

SOURCE JUSTIFICATION FORM

Bureau of Procurement

The objective of this form is to capture all relevant documentation an Agency may have to assist the Department of General Services ("DGS"), Bureau of Procurement, in expediting the source justification review process. This form must be completed electronically, signed, and submitted with all relevant documentation to DGS. If a question is neither mandatory nor applicable, please indicate "N/A". Please use standard terminology and define acronyms.

SECTION A

1. Agency Name:	Labor & Industry		
2. Procurement Description: This description will appear on the eMarketplace website for public viewing	AISG Workers Compensation Claim Injury Search 2015		
Materials Description:			
Services Description:			
3. Materials Shopping Cart # or Services SPR#	6100030662	Estimated Cost:	\$10,001 - \$50K
		Initial Contract Term:	1 yr @ \$43,350.00
		Renewals:	0
4. Supplier - Name:	American Insurance Services Group (ISO Services)		
Full Address:	645 Washington BLVD 22nd Floor, Jersey City, NJ 07310-1686		
Contact Name:	Kim Silva		
Telephone:	201-469-3158	FAX:	201-469-4262
E-mail:	KSilva@verisk.com		
SRM Supplier #:	103143		
5. Delivery or service location:	SWIF Scranton Home Office		

SECTION B

<input checked="" type="checkbox"/>	1. Sole Source: Only known source - Not available from another supplier.
<input type="checkbox"/>	2. Material/Repair/Maintenance: Material or service MUST be compatible with existing equipment. Documentation must be provided from the manufacturer.
<input type="checkbox"/>	3. Used Equipment: Value set by 2 independent 3rd party appraisals.
<input type="checkbox"/>	4. Professional Expert: Describe in detail in Section C.
<input type="checkbox"/>	5. Exempt (Law): A federal or state statute or regulation exempts the procurement from the competitive procedure. Any applicable information precluding the procurement from competitive procedures must be attached.
<input type="checkbox"/>	6. Feasibility: Clearly not feasible to award the contract on a competitive basis.

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SECTION C

1. Describe the unique features of this procurement that prohibit a competitive environment. If applicable, attach a Statement of Work ("SOW").

2. Document and attach the research that has been conducted to date to verify the supplier is the only known source.

3. Does the supplier utilize distributors, dealers, resellers, etc.? If "Yes," please identify.

4. Are there compatibility requirements or compliance requirements with a warranty or service agreement? If "Yes," please explain.

5. How has the material or service been procured in the past? Please provide previous source justifications, contracts, & PO's for this material or service.

6. If procured through the IT ITQ process, please provide original \$ amount and contract period of order. Is this the final phase of the project?

7. If this is an upgrade, addition, alteration, etc., to an earlier procurement, please describe in detail.

8. What are the consequences of not approving this procurement?

9. If timing is a factor, what is the time factor and why?

10. List any other information relevant to the acquisition of this procurement here or as an attachment.

11. For requests > \$100,000, has the supplier signed cost or pricing data certification and is the pricing breakdown attached?

Attached

AIIS proclaims that ISO ClaimSearch is the only comprehensive all-claim database and system for claims processing and fraud detection. An internet search identifies and industry specific databases (CLIE) for auto and property underwriting purposes but no direct competitor to ISO ClaimSearch. Inquiries of the Pennsylvania Insurance Fraud Prevention Authority and other states workers' compensation fund confirm tht ISO ClaimSearch is the only known source for this service.

NO

Only known source providing this type of comprehensive data sharing service on line.

Prior Procurements Sole Source PO's 450033441, 4500398025, 4300060490, 4300133203, 4300192436, 4300255580, 4300318399

NA

Renewal for continuation of service

SWIF will not have the access to valuable claim information from other insurance carriers that could assist in identifying potential fraud and 3rd party recovery claims.

Renewal of current services to ensure continuity of services. Current PO to expire at year end 2014.

NA

SPR is attached as requested by DGS. One year cost for WC Claim Injury Data Search is \$43,350.00

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SECTION D

IMPORTANT*: The printed names on this form shall constitute the signatures of these individuals. Agencies must insure that these individuals review the completed form and give their consent to apply their printed name on this form. No handwritten signatures shall be required in order for the form to be considered "signed" by those individuals whose names appear in the signature section of the form.

Shopping Cart Contact Person (Person whom DGS will contact regarding the Shopping Cart):

Name:	Barbar Partyka	P-Group:	Y50	Date:	10-17-14
Title:	Purchasing Agent	Telephone:		Fax:	

Agency Contact Person: Person in your agency that DGS can contact for additional information, etc.

Name:	Joseph Dorbad	Title:	AO5	Date:	10-17-14
Telephone:		Fax:		Email:	jdorbad@pa.gov

Approving Authority (Agency Head or Deputy reviewing and approving this request): Approving Authority connotes approval of the source justification and the cost or pricing data certification.

Name:	Eugene Connell	Title:	Deputy Secretary	Date:	10-17-14
Telephone:		Fax:			

Additional Approvals (if required by Agency):

Name:		Title:		Date:	
Telephone:		Fax:		Email:	
Name:		Title:		Date:	
Telephone:		Fax:		Email:	
Name:		Title:		Date:	
Telephone:		Fax:		Email:	
Name:		Title:		Date:	
Telephone:		Fax:		Email:	
Name:		Title:		Date:	
Telephone:		Fax:		Email:	