installments
  - 50% Down & 2 Consecutive Monthly Installments
  - Quarterly
  - Semi Annual
  - Fixed Annual

All Bill Plans are subject to a minimum installment of \$500

The premium shown is subject to the following terms and conditions:

- A signed UM/UIM Selection/Rejection form is required upon binding. (If applicable.)
- Any taxes, fees or surcharges included in the total premium shown on the proposal are not subject to installment billing.
- A maximum per installment fee of \$5.00 may be included (some states may vary).
- Quote #1: Reviewed the Renewal Applications and the Only Change was to the

**PHILADELPHIA  
INSURANCE COMPANIES**

A Member of the Tokio Marine Group

One Bala Plaza, Suite 100  
Bala Cynwyd, Pennsylvania 19004  
610.617.7900 Fax: 610.617.7940  
PHLY.com

**PROPOSAL FOR INSURANCE**

Quotation Number: 10937190

Proposal Date: 11/28/2017

**Named Insured and Mailing Address:**  
First Coast Workforce Development Inc  
and First Coast Workforce Dev, Consortiu  
1845 Town Center Blvd Ste 250  
Orange Park, FL 32003-4304

**Producer:** 3816  
Willis of Florida, Inc.  
4880 W Newberry Rd Ste 100  
Gainesville, FL 32607

**Contact:** Linda Gallagher  
**Phone:** (352)378-2511  
**Fax:** (352)378-9801

**Insurer:** Philadelphia Indemnity Insurance Company

**Policy Period From:** 12/13/2017  
**Proposal Valid Until:** 12/13/2017

**To:** 12/13/2018  
at 12:01 A.M. Standard Time at your mailing address shown above.

**Product:** Non-Profit Umbrella

**Submission Type:** Renewal Business

**PHLY Representative:** Sundstrom, Christopher J.  
**PHLY Representative Phone:** (407) 551-8288  
**Underwriter:** Murray, Kirk M.  
**Underwriter Phone:** (469) 221-7991

**Email:** Christopher.Sundstrom@phly.com

**Email:** Kirk.Murray@phly.com

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY,  
WE AGREE WITH YOU TO EXTEND INSURANCE AS STATED IN THIS PROPOSAL.

THIS PROPOSAL CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS  
INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

	PREMIUM
Umbrella Liability Coverage	\$ 7,323.00
	<b>TOTAL \$ 7,323.00</b>

**Bill Plan Options:**

- 25% Down and 9 Installments - Combined premium must be \$6,000 and up
- 25% Down and 5 Installments - Combined premium must be at least \$3,333
- 25% Down and 3 Installments - Combined premium must be at least \$2,000
- 50% Down and 2 Installments - Combined premium must be at least \$2,000
- 12 equal installments available only on Auto Rental/Leasing policies
- Premiums under \$2,000 are Fixed Annual billing

All Bill Plans are subject to a minimum installment of \$500

The premium shown is subject to the following terms and conditions:  
Any taxes, fees or surcharges included in the total premium shown on the proposal  
are not subject to installment billing.  
A maximum per installment fee of \$5.00 may be included (some states may vary).

VEHICLE VEN. NUMBER	YEAR	MAKE	UNIT	INSURANCE COST
1FTNE24W68DA92415	2008	CHEVORLET	IT	2177.71
1FTNE24W69DA71199	2008	CHEVORLET	IT	2177.71
1FTNE24W99DA71200	2008	CHEVORLET	ACCESS POINTS	2177.71
1FTNE24W48DB61439	2008	CHEVORLET	ACCESS POINTS	2177.71
1FTNE24W09DA71201	2009	CHEVORLET	ACCESS POINTS	2177.71
1FTNE24W49DA71198	2009	CHEVORLET	ACCESS POINTS	2177.71
1FTNS2EWXBDA15870	2011	CHEVORLET	VET	2177.74

TOTAL 15244