

**ATTACHMENT B – PROPOSAL FORM**

**Compensation Schedule – Town of Berlin, CT**

Indicate your fee schedule outlined in your bid proposal for Agent of Record services for the Town of Berlin, CT.

**Fee Schedule**

| <u>Fiscal Year</u> | <u>(In Numbers)</u> | <u>(In Writing)</u>                            |
|--------------------|---------------------|--|
| 2024-2025          | \$17,500            | Seventeen Thousand<br>Five Hundred Dollars     |
| 2025-2026          | \$15,000            | Fifteen Thousand Dollars                       |
| 2026-2027          | \$15,000            | Fifteen Thousand Dollars                       |
| <b>Total:</b>      | <b>\$47,500</b>     | <b>Forty Thousand<br/>Five Hundred Dollars</b> |

**Monthly/Hourly rate:**

The monthly rate is \$1,666.00 for year 1. The monthly rate for years 2 & 3 will be \$1,250.00. Our fee is a flat rate per month, we do not charge an hourly rate.

Do you agree that your fee schedule shown above applies to all coverage provided by your firm, including any subsidiary, affiliated or allied firms?

**YES**

*\*\*In Addition: H.D. Segur is committed to delivering results for its municipal clients. Our commitment is backed by a financial guarantee. If our final results do not equal a savings of our Cost Proposal, we will provide all services outlined at no cost for year 1.*

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**Fee Schedule**

|               | (In Numbers)     | (In Writing)   |
|---------------|------------------|--|
| Fiscal Year   |                  |  |
| 2024-2025     | \$52,500         | Fifty two thousand five hundred dollars                      |
| 2025-2026     | \$52,500         | Fifty two thousand five hundred dollars                      |
| 2026-2027     | \$52,500         | Fifty two thousand five hundred dollars                      |
| <b>Total:</b> | <b>\$157,500</b> | <b>One hundred fifty seven thousand five hundred dollars</b> |

Do you agree that your fee schedule shown above applies to all coverage provided by your firm, including any subsidiary, affiliated or allied firms?

Yes, we agree.

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#### Fee Schedule

| Fiscal Year   | (In Numbers)     | (In Writing)                      |
|---------------|------------------|-----------------------------------|
| 2024-2025     | \$35,000         | Thirty-Five Thousand Dollars      |
| 2025-2026     | \$35,000         | Thirty-Five Thousand Dollars      |
| 2026-2027     | \$35,000         | Thirty-Five Thousand Dollars      |
| <b>TOTAL:</b> | <b>\$105,000</b> | One Hundred Five Thousand Dollars |

Do you agree that your fee schedule shown above applies to all coverage provided by your firm, including any subsidiary, affiliated or allied firms?

Yes