ONE CITY. ONE JACKSONVILLE.

City of Jacksonville, Florida

Lenny Curry, Mayor
Division of Insurance and Risk Management
117 West Duval Street
Suite 335
Jacksonville, FL 32202
(904) 630-7521
www.coj.net

M E M O R A N D U M

August 20, 2020

TO: Gregory Pease, Chairman
Professional Services Evaluation Committee

FROM: Twane Duckworth, Chief
Finance and Administration Department/Risk Management Division

Bibinia Centeno, Manager, Finance & Administrative
Finance and Administration Department/Risk Management Division

Subject: P-42-18 Workers' Compensation and Casualty Claims Review, 2nd Contract Renewal

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The current term for the contract 9429-03 with Siver Insurance Consultants., for Workers' Compensation and Casualty Claims Review is from October 1, 2019 to September 30, 2020. Risk Management is exercising the second of four one-year renewal options for the period October 1, 2020 to September 30, 2021 with two one-year renewal options remaining. The maximum indebtedness to the City will be a not-to-exceed amount of $45,000.00 to a new maximum indebtedness of $135,000.00. The FY 21 fee for services October 1, 2020 to September 30, 2021, is described in Exhibit "B" in the table "Schedule of Proposed Prices/Rates". All other terms and conditions shall remain the same.

Accordingly, it is requested, that the City Contract No. 9429-03, with Siver Insurance Consultants., for Workers' Compensation and Casualty Claims Review (i) be renewed for the term October 1, 2020 to September 30, 2021. The fee for the Services October 1, 2020 to September 30, 2021 as described in Exhibit B, in the table "Schedule of Proposed Prices/Rates". (ii) increase the maximum indebtedness to the City by a not to exceed amount of $45,000.00 for a new total maximum indebtedness of $135,000.00. All other terms and conditions remain the same.

Thank you for your consideration in this matter.

Attachments:
Siver Insurance Consultants., acknowledgement attached
Exhibit "B" Contract Fee Schedule

Insurance Consultants
SIVER

801 94th Avenue N., Suite 202
St. Petersburg, Florida 33702-2407
Post Office Box 21343
St. Petersburg, Florida 33742-1343
Telephone: (727) 577-2780

Email: gerickson@siver.com

August 19, 2020 **SENT BY EMAIL**

Twane L. Duckworth, Esq.
Chief of Risk Management
City of Jacksonville
117 W. Duval Street, Suite 335
Jacksonville, FL 32202

Subject: Service Contract for Workers' Compensation and Casualty Claim Review
One Year Contract Extension Proposal

Dear Mr. Duckworth:

The purpose of this letter is to formally advise you that Siver Insurance Consultants ("Siver") is ready, willing and able to enter into a one-year extension of our Agreement with the City of Jacksonville ("the City"), pursuant to the terms and conditions of the Services Contract between the City and Siver for Workers' Compensation and Casualty Claim Review.

As we understand it, the one-year extension would be effective from October 1, 2020 through September 30, 2021. Siver is willing to agree to continue our current, in-force billing rates with the City for the period of the one-year extension.

We look forward to working for the City in the upcoming year.

Very truly yours,

SIVER INSURANCE CONSULTANTS

George W. Erickson, JD, CPCU, LLM
Executive Vice-President

cc. Bibinia Centeno

Exhibit B

Form 1 - Price Sheet

NAME OF CONSULTANT E. W. Siver & Associates, Inc. dba Siver Insurance Consultants

Proposal Number P-42-18 Workers' Compensation and Casualty Claims Review Services

SCHEDULE OF PROPOSED PRICES/RATES

1. Flat Fee Pricing: Annual fixed amount must account for all services listed in this RFP. Any services not listed with separate pricing or as deviations on Form 6 will be considered included in the fixed amount.

	Term	Annual Fixed Price
Claims Review only (including all Travel Expenses)	One (1) year with (4) additional (1) year periods	$45,000
Alternative Hourly Rate per staff level	One (1) year with (4) additional (1) year periods	$220/hour - Sr. Consultants $150/hour - Consultants

2. Other Direct Project Costs not included in above fixed pricing (please specify)

n/a

I certify that the information in this form is true and accurate.

Failure to sign this form shall result in disqualification of this proposal.

Responder's Signature

Title Executive Vice President

Date September 4, 2018