



Town of Davie Contract Summary & Routing Form

Requesting Department Information	Vendor Information
Department: Human Resources	Vendor: Preferred Governmental Claims Solutions, Inc.
Primary Contact Name: Jose Lugo	Contact Name: Vivian Ruiz
Primary Contact E-Mail: jlugo@davie-fl.gov	Vendor Address: PO Box 738500 Dallas, TX 75373-8500
Secondary Contact Name:	Vendor Phone: Viviane Ruiz
Secondary Contact E-Mail:	Vendor E-Mail: viviane.ruiz@usis-tpa.com
Department Phone: 954-797-1097	Vendor #: 9434

Required Information
1.) Type of Agreement: Non-Competitive Contract If Other, please specify:
2.) What method of procurement is this agreement related to? Method of Procurement: Professional Services Town Contract #: NCC-JA-26-38
3.) Is this a Town initiated agreement? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If No, Vendor must sign and return Town's Addendum to Contract (found on PowerDMS)
4.) Does this agreement replace an existing contract? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, which Contract? RFP-CS-19-77
5.) Briefly Explain the purpose or description of the scope of service of this contract and provide background information: Preferred Governmental Claims Solutions, Inc (PGCS) will be providing the Town TPA services for Workers Compensation and General Liability. They will be handling claim intake, claim investigation, claim settlement and data management. Claims management services is an area of expertise for which specialized training/education is required and therefore is considered professional services by the Town.

6.) Is Insurance Required? Yes No

Submit General Liability, Workers Compensation, and Auto Liability (if Vendor coming on Town property) with Town listed as additional insured and Contract # written in description of operations box. If insurance requirements are waived, please submit written approval from Jose Lugo.

7.) Term of agreement: 3 Years Months Days Other:
Are there extensions? Yes No If Yes, How Many? 2

8.) Can this agreement be terminated for convenience? Yes No

9.) Total estimated annual value of contract: \$121,200 Paid to: Town Vendor

10.) Is this a Budget Item? Yes No

If Yes, Enter G/L Account: 510.22.151.562-53107 , 001.22.155.513-53421 500.63.100.549-53421

11.) Do Late fees apply? Yes No If Yes, How Much? 1 percent per month on the unpaid balance

12.) Does this solicitation work in conjunction with or will impact any other department/division?

For example: Is this request IT, GIS, or Fleet related? Yes No



If Yes, please have other department/division review documentation and sign below.

Additional Information

Certain forms/steps are required in order for this contract summary & routing form to be processed. These items are listed below.

- Certificate of Insurance (see Question #6)**
- Vendor Invited and Connected on PaymentWorks**
- Addendum to Contract (see Question #3 if applicable)**
- Agreement/Contract containing terms and conditions**

Please complete these steps and submit these forms for processing.

Form Prepared By Signature:		Date: 04/02/2026
Department Director Signature:		Date: 4/6/26
Procurement Signature:	Jenna Albers Digitally signed by Jenna Albers Date: 2026.04.08 08:45:41 -04'00'	Date:
Town Attorney Signature:	Allan Weinthal Digitally signed by Allan Weinthal Date: 2026.04.20 16:40:13 -04'00'	Date:
Procurement Manager Signature:	Brian O'Connor Digitally signed by Brian O'Connor Date: 2026.04.23 10:28:07 -04'00'	Date:
Town Administrator Signature:	Richard J. Lemack Digitally signed by Richard J. Lemack Date: 2026.04.23 13:24:32 -04'00'	Date: