

Resolution # 18-1

WHEREAS, County policies and procedures require both the assigned oversight committee and the County Board to approve all requests to procure goods and/or services costing \$30,000 or more; and,

WHEREAS, the Department of Auditor wishes to procure goods and/or services from Troxell, Inc. (insurance broker) for the purpose of Worker's Compensation Insurance in the amount of approximately \$1,031,013.00; and

WHEREAS, this purchase will allow Illinois Counties Risk Management Trust (policy carrier) to provide Worker's Compensation Insurance; and

WHEREAS, as documented by the approval of this resolution, Employee Services Committee has approved the Auditor Department's request to procure the items specified and the committee recommends that the County Board approve procurement of the same, and;

NOW, THEREFORE, BE IT RESOLVED that the Sangamon County Board, in session this 14 day of November, 2023, approves the procurement of the goods and/or services detailed above. The Elected Official/Department Head is authorized to sign required documents to execute the provision of this procurement.

\_\_\_\_\_  
Chairman, Sangamon County Board

ATTEST:

\_\_\_\_\_  
County Clerk

Approved by the Employee Services Committee 11/6, 23

**FILED**

NOV 07 2023

Tom E. Krell, Chairman

Attachment: Purchase Order form [Signature]  
Sangamon County Clerk

## LIVE \*\* Sangamon County \*\* LIVE Purchase Order Edit Listing

Department	P.O. Number	Type	Vendor/Vendor Address	Description/Bill to Address
AUD.EESV Auditor,Employee Services		*Standard	150568-Illinois Counties Risk Management Trust	Illinois Counties Risk Mgt. Trust - Worker's compensation
	<b>G/L Date:</b> 12/01/2023		Illinois Counties Risk Management Trust	Auditor
	<b>Deliver By Date:</b> 12/01/2023		225 Smith Road	200 S Ninth St, Room 204
	<b>Expiration Date:</b>		SAINT CHARLES, IL 60174	Springfield, IL 62701
	<b>Form Type:</b> STND			
	<b>Resolution Number:</b> None			
	<b>Assigned to:</b> None			

Detail:	Description	Vendor Part Number	Quantity U/M	Amount/Unit	Total Amount
	Insurance Premium; Insurance Premium -- Workers Compensation - Worker's compensation insurance		1.0000 EA	1,031,013.0000	1,031,013.00
	<b>Contract Number:</b>	<b>Confirming:</b> No	<b>Ordered For:</b>	<b>Ship To:</b> Auditor	
	<b>List Price Per Unit:</b> 1,031,013.00	<b>1099 Item:</b> No	<b>Ship Via:</b>	200 S Ninth St, Room 204	
	<b>Discount Percentage:</b> 0%	<b>Taxable Item:</b> No	<b>Freight Terms:</b>	Springfield, IL 62701	
		<b>Create Asset:</b> No	<b>Associate To Asset:</b>		

Total Purchase Order Items: 1  
 Purchase Order Amount: \$1,031,013.00  
 Purchase Order Encumbrances: \$1,031,013.00

Total Purchase Orders: 1      Purchase Order Amount: \$1,031,013.00      Purchase Order Encumbrances: \$1,031,013.00