

**Office of Procurement Services**

P.O. Box 7800 • 315 W. Main St., Suite 416 • Tavares, FL 32778

**SOLICTATION:** Third Party Administrator for Workers Comp,

Employer Liability, Property and Liability 03/16/2023

Vendors are responsible for the receipt and acknowledgement of all addenda to a solicitation. Confirm acknowledgement by including an electronically completed copy of this addendum with submittal. Failure to acknowledge each addendum may prevent the submittal from being considered for award.

THIS ADDENDUM DOES NOT CHANGE THE DATE FOR RECEIPT OF PROPOSALS.

**QUESTIONS/RESPONSES**

Q1. Will the County provide Loss runs for each line of business and provide the number of claims reported each line per year?

**R1.** **This information for the current Third-Party Administrator upon request.**

Q2. May we have a copy of the current contract?

**R.2 The current contract can be viewed on our website at the following link. Please note, this contract only includes the Workers Compensation and Employer Liability:**

[18-0016.pdf (lakecountyfl.gov)](https://c.lakecountyfl.gov/ProcurementDocuments/term-supply_contracts/18-0016.pdf)

**Q3.** Is the Sheriff, Police Department or Fire Rescue part of your program?

**R3. The Sheriff and Police Departments are not a part of the program. Fire Rescue and EMS are a part of the program.**

**ADDITIONAL INFORMATION**

**ACKNOWLEDGEMENT**

Firm Name: Click or tap here to enter text.

I hereby certify that my electronic signature has the same legal effect as if made under oath; that I am an authorized representative of this vendor and/or empowered to execute this submittal on behalf of the vendor.

Signature of Legal Representative Submitting this Bid: Click or tap here to enter text.

Date: Click or tap to enter a date.

Print Name: Click or tap here to enter text.

Title: Click or tap here to enter text.

Primary E-mail Address: Click or tap here to enter text.

Secondary E-mail Address: Click or tap here to enter text.