



## Legislation Text

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**File #:** 24-2585, **Version:** 1

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**Department:** Purchasing

**Department Head/Elected Official:** DeWight Dopslauf

**Regular or Supplemental RCA:** Supplemental RCA

**Type of Request:** Contract - Award

**Project ID** (if applicable): 230387

**Vendor/Entity Legal Name** (if applicable): McGriff Insurance Services, Inc.

**MWDBE Contracted Goal** (if applicable): 8%

**MWDBE Current Participation** (if applicable): N/A

**Justification for 0% MWDBE Participation Goal:** N/A - Goal is not 0% and is listed above

**Request Summary (Agenda Caption):**

Request by the Office of the Purchasing Agent for approval of an award on the basis of only proposal and that the County Judge execute an agreement with McGriff Insurance Services, Inc. for all risk property insurance and business coverage for Jesse H. Jones Memorial Bridge for Harris County for the period of May 1, 2024 - April 30, 2025 with four (4) one-year renewal options (230387), MWDBE Contracted Goal: 8%.

**Background and Discussion:**

The scope of the proposal will allow Harris County to have obtain coverage for all risk and property insurance and business coverage for the Jesse H. Jones Memorial Bridge.

**Expected Impact:**

With the approval and execution of the agreement, property coverage of the Jesse H. Jones Memorial Bridge will be insured for a term of May 1, 2024 - April 30, 2025.

**Alternative Options:**

N/A

**Alignment with Goal(s):**

- Justice and Safety
- Economic Opportunity
- Housing
- Public Health
- Transportation
- Flooding
- Environment

Governance and Customer Service

**Prior Court Action (if any):**

Date	Agenda Item #	Action Taken
2/27/24	274	Advertisement Approval

**Location: N/A**

Address (if applicable): N/A

Precinct(s): Choose an item.

<b>Fiscal and Personnel Summary</b>				
Service Name	Current Fiscal Year Cost			Annual Fiscal Cost
	Labor	Non-Labor	Total	Recurring Expenses
<b>Funding Sources</b>				
<b>Existing Budget</b>				
Choose an item.	\$	\$	\$	\$
Choose an item.	\$	\$	\$	\$
Choose an item.	\$	\$	\$	\$
<b>Total Current Budget</b>	\$	\$	\$	\$
<b>Additional Budget Request (Requires Fiscal Review Request Form)</b>				
Choose an item.	\$	\$	\$	\$
Choose an item.	\$	\$	\$	\$
Choose an item.	\$	\$	\$	\$
<b>Total Additional Budget Request</b>	\$	\$	\$	\$
<b>Total Funding Request</b>	\$	\$	\$	\$
<b>Personnel (Fill out section only if requesting new PCNs)</b>				
Current Position Count for Service	-	-	-	-
Additional Positions Request	-	-	-	-
<b>Total Personnel</b>	-	-	-	-

**Anticipated Court Date: 04/23/24**

**Anticipated Implementation Date (if different from Court date): N/A**

**Emergency/Disaster Recovery Note:** Not an emergency, disaster, or COVID-19 related item

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**Contact(s) name, title, department:** Jesse Rodolfo, Insurance & Recovery Manager, HRRM; Jeremy Woodard, Sourcing Manager, Purchasing

**Attachments** (if applicable): Letter