

LYFORD CONSOLIDATED INDEPENDENT SCHOOL DISTRICT

**Property Coverage including Windstorm
Request for Competitive Sealed Proposals (RFP) Specifications**



Proposals due:

Wednesday, February 8, 2017 at 2:00 PM

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Exhibits

- A. Property Schedule
- B. Premium History – 5 Years
- C. Loss Runs

GENERAL REQUIREMENTS / INSTRUCTIONS

A. General Information

LYFORD CONSOLIDATED INDEPENDENT SCHOOL DISTRICT desires to secure a competitive insurance program that will provide the broadest coverage at the most competitive price available for property coverage including windstorm. These specifications will enable Lyford CISD to select the agent and carrier that can provide such a program.

In no case is it the desire of Lyford CISD for insurers to use illegal forms or in any manner to deviate from approved or acceptable insurance practice in the State of Texas.

Please note that a “no” answer to certain requests will not necessarily result in a disqualification or complete rejection of the entire proposal. Where specifications call for specific information please provide it.

B. Timetable

1. Specifications will be available on January 25, 2017.
2. Proposals are due **February 8, 2017 at 2:00 P.M.** Sealed envelopes will be opened in public in such a manner as to avoid disclosure. The contents of the proposals shall be kept confidential through the negotiation process. Please label any trade secrets or confidential information to avoid public disclosure.
3. Proposals will be considered at the first scheduled board meeting in February. It is anticipated but not certain that a decision will be reached on that date. The selected proposer will be notified after the board meeting in which the contract is awarded

C. Selection

Lyford CISD reserves the right to accept or reject all or part of the proposals, waive technicalities, and award the proposal that best serves its interest. The contract will be awarded to the vendor who submits the most responsive proposal based on coverage, insurance company financial condition, reputation, and the quality of service.

SELECTION CRITERIA Assigned Points

1	Purchase Price	60
2	Experience	10
3	Past Performance	5
4	Reputation/Rating	20
5	Financial Strength	5

D. Submission of Proposal

Proposals shall be submitted in a sealed envelope plainly marked "Proposal for Property and Casualty Insurance" and shall be submitted to:

Lyford CISD
Attn: Elisa Rosas
P.O. Box 220
Lyford, TX 78569

Proposals must be received at or before 2:00 P.M. on the due date. Telephone, telephonic email or fax proposals **will not** be accepted. Lyford CISD or its agents will not be responsible for misdirected mail or packages. Any delay in mail or delivery is at the risk of the proposer. Proposals received after the deadline will be returned unopened.

E. Underwriting Information

Quotations shall be based on the underwriting information furnished in these specifications.

Due care and diligence have been used in preparation of the specifications and/or applications and the information contained therein is believed to be substantially correct. The ultimate responsibility, however, for determining the full extent of the exposures and the verification of information rests solely on the proposer.

F. Company Eligibility

All proposals must include the name of the insurance company. Each company must have a rating of AVII or better as published by the A.M. Best Company, Inc., on the RFP due date.

G. Proposal

Proposals are to be submitted in accordance with these specifications. Any restrictions, deviations, or other modifications, which either restrict or broaden coverage, should be noted in the proposals. In the absence of notification of these modifications, companies will be held to the specifications.

H. Qualifications of Agents

The proposer must meet these qualifications:

1. The recording agent must have been licensed to conduct property insurance business in Texas for the last five years.
2. Provide a description of your agency and resumes on the personnel who would be assigned to service Lyford CISD.
3. Provide information on Toll Free Services, such as claims handling, underwriting questions, endorsements, and loss control services.

I. Questions Concerning These Specifications

Questions should be addressed to Elisa Rosas at 956-347-3901 ext. 202

J. Specimen Policy to be Submitted

Please enclose with your proposal a complete, legible specimen policy with all endorsements, forms, policy jackets and examples of declaration pages.

K. General Policy Conditions

1. Name Insured and Address

Lyford CISD, the board of trustees, all past and present Trustees, Directors, members of the Board of Education, employees of the educational entity, student teachers, and volunteers within the scope of their duties on behalf of Lyford CISD.

2. Term of Policy

Policy effective date is to be March 1, 2017 for a 1-year period.

3. Cancellation Provisions

60 days notice of cancellation (except for non-payment) and 60 days notice of non-renewal or material change. If the District chooses to accept a policy longer than one year, the District will have the continuing right to terminate at the expiration of each budget period during the term of the contract.

L. Disqualification Provision

It is necessary for the proposer/vendor to provide the documentation requested and complete response pages. Failure to comply may result in disqualification.

ANTI-COLLUSION CERTIFICATION

By submission of this proposal, the Proposer certifies that:

1. This proposal has been independently arrived at without collusion with any other Proposer or with any competitor;
2. This proposal has not been knowingly disclosed and will not be knowingly disclosed, prior to the opening of proposals for this project, to any other proposer competitor or potential competitor;
3. No attempt has been or will be made to induce any other person, partnership or corporation to submit or not to submit a proposal;
4. The person signing this proposal certifies that he has fully informed himself regarding the accuracy of the statements contained in this certification, and under the penalties being applicable to the proposer as well as to the person signing in its behalf.

Company Name	Authorized Signature
Address	Type Signatory's Name & Title
	Telephone Number
Agent Name	Telephone Number
Agent Address	Fax Number

INSURANCE AGENCY QUESTIONNAIRE

- A. Who will have primary responsibility for the District's account? _____
1. Number of years in the insurance business: _____
 2. Insurance background: _____
 3. Educational background: _____
 4. Number of other public entities serviced: _____
- B. Who will be the backup person for the District's account? _____
1. Number of years in the insurance business: _____
 2. Insurance background: _____
 3. Educational background: _____
 4. Number of other public entities serviced: _____
- C. How many Texas school districts does your agency (this office, if a national broker) provide coverage on behalf of: _____
- D. What is your (this office, if a national broker) estimated premium volume with Texas school districts: _____
Other public entities: _____
- E. Has your agency been licensed to conduct property insurance in Texas for the past five years?
- F. The District will expect an annual summary of premium and losses by coverage.
- G. Please attach a copy of the following documents:
1. A copy of the current license.
 2. A certificate for agent's errors and omissions coverage.

General Certifications

1. Do policies provide at a minimum, 60 days notice of cancellation, non-renewal or material change in policy terms, conditions, or premiums? Please indicate exceptions: Yes No

2. Do you acknowledge that unless you have specifically made comment otherwise, you will be held to strict compliance with these specifications? Yes No

Signature: _____

Agent: _____

Address: _____

Telephone: _____

Facsimile: _____

**PROPERTY INSURANCE INCLUDING WINDSTORM
SUBMISSION FORM**

A. General Information

Property and liability insurance may be presented on a package or mono-line basis. **If coverage is on a package basis and contingent upon purchase of other lines of coverage, please specify which lines of coverage must be purchased.**

B. Desired Program

1. Limits to Insure (See schedules in appendix):

Buildings	\$47,357,631---Replacement Cost Basis
Building & Personal Property	\$10,683,950---Replacement Cost Basis

	\$58,041,581

2. The policy form should provide coverage for property insurance including windstorm coverage. Coverage is to be provided on a basis as they appear on Exhibit A.

3. The program should cover all buildings – permanent and portable, contents, listed auxiliary structures. Please list any special conditions on the deviation page.

C. Proposed Policy Questionnaire

Building/Contents Questionnaire

1. Is this proposal providing “all risk” coverage. Yes No
2. Is the policy Blanket or Scheduled coverage? _____
3. Is there a co-insurance clause applicable to windstorm property coverage?
 Yes No
What is the co-insurance percentage? _____
4. Is the basis of recovery replacement cost new, both on building and contents? Yes No
5. Has a specimen been submitted? Yes No
6. Is newly acquired or constructed property covered? Yes No
Limit: _____
7. Does the policy include demolition cost? Yes No
Limit: _____

8. Does proposal include a debris removal clause? _____ Yes _____ No
Limit: _____
9. Does policy have an extension of coverage for personal property off premises? _____ Yes _____ No
Limit: _____
10. Increased cost of Construction due to the operation of building ordinances? _____ Yes _____ No
Limit: _____
11. Will you attach a joint loss agreement if the insurer is not the same as the Boiler & Machinery carrier? _____ Yes _____ No
12. Is Earthquake Coverage available? Limit \$5,000,000 _____ Yes _____ No
Additional Premium: _____
13. Is Flood Coverage available? _____ Yes _____ No
Limit applicable: _____
Deductible: _____
Additional Premium: _____
14. Does the policy include environmental claims such as those for mold? Is there a sub limit. Please explain... _____ Yes _____ No
-

E. Exact Name of Insurer (*not company group or wholesaler*)

F. A. M. Best's Rating on RFP due date.

G. Deviation from Specifications

Please describe coverage deviations, restrictions, modifications, recommendations, not outlined in your answers above or provide any other information you feel is appropriate that will clarify the proposal or benefit Lyford CISD. Attach additional page if necessary.

H. Quotations for 1-year term

Limit of Insurance _____

Deductible _____

Proposed Premium _____

Policy Term _____