

PRE-PROPOSAL CONFERENCE ATTENDEE REGISTER

Third Party Liability Claims Administrator Services

For: Department of Procurement Services
 Sr. Procurement Specialist: Ray Adams
 Specification Number: 712589
 Conference Date: Thursday, November 29, 2018, 10:00 AM
 Conference Location: Room 103 (Bid & Bond), 1st floor, City Hall
 121 North LaSalle Street
 Chicago, Illinois 60602

Attendee Name: Linda Saunders
 Company Name: Tristar Risk Management
 Company Address: 211 W. Jackson
Ste. 650
Chicago, IL 60606
 Telephone: 312-445-8700 x4024
 Fax: 312-445-8697
 E-Mail: Linda.Saunders@tristargroup.net
 Please print clearly

Attendee Name: Jason Dyme
 Company Name: CCMSI
 Company Address: 114 S. Racine, 2nd Flr
Chicago, IL 60607
 Telephone: 312 455 6464
 Fax: 312 455 1659
 E-Mail: m.jackson@ccmsi.com
 Please print clearly

Attendee Name: Jason Gagliano
 Company Name: YORK
 Company Address: 1333 Butterfield Rd
Downers Grove, IL 60515
 Telephone: 630-688-3139
 Fax: _____
 E-Mail: jason.gagliano@yorkrsg.com
 Please print clearly

Attendee Name: Allen Butler
 Company Name: GALLAGHER
BASSETT
 Company Address: 2850 Golf Rd.
Rolling Meadows IL 60008
 Telephone: 630.285.3597
 Fax: _____
 E-Mail: allen_butler@gbtpa.com
 Please print clearly



Linda S. Saunders
 Program Manager
 State of Illinois

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 Linda.Saunders@tristargroup.net
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Jason R. Dyme
 Claim Supervisor

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JASON GAGLIANO
 Vice President
 Public Entity

t 630 688 3139
 jason.gagliano@yorkrsg.com
 York Risk Services Group, Inc.
 1333 Butterfield Road
 Downers Grove, IL 60515
 www.yorkrsg.com

ALLEN BUTLER, ARM
 REGIONAL VICE PRESIDENT
 PUBLIC ENTITY SALES



GALLAGHER BASSETT
 GUIDE. GUARD. GO BEYOND.

Attendee Name: <u>Bruce Archer</u> Company Name: <u>CorVel</u> Company Address: <u>3010 Highland Ave</u> <u>St. Louis</u> <u>Podiatry Group</u> Telephone: <u>630 870-7427</u> Fax: _____ E-Mail: <u>Bruce-Archer@CorVel.com</u> Please print clearly	{Business Card}
Attendee Name: <u>JAMES L. DUNN</u> Company Name: <u>DEPARTMENT OF LAW</u> Company Address: _____ Telephone: <u>312-744-1558</u> Fax: _____ E-Mail: <u>james.dunn@cityofchicago.org</u> Please print clearly	{Business Card}
Attendee Name: <u>Melissa Whelan</u> Company Name: <u>DEPARTMENT OF LAW</u> Company Address: _____ Telephone: <u>744-0457</u> Fax: _____ E-Mail: <u>melissa.whelan@cityofchicago.org</u> Please print clearly	{Business Card}
Attendee Name: _____ Company Name: _____ Company Address: _____ Telephone: _____ Fax: _____ E-Mail: _____ Please print clearly	{Business Card}
Attendee Name: _____ Company Name: _____ Company Address: _____ Telephone: _____ Fax: _____ E-Mail: _____ Please print clearly	{Business Card}

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Attendee Name: PATRY ESTOCK
 Company Name: CorVel
 Company Address: 3080 HIGHLAND AVE
Ste 600
Downers Grove, IL 60515
 Telephone: 630-947-6249
 Fax: _____
 E-Mail: Cathy_estock@corvel.com
 Please print clearly



Cathy Estock
 Vice President, Regional Sales
 T 630.874.7418
 C 630.947.6249
 F 866.450.5673 -
 cathy_estock@corvel.com

CorVel Corporation
 Downers Grove, IL 60515

Attendee Name: Patricia
 Company Name: City of Chicago
Law Department
 Company Address: 300 N. LaSalle - 1610
 Telephone: 312-744-1315
 Fax: 312-742-0667
 E-Mail: Patricia.Law@cityofchicago.org
 Please print clearly

{Business Card}

Attendee Name: Patrick Harmon
 Company Name: City of Chicago
Law/claims
 Company Address: 30 N. LaSalle
ste 800
 Telephone: 312-744-6727
 Fax: _____
 E-Mail: patrick.harmon@cityofchicago.org
 Please print clearly

{Business Card}

Attendee Name: _____
 Company Name: _____
 Company Address: _____
 Telephone: _____
 Fax: _____
 E-Mail: _____
 Please print clearly

{Business Card}

Attendee Name: _____
 Company Name: _____
 Company Address: _____
 Telephone: _____
 Fax: _____
 E-Mail: _____
 Please print clearly

{Business Card}