



Robertson County Tennessee
Jody Stewart, Finance Director
Finance Department
523 South Brown Street, Springfield, TN 37172
(615) 384-0202 Fax (615) 384-0237

POST DATE: **5/2/2017**

Property and Casualty Insurance for Robertson County Board of Education

Sealed bids must be received by: **5/24/2017 at 10:00 AM**

Robertson County Finance Office
523 South Brown Street
Springfield, TN 37172

THE OUTSIDE OF THE ENVELOPE MUST BE MARKED WITH THE BIDDER'S COMPANY NAME, ITEM BID, TIME OF BID OPENING, DATE OF BID OPENING, BID NO. 1360 AND MUST BE MARKED "SEALED BID, DO NOT OPEN."

Bids are opened and read aloud to the public at the Robertson County Finance Office, 523 S. Brown Street, Springfield, TN 37172 immediately after the bid receipt deadline. Each vendor may submit more than one bid provided each bid meets the stated specifications. Each bid must be submitted in a separate sealed envelope with the appropriate notation on the outside. All bids must be signed by an authorized agent and submitted on the prescribed forms. Submission of bids by telegraph, telephone, or other electronic means is strictly prohibited. Any brand name called for in the bid specifications is provided as a reference only. Alternate brand name items offered for bid must be equivalent as to function, basic design, type and quality of material, method of construction, and any required dimensions. Bidder must attach a letter of exception to specifications.

For assistance with technical / product information contact James M. (Mike) Davis, Director of Schools, Board of Education at (615)384-5588. For assistance with bid procedures contact Cheryl Moon, Robertson County Finance Office at (615) 384-0202 or by email: cheryl.moon@robertsoncountyttn.org.

Note: Robertson County reserves the right to reject any or all bids, to waive any technicalities or informalities, and to accept any bid deemed in the best interest of the County. All bids will be considered in accordance with Title VI and without regard to age, sex, color, race, creed, national origin, religious persuasion, marital status, political belief, or disability that does not prohibit the performance of duty.

Robertson County Board of Education is requesting proposals for Property, Liability, Workers Compensation, and Student Accident insurance, subject to the terms and conditions of the Request for Proposal (RFP), and the accompanying specifications. At the appointed time proposals will be publicly opened at the address below. Proposals arriving past the appointed date and time will be considered late and will not be opened.

Deliver Proposals To:

Robertson County Finance Department
Cheryl Moon
523 South Brown Street
Springfield, TN 37172

PROPERTY, LIABILITY, WORKERS COMPENSATION, AND STUDENT ACCIDENT INSURANCE

Bid Open Date & Time:

May 24, 2017, 10:00 AM

The Proposal Envelope must show the Name of the Proposal and the Opening Date and must be marked Sealed Bid, Do Not Open.

PURCHASING CONTACT INFORMATION

ROBERTSON COUNTY BOARD OF EDUCATION
JAMES MIKE DAVIS
800 M.S. COUTS BOULEVARD
SPRINGFIELD, TN 37172
615-384-5588
MIKE.DAVIS@RCSTN.NET

GENERAL TERMS & CONDITIONS

1. Attached are instructions and conditions for submitting proposals for **Robertson County Board of Education**. The objective of this proposal is to make a selection in such a manner as to provide for open and free competition and comparability.

PROPOSAL PREPARATION & SUBMISSION

1. All proposals shall be in accordance with the instructions to proposers and specifications included in this RFP. Specifications are intended to be open and non-restrictive.
2. It shall be the sole responsibility of the proposer to make certain that all proposals in proper form are submitted to **Robertson County Board of Education** as described below.

3. All original forms must be signed by a person with authority to bind the proposal. The proposal must be sealed in an envelope that is labeled according to the directions stated below.
4. On the outside of the envelope/package mark the proposal as follows:
 - Insurance Carrier and Agent Name and Address
 - Proposal Number
 - Proposal Date & Time
5. The proposal must then be in a sealed envelope/package mailed or delivered to the following address:
Robertson County Finance Department
523 South Brown Street
Springfield, TN 37172
6. Sealed written proposals will be received at the time and place specified on the RFP. Postmark on the proposal by this date will not suffice. Proposal must be received on or before the date and time stated. Faxed proposal documents will not be accepted.

RESTRICTIVE OR AMBIGUOUS SPECIFICATIONS

1. It is the responsibility of the proposer to review the entire RFP document and to notify **Robertson County Board of Education** if the RFP is formulated in a manner that would unnecessarily restrict competition or if it is ambiguous in what is being requested.
2. Any questions concerning this RFP are to be in writing either by fax or email to **Robertson County Board of Education**. Questions will be answered via addenda.

PROPOSAL OPENING & ACCEPTANCE OF PROPOSAL

1. Proposal pricing will be read aloud at the discretion of **Robertson County Board of Education**. Proposals will also be examined for compliance with specifications and conditions outlined in the proposal document.
2. Consideration will be given to all proposals properly submitted. Proposals will receive appropriate confidentiality before awarding.
3. The contract will be awarded in writing to the most responsive proposer whose proposal conforms best to the RFP and that will be most advantageous. The evaluation of criteria, cost, and other factors will be taken into consideration for the best products and services at the best prices.
4. **Robertson County Board of Education** reserves the right to accept or reject any or all proposals and to waive informalities and minor irregularities in the proposals received. All proposers will be notified in writing of the proposal award generally within sixty (60) days of proposal opening unless unforeseen circumstances arise or special conditions exist.

INSURANCE

1. The insurance agent will maintain, at their expense, adequate insurance coverage to protect them from claims arising under the Workers Compensation Act and Professional Liability or Errors or Omissions Liability coverage in the amount of no less than \$1,000,000 per occurrence.
2. The insurance company shall have an A.M. Best rating of A- or better. If the insurance company is not rated by A.M. Best, then a copy of the most recent financial statement filed with the Tennessee Comptroller must be attached. Any deviations from the above requirements must be disclosed in the bid submission.
3. The successful bidder shall furnish a Certificate of Insurance issued by their insurance company showing **Robertson County Board of Education** as Certificate Holder.

INDEMNIFICATION/HOLD HARMLESS

1. Insurance agent shall indemnify, defend, save and hold harmless all departments of **Robertson County Board of Education**, its officers, agents and employees from all suits, claims, actions or damages of any nature brought because of, arising out of, or due to breach of the agreement by the insurance agent, its subcontractors, supplier, agents or employees or due to any negligent act or occurrence or any omission or commission of the insurance agent, its subcontractors, suppliers, agents or employees until the contract terminates.

BREACH OF CONTRACT

1. A party shall be deemed to have breached the contract if any of the following occurs:
 - Failure to provide products or services that conform to contract requirements.
 - Failure to maintain/submit any report required hereunder.
 - Failure to perform in full or in part any of the other conditions of the contract.
 - Violation of any warranty.

INVOICES AND PAYMENTS

1. Payment will be made within 15 days after receipt of invoice and/or effective date of policies included in this Request for Proposal, whichever is later.

PROPERTY, LIABILITY, WORKERS COMPENSATION, AND STUDENT ACCIDENT INSURANCE PROGRAM SPECIFICATIONS

Robertson County Board of Education desires to receive your proposal on its Property, Liability, Workers Compensation, and Student Accident Insurance Program which, if approved and adopted, will take effect **12:01 A.M. on 7/1/2017**. While total cost is naturally a factor, **Robertson County Board of Education** is likewise interested in the broadest coverage available with an excellent and responsible company as well as exceptional and knowledgeable customer service. Price alone will not determine conclusively the awarding of the account. The intent will be to place the coverage through one source or agency on the basis of the merits of the total "package."

However, **Robertson County Board of Education** reserves the right to place separately coverage which is not critical to package treatment. Accordingly, **Robertson County Board of Education** requests that detailed premium cost breakdowns accompany the quotation as well as indications of what coverage can be written separately from others. (See General Conditions Separate "Bid")

If individual company or special forms are to be used, **Robertson County Board of Education** requests the attachment of specimen copies for review.

A great deal of underwriting information is included, and **Robertson County Board of Education** will furnish all possible, additional information requested. We have attempted to be as accurate as possible with all information furnished; however, no warranty is to be taken as expressed or implied.

Alternative, imaginative and creative recommendations and alternate proposals are solicited with quotations, and will be appreciated. Any such proposal will be considered most carefully and completely.

Please allow sufficient time to obtain additional information before quotation.

INFORMATION ATTACHED

General Conditions
Specifications
Bid Sheet
Property Statement of Values with Equipment Schedule and Computer Schedule
Automobile Schedule
Loss History or Loss Runs for the Past Five Years
Budget
Additional Pertinent Underwriting Information General Conditions

GENERAL CONDITIONS

It is hereby understood and agreed by all parties that the following general conditions and/or amendatory endorsements shall apply to all policies or contracts of insurance, unless specifically noted by exception.

I. UNINTENTIONAL FAULTY OR INCOMPLETE INFORMATION

- A. It is agreed that the insuring company shall not hold the insured, its risk manager, insurance consultant, employees, agents, servants, and/or representatives responsible for faulty, incomplete or misleading information unless such information was intentionally withheld or altered.

II. KNOWLEDGE OF OCCURRENCE

- A. It is agreed and understood that knowledge of a loss or occurrence shall mean knowledge by an officer, manager, risk manager or consultant and then only as it relates to his scope of authority.
- B. Knowledge by an employee or subcontractor shall not constitute knowledge of an occurrence.

III. INADVERTENT NON-DISCLOSURE

- A. Inadvertent failure of the Named Insured to report all exposures at the inception of this policy, which would normally or automatically be covered hereunder, shall not void coverage for the same.
- B. Any premium due for such exposure shall be paid by endorsement.

IV. NOTICE OF CANCELLATION

- A. It is agreed that a 60 Day notice of cancellation, non-renewal or rate change shall apply. Notice of cancellation for non-payment shall remain at 10 days via direct written notice.

V. LOSS HISTORY

- A. The insurance company shall (preferably on a quarterly basis), forward to the insured written statements and reports of the status of any and all claims for damage made against the insured.

VI. INSURANCE COMPANY RATING

- A. It is requested that each insurance company used provide its "A.M. Best Key Rating" or proof of financial stability. Insurance Companies with "A-" ratings or better will be given preferential treatment. No company bid will be accepted by any company on the "Early Warning Priority List".

VII. FAILURE TO PROVIDE COVERAGE PER BID

IT IS TO BE UNDERSTOOD AND AGREED THAT THE COVERAGE AND PRICING PRESENTED BY THIS BID WILL BE CONSIDERED BINDING. INSURANCE CONTRACTS DELIVERED WITH DIFFERENCES IN COVERAGE TO THAT WHICH WAS BID SHALL BE UNACCEPTABLE IN THOSE AREAS OF DIFFERENCE AND THE SPECIFICATIONS SHALL APPLY. ANY BIDDER UNABLE TO PROVIDE INSURANCE POLICIES IN COMPLIANCE WITH THE BID SHALL BE RESPONSIBLE FOR THE COSTS OF REBIDDING THEIR PORTIONS OF THE PROGRAM. COMPLETE POLICIES WITH ALL ENDORSEMENTS, CONDITIONS, AND EXCLUSIONS MUST BE PROVIDED AT THE TIME THAT THE POLICIES ARE DELIVERED.

DEVIATIONS TO SPECIFICATIONS

All deviations to the specifications should be clearly noted. It is understood that some exceptions may have to be made due to the insurance marketplace, but we require such deviations to be noted in the bid.

THE INTENT OF THE SPECIFICATIONS IS TO BE INCLUSIVE NOT EXCLUSIVE. WHILE BIDS WITH DEVIATIONS MAY BE ACCEPTED, THOSE BIDS CONFORMING TO BID SPECIFICATIONS WILL BE CONSIDERED MORE RESPONSIVE.

TERM OF THE CONTRACT(S)

Robertson County Board of Education generally bids insurance every three (3) years, with the option of two (2) one (1) year renewal periods. Once a type of insurance is placed with an agent, the agent will be allowed to keep that coverage throughout the renewal periods. Should there be a need to change insurance companies on a particular line of coverage during the three (3) year period, with the option of two (2) one (1) year renewal periods, the agent with that coverage will provide alternate companies to meet or exceed the coverage currently under contract.

SEPARATE BID

Robertson County Board of Education desires to obtain the most competitively priced comprehensive insurance program through the bid process. However, it does realize that some insurance markets for some areas are limited while others are very competitive.

Bidders who are unable to bid on the entire package are encouraged to bid on those areas where they can bid. **Robertson County Board of Education** will need complete programs, so those programs that are complete may be given preference.

AGENCY SERVICES EXPECTED

The agent awarded this account will be expected to provide or help provide the following:

I. CLAIMS SERVICE

- (a) Complete explanation as to how claims are to be handled through your agency. Detail what the client's responsibilities are in reporting losses and instructions for completing, as well as copies of claims forms. Please be as specific as possible as to how claims will be handled.
- (b) The agent will also be expected to report the status of all outstanding claims including information on all reserves on a quarterly basis.
- (c) The claims personnel will be expected to discuss claim payments of sizeable amounts with the insured prior to payment.
- (d) Please provide a Certificate of Insurance reflecting Insurance Agents Professional Liability or Errors or Omissions Liability coverage with a limit of at least \$1,000,000 per occurrence.
- (e) The Auto agent will be required to provide insurance ID cards for all vehicles as soon as possible after the awarding of the bid.
- (f) Please indicate on the bid when you expect the insurance policies to be delivered.

II. PAYMENT OPTIONS

The successful bidder will be expected to provide premium payment options. Such options should include financing methods, as well as reporting form options. The options should be as detailed as possible showing precisely the duties of all parties involved.

III. LOSS CONTROL SERVICES

Robertson County Board of Education expects input from the insurance carrier and agency on loss prevention and loss engineering. **Robertson County Board of Education** is receptive to all reasonable engineering requests and will want to know what premium cost effects, if any, there are for putting these recommendations into effect.

Please include information on Loss Control services provided by your agency and insurance company.

IV. OTHER SERVICES

- (a) Written confirmation of requests by Company or its representatives.
- (b) Aid in reviewing audits.
- (c) Completion of Certificates of Insurance

INSURED

The Named Insured on all policies shall be:

Robertson County Board of Education and shall include but not be limited to - members of the governing body; members of the Board of Commissioners; any elected or appointed official; any board, commission or governmental unit and department under the jurisdiction of the county and funded and operated as a part of the total operating budget; any employee; and any authorized volunteer.

GENERAL INFORMATION

FEIN # 62-6000810

TOTAL # OF EMPLOYEES 1,400 Full time and 196 Part Time

OF LAW ENFORCEMENT PERSONNEL 10 School Resource Officers and 7 Security Personnel - Armed

Pre-K – 8 # OF STUDENTS – 7,856

9-12 # OF STUDENTS – 3,293

ACTIVITIES TO BE COVERED FOR STUDENT ACCIDENT COVERAGE include all school activities for 11,149 students and the following sports activities: football, baseball, softball, basketball, wrestling, soccer, track, volleyball, and cheerleading.

PROPERTY INSURANCE

Limit: \$309,382,359 Blanket Building

\$ 24,289,270 Blanket Contents

\$333,671,629 Blanket Building and Contents Total

Blanket Building and Contents Form Per Attached Schedule including construction, age of building, square footage, occupancy, and # of stories

Coverage:

Special Cause of Loss Coverage
90% Co-insurance Clause
Replacement Cost Basis
\$1,000,000 Extra Expense coverage
\$1,000,000 Flood coverage
\$1,500,000 Earthquake coverage
\$250,000 Valuable Papers coverage
\$250,000 Accounts Receivable coverage
\$500,000 Ordinance or Law coverage

Deductible:

\$1,000 Per Occurrence.

Additionally, please identify those locations that are excluded from Flood coverage.

EQUIPMENT INSURANCE

Description:

Miscellaneous "Contractors" type Equipment per schedule attached. Please identify the type of "contractors equipment" for each type of equipment that is listed on the spreadsheet.

Limit:

\$0 Blanket all locations

Coverage:

Special Cause of Loss Coverage
Valuation – Actual Cash Value

Deductible:

\$500 Per Occurrence

CRIME/ BONDS INSURANCE

Limit:

\$400,000 Employee Dishonesty or Theft
\$150,000 Forgery and Alteration
\$150,000 Loss Inside/Loss Outside (each)
\$150,000 Computer Fraud

Coverage:

Public Employees Blanket Bonds as required.
Include coverage for Faithful Performance of Duties.
Optional \$150,000 Employee Dishonesty or Theft Quote

Deductible:

\$1,000 Per Occurrence

COMPUTER EQUIPMENT

Description:

Miscellaneous Personal Computers with Media

Limit:

\$354,127 Blanket on all locations
\$179,952 GPS Units/Tablets/Fleet Tracking Software

Coverage:

Special Cause of Loss Coverage
Valuation - Replacement Cost

Deductible:

\$500 Per Occurrence

EQUIPMENT BREAKDOWN INSURANCE (BOILER)

Limits:

\$333,671,629 Blanket Limit all locations
Exposure location list attached but all locations are to be covered. See schedule attached.

Coverage:

Equipment Breakdown Direct Damage

Deductible:

\$1,000 Per Occurrence.

CYBER LIABILITY

Limits:

\$100,000 Limit for Data Breach Response Expenses
\$1,000,000 Limit for Data Breach Liability and Defense

Coverage:

Cyber Liability Coverage

Deductible:

\$1,000 Per Occurrence

GENERAL LIABILITY

Limit:

\$1,000,000 Per Occurrence and \$2,000,000 Aggregate

Abuse and Molestation Coverage Limit - \$1,000,000 per Person and \$1,000,000 Aggregate

Coverage:

Commercial General Liability

Personal Injury Liability

Products and Completed Operations

Professional Medical Malpractice Liability for School Nurses if applicable

Employees Benefits Liability - \$1,000,000/\$3,000,000 - \$1,000 Deductible

Non-Monetary Defense Coverage - \$100,000 - \$1,000 Deductible

•Please state whether Occurrence form or Claims Made form is used. If Claims Made, Retroactive Date must be 7/1/1986.

PROFESSIONAL LIABILITY COVERAGE

<u>Insured</u>	<u>Limit</u>
(a) Public Officials Liability Or Errors or Omissions Liability	\$1,000,000/\$1,000,000 (\$1,000 Deductible)
(b) Law Enforcement Liability	\$1,000,000/\$1,000,000 (\$1,000 Deductible)
(c) Employment Practices Liability	\$1,000,000/\$1,000,000 (\$1,000 Deductible)

•Please state whether Occurrence form or Claims Made form is used. If Claims Made, Retroactive Date must be 8/1/1987.

Deductible:

\$1,000 Per Occurrence

AUTOMOBILE COVERAGE

Limits:

Automobile Liability

\$1,000,000 Combined Single Limit Bodily Injury and Property Damage Liability and Non-Owned and Hired Car Liability

Automobile Physical Damage

Actual Cash Value

Deductible:

\$500 Deductible Comprehensive
\$500 Deductible Collision
\$500 Deductible Hired Car Physical Damage

Coverage:

Business Automobile Liability including Hired and Non-Owned Exposure
Business Automobile Physical Damage

WORKERS COMPENSATION

Workers Compensation: Statutory

Employers Liability: \$1,000,000/\$1,000,000/\$1,000,000

Include: Voluntary Compensation Endorsement
Terrorism Coverage
Drug Free Workplace

Payrolls and Classifications:	Code 8868	\$44,992,250
	Code 9101	\$ 4,576,322
	Code 7380	\$ 2,842,200

UMBRELLA

Umbrella:

Included: Please provide Umbrella limit options at \$1,000,000 Per Occurrence and Annual Aggregate.

SIR: \$10,000

STUDENT ACCIDENT

Student Accident: \$25,000 per Claim Accidental Death
\$25,000 per Claim Accidental Dismemberment
\$25,000 per Claim Medical Expense

Include: All Student Activities including Sports
No Deductible
Excess Coverage Basis
100% Usual and Customary Coverage

Note:

We have enclosed a "Bid Form" that **must** be completed by each bidder. Your completion of this form will help us evaluate your bid more accurately and quickly and will give you a check list for coverage. Additional explanations or notes, if needed, can be attached and we will review these attachments carefully.

Please review all information enclosed thoroughly. While it is understood there might be some additional information needed, a great deal of information is included in these specifications.

BID FORM

AGENCY NAME _____

NOTE: BID FORM SHALL SHOW A SEPARATE PREMIUM FOR PROPERTY, LIABILITY, WORKERS COMPENSATION, AND STUDENT ACCIDENT. ANY OTHER PREMIUMS INCLUDED WITHIN THOSE LINES OF COVERAGE MAY STATE INCLUDED OR MAY SHOW PREMIUM. ALSO PLEASE INDICATE WHAT PREMIUMS ARE ADDITIONAL.

TOTAL BID FOR ALL COVERAGE \$ _____

GENERAL CONDITIONS

- 1. Unintentional Faulty or Incomplete Information Yes No
- 2. Knowledge of Occurrence Yes No
- 3. Inadvertent Non-Disclosure Yes No
- 4. 60 Day Notice of Cancellation/Non-Renewal Yes No
- 5. Quarterly Loss Runs Yes No
- 6. Insurance Company A.M. Best Ratings Included Yes No
- 7. Bidder has (and can provide evidence of) at least \$1,000,000 of Professional Liability Insurance Yes No
- 8. Policies to be delivered within _____ days

PROPERTY INSURANCE \$ _____

- (1) Blanket Form Yes No
- (2) Special Cause of Loss Coverage Yes No
- (3) 90% Co-Insurance Yes No
- (4) Replacement Cost Basis Yes No
- (5) All Listed Coverage Included Yes No
- (5) Deductible \$1,000 Yes No

Can the Property coverage be purchased by itself? Yes No

EQUIPMENT INSURANCE \$ _____

Can Equipment coverage be purchased by itself? Yes No

CRIME/ BONDS INSURANCE - \$ _____

Optional \$150,000 Employee Dishonesty or Theft \$ _____
Can Crime coverage be purchased by itself? Yes No

BID FORM

AGENCY NAME _____

COMPUTER EQUIPMENT INSURANCE \$ _____

Can Computer coverage be purchased by itself? Yes No

EQUIPMENT BREAKDOWN INSURANCE \$ _____

Can Equipment Breakdown coverage be purchased by itself? Yes No

CYBER LIABILITY \$ _____

Can Cyber Liability coverage be purchased by itself? Yes No

GENERAL LIABILITY \$ _____

(1) \$1,000,000/\$2,000,000 Limits Yes No

(2) Occurrence Form Yes No

(3) Professional Medical Malpractice for School Nurses Yes No

(4) Employee Benefits Liability Included Yes No

(5) Abuse and Molestation Liability Included Yes No

(6) Non-Monetary Defense Cost Coverage Included Yes No

Can General Liability coverage be written by itself? Yes No

PROFESSIONAL LIABILITY \$ _____

(1) Errors or Omissions Liability \$ _____

(2) Employment Related Practice Liability \$ _____

(3) Law Enforcement Liability \$ _____

(4) Claims Made Form with Retroactive Date _____ Yes No

(5) \$1,000 Deductible Yes No

Can any of these coverages be written individually? Yes No

BID FORM

AGENCY NAME _____

AUTOMOBILE LIABILITY AND PHYSICAL DAMAGE \$ _____

- (1) \$1,000,000 Liability Limit Yes No
- (2) Hired and Non-Owned Liability and Physical Damage Yes No
- (3) Actual Cash Value on Physical Damage Yes No
- Can Automobile coverage be written by itself? Yes No

WORKERS COMPENSATION \$ _____

- (1) Statutory Workers Compensation with No Deductible Yes No
- (2) \$1,000,000 Employers Liability Yes No
- (3) Voluntary Compensation Yes No
- (4) Drug Free Work Place Credit Yes No
- (5) Terrorism Coverage Yes No
- Can Workers Compensation coverage be written by itself? Yes No

UMBRELLA \$ _____

- (1) \$1,000,000 Per Occurrence and Annual Aggregate Limit Yes No

STUDENT ACCIDENT \$ _____

- (1) \$25,000 per Claim Accidental Death Yes No
- (2) \$25,000 per Claim Accidental Dismemberment Yes No
- (3) \$25,000 per Claim Medical Expense Yes No
- (4) No Deductible Yes No
- (5) Excess Coverage Basis Yes No
- Can Student Accident coverage be written by itself? Yes No

BID FORM

AGENCY NAME _____

EXCEPTIONS: _____

Agency: _____ **Contact:** _____
Phone: _____ **FAX:** _____
Email address: _____

BID FORM

AGENCY NAME _____

Insurance Companies

A.M. Best Rating

Financial Statement

I. CLAIMS SERVICE:

- (a) Complete explanation as to how claims are to be handled through your agency. What the client's responsibilities are in reporting losses and instructions for completing, as well as copies of claim forms. Please be as specific as possible as to how claims will be handled.
Will comply? Yes No

Comments: _____

- (b) The agent will also be expected to report the status of all outstanding claims including information on all reserves on a quarterly basis. Will comply? Yes No

Comments: _____

- (c) The claims personnel will be expected to discuss claim payments of sizeable amounts with the insured prior to payment. Will comply? Yes No

Comments: _____

- (d) Agent will provide Insurance Agents Professional Liability or Errors or Omissions Liability coverage with a limit of at least \$1,000,000 per occurrence. Will comply? Yes No

- (e) The Auto agent will provide insurance ID cards for all vehicles.
Will comply? Yes No

Comments: _____

- (f) Please indicate on the bid when you expect the insurance policies to be delivered.
Approximate date of delivery: _____

BID FORM

AGENCY NAME _____

II. PAYMENT OPTIONS:

The successful bidder will be expected to provide premium payment options. Such options should include financing methods, as well as reporting form options. The options should be as detailed as possible showing precisely the duties of all parties involved.

III. LOSS CONTROL SERVICES:

Robertson County Board of Education expects input from the insurance carrier and agency on loss prevention and loss engineering. **Robertson County Board of Education** is receptive to all reasonable engineering requests and will want to know what premium cost effects, if any, there are for putting these recommendations into effect.

Please include information on Loss Control services provided by your agency and company.

IV. OTHER SERVICES:

- (1) Written confirmation of requests by Company or its representatives.
- (2) Aid in reviewing audits.

FINAL NOTES:

**Robertson County, Tennessee
NON-COLLUSION AFFIDAVIT**

The agent of the bidding firm hereby certifies to the best of his/her knowledge and belief that this bid proposal to Robertson County, Tennessee has not been prepared in collusion with any other seller of similar products. The agent also certifies that the prices, terms and conditions of said bid proposal have not been communicated by the undersigned, nor by any employee or agent of the bidding firm, to any other seller of similar products and will not be communicated to any such seller prior to the official opening of said bid. The agent further states that no official or employee of Robertson County Government has promised any personal financial or other beneficial interest, either directly or indirectly in order to influence award of this bid.

Authorized Signature, Title (Owner/ Corporate Officer)

Date

Printed Name: _____

Company Name

Mailing Address

Telephone No.

Fax No.

Contact preferred email address: _____