

ARLINGTON COUNTY, VIRGINIA
REQUEST FOR PROPOSALS NO. 23-HRD-RFP-506

PROPOSAL FORM

ELECTRONIC PROPOSALS WILL BE RECEIVED BY THE COUNTY VIA VENDOR REGISTRY NOT LATER THAN
1:00 P.M., APRIL 27, 2023.

FOR PROVIDING THIRD-PARTY CLAIMS ADMINISTRATOR FOR LIABILITY (GENERAL and AUTO), FIRST
PARTY PROPERTY (INCLUSIVE OF AUTO PHYSICAL), WORKERS' COMPENSATION CLAIMS AND RELATED
SERVICES PER THE SOLICITATION

THE FULL LEGAL NAME OF THE ENTITY SUBMITTING THIS PROPOSAL MUST BE WRITTEN IN THE SPACE
BELOW. THIS PROPOSAL FORM AND ALL OTHER DOCUMENTS THAT REQUIRE A SIGNATURE MUST BE
FULLY AND ACCURATELY COMPLETED AND SIGNED BY A PERSON WHO IS AUTHORIZED TO BIND THE
OFFEROR, OR THE PROPOSAL MAY BE REJECTED.

SUBMITTED BY:

(Legal name of entity)

AUTHORIZED SIGNATURE:

PRINT NAME AND TITLE:

ADDRESS:

CITY/STATE/ZIP:

TELEPHONE NO.:

**E-MAIL
ADDRESS:**

**THIS ENTITY IS INCORPORATED
IN:**

THIS ENTITY IS A:

*(check the applicable
option)*

CORPORATION

LIMITED PARTNERSHIP

GENERAL PARTNERSHIP

UNINCORPORATED ASSOCIATION

LIMITED LIABILITY COMPANY

SOLE PROPRIETORSHIP

**IS OFFEROR AUTHORIZED TO TRANSACT BUSINESS IN THE
COMMONWEALTH OF VIRGINIA?**

YES

NO

**IDENTIFICATION NO. ISSUED TO THE ENTITY BY THE
SCC:**

*Any Offeror exempt from Virginia State Corporation Commission (SCC) authorization requirement must
include a statement with its proposal explaining why it is not required to be so authorized.*

ENTITY'S DUN & BRADSTREET D-U-N-S NUMBER: *(if available)* _____

HAS YOUR FIRM OR ANY OF ITS PRINCIPALS BEEN DEBARRED, ENJOINED, OR SUSPENDED FROM SUBMITTING PROPOSALS TO ARLINGTON COUNTY, VIRGINIA, OR ANY OTHER STATE OR POLITICAL SUBDIVISION WITHIN THE PAST THREE YEARS?

YES NO

OFFEROR STATUS: MINORITY OWNED: WOMAN OWNED: NEITHER:

THE UNDERSIGNED UNDERSTANDS AND ACKNOWLEDGES THE FOLLOWING:

THE OFFICIAL COPY OF THE SOLICITATION DOCUMENTS, WHICH INCLUDES ANY ADDENDA, IS THE ELECTRONIC COPY THAT IS AVAILABLE FROM THE [VENDOR REGISTRY WEBSITE](#).

POTENTIAL OFFERORS ARE RESPONSIBLE FOR DETERMINING THE ACCURACY AND COMPLETENESS OF ALL SOLICITATION DOCUMENTS THEY RECEIVE FROM ANY SOURCE, INCLUDING THE COUNTY.

1. OFFEROR MUST SUBMIT: ONE ELECTRONIC COMPLETE SIGNED PROPOSAL THAT INCLUDES AS ITS FIRST PAGE THIS PROPOSAL FORM.
2. INDICATE THE NAME AND CONTACT INFORMATION OF THE PERSON WHO CAN RESPOND AUTHORITATIVELY TO QUESTIONS REGARDING THIS PROPOSAL.

NAME (PRINTED): _____ TITLE: _____

E-MAIL ADDRESS: _____ TEL. NO.: _____

TRADE SECRETS OR PROPRIETARY INFORMATION:

Trade secrets or proprietary information submitted by an Offeror in connection with a procurement transaction will not be subject to public disclosure under the Virginia Freedom of Information Act. Pursuant to Section 4-112 of the Arlington County Purchasing Resolution, however, an Offeror seeking to protect submitted data or materials from disclosure must, before or upon submission of the data or materials, identify the specific data or materials to be protected and state the reasons why protection is necessary. Please note that designation of an entire bid, proposal, or prequalification application or of line-item prices or the total bid amount is prohibited.

Please mark one:

- No, the proposal that I have submitted does not contain any trade secrets and/or proprietary information.
- Yes, the proposal that I have submitted does contain trade secrets and/or proprietary information.

PROPOSAL FORM, PAGE 3 OF 5

If Yes, you must clearly identify below the exact data or materials to be protected and list all applicable page numbers, sections, and paragraphs, of the proposal that contain such data or materials:

State the specific reason(s) why protection is necessary and why the identified information constitutes a trade secret or is proprietary:

If you fail above to identify the data or materials to be protected or to state the reason(s) why protection is necessary, you will not have invoked the protection of Section 4-111 of the Purchasing Resolution. Accordingly, upon the award of a contract, the proposal will be open for public inspection consistent with applicable law.

CERTIFICATION OF NON-COLLUSION: The undersigned certifies that this proposal is not the result of or affected by (1) any act of collusion with another person engaged in the same line of business or commerce (as defined in Virginia Code §§ 59.1-68.6 *et seq.*) or (2) any act of fraud punishable under the Virginia Governmental Frauds Act (Virginia Code §§ 18.2-498.1 *et seq.*).

CONTACT PERSON AND MAILING ADDRESS FOR DELIVERY OF NOTICES

Provide the name and address of the person who is designated to receive notices and other communications regarding this solicitation. Refer to the "Notices" section in the draft Contract Terms and Conditions for information regarding delivery of notices.

NAME: _____

ADDRESS: _____

E-MAIL: _____

OFFEROR'S PRINTED NAME: _____

CONFLICT OF INTEREST STATEMENT

I, whose name is subscribed below, a duly authorized representative and agent of the entity submitting this proposal to Arlington County in response to its Request for Proposal No. 23-HRD-RFP-506 and on behalf of the Offeror certify that:

1. Neither the Offeror nor any affiliated entity has, within the past five years, been employed by or represented a deliverer of services that reasonably could be expected to be considered for purchase by the County as a result of this solicitation;
2. if the Offeror is awarded a contract under this solicitation and during the term of that contract prepares an invitation to bid or request for proposal for or on behalf of the County, the Offeror must not (i) submit a bid or proposal for that procurement or any portion thereof or (ii) disclose to any potential bidder or offeror information concerning the procurement that is not available to the public.
3. The Offeror will not solicit or accept any commissions or fees from vendors who ultimately furnish services to the County as a result of any contract award made as a result of this solicitation.

OFFEROR'S NAME: _____

SIGNED BY: _____

PRINTED NAME/TITLE: _____

DATE: _____

NOTARY STATEMENT

COMMONWEALTH OF VIRGINIA/STATE OF _____)

CITY/COUNTY OF _____) to wit:

_____ personally appeared before me this _____ day of _____, 20____ the undersigned a Notary Public in and for the State and County of aforesaid, _____, known to me (or satisfactorily proven) to be the person whose name is subscribed to within the instrument as an agent of the Offeror and acknowledged that he/she has executed the same for the purposes therein contained.

(Seal)

Notary registration number: _____

My commission expires: _____

INSURANCE CHECKLIST

CERTIFICATE OF INSURANCE MUST SHOW ALL COVERAGE AND ENDORSEMENTS MARKED "X".

COVERAGES REQUIRED

LIMITS (FIGURES DENOTE MINIMUMS)

- _X_1. Workers' Compensation.....Statutory limits of Virginia
- _X_2. Employer's Liability.....\$500,000/accident, \$500,000/disease, \$500,000/disease policy limit
- _X_3. Commercial General Liability.....\$1,000,000 CSL BI/PD each occurrence, \$2 Million annual aggregate
- _X_4. Premises/Operations.....\$1 Million CSL BI/PD each occurrence, \$ 2 Million annual aggregate
- _X_7. Independent Contractors.....\$1 million CSL BI/PD each occurrence, \$2 Million annual aggregate
- _8. Products Liability..... \$1 million CSL BI/PD each occurrence, \$2 Million annual aggregate
- _9. Completed Operations..... \$1 million CSL BI/PD each occurrence, \$2 Million annual aggregate
- _X_10. Contractual Liability (Must be shown on Certificate.... \$1 million CSL BI/PD each occurrence, \$2 Million annual aggregate
- _X_11. Personal and Advertising Injury Liability.....\$1 million each offense, \$2 Million annual aggregate
- _21. Moving and Rigging Floater.....Endorsement to CGL
- _24. XCU Coverage.....Endorsement to CGL
- _X_5. Automobile Liability.....\$1million CSL BI/PD each accident, Uninsured Motorist
- _X_6. Owned/Hired/Non-Owned Vehicle.....\$1 million BI/PD each accident, Uninsured Motorist
- _16. Motor Carrier Act (MCS-90) and CA9948 (or equivalent) Endorsements\$2 million BI/PD each accident, Uninsured Motorist
- _X_12. Umbrella/Excess Liability.....\$2 million Bodily Injury, Property Damage and Personal Injury
- _13. Per Project Aggregate for __ General Liability or __ Umbrella/Excess Liability (check coverage)
- _14. Professional Liability/ Errors and Omission (E&O)
 - _a. Architects and Engineers.....\$1 million per occurrence/claim
 - _b. Asbestos Removal Liability\$3 million per occurrence/claim
 - _c. Medical Malpractice.....\$2.55 million per occurrence/claim or the statutory VA annual claim cap whichever is greater
- _X_15. Miscellaneous E&O.....\$2 million per occurrence/claim \$4 million aggregate
- _17. Motor Cargo Insurance.....\$ _____ (to the total value of the goods being transported)
- _18. Garage Liability.....\$1 million Bodily Injury, Property Damage per occurrence
- _19. Garage Keepers Liability.....\$1Million Comprehensive, \$1 Million Collision
- _20. Inland Marine-Bailee's Insurance..... \$ _____ (maximum value of goods under Contractor's care)
- _22. Crime Liability/ Employee Dishonesty insurance or Dishonesty Bond.....\$ _____
(Maximum value of revenue or goods that can be taken at one time)
- _23. Builder's Risk.....\$ _____ (Provide Coverage in the full amount of contract)
- _25. USL&H.....Federal Statutory Limits
- _X_26. Carrier Rating shall be Best's Rating of A-VII or better or its equivalent
- _X_27. Notice of Cancellation, nonrenewal or material change in coverage shall be provided to County at least thirty (30) days prior to action.
- _X_28. The County shall be named Additional Insured on all policies except Workers Compensation, Errors, and Omissions/Professional Liability and auto.
- _X_29. Certificate of Insurance shall show Bid Number and Bid Title.
- _30. Environmental Impairment Liability, including coverage of on-site clean up.....BI/PD \$3 Million per occurrence or \$6 Million Aggregate
 - _a. If work requires clean up, remediation, and/or removal of bio -solids, bio-hazards waste, and any hazardous or toxic material via transportation request Business Auto Liability add #16 from this checklist.
- _X_31. Cyber insurance with Technology E&O..... \$5 Million per occurrence
- _32. OTHER INSURANCE REQUIRED: _____

OFFEROR'S STATEMENT: If awarded the contract, I will comply with contract insurance requirements.

OFFEROR NAME: _____

AUTH. SIGNATURE: _____