

**TOWN of WETHERSFIELD
REQUEST FOR PROPOSAL
COMMERCIAL PROPERTY/CASUALTY AGENT OF RECORD**

GENERAL INFORMATION

The Town of Wethersfield, Connecticut, a community with a population of approximately 26,698, is seeking an appropriate and qualified expert professional Consultant/ Agent (hereinafter "Consultant") to provide for the following: (a) annual marketing of Town of Wethersfield's property/ casualty insurance program; (b) respond to the daily services needs of the Town of Wethersfield in the areas of property/casualty loss control, claims servicing and administration.

SCOPE OF SERVICES

The Town is seeking a Consultant to provide qualified and expert professional services.

Specific responsibilities include but are not limited to:

- In advance of expiration date and/or anniversary date of each policy, Agent of Record shall research and evaluate all markets, including present insurer(s), and apprise insurance committee, well in advance of expiration and/or anniversary, or coverage availability, choices, costs, recommendations, change in terms and conditions, status of insurer(s), etc.
- Develop and prepare bid specifications for the Town of Wethersfield insurance program.
- Research markets and submit bid specifications to licensed prospective insurers.
- Open received bids with the Town of Wethersfield and assist in evaluation and selection of the successful bidder.
- Submit written comparison of benefits and pricing between current program and competitive bids (including specifics on any and all deviations from bid specifications) to Insurance Committee and Town Manager and make recommendations.
- Notify bidders of decision, place and effect coverage with successful bidder. Obtain proof of insurance coverage in writing from insurers; await issuance and delivery of policies and/or contracts of insurance.
- In cooperation with the Town's Director of Finance, prepare a report of all claims, loss and premium activity.
- Prepare and present a written report to the Insurance Committee each quarter, specifying activities completed on behalf of the Town.
- Inform the Insurance Committee of changes in insurance market conditions, status of insurers, legislative activity and laws as these may affect the Town of Wethersfield.
- Seek information from the Connecticut Insurance Department and other sources regarding the availability of products, coverage, rating information, licensing data, etc., which may assist and/or affect the Town of Wethersfield.
- Arrange payment program, claims, safety and engineering services.
- Assist designated Town personnel regarding insurance matters, including development and coordination of claim reporting procedures and safety measures
- Offer suggestions to limit risks and reduce claims.
- Review all policies, binders, contracts, endorsements, audits, invoices, reports, procedures to ensure that the Town has received coverage as applied for, and correct classifications, modifications, discounts, premiums, claim reserves, and payment data have been applied.
- Consultant shall analyze each Certificate of Insurance received to determine compliance with:
 - a. Requirements set forth by the Town of Wethersfield
 - b. Licensing laws
 - c. Coverage, limits, term, terms and conditions and cancellation requirements
 - d. Inclusion of the Town of Wethersfield as additional named insured
 - e. Other pertinent insurance statutes
- Advise when necessary to market coverage with an approved surplus lines insurer, including efforts to place coverage with a licensed insurer and reasons for declination.

- Communicate with designated town personnel on a continuing basis to determine if any changes and/or additional exposures have occurred which may require additional or modified insurance protection.

OTHER CONDITIONS:

- Following approval by the council, and prior to the official appointment date (7/1), the incoming Agent of Record shall work and cooperate with the outgoing Agent of Record, Insurance Committee, designated town and insurance company personnel, for the purpose of planning and affecting insurance coverage for the Town of Wethersfield, as of 7/1.
- Outgoing Agent of Record must cooperate and comply with all duties and responsibilities without regard to expiration of appointment.
- Apprise the Insurance Committee of changes in the status of all licensing, including whether representation of an insurer of Town coverage has terminated or whether any disciplinary action is pending before a regulatory agency.
- Advise on any substantive complaints received from persons covered under the Town's insurance programs.
- Agent of Record shall perform all duties and responsibilities usual to those of an insurance agent, broker, certified insurance consultant, including duties and responsibilities usual to all other licenses required in the transaction of business on behalf of the Town of Wethersfield.

SELECTION PROCESS

The Town of Wethersfield's current Consultant will continue to handle the Town of Wethersfield's present property/casualty insurance program until the new Consultant is appointed. The new appointment shall be for a term through June 30, 2013. The term commences on or about July 1, 2010.

The Town of Wethersfield will accept those proposal(s), which will, in its opinion, most completely meet the requirements of the RFP.

Proposals will first be examined to eliminate those that do not respond to the stated requirements and to identify the most promising responses.

The most promising responses will be evaluated in detail. Additional information may be sought from bidder(s). Bidders may be asked to present and explain their proposals. Final determination of Agent of Record award will be made by the Town Council.

Selection Criteria:

- Completeness and responsiveness to the requirements of the RFP.
- Quality of the proposal submitted
- Experience, qualifications and competency of the Bidder in providing insurance consulting and brokerage services.
- Experience, education and qualifications of the servicing team with similar organizations in size, complexity
- Cost of services.

SUBMISSION

All firms wishing to be considered for this appointment shall submit ten (10) paper copies and one (1) electronic version of their concisely worded proposals. Submittals shall be clearly marked "RFP – Property/Casualty Insurance Agent of Record" and submitted to the Office of the Finance Director, Town of Wethersfield, 505 Silas Deane Highway, Wethersfield, Connecticut 06109 **by 2:00 PM on April 8, 2010**. The Town of Wethersfield reserves the right to reject any or all proposals.

All proposals and related materials become the property of the Town of Wethersfield and may be returned only at its option.

The Town is not obligated to accept any proposal or to negotiate with any proposal. All transactions are subject to the final approval of the Town, which reserves the right to reject any and all proposals without cause for liability.

All costs directly or indirectly related to responding to this RFP (including all costs incurred in the supplementary documentation, information or presentation) will be borne by the proposer.

In determining the appropriate Agent, The Town of Wethersfield reserves the right to consider, in addition to price, the compatibility, experience of the Agent, sufficiency of resources of the Agent as relates to the offering as well as the ability of the Agent to provide future service

GENERAL SPECIFICATIONS

A. SUBCONTRACTING

The Consultant shall not subcontract the work under this project without written approval of The Town of Wethersfield.

B. INSURANCE REQUIREMENTS

Based upon the outcome of this process, the final chosen consultant shall procure and maintain insurance against claims for injuries or losses to persons or property that are alleged to have arisen in connection with activities of the contractor and any agents, representatives, subcontractors or employees. Insurance companies must be licensed by the State of Connecticut or otherwise acceptable to The Town of Wethersfield. The cost of such insurance, including required endorsements or amendments, shall be the sole responsibility of the contractor. Full disclosure of any nonstandard exclusion is required for all required coverage.

- Commercial general liability coverage naming The Town of Wethersfield as additional insured, written on a “per occurrence” basis of \$1,000,000 with an aggregate limit of \$2,000,000.
- Automobile Liability coverage, including coverage for owned, hired or borrowed autos with a combined single limit of \$1,000,000 covering bodily injury and property damage.
- Workers’ Compensation Coverage (per Connecticut Law) and Employer’s Liability Coverage: coverage A at statutory limits and coverage B at limits of 100,000 / 500,000 /100,000.
- Professional errors and omissions coverage for \$5,000,000 per incident and with an aggregate limit of \$5,000,000.

It is further agreed that the Consultant shall provide The Town of Wethersfield with a sixty (60) day notice of cancellation, in advance of the retroactive date, and/or non-renewal.

C. USE OF INFORMATION

The information provided in these specifications shall NOT be used for the purpose of submitting applications or reserving insurance markets. Failure to comply will result in the disqualification of the consultant.

D. LICENSES AND CERTIFICATIONS

The consultant shall maintain in good standing all the necessary licenses and certifications as required by Connecticut General Statutes and regulations for insurance agents and/or brokers and shall provide copies of the same to The Town of Wethersfield.

E. TERM

Based upon the outcome of this process, The Town of Wethersfield will award a three (3)-year contract with the option for annual contract renewals, at the sole discretion of The Town of Wethersfield. The ultimate successful respondent will be expected to commence services, subject to contract execution, effective July 1, 2010.

While the stated appointment term is three (3) years, the Town may terminate the Consultant if in the opinion of the Town of Wethersfield the Consultant fails to perform the functions and duties as outlined in this RFP. A new Consultant would be appointed if the original Consultant is terminated.

F. REQUESTED INFORMATION OF RESPONDING FIRMS

Responding firms must be capable of performing Agent of Record duties in full compliance with all federal and state statutes and regulations. Responding firms will provide the following information:

1. CONTACTS

Firm Organization Name

Address of firm's principal office and of the office from which the account will be serviced

Telephone number, Fax number, Web Address

Name, address and telephone numbers of persons to receive notifications and reply to Town of Wethersfield inquiries

Primary RFP contact:

- Name, Title
- Address, telephone number if different from above
- E-mail address

2. GENERAL INFORMATION

1. How long has your firm been in business?
2. Corporate tax status?
3. Firm ownership/Organizational structure
4. Number, location of offices
5. Total number of employees
6. Annual property/casualty revenue
7. Description of corporate philosophy and culture
8. The proposal must identify the nearest office to the Town. Should an office not be located in or in close proximity to Wethersfield, please specify the office closest to the Town that can provide the range of services requested.

3. FIRM'S BACKGROUND

1. What background and experience qualifies your Firm for this work?
2. Responding firms shall provide a list of all personnel who would be involved with this account including: Name, Job Title, Responsibilities, Type of Work performed, experience and credentials.
3. Number of full-time loss control personnel employed by the servicing office and their credentials.
4. Number of full-time claims personnel employed by the servicing office and their credentials.

4. RELATIONSHIPS

1. Indicate principal markets utilized.
2. Provide a breakout by carrier of dollar volume of your current commercial property & casualty insurance business
3. Any carriers with whom you are prohibited from doing business?
4. Do you represent any carriers with an A. M. Best rating of less than A? If so, please explain.
5. Describe how the firm monitors insurer solvency.

5. EXPERIENCE WITH MUNICIPALITIES/BOARDS OF EDUCATION

1. With how many municipalities and/or boards of education do you currently work?
2. Provide references with name of contact person from at least three (3) and two (2) additional references from similar companies in the public education or government field.
3. If there are schools and municipalities that you have worked with in the last five years but no longer do, please explain why.
4. Describe your method of compensation.
5. Describe the insurance marketing expertise of the servicing office with regard to municipal entities

6. PRIVACY AND CONFIDENTIALITY

1. What steps have you instituted to ensure privacy and confidentiality of protected data?

7. ADDITIONAL SERVICES

1. Detailed listing of any special, in-house, services available.
2. What additional services may we expect?

REQUIRED DOCUMENTS

- Errors and Omissions – evidence of in-force coverage
- Agency License –
- Statement of Compliance with Federal and State Laws, including Equal Opportunity Act and an Affirmative Action Plan that declares that the institution does not discriminate on the basis of race, color, religion, sex, national origin or age, and which specifies goals and target dates to assure the implementation of equal employment.
- Copies of annual financial reports for the last two years
- Any other information deemed necessary by the Town of Wethersfield

INSTRUCTIONS TO PROPOSERS

The following instructions and specifications shall be observed by all Proposers:

A. PROPOSAL COMPLIANCE/RFP SUBMISSION TIME-TABLE

The Town of Wethersfield shall be the sole judge as to whether any Proposal complies with these instructions and specifications, and such a decision shall be final and conclusive. Proposers shall state any exceptions taken to the RFP specifications.

Addendums to RFP: In the event it becomes necessary to revise any part of the RFP, an addendum will be provided to all prospective firms submitting proposals.

Incurring Costs: The Town of Wethersfield is not liable for any cost incurred by the firms prior to the issuance of a contract and purchase order.

Ownership of Proposals: All proposals in response to the RFP are to be the sole property of the Town of Wethersfield.

Any questions regarding the RFP must be submitted in writing to Lisa Hancock, Finance Director. Responses will be sent from The Town of Wethersfield, in writing, to all proposers.

**TOWN of WETHERSFIELD
REQUEST FOR PROPOSAL
COMMERCIAL PROPERTY/CASUALTY AGENT OF RECORD
Appendix A – A Completed Form must be submitted with the proposal**

| Question | Yes | No |
|--|-----|----|
| Is your firm licensed in the State of Connecticut? | | |
| Has your firm ever been suspended, warned or fined by the Connecticut Insurance Department? | | |
| Is your firm currently in arrears on payments of insurance premiums to any insurance company? | | |
| Does your firm have two or more qualified persons to handle the Town of Wethersfield account? With a minimum of ten (10) years of experience in commercial lines insurance? Do they have a CPCU or CIC designation? | | |
| Do you carry Insurance Agents Errors & Omissions coverage with a limit of at least \$5 million? | | |
| Do you now write or have you written within the last four (4) years at least one account in the State of Connecticut with premiums over \$4 million or more? Please describe type of account and coverage involved: | | |
| Do you now or have you ever written insurance coverage for a political subdivision in the State of Connecticut? (Municipality, school system, public authority, etc.) Please describe type of account and coverage written: | | |
| If appointed Agent of Record, will you prepare an annual stewardship report detailing your activities on behalf of the Town, the Town's premium and loss results and include your observations and recommendations for changes in the market, coverage and other factors affecting the Town's property/casualty insurance program? | | |
| Do you have an affirmative action plan in place? | | |
| List below those companies you would approach for the General Liability, Property, Automobile and/or Worker's Compensation insurance and your annual premium volume with each company. | | |
| Do you understand that this appointment, if made, will be for a period of three (3) years, subject to satisfactory performance as determined by the Town? | | |
| Do you agree to disclose, in writing, all compensation received by you or your firm in connection with the placement or servicing of insurance for the Town of Wethersfield from any source other than the Town? | | |
| Please expand on any reply by attachment hereto and include any other information you feel will be pertinent for consideration on your appointment as Agent of Record. | | |

Failure to provide a completed form with your proposal may result in rejection of your proposal.

**TOWN of WETHERSFIELD
REQUEST FOR PROPOSAL
Commercial Property/ Casualty Consultant**

APPENDIX B

FEE PROPOSAL

Amount of Fee Proposed:

Year One: _____

Year Two: _____

Year Three: _____

Name of Responding Firm:

Address of Responding Firm:

Signature of Authorized Consultant:

Date: _____

**TOWN of WETHERSFIELD
REQUEST FOR PROPOSAL
COMMERCIAL PROPERTY/CASUALTY AGENT OF RECORD
Appendix C – A Completed Form must be submitted with the proposal**

Dear Sir:

The agency whose name and address is designated below, hereby submits ten (10) copies of the “Criteria for Selection” for your consideration of our firm for appointment as Agent of Record on behalf of the Town of Wethersfield.

This submission is made and we represent that there is no conflict of interest with respect to our firm and the Town and that no person or representative of the Town of Wethersfield has been involved with nor been offered any inducement with respect to this submission.

Very truly yours,

| | |
|--|-------------------------------|
| | Principal, Partner or Officer |
| | Agency Name |
| | Address |
| | Telephone |
| | Signature |

APPENDIX D
FAIR EMPLOYMENT PRACTICES FOR QUALIFICATIONS OF BIDDERS
TOWN OF WETHERSFIELD, CONNECTICUT

THIS QUESTIONNAIRE ON FAIR EMPLOYMENT PRACTICES FOR THE QUALIFICATIONS OF BIDDERS IS PART OF THIS BID DOCUMENT AND MUST BE RETURNED WITH YOUR BID. FAILURE TO COMPLETE THIS FORM MAY BE SUFFICIENT CAUSE FOR REJECTION OF YOUR BID. IT WILL BE NECESSARY TO SUBMIT THIS FORM ON AN ANNUAL BASIS IN ORDER FOR THE TOWN TO MAINTAIN AND UP-TO-DATE FILE ON YOUR PROGRESS IN EQUAL OPPORTUNITY EMPLOYMENT. AS REQUIRED BY FEDERAL AND STATE LAWS AND REGULATIONS, THE TOWN MAY REQUEST ADDITIONAL EQUAL EMPLOYMENT OPPORTUNITY INFORMATION FROM YOU.

“FAIR” OR “EQUAL EMPLOYMENT” MEANS THE PRACTICE OF NOT DISCRIMINATING AMONG PERSONS ON THE BASIS OF RACE, COLOR, SEX, NATIONAL ORIGIN OR AGE.

THIS QUESTIONNAIRE WILL BE EVALUATED BY THE PURCHASING AGENT AND HIS RECOMMENDATIONS WILL BE A FACTOR IN DETERMINING WHETHER YOUR FIRM IS TO BE RETAINED ON THE TOWN’S BID LIST.

SECTION PLEASE ANSWER ALL THE FOLLOWING QUESTIONS:

- A NAME OF FIRM _____
- ADDRESS _____
- TELEPHONE NUMBER _____
- NATURE OF BUSINESS _____
- NUMBER OF FULL TIME EMPLOYEES _____
- PERSON FILLING OUT FORM _____
- TITLE _____

SECTION DO YOU HAVE A WRITTEN EQUAL EMPLOYMENT POLICY? YES ___ NO ___

- B IF YES, PLEASE ATTACH COPY
- IF NO, DO YOU PLAN TO ADOPT ONE IN THE NEAR FUTURE? YES ___ NO ___

SECTION DO YOU HAVE A WRITTEN AFFIRMATIVE ACTION POLICY? YES ___ NO ___

- C IF YES, PLEASE ATTACH COPY
- IF NO, DO YOU PLAN TO ADOPT ONE IN THE NEAR FUTURE? YES ___ NO ___

SECTION DO YOU UTILIZE AFFIRMATIVE ACTION IN EMPLOYMENT PRACTICES, SUCH AS ADVERTISING ALL POSITIONS WITH THE EQUAL OPPORTUNITY
D CLAUSE, MAKING SPECIAL EFFORTS TO RECRUIT MINORITY AND FEMALE JOB APPLICANTS AND REVIEWING JOB-TESTING PROCESURES TO ENSURE THAT NO DISCRIMINATORY BIASES EXIST.

SECTION PLEASE FILL OUT THE DATA REQUESTED IN THE FOLLOWING TABLE FOR ALL FULL-TIME
E EMPLOYEES OF YOUR ORGANIZATION. THE STATISTICS USED MUST BE NO OLDER THAN 3 MONTHS FROM THE TIME THIS BID IS SUBMITTED.

EMPLOYMENT STATUS AS OF _____

| MALE | | | | | | FEMALE | | | | | |
|--------------|-------|-------|-------|-----------|------------|--------------|-------|-------|-------|-----------|--------------|
| NON-MINORITY | BLACK | **SSA | ASIAN | AM.INDIAN | TOTAL MALE | NON-MINORITY | BLACK | **SSA | ASIAN | AM.INDIAN | TOTAL FEMALE |

| | | | | | | | | | | | |
|--------------------------|--|--|--|--|--|--|--|--|--|--|--|
| OFFICIALS & MANAGERS | | | | | | | | | | | |
| PROFESSIONALS | | | | | | | | | | | |
| TECHNICIANS | | | | | | | | | | | |
| SALES | | | | | | | | | | | |
| OFFICE & CLERICAL | | | | | | | | | | | |
| CRAFTSMEN SKILLED | | | | | | | | | | | |
| OPERATORS (SEMI-SKILLED) | | | | | | | | | | | |
| LABORERS (UNSKILLED) | | | | | | | | | | | |
| SERVICE WORKERS | | | | | | | | | | | |

**SSA SPANISH SURNAMED AMERICA

SECTION _____ NAME OF OFFICER OF FIRM _____

F _____ SIGNATURE OF OFFICER _____

DATE _____

**APPENDIX E
TOWN OF WETHERSFIELD
Department of Finance**

NON COLLUSIVE AFFIDAVIT OF PROPOSER

The undersigned proposer, having fully informed themselves regarding the accuracy of the statements made herein certifies that;

- (1) the proposer developed the bid independently and submitted it without collusion with, and without any agreement, understanding, or planned common course of action with any other entity designed to limit independent bidding or competition, and
- (2) the proposer, its employees and agents have not communicated the contents of the bid to any person not an employee or agent of the proposer and will not communicate the proposal to any such person prior to the official opening of the proposal.

The undersigned proposer further certifies that this statement is executed for the purpose of inducing the Town of Wethersfield to consider the proposal and make an award in accordance therewith.

Legal Name of Proposer/Firm

Business Address

Signature and Title

Date

Printed Name of Title Person

Subscribed and sworn to me this ____ day of _____, 20 ____.

Notary Public
My Commission Expires

APPENDIX F

ORDINANCE PROVIDING FOR LOCAL PREFERENCE

TOWN BASED BUSINESS

The term “town based business” shall mean a business with a principal business located within the Town of Wethersfield. A business shall not be considered a town based business, unless evidence submitted with each bid submitted by said business to establish that said business has a bona fide principal place of business in Wethersfield. Such evidence may include evidence of ownership of or a long term lease of the real estate from which the principal place of business is operated, or payment of property taxes on the personal property of the business to be used in performance of the bid.

LOWEST RESPONSIBLE BIDDERS

On any project the lowest responsible bidder shall be determined in the following order:

Provided that such town based resident bidder shall have met all other requirements set forth in this article, any town based resident bidder which has submitted a bid not more than ten (10) percent higher than the lowest most responsible bid may be awarded the bid provided such town based bidder agrees to accept the award of the bid at the amount of the lowest most responsible bid.

If more than one town based resident bidder has submitted a bid not more than ten (10) percent higher than the lowest responsible bid, the lowest responsible bidder shall be that one of the town based resident bidders which had submitted the lowest bid.

IMPLEMENTATION OF LOCAL BIDDER PREFERENCE

Any local vendor meeting the requirements of a local vendor as defined in the above ordinance responding to the solicitation shall be required to submit a signed Local Bidder Affidavit form with their bid submittal. Failure to submit an affidavit form, approved by the Town of Wethersfield, may result in your disqualification as a local vendor and ineligibility for contract award.

RESTRICTION OF USE OF LOCAL BIDDER PREFERENCE

This section shall not apply in those instances where the bid requested involves a cooperation purchasing arrangement between the town and other municipalities or the State of Connecticut.

APPENDIX G

AFFIDAVIT PURSUANT TO THE
ORDINANCE PROVIDING FOR LOCAL PREFERENCE

(It is not necessary to submit this form unless you are a Wethersfield Town-based Business)

The undersigned, being duly sworn, disposes and says as follows:

1. That he/she is over the age of eighteen (18) years of age;
2. That he/she believes in and understands the obligations of an oath;
3. That he/she is submitting a bid as a “town based business”, pursuant to those conditions delineated in the Town of Wethersfield’s Ordinance Providing for Local Preference.

Name of Local Bidder
(Please Print)

Date

Signature of Local Bidder

TOWN OF WETHERSFIELD

Purchasing Office

505 SILAS DEANE HIGHWAY
WETHERSFIELD, CT 06109

“NO BID” RESPONSE

Name of Bid/RFP/RFQ: _____

Date of Bid Opening: _____

For tracking, audit, and record-keeping purposes, we would very much appreciate knowing the reason why you have chosen not to submit a proposal for the above-referenced Public Bid, RFP or RFQ.

Would you please take a moment to provide a brief explanation below for not submitting a proposal to us for this purchase?

Please also indicate if you would like to continue to receive bids and quotes from us in the future for above-referenced related purchases. If we do not receive this form back, we will assume you are no longer interested in receiving bids and quotes from us.

Please continue to send me bids, quotes, and RFPs. Yes _____ No _____

Company name _____

Mailing address _____

Your name _____ Date _____

This may be mailed, faxed, or e-mailed back to us at:

Town of Wethersfield
Attn: Purchasing Office
505 Silas Deane Highway
Wethersfield, CT 06109
Fax: 860 721-2997

E-mail: tammy.ohanesian@wethersfieldct.com

Thank you for your response.