INVITATION FOR PROPOSAL

The Town of Wethersfield, Connecticut, is a community with a population of 26,698.

We are approximately a 700 life municipality for Town, Board of Education Employees, Retirees and dependents. A range of insurance and other benefits are provided. Employees scheduled to work in excess of twenty (20) hours per week are entitled to health insurance. Our health insurance plans are self funded with the exception of one plan (a fully insured plan). Additionally about 50 people are in a Connecticare fully insured plan.

The following benefits are provided:

- Health insurance for approximately 700 insured’s including dependents, retirees and their spouses
- Dental insurance for those same employees
- Life insurance
- Long term disability

The total combined premiums and premium equivalents for medical, life and long term disability insurance programs for both the General Government and Board of Education is estimated at approximately $11.5 million for Fiscal Year 2010-2011. This request for proposal is to obtain an Agent of Record for the Town’s Employee Insurance and Benefits plan.

Currently we are covered through a self-insurance program administered by Blue Cross/Blue Shield of Connecticut, and coverage with them will renew July 1, 2010. The Town has, in the past, been covered by the same provider but has different levels of coverage. We are looking to contract with an agency that will perform an extensive review of our current plan and make recommendations on how to minimize our overall costs while meeting our required contractual obligations. We also seek a firm that can work with us to continually monitor the health industry and recommend alternatives to the current system so as to help limit our financial exposure.

The term of the appointment shall be from July 1, 2010, through June 30, 2013, with the fee negotiated annually.

SCOPE OF SERVICES

The Town is seeking an Agent of Record to provide a full range of 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 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.

When marketing coverage, research markets and submit bid specifications to licensed prospective insurers at least 150 days before Medical/Dental coverage and 90 days for Life, AD&D and disability coverage in advance of anniversary date.

Oversee implementation of insurance carrier changes, if any, including but not limited to: re-enrollment (if necessary), employer application submission, summary of coverage preparation (if necessary), employee application submission, summary of educational meetings required, assist in proofing any master policies and employee certificates, assist in procuring ID cards (if applicable). Overall, seeing to it that the new insurance carrier meets established deadlines worked out in advance for all stages and steps of transition.

Assist Town and Board with any claim billings, administrative or other problems that may occur during coverage periods.

Assist in procuring stop loss reimbursements, if any

Provide estimated expenditures for employee benefit programs to Town and Board in time for fiscal year budget submissions as required

Review year-end settlements from insurance carriers, if any

Provide, after fiscal year ends, a commission settlement and make final reparation to Town if commissions exceed agreed upon fee within 30 days of calculation.

Periodic review of Town employee insurance and benefit coverage and loss data for purposes of making recommendations to the Town with respect to the need for ancillary insurance services, additional insurance coverage and modifications, updating or upgrading of existing coverage(s).

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 effecting 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

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.

While the stated appointment is for three (3) years, the Town Council may terminate the services of the Agent of Record if, in the opinion of the Finance Director and the Insurance Committee, the Agent of Record fails to perform the functions and duties as outlined in this RFP. A new Agent of Record would be appointed if the old Agent was terminated by the Town Council.

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 – Employee Insurance and Benefits 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 7, 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 Council, 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.

SPECIFICATIONS

The following must be addressed or provided in order for consideration:

CONTACTS

   Firm Organization Name
   Street Address, City, State, Zip
   Telephone number, Fax number, Web Address

   Primary RFP contact:
   ▪ Name, Title
   ▪ Address, telephone number if different from above
   ▪ E-mail address

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. Description of corporate philosophy and culture
7. 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.

FIRM’S BACKGROUND

1. What background and experience qualifies your firm for this work?
2. Describe the responsibility, experience, and qualifications of the individual(s) who would comprise the service team; list recent assignments

RELATIONSHIPS
1. List names of up to five (5) Group Life/Health carriers/PPO Networks with whom you have a working relationship
2. Provide a breakout by carrier of dollar volume of your current group health 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.

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.
5. Please disclose if selected as the Towns Agent of Record if you would participate in any override or contingent commission arrangements.

CHANGE OF CARRIERS
Please indicate your firm’s willingness and ability to provide the following services:
1. Draft, revise and finalize the contract and benefit summaries and the Specific Plan Design Booklets for employees.
2. Develop a detailed installation plan for our review and approval.
3. Representatives will conduct on-site new member orientations.

PRIVACY AND CONFIDENTIALITY
1. What steps have you instituted to ensure privacy and confidentiality of protected data?
2. What steps do you take for HIPAA compliance?

MEMBER COMPLAINTS
1. To what degree do you become involved with participant complaints?

ADDITIONAL SERVICES
1. 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.
- Any other information deemed necessary by the Town of Wethersfield that are included within appendices.
# TOWN of WETHERSFIELD
## REQUEST FOR PROPOSAL
### EMPLOYEE INSURANCE AND BENEFIT AGENT OF RECORD

Appendix A – A Completed Form must be submitted with the proposal

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Is your firm licensed in the State of Connecticut?</td>
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<tr>
<td>Has your firm ever been suspended, warned or fined by the Connecticut Insurance Department?</td>
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<tr>
<td>Is your firm currently in arrears on payments of insurance premiums to any insurance company?</td>
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<tr>
<td>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 employee benefits? Do they have a CLU or CEBS designation?</td>
<td></td>
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<tr>
<td>Do you carry Insurance Agents Errors &amp; Omissions coverage with a limit of at least $5 million?</td>
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<tr>
<td>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:</td>
<td></td>
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</tr>
<tr>
<td>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:</td>
<td></td>
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</tr>
<tr>
<td>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 health insurance program?</td>
<td></td>
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<tr>
<td>Do you have an affirmative action plan in place?</td>
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<tr>
<td>List below those companies you would approach for the medical, life and long term disability insurance and your annual premium volume with each company.</td>
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<tr>
<td>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?</td>
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<tr>
<td>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?</td>
<td></td>
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</tr>
<tr>
<td>In the event you receive access to “protected health information” (PHI) concerning the Town of Wethersfield members in the course of performing Agent of Record duties, do you agree not to use or disclose this PHI for any purpose other than to perform your obligations as Agent of Record or as required by law? 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.</td>
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</table>

Failure to provide a completed form with your proposal may result in rejection of your proposal.
TOWN of WETHERSFIELD
REQUEST FOR PROPOSAL
EMPLOYEE INSURANCE AND BENEFIT AGENT OF RECORD
Appendix B – A Completed Form must be submitted with the proposal

COMPENSATION SCHEDULE

Each firm shall provide an explanation of compensation plans for your firm under this proposal including all the services that are to be included in that fee for the three (3) years of the engagement. The Town shall consider appointments on a fee basis for all policies other than the Town’s health care provider. All group policies shall be issued ex-commission. Please enter below, the annual combined health insurance cost per each fiscal year listed.

Please set forth your annual fees for the following periods:

<table>
<thead>
<tr>
<th>TERM</th>
<th>Fee</th>
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<tbody>
<tr>
<td>Fiscal Year 2010-2011</td>
<td></td>
</tr>
<tr>
<td>Fiscal Year 2011-2012</td>
<td></td>
</tr>
<tr>
<td>Fiscal Year 2012-2013</td>
<td></td>
</tr>
</tbody>
</table>

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     ______ No
TOWN of WETHERSFIELD
REQUEST FOR PROPOSAL
EMPLOYEE INSURANCE AND BENEFIT 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,

<table>
<thead>
<tr>
<th>Principal, Partner or Officer</th>
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</thead>
<tbody>
<tr>
<td>Agency Name</td>
</tr>
<tr>
<td>Address</td>
</tr>
<tr>
<td>Telephone</td>
</tr>
<tr>
<td>Signature</td>
</tr>
</tbody>
</table>
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 A
NAME OF FIRM ______________________________
ADDRESS ________________________________
TELEPHONE NUMBER ______________________
NATURE OF BUSINESS ______________________
NUMBER OF FULL TIME EMPLOYEES __________
PERSON FILLING OUT FORM ________________
TITLE _________________________________

SECTION B
DO YOU HAVE A WRITTEN EQUAL EMPLOYMENT POLICY? YES___NO___
IF YES, PLEASE ATTACH COPY
IF NO, DO YOU PLAN TO ADOPT ONE IN THE NEAR FUTURE? YES___NO___

SECTION C
DO YOU HAVE A WRITTEN AFFIRMATIVE ACTION POLICY? YES___NO___
IF YES, PLEASE ATTACH COPY
IF NO, DO YOU PLAN TO ADOPT ONE IN THE NEAR FUTURE? YES___NO___

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

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

<table>
<thead>
<tr>
<th></th>
<th>MALE</th>
<th>FEMALE</th>
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<tbody>
<tr>
<td>NON-MINORITY BLACK</td>
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<td><strong>SSA</strong></td>
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<td>ASIAN</td>
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<td>AM INDIAN</td>
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<tr>
<td>TOTAL MALE</td>
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<td>AM INDIAN</td>
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<td>TOTAL FEMALE</td>
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**PROFESSIONALS**

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<tr>
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<th>MALE</th>
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<tr>
<td>OFFICE &amp; CLERICAL</td>
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<td>TECHNICIANS</td>
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**TECHNICIANS**

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<th>MALE</th>
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<td>SALES</td>
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<td>OFFICE &amp; CLERICAL</td>
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<td>CRAFTSMEN SKILLED</td>
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**CRAFTSMEN SKILLED**

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<th>MALE</th>
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<tr>
<td>OPERATORS (SEMI-SKILLED)</td>
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<tr>
<td>LABORERS (UNSKILLED)</td>
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**LABORERS (UNSKILLED)**

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<tr>
<th></th>
<th>MALE</th>
<th>FEMALE</th>
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<tbody>
<tr>
<td>SERVICE WORKERS</td>
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</table>

**SERVICE WORKERS**

**SSA SPANISH SURNAME AMERICA**

<table>
<thead>
<tr>
<th>SECTION</th>
<th>NAME OF OFFICER OF FIRM</th>
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<tbody>
<tr>
<td>F</td>
<td>SIGNATURE OF OFFICER</td>
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<td></td>
<td>DATE</td>
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</table>

**SECTION NAME OF OFFICER OF FIRM**

**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                                                      Date
(Please Print)

_______________________________
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.