

Action: Approved | Denied | Other
 Date Action Taken: June 27, 2022
 Verified By: [Signature]
 Clerk's Note: NA

**City of Wasilla
 Action Memorandum No. 22-15**

Contract Award To Combs Insurance Agency, Inc. In The Amount Of \$47,000 For Insurance Brokerage Services.

Originator: April Dwyer, Purchasing
 Date: 6/12/2022

Agenda of: 6/27/2022

Route to:	Department Head	Signature	Date
X	Finance Director	[Signature]	6/15/2022
X	Deputy Administrator	[Signature]	6/15/2022
X	City Clerk	[Signature]	6/15/2022
X	Mayor	[Signature]	6/15/22

Fiscal Impact: yes or no

Funds Available: yes or no

Account name/number/amount:

Purchased Services – Insurance XXX-XXXX-XXX-50-20 (Multiple Accounts) \$47,000

Attachments: Combs Cost Proposal (1 page)

Summary Statement: In accordance with WMC 5.08.120, on March 1, 2019 the City of Wasilla issued a Request for Proposal (RFP) for Insurance Brokerage Services. Combs Insurance provided the highest ranked proposal and was awarded an initial three (3) year contract beginning on July 1, 2019 and ending June 30, 2022. This contract allows for two (2) optional one (1) year extensions.

Combs Insurance Agency would like to extend their contract beginning July 1, 2022 and ending June 30, 2023 with no increase to the annual fees.

Staff Recommendation: Approve the Action Memorandum.

Attachment E – Cost

The Broker's compensation shall be a flat fee or percentage of coverage premiums. The structure of the fee and the method of payment of the fee must be included in the proposal, provided no more than one-third of the total contract fee during each year of the three-year agreement. All insurance policies will be placed net of commission or fees payable to the Broker. Indicate if your fee structure is fixed or are you willing to negotiate fees for an account.

The cost proposal will be submitted in a clearly marked and sealed envelope separate from the technical proposal. Failure to package this proposal separately could result in the proposal being deemed non-responsive. The cost proposal shall have a transmittal page including: name, address and contact information, listing of any applicable fees that are not expressly listed below. This transmittal page and cost proposal shall be signed by an authorized representative.

TYPE OF COVERAGE	COST
Property, Liability, Workers Compensation, Automobiles, and Airport	\$ 45,000.00
Employee Benefits	\$ 2,000.00
TOTAL ANNUAL FEE	\$ 47,000.00

Combs Insurance Agency, Inc.

Company Name

Michael F. Combs, President

Name (printed)

Title



04/12/2019

Signature

Date