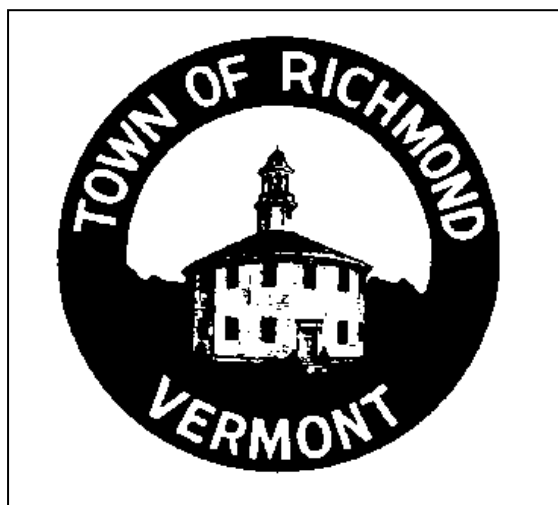


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Request for Proposals Town Insurance



Company Name: _____

Annual Cost: _____

Town of Richmond

These bid specifications have been prepared to solicit quotes for the property, liability and workers compensation insurance program of the Town of Richmond located in Vermont, hereafter referred to as “the Town”. Any questions should be directed to Josh Arneson at jarneson@richmondvt.gov .

A. **Effective Date**

Unless otherwise specified, the effective date of the coverage will be January 1, 2020 at 12:01 a.m. Eastern Time. Policies shall be proposed for one-year terms. Options for longer terms, if available, will be considered.

[Type here]

B. Underwriting Data

The underwriting, exposure, and loss data included in these specifications have been assembled by the Town. While every effort has been made to ensure the accuracy of this information, it cannot be guaranteed. It shall be the responsibility of the successful broker, insurer(s), and/or inter-municipal pool to review this information and work with the municipality on an ongoing basis to ensure all relevant property and liability exposures are included in the municipality's insurance coverage.

If it becomes necessary to revise any part of this bid, a written addendum will be provided to all bidders who have completed and returned the "Notice of Intent to Bid" form.

The municipality is not bound by any oral representations, clarifications, or changes made in the written specifications by the Town's employees, unless such clarification or change is provided to bidders in written addendum from an authorized representative of the municipality.

C. Agent/Broker and Insurer Requirements

All agents/brokers and insurers involved must be authorized and/or licensed to operate in the State of Vermont. Non-admitted or surplus line carriers must be on the approved list of the Vermont Insurance Department and any applicable taxes or fees must be fully disclosed. Commercial insurers must have a rating in the current edition of Best's Insurance Reports (Property/Liability Edition) of at least "A" or better.

D. Compliance with Laws

All bidders shall observe and comply with all regulations, laws, ordinances, etc., of local, state, and federal governments as they apply to this bidding process.

E. Bid Procedures

1. Deviations from Specifications

All deviations from these specifications must be clearly stated in your proposal. Any significant limitations of coverage, restrictive conditions, etc., should also be clearly described.

These specifications are not intended to be restrictive with respect to any innovative techniques for rating or for providing coverage, if a distinct advantage can be demonstrated. Bids failing to meet all the specifications will not necessarily be rejected, but **any deviations must be clearly noted to be considered.**

2. Submissions

6 of copies of sealed bids must be submitted in writing (no facsimiles, please) at, or before, 3pm EST on October 30, 2019 to Josh Arneson, Town Manager at the following address:

Town of Richmond
Josh Arneson, Town Manager
PO Box 285
Richmond, VT 05477

*** Bids must be clearly marked as response to Insurance RFP.**

Bids with separate quotes for each major coverage must be submitted with complete specimen policy forms and all applicable endorsements attached. *IF SPECIMEN POLICY FORMS AND ENDORSEMENTS ARE NOT PROVIDED, BIDS ARE SUBJECT TO DISQUALIFICATION.* All bids will be reviewed by the municipality and a decision will be made no later than December 18th, 2019. Every effort will be made to

[Type here]

compare bids on an equitable basis. Please be assured your efforts will be well received and thoroughly considered. Our evaluation of the bids will consider the limits, terms, conditions and exclusions of the coverage provided, cost, and services available from the broker, insurer(s) and pool(s), and the financial solvency of the carriers. The Town reserves the right to accept or reject all bids or any part of any bid, based upon its own selection criteria including but not limited to the bidder's service reputation, knowledge, focus and commitment to the municipal insurance market.

3. Coverage Quotations

If the proposed coverage is contingent upon the municipality providing additional information, inspections, completed applications, or is subject to any other conditions, such requirements must be stated clearly in the proposal. *AS NOTED PREVIOUSLY, PROPOSALS WITH SEPARATE QUOTATIONS FOR EACH LINE OF COVERAGE REQUESTED MUST BE SUBMITTED WITH COMPLETE SPECIMEN POLICY FORMS AND ENDORSEMENTS ATTACHED.*

4. Loss and Claim Reports

Each insurer (or its claims administrator) will be required to provide the municipality with detailed quarterly and annual loss runs that show the claimant's name, date of accident, description of injury, amounts paid and reserved, and total incurred losses by line of coverage, plus a summary of aggregate losses for previous years. This report must be furnished within 30 days of the end of each period.

5. Duration of Proposal

We require that all proposals remain valid without material change for at least 60 days after the due date noted in "2." above.

6. Non-Compliance with Proposal

It is understood and agreed, in the event an insurance policy(ies) does not meet the terms and conditions accepted by the municipality as specified in this bid, then the municipality shall, at its sole option, have the right to:

- a. Cancel the policy or policies on a pro-rata basis (not short rate).
- b. Require the insurer, agent/broker, or inter-municipal pool to provide the coverage as stated in this bid at the proposed premium.

7. Bid Request Disclaimer

This Bid request does not commit the municipality to enter into a contract, award any services related to this bid specification document, nor does it obligate the municipality to pay any costs incurred in preparation or submission of a proposal or in anticipation of a contract.

[Type here]

UNDERWRITING DATA:

The following information will be provided once the Town is in receipt of the “Intent to Bid” notice attached.

1. Currently valued loss runs for the last five (5) years for all coverages included in the bid. (Appendix A)
2. List of payroll by classification for Workers’ Compensation. (Appendix B)
3. List of all properties to be insured. (Appendix C)
4. List of all owned vehicles including cars, trucks and other autos to be insured (Year, Make, Model, Department, VIN, Garage Location) (Appendix D)
5. Copy of most recent Annual Report. (Appendix E)
6. Number of water and sewer hook-ups. (Appendix F)

[Type here]

NOTICE OF INTENT TO BID

If you intend to submit a bid to provide any insurance coverage outlined in this request for bid, please sign, date, and return this form to the person and address listed below prior to October 15, 2019 so you may receive any addenda or additional information should the need arise.

CONTACT DETAILS: Josh Arneson, Town Manager
 jarneson@richmondvt.gov
 Town of Richmond
 PO Box 285
 Richmond, VT 05477

DATE	
SIGNATURE	
TITLE	
COMPANY	
ADDRESS	
CITY, STATE, ZIP	
TELEPHONE	
E-MAIL ADDRESS	

[Type here]

BID RESPONSE FORMS
AGENCY AND CARRIER INFORMATION

Primary Agency Name	Location	# Municipal Accts	Commissions/Fees

Insurance Company Information for Coverage Placement

LINE OF COVERAGE	CARRIER	CARRIER CORP HQ LOCATION
Workers' Compensation		
Equipment Breakdown (B&M)		
Bonding & Crime		
General Liability		
Law Enforcement Liability		
Public Officials Liability		
Auto Liability & Physical Damage		
Umbrella/Excess Liability		
Cyber Liability & Data Breach		
Property		
Flood (if separate from property)		

Direct Service Providers

DISCIPLINE	SERVICE PROVIDER/TPA NAME	PHYSICAL LOCATION	# STAFF IN VT
Claims Adjusting			
Loss Control Service			
Policy Underwriting			

[Type here]

BID SPECIFICATIONS/RESPONSE FORMS
LOSS CONTROL SERVICES

Carrier(s)	
Agency	
Loss Control/Prevention Service Provider(s)	

Local governments need Loss Prevention/Control services that address the risks that are unique to municipal entities. It is essential that anyone providing Loss Prevention/Control services to the municipality be knowledgeable and experienced in serving local governmental entities. We need the following information to better analyze the services to be provided to the municipality.

1)	Does the contribution/premium quoted include comprehensive Loss Control services?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2)	If no, please list the additional fee structure? <i>(if charged in addition to contribution/premium quoted)</i>		
		\$	
		\$	
		\$	
		\$	
		\$	
3)	Is a FMCSA compliant drug and alcohol testing program that includes pre-employment and random testing for commercial motor vehicle operators included at no additional charge?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4)	Are onsite training sessions provided and provided at no additional charge?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Please describe available onsite training programs offered.		
5)	Are online training programs available at no additional charge?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Are there courses available that are specific to law enforcement?	<input type="checkbox"/>	<input type="checkbox"/>
	Who is the supplier?		
	Do they have a demo website that is available for you to review?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6)	If online training programs are available, are any courses approved by the State of Vermont for Water/Wastewater continuing education credits?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7)	Is an employee assistance program (EAP) included at no additional charge? If yes, please describe.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8)	Is there an employment liability practice referral program that provides up to 3 hours of free, pre-loss legal consultation (per referral), using Vermont-based attorneys who are skilled in employment practice law?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

[Type here]

9)	Do your loss control services include access to staff who are:		Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Experienced in identifying potential exposures unique to local governments		Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Qualified to offer training and other specific services necessary to reduce the potential exposure to losses		Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Playground safety (CPSI) certified?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
10)	Are the loss control consultants who will provide services knowledgeable in the following areas?			
	Public Safety (fire, police, emergency medical)		Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Public Utilities (water and wastewater)		Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Public Works (streets & solid waste)		Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Building construction		Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Employment Issues		Yes <input type="checkbox"/>	No <input type="checkbox"/>
	General operations of local governments		Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Liability, property and workers' compensation coverages		Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Playgrounds and Parks and Recreation exposures		Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Fleet Safety and FMCSA requirements		Yes <input type="checkbox"/>	No <input type="checkbox"/>
11)	Does the loss control program have access to instructors and classes certified by agencies such as the Fire Academy, and the VT Police Academy?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
12)	Will loss control consultants perform an onsite survey of the operations and facilities and provide the municipality with written recommendations along with appropriate up-to-date resource information to help address potential problem areas?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
13)	Are loss control consultants able to provide the municipality with free consulting services (above and beyond site surveys) to assist them with implementation of risk management, workers' compensation or loss control issues of concern?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
14)	Does your company train, certify and recertify highway and first responder employees in flagging for free?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If no, is it done for a cost?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
	What is the cost?	\$		
15)	Do you have a series of recommendations that the municipality is required to comply with for the coverage to remain in effect?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
16)	Will you provide reports (in addition to loss runs) that analyze losses and recommends focused actions to minimize adverse claims trends?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
17)	Are resources (i.e. sample policies, safety manuals, checklists, etc.) available to support development and implementation of Loss Control Programs?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
18)	Do you provide playground inspections with certified playground inspectors at no cost?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
19)	Does loss control staff perform ergonomic assessments at no cost to the member/insured?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

[Type here]

20)	Does loss control staff conduct onsite incident reviews with insureds on significant claims to identify prevention solutions? If yes, please describe process:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
21)	Do you offer free matching grant money (up to \$5k) to members/insureds to be utilized to purchase safety related equipment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
22)	Do you offer \$2500 of scholarship funds each year that are available to support "risk control focused" group and/or individual training or workshops?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
23)	Do you provide a human resources consultant who can perform human resources risk assessments, personnel policy reviews, in-person training on select HR topics and is available to answer HR questions at no additional cost?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
24)	Is there an ongoing mental health resource and post crisis intervention and counseling service such as EAPFirst that specifically targets first responders to reduce the potential for PTSD claims?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
25)	Indicate which of the following in-person trainings you provide within the cost of coverage. <i>(If available for an additional fee, please indicate the fee.)</i>		
	Accident Investigation Techniques for Supervisors	Yes <input type="checkbox"/>	No <input type="checkbox"/> \$
	Winter Driving & Snowplow Safety for DPW	Yes <input type="checkbox"/>	No <input type="checkbox"/> \$
	Job Safety Analysis	Yes <input type="checkbox"/>	No <input type="checkbox"/> \$
	Safety Committee Development	Yes <input type="checkbox"/>	No <input type="checkbox"/> \$
	Emergency Vehicle Driver Training	Yes <input type="checkbox"/>	No <input type="checkbox"/> \$
	Special Events Management	Yes <input type="checkbox"/>	No <input type="checkbox"/> \$
	Personal Protection Equipment	Yes <input type="checkbox"/>	No <input type="checkbox"/> \$
	Public Officials Liability	Yes <input type="checkbox"/>	No <input type="checkbox"/> \$
	Permit-required confined spaces	Yes <input type="checkbox"/>	No <input type="checkbox"/> \$
	Confined Space Entry	Yes <input type="checkbox"/>	No <input type="checkbox"/> \$
	Trenching and Excavation	Yes <input type="checkbox"/>	No <input type="checkbox"/> \$
	Ergonomics in Heavy Construction	Yes <input type="checkbox"/>	No <input type="checkbox"/> \$
	Custom Designed Training based on need	Yes <input type="checkbox"/>	No <input type="checkbox"/> \$
	Sexual Harassment/Cultural Diversity	Yes <input type="checkbox"/>	No <input type="checkbox"/> \$
	Office Ergonomics	Yes <input type="checkbox"/>	No <input type="checkbox"/> \$

[Type here]

Agent/Broker Selection Questionnaire Please answer the following questions in preparation for an interview.
Program Management:

1. If your firm is selected, who will you assign as our Account Executive? How do you envision servicing our municipality?
2. Please identify three of your municipal clients with exposures similar to Richmond, including length of relationship and nature of work performed. Please provide their contact information for a reference check.
3. Please identify what you feel is a reasonable time for the issuance of complete and correct policies and endorsements.

Claim Management Services:

1. What is your process for reporting, handling, monitoring and recording losses?
2. Describe how you would propose to assist our town in managing claims?

From an internal perspective:

From the external carrier perspective:
3. How often will you review claims and reserves?

Compensation:

1. What type of compensation structure is appropriate for our account? Are there options available?
2. Over the last 6 years, what has been the average rate increase for towns similar to Richmond? What has been the overall increase in premiums for your company's entire town portfolio?
3. Please provide an annual rate for coverage. Put this amount on the cover page.

Transition:

1. Please describe conceptually how your firm would transition the Town of Richmond's current risk management and insurance program.

Conclusion:

1. Overall, what are the three major strengths of your firm that best qualifies it to manage our Town's insurance programs?
2. Please provide 3 references of towns that you currently insure