**REQUEST FOR PROPOSAL PACKAGE:**

1. The Laguna Madre Water District will receive sealed proposals at 105 Port Road, Port Isabel, Texas 78578 until 10:00am, August 21, 2017, and will be opened immediately thereafter, for the following specified insurance:

* 1. Workers’ Compensation
	2. Comprehensive General Liability
	3. Errors & Omissions Liability
	4. Real & Personal Property
	5. Boiler & Machinery
	6. Mobile Equipment & Heavy Equipment/Machinery
	7. Inland Marine Coverage
	8. Business Auto / Fleet Coverage
	9. Data Processing Equipment Coverage
	10. Commercial Crime Coverage (Public Employee Dishonesty) including theft outside
	11. Loss of Income
	12. Flood
	13. Pollution Liability

2. All RFPs must be sealed and marked “**Proposal # INS-08-21-17**”. Failure to meet the specifications contained herein may be cause for the rejection of a proposal.

3. Each proposal must be submitted on the enclosed bid forms and must contain the full name or names of the parties making the proposal and all persons interested therein. Each RFP respondent shall state in their proposals the names of the insurance carrier(s) and/or program in which they propose to provide the coverage. Respondents may make separate property and fleet quotes, but combined quotes are preferred. It is also encouraged to quote different deductibles for the District’s consideration, but must include the deductibles here specified.

4. Respondents shall note any differences in detail on an attachment between bid specifications and bid response. The District reserves the right to consider such exceptions before awarding the contract. The District has enclosed a copy of its current policy and preference will be given to quotations that are as comparable as possible to the current policy.

5. **The effective date of the policy or policies must be October 01, 2017,** unless otherwise directed by the District. The respondent shall outline in the proposal whether premium audits will be required. Annual Workers’ compensation audits will be required.

6. The LMWD will require only one agent for all coverage here requested. Coverage shall be written with a responsible carrier(s), each of which is qualified and/or licensed in the state of Texas. All carriers must carry a current A.M. Best Rating of “A-” or better. The financial condition of the carrier(s) shall be subject to review by the District. Respondents must include a list of all public entities (references) located in Texas insured by the proposed carrier.

7. The agency submitting a proposal must provide evidence of the ability to provide effective local claims administration and services to the District. The proposal shall include a synopsis of agency operations and a certificate verifying errors and omissions coverage for the agency in the minimum amount of $1,000,000.

8. It is the desire of the District to award the entire package policy to one respondent for all coverage requested.

9. Proposals submitted to or received by the District shall impose no liability or obligation upon the District and the District reserves the right to request future proposals at its discretion.

10. The District reserves the right to reject any or all proposals; to hold proposals for up to 60 days from deadline; to waive any and all irregularities; and to accept that proposal which, in its judgment, is the most favorable to the District.

11. In reviewing the proposal and awarding the contract for insurances, the District reserves the right to consider all elements related to the RFP, including, but not limited to, the rating and financial condition of the prospective insurance company or program; the responsibility and experience of the respondent, its agent and representatives; and the services to be provided by the insurance company, the respondent, and its agent or representatives.

12. Loss prevention services (including the number of loss prevention specialists available to public entities), claims handling (Texas-based claims department preferred), and other services available to the District should be outlined in the proposal and be applicable to all coverage.

13. The successful insurer shall deliver the policies of insurance or binders & endorsements for such policies of insurance covering the hazards named herein within thirty (30) days following the notice of the award of the contract.

14. The District will make every attempt to reply to reasonable information requests. Any discrepancies in or omissions from these specifications or questions regarding their meaning should be reported to, Director of Finance, 956-943-2626. The District will attempt to answer requests, questions or comments within a reasonable period of time and will send copies to all prospective respondents of record.

15. Proposals may be withdrawn up to the time of the opening upon written notice, but no respondent shall withdraw his/her after the actual opening thereof.

16. Each respondent must comply with all requirements of law pertaining to contracts with the Local Government Entity’s

**Workers’ Compensation Coverage** (Excludes Volunteer Workers Coverage)

* Our annual payroll 01-01-16 to 12-31-16 was $2,600,439.

 Annuals Wages Classification Annual Premium Paid

######  $874,748 Water/Distribution $33,812

 $962,138 Sewer/Collection/Main, $25,509

 $839,078 Administration $ 1,762

**Comprehensive General Liability Coverage**:

* Limits of liability $2,000,000.00 each occurrence
* Sudden events (including pollution) $2,000,000.00 each occurrence
* Deductible $------0-------- each occurrence
* Products-Completed Operations $3,000,000.00 aggregate Limit
* Personal and Advertising Injury Limit $1,000,000.00 each occurrence
* Fire Damage Limit (Any one fire) $1,000,000.00 each occurrence
* Medical Expense Limit (Any one person) $ 5,000.00 each occurrence
* Stop Gap Limit $1,000,000.00 each occurrence
* Employee Benefits Limit – $1,000 deductible $1,000,000.00 each occurrence

###### Umbrella Coverage

* Limit $1,000,000.00

 (With options up to $5,000,000.00)

###### Errors & Omissions Coverage

* Legal Liability $1,000,000.00 each occurrence
* Aggregate Each Annual Policy Year $3,000,000.00

 (For all Board Members & Top Management)

 ($1,000.00 deductible for each wrongful act)

###### Real & Personal Property Coverage

* Blanket coverage on building and contents should be afforded on a replacement cost basis with an “Agreed Amount Clause” per schedule of valuations. Coverage amounts will be adjusted annually to reflect subsequent annual valuations and it is understood that a premium adjustment for the revised valuation amount will be allowed.
* Coverage should be on a “Special” form basis.
* Each occurrence deductible of $500.00 with an alternate for $1,000.00.
* Property listings & valuations will be provided by the District.
* List of Data Processing Equipment valuations will be provided by the District
* List of Data, Media, Computer Programs will be provided by the District
* List of Cameras, Projectors, Photocopiers, etc. will be provided by the District
* Ordinance & Law Coverage

 1) - $100,000.00 Limit each occurrence

 2) - $100,000.00 Limit each occurrence

###### Boiler & Machinery Coverage

* Broad Form Boiler (systems breakdown coverage) including repair and replacement should be included either as a named peril along with the property coverage or to be included separately. A $500 deductible should apply to the coverage with an alternate for $1,000.00 deductible to be consistent with property coverage deductible chosen.

**Mobile Equipment Coverage (Including Heavy Machinery)**

* This coverage may be separated from the Real & Personal Property.

###### Scheduled Property Floater Coverage (Inland Marine) – Special District’s Articles Endorsement

* Inland marine coverage should be provided covering property of the District or that, which is in its care, custody or control, which is usual, or incidental to its existence or operation excluding furniture and equipment for which coverage is provided under its property coverage. Examples of this property would include but are not limited to books & binders for bond issuances, periodicals, audiocassettes, videocassettes, compact discs, recordings, and administrative records.
* This coverage should incorporate an occurrence deductible of $500.00 with an alternate for $1,000.00.

 A list of values by location will be provided.

###### Motor Vehicle Liability & Collision Coverage

* Limits of $1,000,000.00 each occurrence for all bodily injury, & property damage incidents with $--0-- deductible
* Comprehensive coverage – Actual cash value or cost of repair
* Collision coverage – Actual cash value or cost of repair
* Medical payment limit – $25,000.00 each person
* Auto physical damage --- $500 deductible
* Limits of $1,000,000.00 coverage for uninsured motorists
* Coverage should include non-owned and hired vehicle protection
* Auto limit aggregate--- $10,000 each occurrence

**Data Processing Equipment Coverage**

* The District will provide a listing of all Data Processing Equipment
* Generally this is coverage in property section

**Commercial Crime Coverage**

* $100,000 coverage for all employees (Blanket Insurance)

**Loss of Income Coverage**

* $500,000 Due to perils or catastrophe

**Flood Insurance Coverage**

* $5,000,000 Minimum
* $25,000 deductible

**Pollution Liability Coverage**

* To include third-party pollutants
* Included in General Liability and in Umbrella

**Claims History:**

* A claims history report will be provided by the District

**Premium History:**

* A premium history will be provided by the District

***RFP FORM INSTRUCTIONS*** *– Complete**an RFP form for each carrier for which you are submitting a quote. Enter coverage limit and/or deductible where different. Attach additional explanation where necessary.*

INSURANCE CARRIER/PROGRAM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A.M. BEST RATING (Carrier or Reinsurer): \_\_\_\_\_ FINANCIAL SIZE CLASS: \_\_\_\_\_\_\_\_\_\_

**PREMIUM SUMMARY: DEDUCTIBLE ANNUAL PREMIUM**

 **IF APPLICABLE MM/DD/YY - M/DD/YY**

1. Workers’ Compensation $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Comprehensive General Liability $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Errors & Omissions $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Building and Contents Coverage $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Boiler & Machinery Coverage $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Mobile Equipment $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Inland Marine Coverage $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. Windstorm $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
9. Inland Marine $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

X. Business Auto/Fleet Coverage $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

XI. Data Processing Equipment $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

XII Commercial Crime Coverage $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

XIII Umbrella $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

X1V Loss of Income $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

XV Flood $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

XVI Pollution Liability $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Total Annual Premium $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NOTE: Include a copy of the risk management and safety training which will be available.**

**RESPONDENT INFORMATION:**

 Name:

 Company:

 Address:

 City: State: Zip:

 Telephone: ( ) Fax: ( )

I (we) hereby certify that I (we) are duly authorized and licensed representatives of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ insurance company and are legally permitted to make this quote for insurance coverage to the District and will enter into an agreement and/or binder for coverage with the District on or before September 01, 2017 for coverage to be effective October 01, 2017 if awarded the quote for coverage in writing.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_