

(Enter Name of Municipality)
or
(Put On Municipality's Letter-Head Stationary)

INSURANCE REQUEST FOR PROPOSAL PROCEDURES

INTRODUCTION TO BE COMPLETED BY THE MUNICIPALITY

These bid specifications have been prepared to solicit alternative quotes for the property, liability and workers compensation insurance program of **INSERT Municipality Name** located in Vermont, hereafter referred to as “the municipality”.

A. Effective Date

Unless otherwise specified, the effective date of the coverage will be **INSERT DATE** at 12:01 a.m. Eastern Time. Policies shall be proposed for one-year terms. Options for longer terms, if available, will be considered.

B. Underwriting Data

The underwriting, exposure, and loss data included in these specifications have been assembled by the municipality. While every effort has been made to ensure the accuracy of this information, it cannot be guaranteed. It shall be the responsibility of the successful broker, insurer(s), and/or intermunicipal pool to review this information and work with the municipality on an ongoing basis to ensure all relevant property and liability exposures are included in the municipality’s insurance coverage.

If it becomes necessary to revise any part of this bid, a written addendum will be provided to all bidders who have completed and returned the "Notice of Intent to Bid" form. The municipality is not bound by any oral representations, clarifications, or changes made in the written specifications by the municipality's employees, unless such clarification or change is provided to bidders in written addendum from an authorized representative of the municipality.

C. Agent/Broker and Insurer Requirements

All agents/brokers and insurers involved must be authorized and/or licensed to operate in the State of Vermont. Non-admitted or surplus line carriers must be on the approved list of the Vermont Insurance Department and any applicable taxes or fees must be fully disclosed. Commercial insurers must have a rating in the current edition of Best's Insurance Reports (Property/Liability Edition) of at least "A" or better.

D. Compliance with Laws

All bidders shall observe and comply with all regulations, laws, ordinances, etc., of local, state, and federal governments as they apply to this bidding process.

E. Bid Procedures

1. Deviations from Specifications

All deviations from these specifications must be clearly stated in your proposal. Any significant limitations of coverage, restrictive conditions, etc., should also be clearly described.

These specifications are not intended to be restrictive with respect to any innovative techniques for rating or for providing coverage, if a distinct advantage can be demonstrated. Bids failing to meet all the specifications will not necessarily be rejected, but any deviations must be clearly noted to be considered.

2. Bids

of copies of sealed bids must be submitted in writing (no facsimiles, please) at, or before, **INSERT TIME** on **INSERT DATE**, to **INSERT NAME/TITLE OF DESIGNATED RECIPIENT** at the following address:

INSERT CONTACT DETAILS
Municipality Name
Street Address
City, State, Zip
e-mail address
phone number
fax number

Bids with separate quotes for each major coverage must be submitted with complete specimen policy forms and all applicable endorsements attached. *IF SPECIMEN POLICY FORMS AND ENDORSEMENTS ARE NOT PROVIDED, BIDS ARE SUBJECT TO DISQUALIFICATION.* All bids will be reviewed by the municipality and a decision will be made no later than **INSERT DATE**. Every effort will be made to compare bids on an equitable basis. Please be assured your efforts will be well received and thoroughly considered. Our evaluation of the bids will consider the limits, terms, conditions and exclusions of the coverage provided, cost, and services available from the broker, insurer(s) and pool(s), and the financial solvency of the carriers. The municipality reserves the right to accept or reject all bids or any part of any bid, based upon its own selection criteria including but not limited to the bidder's service reputation, knowledge, focus and commitment to the municipal insurance market.

3. Coverage Quotations

If the proposed coverage is contingent upon the municipality providing additional information, inspections, completed applications, or is subject to any other conditions, such requirements must be stated clearly in the proposal. *AS NOTED PREVIOUSLY, PROPOSALS WITH SEPARATE QUOTATIONS FOR EACH LINE OF COVERAGE REQUESTED MUST BE SUBMITTED WITH COMPLETE SPECIMEN POLICY FORMS AND ENDORSEMENTS ATTACHED.*

4. Loss and Claim Reports

Each insurer (or its claims administrator) will be required to provide the municipality with detailed quarterly and annual loss runs that show the claimant's name, date of accident, description of injury, amounts paid and reserved, and total incurred losses by line of coverage, plus a summary of aggregate losses for previous years. This report must be furnished within 30 days of the end of each period.

5. Duration of Proposal

We require that all proposals remain valid without material change for at least 60 days after the due date noted in "2." above.

6. Non-Compliance with Proposal

It is understood and agreed, in the event an insurance policy(ies) does not meet the terms and conditions accepted by the municipality as specified in this bid, then the municipality shall at its sole option have the right to:

- a. Cancel the policy or policies on a pro-rata basis (not short rate).
- b. Require the insurer, agent/broker, or intermunicipal pool to provide the coverage as stated in this bid at the proposed premium.

7. Bid Request Disclaimer

This Bid request does not commit the municipality to enter into a contract, award any services related to this bid specification document, nor does it obligate the municipality to pay any costs incurred in preparation or submission of a proposal or in anticipation of a contract.

UNDERWRITING DATA
TO BE PROVIDED BY THE MUNICIPALITY

1. Currently valued loss runs for the last five (5) years for all coverages included in the bid.
2. Complete copies of all policies, declarations pages, endorsements, riders and exclusions.
3. List of payroll by classification for Workers' Compensation, including Experience Modification Factor.
4. List of All Property to be insured including but not limited to:
 - a. Buildings, Contents, Furniture, Fixtures, Inventory, Supplies, Tools, Equipment, Fine Arts, Library Books, Historical Artifacts, Collectibles, Bleachers, Dugouts, etc.
 - b. Also, if coverage is desired for:
 - i. Fences, Hydrants, Parking Meters, Traffic Controls, Signs, etc.
 - c. Include: Street Address, GPS Coordinates, Construction, Occupancy, Square feet, Year Built, Value, Applicable Flood Zone, and advise if protected by an Automatic Sprinkler System and/or Burglar/Security System.
5. List of all owned vehicles including cars, trucks, busses, and other autos to be insured (Year, Make, Model, Passenger Capacity, Department, VIN, & Cost new/Purchase Price).
6. List of Mobile Equipment to be insured (Year, Make, Type, Department, Serial #, Description, Value).
7. Copy of most recent budget and annual report.
8. List of all drivers including their driver's license numbers.
9. Number of Public Safety Personnel by Department.
10. List of Dams owned by the Municipality.
11. Number and description of owned Covered Bridges.
12. Number of Water and Sewer hook-ups.

NOTICE OF INTENT TO BID

If you intend to submit a bid to provide any insurance coverage outlined in this request for bid, please sign, date, and return this form to the person and address listed below prior to **INSERT DATE** so you may receive any addenda or additional information should the need arise.

CONTACT DETAILS: **Municipality Contact Person**
 Municipality Name
 Street Address
 City, State, Zip
 Contact email address

DATE	
SIGNATURE	
TITLE	
COMPANY	
ADDRESS	
CITY, STATE, ZIP	
TELEPHONE	
FAX	
E-MAIL ADDRESS	
WEBSITE	

BID RESPONSE FORMS
AGENCY AND CARRIER INFORMATION

Primary Agency Name	Location	# Municipal Accts	Commissions/Fees

Insurance Company Information for Coverage Placement

LINE OF COVERAGE	CARRIER	CARRIER CORP HQ LOCATION
Workers' Compensation		
Equipment Breakdown (B&M)		
Bonding & Crime		
General Liability		
Law Enforcement Liability		
Public Officials Liability		
Auto Liability & Physical Damage		
Umbrella/Excess Liability		
Cyber Liability & Data Breach		
Property		
Flood (if separate from property)		

Direct Service Providers

DISCIPLINE	SERVICE PROVIDER/TPA NAME	PHYSICAL LOCATION	# STAFF IN VT
Claims Adjusting			
Loss Control Service			
Policy Underwriting			

BID SPECIFICATIONS/RESPONSE FORMS
LOSS CONTROL SERVICES

Carrier(s)	
Agency	
Loss Control/Prevention Service Provider(s)	

Local governments need Loss Prevention/Control services that address the risks that are unique to municipal entities. It is essential that anyone providing Loss Prevention/Control services to the municipality be knowledgeable and experienced in serving local governmental entities. We need the following information to better analyze the services to be provided to the municipality.

1)	Does the contribution/premium quoted include comprehensive Loss Control services?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2)	If no, please list the additional fee structure? <i>(if charged in addition to contribution/premium quoted)</i>		
		\$	
		\$	
		\$	
		\$	
		\$	
3)	Is a FMCSA compliant drug and alcohol testing program that includes pre-employment and random testing for commercial motor vehicle operators included at no additional charge?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4)	Are onsite training sessions provided and provided at no additional charge?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Please describe available onsite training programs offered.		
5)	Are online training programs available at no additional charge?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Are there courses available that are specific to law enforcement?	<input type="checkbox"/>	<input type="checkbox"/>
	Who is the supplier?		
	Do they have a demo website that is available for review?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6)	If online training programs are available, are any courses approved by the State of Vermont for Vermont Water/Wastewater continuing education credits?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7)	Is an employee assistance program (EAP) included at no additional charge? If yes, please describe.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8)	Do loss prevention services include access to up to 3 hours of free pre-loss legal consultation (per situation) for evaluation of specific employment practice liability issues using qualified Vermont attorneys?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9)	Do your loss prevention services include access to loss prevention staff who are:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Experienced in identifying potential exposures unique to local governments	Yes <input type="checkbox"/>	No <input type="checkbox"/>

	Qualified to offer training and other specific services necessary to reduce the potential exposure to losses and	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Previously worked for VOSHA and understand inspections, citations, informal conferences and post-inspection communication requirements	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Playground safety (CPSI) certified?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10)	Are the LC consultants who will provide services knowledgeable in the following areas?		
	Public Safety (fire, police, emergency medical)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Public Utilities (water and wastewater)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Gas and Electric utility operations	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Public Works (streets & solid waste)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Building construction	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Employment Issues	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	General operations of local governments	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Liability, property and workers' compensation coverages	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Playgrounds and Parks and Recreation exposures	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Fleet Safety and FMCSA requirements	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	<i>Please attach list of qualifications of the loss prevention staff who will be assigned to service our municipality.</i>		
11)	Does the loss control program have access to instructors and classes certified by agencies such as the Fire Academy, and the VT Police Academy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
12)	Will loss control consultants perform an onsite survey of the operations and facilities and provide the municipality with written recommendations along with appropriate up-to-date resource information to help address potential problem areas?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
13)	Are loss control consultants able to provide the municipality with free consulting services (above and beyond site surveys) to assist them with implementation of risk management, workers' compensation or loss control issues of concern?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
14)	Will Loss prevention consultants attend monthly municipality-wide safety committee meetings for free?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
15)	Does your company certify and recertify highway and first responder employees in flagging for free?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If no, is it done for a cost?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	What is the cost? \$		
16)	Does your company provide customized driver safety training to both emergency vehicle operators and highway vehicle operators that addresses their specific exposures and outlines targeted loss prevention techniques?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
17)	Do you have a series of recommendations that the municipality is required to comply with for the coverage to remain in effect?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
18)	Will you provide reports (in addition to loss runs) that analyzes losses and recommends focused actions to minimize adverse claims trends?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

19)	Are resources (i.e. sample policies, safety manuals, checklists, etc.) available to support development and implementation of Loss Prevention Programs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
20)	Do you have certified playground inspectors on staff?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
21)	Does loss control staff perform ergonomic assessments at no cost to the member/insured?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
22)	Does loss control staff conduct onsite incident reviews with insureds on significant claims to identify prevention solutions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If yes, please describe process:		
23)	Do you offer free matching grant money (up to \$5k) to members/insureds to be utilized to purchase safety related equipment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
24)	Do you offer \$2500 of scholarship funds each year that are available to support "risk control focused" group and/or individual training or workshops?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
25)	Do you provide a human resources consultant who can perform human resources risk assessments, personnel policy reviews, in-person training on select HR topics and is available to answer HR questions at no additional cost?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
25)	Do you provide a law enforcement consultant that provides evaluation of existing risk management practices as well as risk management assistance and expert guidance at no additional cost?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
26)	Do you provide online access to VT specific, vetted, and regularly updated Model Law Enforcement Policies to member/insured police departments and constables at no cost?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
27)	Is there an ongoing mental health resource and post crisis intervention and counseling service such as EAPFirst that specifically targets first responders to reduce the potential for PTSD claims?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
28)	Indicate which of the following in-person trainings you provide within the cost of coverage. <i>(If available for an additional fee, please indicate the fee.)</i>		
	Accident Investigation Techniques for Supervisors	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Winter Driving & Snowplow Safety for DPW	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Job Safety Analysis	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Safety Committee Development	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Emergency Vehicle Driver Training	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Special Events Management	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Personal Protection Equipment	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Public Officials Liability	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Permit-required confined spaces	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Confined Space Entry	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Trenching and Excavation	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Ergonomics in Heavy Construction	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Custom Designed Training based on need	Yes <input type="checkbox"/>	No <input type="checkbox"/>

	Sexual Harassment/Cultural Diversity	Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$
	Office Ergonomics	Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$

BID SPECIFICATIONS/RESPONSE FORMS
CLAIMS ADMINISTRATION SERVICES

Carrier(s)	
Agency	

General

(APPLIES TO ALL COVERAGES QUOTED)

1)	What is the location of the office that will handle the municipality's claims?						
	Address 1						
	Address 2						
	City			State		Zip	
2)	Does the carrier have the statutory authority under Vermont statutes to exert a sovereign immunity defense? If no, carrier should explain why they feel their sovereign immunity "endorsement" will pass legal muster.					Yes <input type="checkbox"/>	No <input type="checkbox"/>
3)	Will the municipality be consulted on the disposition/settlement of all liability claims?					Yes <input type="checkbox"/>	No <input type="checkbox"/>
4)	Will the carrier settle liability claims without the municipality's express consent?					Yes <input type="checkbox"/>	No <input type="checkbox"/>
5)	Regarding property coverage, if no coverage applies or the claim is denied, does the carrier assist the municipality with subrogation efforts against the responsible party and no cost?					Yes <input type="checkbox"/>	No <input type="checkbox"/>
6)	Regarding Workers Compensation claims, indicate whether the following services are provided by the insurance carrier within the quoted cost of coverage. (If available for an additional fee, please indicate and list fee)						
	Representation at informal DOL hearings					Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Representation at mediation					Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Legal representation at formal DOL hearings					Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Adjuster home visits to WC claimants with significant injuries?					Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Use of a private investigator, when necessary					Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Provide a dedicated licensed claim adjuster					Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Handle claim file for the life of the claim					Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Provide for medical bill review where necessary					Yes <input type="checkbox"/>	No <input type="checkbox"/>
	7)	Briefly describe how your company sets reserve limits:					
8)	Estimate the average number of claims assigned to each adjuster:						

9)	List the names, experience, and qualifications of the personnel who will serve as claims adjusters: <i>(attach additional sheets as necessary)</i>			
10)	Is there an additional claims handling fee for the life of the claim if coverage is cancelled or non-renewed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	If yes, specify fees:			
11)	What experience does the carrier have with adjusting claims in Vermont?			
12)	For which, if any, other Vermont municipalities does the carrier adjust claims?			
13)	Any addition Claim Services Fees? (If charged in addition to premium quoted)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Service		Fee	\$
	Service		Fee	\$
	Service		Fee	\$
	Service		Fee	\$
14)	Please attach any additional information that is relevant to the carrier or broker claims services.			
15)	Please attach copies of claims reporting guidelines that the municipality must comply with, as well as samples of all claims reporting forms used.			
16)	Clarify what services would be provided by the broker/agency versus services provided by the carrier. Describe the qualifications of agency staff providing those services:			

BID SUMMARY

USING LOWEST DEDUCTIBLE QUOTED

A) Liability Coverages		Limit	Deductible	Premium
1)	General Liability			
2)	Law Enforcement			
3)	Public Officials			
4)	Employment Practices			
5)	Auto Liability			
6)	Pollution Liability			
TOTAL				\$

B) Umbrella/Excess Limits		Limit	Deductible	Premium
1)	Higher Limits			

C) Property		Limit	Deductible	Premium
1)	Real & Personal Property			
2)	Machinery & Equip Breakdown			
3)	Flood			
4)	Earthquake			
5)	Auto Physical Damage			
6)	Inland Marine (Mobile Equipment)			
TOTAL				\$

D) Fidelity and Crime		Limit	Deductible	Premium
1)	Statutory Bonding			
2)	Faithful Performance			
3)	Employee Theft			
4)	Money & Securities			
5)	Forgery and Alteration			
TOTAL				\$

E) Workers' Compensation		Limit	Deductible	Premium
Workers' Compensation	Exp. Mod:			

F) Cyber Security Coverage (1st & 3rd Party)		Limit	Deductible	Premium
<i>Provide sub-limit details, if applicable</i>				

G) Additional charges/credits, if any

Finance charges	\$
Taxes	\$
Contribution Credit/Dividend	\$
Other charges or credits	\$

Bonding Coverage

How will coverage be provided, by employee dishonesty coverage, statutory bond, or combination?

Are all Employees and Officers bonded?	Bond Coverage? Yes/No	Coverage Limit	Deductible
Statutory Officers			
All other Officers			
Employees			

Are all Employees Officers covered for Faithful Performance?	Faithful Performance? Yes/No	Coverage Limit	Deductible
Statutory Officers			
All other Officers			
Employees			

Questions to Ask The Quoting Agent

1. Is personal collateral required of bonded persons?
 - a. What underwriting information is required to procure a bond coverage quotation?
2. How is Flood coverage provided?
 - a. Included in the property coverage form?
 - b. Or through the National Flood Insurance Program (NFIP)?
 - c. Is coverage excluded for any flood zones?
 - d. Is coverage provided for property and contents below grade?
 - e. Is comprehensive coverage and limits provided for structures located within FEMA flood zone A or any of its subzones?
3. Property
 - a. Is building coverage provided on a guaranteed replacement cost basis?
 - b. Regarding total loss to firefighting trucks, will the carrier pay for extra expense for fire department personnel for travel and accommodations to test drive the potential replacement rig?
4. Portable Equipment
 - a. How is portable equipment such as chain saws, generators concrete saws, SCBAs. etc. covered?
 - b. Will these values need to be added to building contents values or are they covered by an inland marine coverage?
 - c. Will a list of such equipment need to be provided?
5. Particularly if multiple carriers are used to provide a comprehensive proposal, is the agent willing to state in writing that there are no coverage gaps, when compared to the PACIF coverage?