Resolution # 4-\

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					
to procure goods and/or services from Nationa	al Indemnity and Canopy Specialty insura	nce			
for the purpose of SMART Commercial auto insurance	e and SMART general liability insurance	in the			
amount of approximately \$107,000	; and				
WHEREAS, this purchase will allow SMART		to			
provide commercial transit services		, , , , , , , , , , , , , , , , , , ,			
and					
WHEREAS, as documented by	the approval of this	resolution,			
Employee Services Con	mmittee has approved	l the			
Auditor	Department's request to pr	rocure the			
items specified and the committee reco	mmends that the County Board	d approve			
procurement of the same, and;					
NOW, THEREFORE, BE IT RESOLVED	that the Sangamon County Board,	in session			
this 10th day of December , 2024 , ap					
services detailed above. The Elected Offi					
required documents to execute the provision	of this procurement.				
	Chairman, Sangamon Cour	nty Board			
ATTEST:					
County Clerk					
A	annius Dec 1 2	1024			
Approved by the Employee Services	Committee December 2				
	Jim E. Kneu				
DEC 0 3 2024	Jm. Inen	, Chairman			
Don / Hay					
Sangamon Couldy Clerk					

Attachment: Purchase Order form

Purchase Order Amount: \$107,000.00

Total Purchase Orders: 1

LIVE ** Sangamon County ** LIVE

Purchase Order Edit Listing

Departme	ent P.C). Number	Туре	Vendor/Vendor Address	Description/Bill to Address
AUD.EE	SV Auditor,Employee		*Standard	378-Troxell Co. R W &	SMART business auto and general liability
	G/L Date: 12/ Deliver By Date: 12/ Expiration Date: Form Type: ST	10/2024		R W & Troxell Co. P O Box 3757 Springfield, IL 62708	Auditor 200 S Ninth St, Room 204 Springfield, IL 62701
	Resolution Number: No Assigned to: No	ne		www.rwtroxell.com	
Detail:	Description		Vendor Part Number		Quantity U/M Amount/Unit Total Amount
Insurance Premium; Insurance Premium Gen/Professional Liab National Indemnity and Canopy				1.0000 EA 107,000.0000 107,000.00	
	Contract Number: List Price Per Unit: 107,000.00 Discount Percentage: 0%	Taxable Item: No	Ship Via:	Ship To: Auditor 200 S Ninth St, Room 204 Springfield, IL 62701	
Total Purchase Order Items: 1	Purchase Purchase Order Amount: \$107,000.00		Purchase Order Encur	nbrances: \$107,000.00	

Purchase Order Encumbrances:

\$107,000.00