

Liberty County Board of County Commissioners

**REQUEST FOR QUALIFICATION
INFORMATION HEALTH INSURANCE AGENT
OF RECORD**

SUBMISSIONS DUE 3:00 P.M., Friday August 6, 2010

NOTICE TO INSURANCE AGENTS

This is a request for interested persons/firms to submit their credentials and qualifications to the Liberty County Board of County Commissioners 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.

QUALIFICATION OF INSURANCE AGENTS LIBERTY COUNTY Board of County Commissioners GENERAL INFORMATION

SOLICITATION OF INSURANCE AGENT INTEREST

The Liberty County Board of County Commissioners 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 Liberty County Board of County Commissioners's insurance.

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

BACKGROUND

The LCBOCC insures approximately 100 employees.

SUBMISSION DUE DATE

Agents/firms desiring to qualify must complete and submit background information (including accompanying forms) **in five copies** no later than 3:00 p.m EST, Friday August 6, 2010.

Send or deliver your submission of five copies to Robert Hill Clerk of Court 10818 NW SR 20. All submissions should be secured, sealed and marked INSURANCE AGENT QUALIFICATION - Opening 3:00 p.m., EST, Friday August 6, 2010.

Submission of responses within the deadline will be governed by LCBOCC's receipt. As long as LCBOCC receives the five copies of the submission on time, the submission will be considered.

WAIVER/REJECTION OF SUBMISSIONS

LCBOCC 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 LCBOCC 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.

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.

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 LCBOCC 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.

EX PARTE COMMUNICATION

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

Communication between a proposer and LCBOCC will be initiated by the appropriate LCBOCC 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 287.017 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 LCBOCC within a week or two of receiving them.

PRESENTATIONS/INTERVIEWS

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

EVALUATION OF SUBMISSIONS

In its evaluation of submissions, LCBOCC 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

LCBOCC 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.

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.

SUBMISSION FORMS

LIBERTY COUNTY Board of County Commissioners

**REQUEST FOR QUALIFICATION
INFORMATION HEALTH INSURANCE AGENT
OF RECORD**

SUBMISSIONS DUE 3:00 P.M., Friday August 6, 2010

This is a form for submitters to provide basic information and specific qualifications as Agents of Record to the Liberty County Board of County Commissioners. 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.

LIBERTY COUNTY Board of County Commissioners

SUBMISSION FORM

FOR QUALIFICATION OF HEALTH INSURANCE AGENTS OF RECORD

1. Insurance Agent _____
2. Firm Name _____
3. Address _____
4. Telephone _____ Fax _____ 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. Have you attached background information on yourself, e.g. resume? _____
 5. Have you attached an explanation of your experience with other public entities of similar size, complexity and magnitude? _____
 6. What is your expected frequency of service contact? _____
 7. Will you commit to proactive and aggressive pursuit of negotiation of favorable policy terms, conditions and pricing of insurance coverage? _____
 8. 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 services. _____
3. Your remuneration must be included within the premiums you propose . _____
4. For how many years are you willing to guarantee this level of remuneration, regardless of premium changes? Explain. _____

General

1. Reasons for LCBOCC qualifying your firm: describe below and/by attachment the key reasons your firm should be qualified by LCBOCC 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.

Submissions are due in five copies no later than 3:00 p.m., EST, Friday August 6, 2010 secured/sealed/marked "INSURANCE AGENT QUALIFICATION. Mail or deliver your submission to Robert Hill Clerk of Court 10818 NW SR 20 Bristol, FL 32321

Additional Comments:

I read the Liberty County Board of County Commissioners 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 LCBOCC.

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

This Request by LCBOCC 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.

Authorized Signature

Date

Title

Firm

Telephone

REFERENCES

Provide specific references for at least five customers including customers served by the firm's nearest office to LCBOCC. 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 _____