

DEPARTMENT OF FINANCIAL SERVICES
Contract Signature Page

Contract Title	P.O. No. or Solicitation No., if any	Contract Number
Statewide Claims and Investigation Services	2122-01 ITN RM	TBD

1. This Contract is entered into between the parties named below, located at the addresses which follow:

The Department of Financial Services, 200 East Gaines Street, Tallahassee, FL 32399 (hereinafter called the "Department")

[Contractor's Name, address] (hereinafter called the "Contractor")

2. Contract to Begin: May 13, 2022 or the date last signed below, whichever is later ("Effective Date")	Date of Completion:	Renewals: Up to four (4) years
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3. Total Price of Contract Term: TBD	Total Price of Renewal Term: TBD	Total Price of Contract Term Plus Renewal Term: TBD
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4. Performance Bond, if any: N/A	Other Bonds, if any: N/A
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5. Reference to Appropriation for Year 1 of the Contract (if the Contract is over \$5 million pursuant to section 216.313, F.S.):

6. Department's Contract Manager		Contractor's Contract Manager	
Name:	Jill Hancock	Name:	
Address:	200 East Gaines Street, Tallahassee, FL 32399	Address:	
Phone:	850-413-4754	Phone:	

7. The parties agree to comply with the terms and conditions of the following attachments which are hereby incorporated by reference:

Attachment 1: Standard Terms and Conditions
Attachment 2: Statement of Work
Attachment 3: Price Response
Attachment 4: PUR 1000

8. The parties agree to comply with the terms and conditions of the following addenda which are hereby incorporated by reference:

Addendum A: Public Records Requirements
Addendum B: Data Security Requirements
Addendum C: Relevant Portions of Contractor's Response

IN WITNESS WHEREOF, this Contract is being executed by the parties and will begin on the Effective Date.

CONTRACTOR

Contractor's Name (if other than individual, state whether corporation, partnership, etc.)

By (Authorized Signature) _____ Date Signed _____

Printed Name and Title of Person Signing _____

Department of Financial Services **DEPARTMENT**

By (Authorized Signature) _____ Date Signed _____

Printed Name and Title of Person Signing _____