



REQUEST FOR PROPOSAL

DATE POSTED: MARCH 16, 2020
 TITLE: EMPLOYEE MEDICAL INSURANCE
 NUMBER: HCSB2020-21-01
 DUE DATE AND TIME: APRIL 10, 2020, at 2:00 P.M. E.D.T.
 OPENING DATE AND TIME: APRIL 10, 2020, at 2:01 P.M. E.D.T.
 LOCATION OF OPENING: 1009 N. 6th Ave., Wauchula, FL 33873
 PURCHASING CONTACT: NICOLE LEAL, ALBRITTON INSURANCE SERVICES, LLC
nleal@albrittonins.com

The School Board of Hardee County, Florida, through its health insurance Agent of Record, Albritton Insurance Services, LLC (“Albritton”) solicits your company to submit a Proposal in response to this Request for Proposal (“RFP”) on the above referenced goods or services. The terms, specifications, and requirements set forth in this RFP are incorporated into your response. All proposals must be signed by an authorized representative of your company in the space below. All proposals must be submitted and received by the due date and time set forth above. If you do not intend to submit a Proposal in response to this RFP, please provide notice of your intent not to respond via email to the Purchasing Contact identified above. If you submit a Proposal, this page must be completed, signed, and returned as part of your Proposal. By submitting a Proposal, you agree to comply with all terms, conditions, and requirements of this RFP.

Company Name: _____

Mailing Address: _____

City, State, Zip: _____

Federal Employer ID Number: _____

Phone Number: _____

Fax: _____

Email: _____

I CERTIFY THAT THIS PROPOSAL IS MADE WITHOUT PRIOR UNDERSTANDING, AGREEMENT, OR CONNECTION WITH ANY OTHER PROPOSER SUBMITTING A PROPOSAL FOR THE SAME MATERIALS, SUPPLIES, EQUIPMENT OR SERVICES, AND IS IN ALL RESPECTS FAIR AND WITHOUT COLLUSION OR FRAUD. I AGREE TO ABIDE BY ALL TERMS AND CONDITIONS OF THIS RFP AND CERTIFY THAT I AM AUTHORIZED TO SIGN THIS RFP FOR THE PROPOSER.

Signature: _____ Print Name: _____

Title: _____ Date: _____