

FRANKLIN COUNTY SCHOOL BOARD

REQUEST FOR QUALIFICATION INFORMATION
2021-001

HEALTH INSURANCE AGENT
AND
CONSULTING SERVICES

SUBMISSIONS DUE

10:00 A.M., March 1, 2021

RFQ 2021-001

NOTICE TO INSURANCE AGENTS

This is a request for interested persons/firms to submit their credentials and qualifications to the Franklin County School Board (FCSB) for consideration during an insurance agent qualification process.

Background data is provided with the intent of making your job easier and your response readily comparable with the responses of others.

Compliance with the Submission format is solicited.

Every effort will be made to fairly evaluate your response.

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QUALIFICATION OF INSURANCE AGENTS

FRANKLIN COUNTY SCHOOL BOARD GENERAL INFORMATION

SOLICITATION OF INSURANCE AGENT INTEREST

The Franklin County School Board is seeking services for a health insurance agent of record.

Only persons/firms which have been designated through this qualification process will be eligible to submit proposals for Franklin County School Board's insurance.

Third party administration services, including claims handling, and workers compensation managed care are not being solicited.

BACKGROUND

The FCSB insures approximately 250 employees and retirees.

SUBMISSION DUE DATE

Agents/firms desiring to qualify must submit **one (1) original, one (1) electronic (USB drive), and three (3) copies** of their background information and accompanying submission forms, no later than 10:00 A.M. EST, March 1, 2021. Sealed proposals should be mailed or hand delivered to Franklin County Schools, Purchasing Department, Attn: Shannon Venable, 85 School Road, Suite One, Eastpoint, FL 32328. All submissions should be secured, sealed and clearly marked RFQ 2021-001 - HEALTH INSURANCE AGENT AND CONSULTING SERVICES - Opening 10:00 A.M., EST, March 1, 2021.

Submission of responses within the deadline will be governed by FCSB's receipt.

WAIVER/REJECTION OF SUBMISSIONS

FCSB reserves the right to waive formalities or informalities in qualification submissions, to reject any or all submissions, to accept any submissions deemed to be in the best interests of FCSB and to negotiate or not negotiate with and/or interview or not interview any or all submitting agents.

QUALIFICATION CRITERIA

Experience with other public entities, preferably schools is preferred.

Background Information should be furnished as applicable, regarding the size of insurer or agency, personnel and qualifications, services, etc. State the expected frequency of agent/representative service contact and method(s) of contact.

Submitting agents should state the amount of errors and omissions insurance maintained, and the name of the insurer. A \$1,000,000 per occurrence limit is preferred; \$500,000 per occurrence may be acceptable.

Submitters should provide a narrative (on the enclosed Submission Forms) setting forth the key reasons they should be qualified by FCSB to submit qualifications for the agent of record. The narrative should emphasize issues that make them unique, or give them special advantages over other submitters.

ADDITIONAL INFORMATION

If more information is needed, requests must be in writing to Director of Financial Services, Shannon Venable by email to svenable@franklincountyschools.org.

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EX PARTE COMMUNICATION

Please note that to assure proper and fair evaluation of proposals, after proposals are received FCSB prohibits ex parte communication initiated by the proposer to any FCSB official or employee prior to the time a decision has been made.

Communication between a proposer and FCSB will be initiated by the appropriate FCSB official, employee or designated consultant in order to obtain information or clarification needed to develop a proper and accurate evaluation of the proposal. Ex parte communication may be grounds for disqualifying the offending submitter from consideration or award of the proposal then in evaluation or any future proposal.

PUBLIC ENTITY CRIMES

A person or affiliate who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a proposal on a contract to provide services to a public entity, may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity, and may not transact business with any public entity in excess of the threshold amount provided in Section 287.17 for Category Two for a period of 36 months from the date of being placed on the convicted vendor list.

REFERENCES

Submitters should provide at least three public entity references including schools or school consortiums.

RFQ SUBMISSION REVIEW

Review of submission responses to this RFQ will be conducted by FCSB within a week or two of receiving them.

PRESENTATIONS/INTERVIEWS

FCSB may determine that it will be desirable to allow presentations and/or conduct interviews with some submitting agents. However, FCSB reserves the right to interview or not interview submitters, and to qualify or not qualify submitters with or without an interview/presentation process. FCSB's decision on qualifying agents to submit proposals shall be final.

EVALUATION OF SUBMISSIONS

In its evaluation of submissions, FCSB shall consider several factors, including but not limited to: experience and size of firm and range of services available, qualifications of personnel, experience with public entities, and educational institutions the order in which these items are listed does not necessarily reflect their order of importance.

INSURANCE AGENTS

NEGOTIATION EXPERIENCE/CAPABILITIES

FCSB expects submitters to commit to and provide examples of proactive and aggressive pursuit of negotiation of favorable policy terms, conditions and pricing of insurance coverages and related services.

SERVICE

Submitters are required to provide details about the scope of services available, and details of functions performed.

Services shall include conducting open enrollment at all sites for all employees and explaining all available coverages, as well as coordination of underwriting submissions, delivery and explanation of premium quotations, coverages, etc., issuance and delivery of policies as proposed, provision of ongoing services throughout the year to update coverage as needed, premium/claims reporting, etc.

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AGENT REMUNERATION

Submitters are asked to describe how they expect to be remunerated for their services. Specific indications are desired within the submission forms accompanying this request.

The remuneration should be all inclusive of marketing activity and any services to be provided throughout the year.

If there are any variables, explain thoroughly.

Full disclosure of any and all remuneration is expected, including contingency commissions and commissions/fees paid to/earned by intermediaries.

Be specific about arrangements that may involve contingency commissions, overrides based on total book of business, loss ratios, etc.

ALL SUBMISSIONS MUST DISCLOSE THE COMMISSION ARRANGEMENTS AND/OR PERCENTAGES WITH THE INSURANCE CARRIER(S) WHICH THE SUBMITTER CONTEMPLATES USING AS THE INSURANCE CARRIER FOR THE FCSB.

SUBMISSION FORMS

FRANKLIN COUNTY SCHOOL BOARD

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10:00 A.M., MARCH 1, 2021

RFQ 2021-001

FRANKLIN COUNTY SCHOOL BOARD

SUBMISSION FORMS
FOR QUALIFICATION OF HEALTH INSURANCE AGENT OF RECORD

This is a form for submitters to provide basic information and specific qualifications as Agents of Record to the Franklin County School Board. Provide all Information requested, as answers are needed for comparison of all submissions. This form need not be typed; it may be handwritten in Ink.

Insurance Agent Name: _____

Firm Name: _____

Address: _____

Telephone: _____ Email: _____

Insurance Agent

1. How many years have you been in the Insurance business? _____
2. How many years have you been with your present firm? _____
3. How many Florida public entities do you service? _____
4. How many Florida school clients do you service? _____
5. Have you attached background information on yourself, e.g. resume? _____
6. Have you attached an explanation of your experience with other public entities of similar size, complexity and magnitude? _____
7. What is your expected frequency of service contact? _____
8. Will you commit to proactive and aggressive pursuit of negotiation of favorable policy terms, conditions and pricing of Insurance coverage? _____
9. Have you attached examples of such proactive and aggressive negotiations, etc.? _____

Remuneration

1. Will you indicate separately the amount of commissions or fees to be charged in addition to the net cost (without commission) of the insurance coverages? _____
2. Describe how your firm expects to be remunerated for placement of insurance and service, including the amount or percentage of commission to be paid by the insurance carrier or any other form of payment from the insurance carrier to submitter. _____

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3. Will this remuneration be included within the premiums you propose (preferred), or in addition to the premiums proposed? Explain. _____

4. For how many years are you willing to guarantee this level of remuneration, regardless of premium changes? Explain.

5. Is your proposed remuneration inclusive of marketing activity and any services to be provided throughout the year? (Clearly explain any variables). _____

General

1. Reasons for FCSB qualifying your firm: describe below and/by attachment the key reasons your firm should be qualified by FCSB to submit an insurance proposal. Emphasize issues which make the firm unique, or give it special advantages over other submitters. Attach any supplemental documentation you think is relevant to your qualification.

Additional Comments: _____

I have read the Franklin County School Board Request for Qualification Information from Insurance Agents/Insurers. I am submitting information based upon the representation that my firm is of sufficient size and capability to serve FCSB.

I understand that FCSB may conduct interviews with selected firms submitting proposals, and FCSB's decisions about interviews and selection shall be final.

This Request by FCSB is understood to be a solicitation of background information and qualifications from firms that may be designated to obtain insurance. I represent that I am authorized to provide this submission on behalf of my firm.

Firm Name: _____

Authorized Representative Signature: _____

Representative Printed Name: _____

Telephone Number: _____

Date: _____

REFERENCES

Provide specific references for at least five customers (preferably educational consortiums, school districts, and related entities), including customers served by the firm's nearest office to FCSB. They should be of similar size, complexity and magnitude of FCSB. Additional references may be provided by attachment.

FIRM _____

1. Organization _____

Address: _____

Contact Phone Number: _____

Insurance/Services Provided: _____

2. Organization _____

Address: _____

Contact Phone Number: _____

Insurance/Services Provided: _____

3. Organization _____

Address: _____

Contact Phone Number: _____

Insurance/Services Provided: _____

4. Organization _____

Address: _____

Contact Phone Number: _____

Insurance/Services Provided: _____

5. Organization _____

Address: _____

Contact Phone Number: _____

Insurance/Services Provided: _____

AFFIDAVIT FOR CLAIMING LOCAL PURCHASING PREFERENCE

Health Insurance Agent and Consulting Services

Proposer/Bidder/Quoter/Supplier affirms that it is a local or adjacent county business as defined by Policy #6450 of Franklin County Schools and the regulations thereto.

A Franklin/adjacent county vendor is a private independent vendor that has been licensed for at least six (6) months preceding the bid or proposal opening, as required by local, State, and Federal law to provide the goods, services, or construction to be purchased. The vendor must have a physical business address, staffed by at least one (1) person, in the geographical boundaries of Franklin County or in the adjacent counties of Gulf, Liberty, or Wakulla, Florida. The vendor, on a day-to-day basis, should provide to the School Board the needed goods and/or services substantially from the local business address. Post Office boxes are not verifiable and shall not be used for the purpose of establishing said physical address.

Please complete the following in support of the self-certification:

Business _____

Name: _____

Address: _____

_____ *Phone* _____ *Fax* _____ *Email*

County: _____ Length of time at this location: _____ # of employees at this location _____

(Representative Signature)

Sworn to and subscribed before me this _____ day of _____ 20____.

_____ is personally known to me OR produced identification

by showing _____
(Type of Identification)

Notary Public – State of _____ My commission expires on: _____

Signature of Notary Public

(Printed, typed or stamped commissioned name of Notary Public)

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SCORE SHEET

HEALTH INSURANCE AGENT
AND
CONSULTING SERVICES
QUALIFICATION

EVALUATION CRITERIA		Point Value	Points
1	Experience	20	
2	Range of Services	15	
3	Qualifications of Personnel	15	
4	Experience with Public Entities and Educational Institutions	10	
5	Negotiations Experience	5	
6	Remuneration Requested	15	
7	Client References	10	
8	Presentation/Interview	5	
9	Local Preference	5	
TOTAL SCORE			