

EVALUATION SHEET

RFP# 1470

INSURANCE - WORKER'S COMPENSATION

EVALUATOR'S SIGNATURE: 

EVALUATOR'S SIGNATURE: 

EVALUATOR'S SIGNATURE: 

EVALUATOR'S SIGNATURE: 

EVALUATOR'S SIGNATURE: 

EVALUATOR'S SIGNATURE: 

CONSULTANT SIGNATURE: 

The Evaluation Committee's recommendation is: Texas Association of Counties Risk Management Pool

Awarded by Commissioners' Court
on 12/06/2022
