



**ATTACHMENT "A"**

**CLIENT REFERENCE FORMS**  
**RFQ / RFP NO: \_\_\_\_\_**

The respondent must provide references for three (3) separate and verifiable services similar to the current solicited services. Past services must have been completed within the last three years from bid submission. **Respondents are expected to provide information on each service by including these forms in their response.** If these forms are not utilized, the respondent must provide identical information to the City for evaluation purposes.

**A. Client #1**

**Name of firm to be contacted:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Phone Number (\_\_\_\_\_)** \_\_\_\_\_

**Contract Period:** \_\_\_\_\_ **to** \_\_\_\_\_  
**Dates should be in mm/yy format**

**Type of entity for which services are provided – State Location:**  
\_\_\_\_\_

**Coverage Provided and Premium Paid:** \_\_\_\_\_

**Descriptions of coverage provided and premium paid. (Including commission structure if separate from premium paid):**

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**(FOR INFORMATIONAL PURPOSES ONLY)**

Instructions:

1. For each proposal, contact three (3) Broker/Insurers.
2. Contact each reference by phone, up to three (3) times only.
3. Complete all calls within ten (10) working days of receipt of proposals.
4. Ask each reference the same questions listed below and score appropriately.
5. If reference information cannot be obtained after the specified number of calls, insert a total score of '0'.
6. Do not obtain another reference as a replacement for a non-responding reference.
7. Upon completion, return all questionnaires to the Procurement Manager for this project.

<b>Respondent's Name</b>	
<b>Client's Name (Company, Firm or Entity for Whom Services were Provided)</b>	
<b>Contact Person:</b> <b>Telephone Number:</b> <b>Date of Contact:</b>	
Briefly describe the type of services the Broker provided for your entity.	
Did the Broker adhere to the terms and conditions of the service agreement with your entity?	Yes = 1 points    No = 0 points Score _____
Did the policy provided by the Broker meet your expectations and specification?	Yes = 1 points    No = 0 points Score _____
Did the Broker provide satisfactory and timely responses to claims and/or policy issues?	Yes = 1 point    No = 0 points Score _____
Do you believe the Broker was knowledgeable enough to comprehend and respond to issues that arose?	Yes = 1 point    No = 0 points Score _____
Did the Broker provide any value added services that benefited your entity aside from the insurance policy purchased?	Yes = 2 points    No = 0 points Score _____
Where you satisfied with the Insurance Company with whom the broker placed your coverage?	Yes = 1 points    No = 0 points Score _____
Was the Broker/Staff helpful and courteous in facilitating communication between you and the insurance company?	Yes = 1 point    No = 0 points Score _____
Was the Broker knowledgeable and experienced in providing the specified insurance coverage for municipal entities?	Yes = 2 points    No = 0 points Score _____
Did the Broker have efficient technical computer support to expedite the exchange of information or reports between you and the carrier?	Yes = 2 points    No = 0 points Score _____
Would you utilize the services of the Broker again?	Yes = 1 points    No = 0 points Score _____
How would you rate the overall services provide by the Broker?	Good = 2 points; Fair = 1 point; Poor = 0 points Score _____

Questionnaire Completed by (signature): \_\_\_\_\_ Date: \_\_\_\_\_

Maximum points available for all questions: **15 Points**      Total score for this respondent: \_\_\_\_\_