

TOWN OF KENT
SEEKING PROPOSALS
INSURANCE COVERAGE

PLEASE TAKE NOTICE that the Town of Kent is seeking proposals from experienced and qualified firms for workers' compensation insurance procurements, to administer claims, and to provide risk management services effective January 1, 2016. The policies will include workers' compensation coverage. All interested firms must request a Broker evaluation/questionnaire from the Town Clerk's Office, 25 Sybil's Crossing, Kent Lakes, New York 10512 and have it completed and returned to the Town Clerk's Office by November 9, 2015.

Dated: October 22, 2015

BY ORDER OF THE TOWN BOARD
TOWN OF KENT

YOLANDA D. CAPPELLI, Town Clerk

IMPORTANT: This form will be used to qualify proposers and to evaluate company selection (except where specified, all information shall relate to the servicing office of firms with multiple locations). The information received will be subject to verification and any misrepresentation of facts will be reason for disqualification from this bidding process. Attach and reference additional pages and brochures as you answer the questions below.

Section 1.1 - Background

The Town of Kent is seeking proposals from experienced and qualified firms for insurance procurements, to administer claims and to provide risk management services effective January 1, 2016. The Policies will include Workers= Compensation.

Section 1.2 - Non-Collusive Bidding Certification

By submission of this bid, each bidder and each person signing on behalf of any bidder certifies, and in the case of joint bid, each party thereto certifies as to its own organization, under penalty of perjury, that to the best of his/her knowledge and belief:

- 1) The prices of this bid have been arrived at independently, without collusion, consultation, communication or agreement, for the purposes of restricting competition, as to any matter relating to such prices with any other Bidder or with any competitor; and
- 2) Unless otherwise required by law, the prices which have been quoted in this bid have not been knowingly disclosed by the Bidder and will not knowingly be disclosed by the Bidder prior to opening, directly or indirectly, to any other Bidder or to any competitor; and
- 3) No attempt has been made or will be made by the Bidder to induce any other person, partnership or corporation to submit or not to submit a bid for the purpose of restricting competition.

Agency/Company Qualifications:

Note: Respond for this office or branch only.

Date Founded/Opened: _____

Total Number of Employees: _____ Producers: _____ CSR=s: _____

Number of Current Municipal Clients: _____

Municipal Clients mean any Town, Village or County that you provide General Liability. List all above.

Approximate Number of Total Commercial Clients: _____

Annual Premium Volume for all Municipal Accounts: \$ _____

Approximate Average Premium Size for Current Municipal Accounts: \$ _____

Largest Single Municipal Account (Premium Size): \$ _____

Has your license (or that of your organization or any person therein) every been revoked, suspended or the subject of any regulatory matter, including investigation, administrative hearing and stipulation, settlement or judgment or civil or criminal proceeding?

G Yes

G No

If yes, please explain: _____

Please provide a copy of your agency/brokerage/company brochure to include but not limited to the following:

- What is your corporate mission statement
- Described your corporate philosophies
- Explain your ownership structure
- Risk management commitment
- Risk control services
- Claims cost control
- Claim management

Services:

In addition to property and casualty insurance marketing, placement and normal policy support, what peripheral services do you provide?

Will you utilize a formal, written service agreement? G Yes

G No

Town of Kent
25 Sybil=s Crossing
Kent Lakes, NY 10512

Town of Kent Insurance Agent/Broker Evaluation Questionnaire

FOR: WORKERS= COMPENSATION

Insurer	Parent Company	Wholesaler (if any)
1.		
2.		
3.		
4.		

Describe any markets or programs where you have an exclusive relationship and how that market would be used on our account.

Market/Program	Proposed Use

The information provided in this evaluation form and attachments is accurate. I hereby grant to the Town of Kent permission to verify any of the information contained in this questionnaire with any of the insurance companies indicated on this form.

Date: _____

(Agency/Broker/Producer Name)

(Authorized Signature)

(Name & Title)

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Kent Lakes, NY 10512

