



**BOARD OF COUNTY COMMISSIONERS
ESCAMBIA COUNTY, FLORIDA**

OFFICE OF PURCHASING

213 PALAFOX PLACE, 2nd Floor

P.O. BOX 1591

PENSACOLA, FL 32591-1591

TELEPHONE (850) 595-4980

(SUNCOM) 695-4980

TELEFAX (850) 595-4805

<http://www.myescambia.com/departments/purchasing>

Contract Memorandum #1

Trust Agreement with the Florida Municipal Insurance Trust

To: Client Departments

From: Joe Pillitary Coordinator

Date: 10.20.2008

Subject: " Insurance-Workers Compensation Fully Insured-Insurance Services

Attached is the Board action of June 5, 2008 approving and authorizing the chairman to execute a trust agreement with the Florida Municipal Insurance Trust to provide a fully insured Workers' Compensation program for Escambia County.

This replaced Workers Compensation – Self Insurance Services PD 04-05.67 and the Excess Workers Compensation Portion of PD 06-07.096 Property, Boiler and Machinery Crime, Excess Workers Compensation Insurance.

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CLAUDIA SIMMONS
CHIEF, PURCHASING



CERTIFICATION OF CONTRACT

TITLE: Property, Liability And Statutory Death Benefits Insurance

CONTRACT NO.: PD 06-07.096

AWARD DATE: December 6, 2007 for period 12/31/2007 12/31/2008 with renewal for two (2) additional One-year periods with mutual consent

CONTRACTOR(S):

**First Florida Insurers
A Downing Gray & Company**

ANY QUESTIONS, SUGGESTIONS, OR CONTRACT SUPPLIER PROBLEMS WHICH MAY ARISE SHALL BE BROUGHT TO THE ATTENTION OF LESTER L. BOYD, PURCHASING SPECIALIST AT PHONE, (850) 595-4944, SUNCOM (850) 695-4944, OR FAX, (850) 595-4805 E-MAIL: llboyd@co.escambia.fl.us

- A. AUTHORITY - Upon affirmative action taken by the Board of County Commissioners on **December 6, 2007**, a contract has been executed between the Board of County Commissioners, Escambia County Florida and the designated contractor(s).
- B. EFFECT - This contract was entered into to provide economies in the purchase of **Property, Liability and Statutory Death Benefits Insurance**, as described within the solicitation. Therefore, in compliance with **County Ordinance Chapter 46 Finance, Article II Division 3, Section 46-81**, all purchases of these commodities shall be made under the terms, prices, and conditions of this contract and with the suppliers specified.
- C. ORDERING INSTRUCTIONS - All purchase orders shall be issued in accordance with **Codified County Ordinance, Chapter 46 Finance, Article II Purchases and Contracts; and, as supplemented by Ordinance 2001-9 and Ordinance 2001-60**. Purchases shall be at the prices indicated, exclusive of all Federal, State and local taxes. All contract purchase orders shall show the contract number, product number, quantity, description of item, with unit prices extended and purchase order totaled. (This requirement may be waived when purchase is made by a blanket purchase order.)
- D. CONTRACTOR PERFORMANCE - Departments shall report any vendor failure to perform according to the requirements of this contract on Report of Unsatisfactory Materials And/Or Service, Form F0140 to this office.
- E. VENDOR PERFORMANCE EVALUATION FORM - Contract Appraisal, form F0190 should be used to provide your input and recommendations for improvements in the contract to the Office of Purchasing for receipt no later than 90 days prior to the expiration date of this contract.

REGISTER OF PROPOSALS

Specification # PD 06-07.096 Project: RFP – Property, Liability & Statutory Benefits Insurance
Register of Proposals Due Date & Time: 2:00 pm, CDT Tuesday, August 14, 2007
Department: Risk Management
ROOM 11.407 Location, Date & Time Opened: Purchasing Conference Room

COMPANY NAME	ADDRESS	PHONE NUMBER	FAX NUMBER
1. L. B. Bryan & Company	P.O. Box 3678 Ponte Vedra Beach, FL 32082	800-301-0441 ext 1	904-280-4697
2. Fisher-Brown, Inc.	P.O. Box 711 Pensacola, FL 32591-0711	850-444-7605	850-438-4678
3. A. Downing Gray & Company	318 Florida Blanca Street Pensacola, FL 32501	850-438-1636	850-438-0630
4. First Florida Insurers of Tampa	14830 West Kennedy Blvd., Suite 695 Tampa, FL 33609	386-239-4045	386-239-4049
5. Arthur J. Gallagher & co (Florida)	2255 Glades Road- Suite 400E Boca Raton, FL 33431	561-995-6706	561-995-6708
6. Brown & Brown Public Risk Insurance Agency (PRIA)	220 S. Ridgewood Ave., Ste 210 Daytona Beach, FL 32114	386-239-4045	386-239-4049
7. EMI Employers Mutual, Inc.	700 Central Parkway Stuart, FL 34994	772-287-7650	772-287-1387
8. Whitman & Whitman Inc	2032-A Creighton Road Pensacola, FL 32504	850-477-8060	850-474-0378

PROPOSALS OPENED BY: Claudia Simmons, Chief, Office of Purchasing DATE: 08/14/2007

PROPOSALS NOTED BY: Cynthia Smith , Senior Office Support DATE: 08/14/2007

PROPOSALS WITNESSED BY: Cynthia Smith, Senior Office Support DATE 08/14/2007

ORDERING INSTRUCTIONS

FIRST FLORIDA INSURERS OF TAMPA, INC.

ALL ORDERS SHOULD BE DIRECTED TO: **Barbara Flynn, Vice President**

FEDERAL EMPLOYMENT IDENTIFICATION NUMBER: **59-2798509**

ESCAMBIA COUNTY VENDOR IDENTIFICATION NUMBER: **026321**

VENDOR NAME: **First Florida Insurers of Tampa, Inc.**

STREET ADDRESS OR P.O. BOX: **4830 West Kennedy, Suite 695**

CITY, STATE, ZIP CODE: **Tampa, FL 33609**

CONTACT PERSON: **Barbara Flynn**

PHONE#: **800-899-7857** TOLL FREE#: FAX#: **813-876-1328**

E-MAIL ADDRESS:

HOME PAGE ADDRESS:

EMERGENCY CONTRACT PERSON: **Barbara Flynn**

PHONE#: **800-899-7857** CELL#: NA PAGER#: NA

DISASTER SERVICE CONTACT PERSON: **Barbara Flynn**

HOME ADDRESS:

HOME PHONE#: _____ CELL#: _____ PAGER#:

TERMS OF PAYMENT: NET 30 DAYS _____ 2% 10TH PROX

Will accept ESCAMBIA COUNTY VISA PURCHASING CARD: ___Yes ___No

Will accept ESCAMBIA COUNTY DIRECT VOUCHER: ___Yes ___No

ORDERING INSTRUCTIONS

A DOWNING GRAY AND COMPANY

ALL ORDERS SHOULD BE DIRECTED TO: **ELISE DRINKARD, AGENT**

FEDERAL EMPLOYMENT IDENTIFICATION NUMBER: **59-1477884**

ESCAMBIA COUNTY VENDOR IDENTIFICATION NUMBER: **010163**

VENDOR NAME: **A DOWNING GRAY & COMPANY**

STREET ADDRESS OR P.O. BOX: **318 South Florida Blanca**

CITY, STATE, ZIP CODE: **PENSACOLA, FL 32502**

CONTACT PERSON: **ELISE DRINKARD, AGENT**

PHONE#: **850-438-1636** TOLL FREE#: NA FAX#: **850-439-0630**

E-MAIL ADDRESS:

HOME PAGE ADDRESS:

EMERGENCY CONTRACT PERSON:

PHONE#: CELL#: NA PAGER#: NA

DISASTER SERVICE CONTACT PERSON:

HOME ADDRESS:

HOME PHONE#: NA CELL#: NA PAGER#: NA

TERMS OF PAYMENT: NET 30 DAYS x 2% 10TH PROX

Will accept ESCAMBIA COUNTY VISA PURCHASING CARD: Yes X No

Will accept ESCAMBIA COUNTY DIRECT VOUCHER: Yes X No

**ESCAMBIA COUNTY
FLORIDA**

REQUEST FOR QUALIFICATIONS

**Property, Boiler and Machinery, Crime, Excess Workers
Compensation, Statutory Death Benefits Insurance Agent**

SPECIFICATION NUMBER PD 06-07.096

Qualifications will be received until: 2:00 p.m., CDT, Tuesday, August 14, 2007

**Office of Purchasing, Room 11.101
213 Palafox Place, Pensacola, FL 32502
Matt Langley Bell III Building
Post Office Box 1591
Pensacola, FL 32597-1591**

Board of County Commissioners

Kevin W. White, Chairman
Marie Young, Vice Chairman
Grover Robinson IV
Gene Valentino
Mike Whitehead

**From:
Claudia Simmons
Chief, Purchasing**

Procurement Assistance:

Lester L. Boyd,
Purchasing Specialist
Office of Purchasing
2nd Floor, Matt Langley Bell, III Building
213 Palafox Place
Pensacola, FL 32502
Tel: (850) 595-4944
Fax: (850) 595-4805

Technical Assistance:

Debra Johnson
Risk Manager
Human Resources Department
P.O. Box 1591
Pensacola, FL 32502
Tel: (850) 595-4765
Fax: (850) 595-4772

SPECIAL ACCOMMODATIONS:

Any person requiring special accommodations to attend or participate, pursuant to the Americans with Disabilities Act, should call the Office of Purchasing, (850) 595-4980 at least five (5) working days prior to the solicitation opening. If you are hearing or speech impaired, please contact the Office of Purchasing at (850) 595-4684 (TTY).

NOTICE

It is the specific legislative intent of the Board of County Commissioners that NO CONTRACT under this solicitation shall be formed between Escambia County and the awarded vendor until such time as the contract is executed by the last party to the transaction.

Request for Qualifications

Specification No. PD 06-07.096

The Board of County Commissioners, Escambia County, Florida, invites your company to respond a request for qualifications on the item(s) as listed on the attached pages.

All terms and conditions below are a part of these qualifications. The County reserves the right to waive informalities in any qualification; to reject any or all qualifications, in whole or in part, and/or to accept the qualification(s) that in its judgment is from the lowest and most responsible and responsive offeror(s).

Instructions to Offerors

1. General Information

All qualifications to be considered shall be in the possession of the Office of Purchasing prior to the time the qualifications are due.

Qualifications WILL BE RECEIVED UNTIL: 2:00 p.m., CDT, Tuesday, August 14, 2007

Qualifications may be:

Mailed or delivered to the Office of Purchasing 2nd Floor, Matt Langley Bell, III Building, 213 Palafox Place, Pensacola, Florida 325021, in an envelope clearly marked:

Specification Number PD06-07.096, "Property ,Boiler and Machinery, Crime, Excess Workers Compensation, Statutory Death Benefits Insurance Agent", (Name of Offeror) and with the time and date qualifications are due. Note: If you are using a courier service; Federal Express, Airborne, UPS, etc., you must mark air-bill and envelope or box with Specification Number and Project Name.

Regardless of the method of delivery, each offeror shall be responsible for his documents being delivered on time, as the County assumes no responsibility for same. Qualification documents offered or received after the time set for receipt shall not be accepted.

2. Procurement Questions

Procurement questions may be directed to Lester L. Boyd, Purchasing Specialist, Telephone#: (850) 595-4944, Fax#: (850) 595-4805. Technical questions may be directed to Debra Johnson, Risk Manager, Human Resources Department Telephone #: (850) 595-4765 Fax#: (850) 595-4772.

3. Quotation Forms

Unless otherwise specified in the solicitation, the qualifications forms are furnished in duplicate. **All qualifications should be submitted on the forms provided and acknowledged by manual signature in the proper spaces and submitted in accordance with Section 1.** Offerors shall retain the duplicate copy. Qualification responses on vendor qualification forms are discouraged.

4. **Award**

The County reserves the right to accept or reject any and all qualifications, and to make award to the lowest most responsive and most responsible offeror whose qualifications meets the requirements and criteria set forth in the request for qualifications and whose award will, in the opinion of the County, be in the best interest of and most advantageous to the County. No modifications to the scope of services will be accepted.

5. **Scope of Services**

Original and Five Copies of the quotes shall be sent to:

Lester Boyd, Purchasing Specialist
213 Palafox Place, 2nd Floor
Office of Purchasing
Pensacola, Florida 32502
llboyd@co.escambia.fl.us

Escambia County reserves the right to accept or reject any qualification. Inquiries must be submitted in writing with a requested e-mail to Lester L. Boyd address above. All inquiries and responses will be furnished to all submittal

Qualifications Form

Specification Number PD 06-07.096

**Property, Boiler and Machinery, Crime, Excess Workers Compensation
Statutory Death Benefits, Insurance Agent**

Board of County Commissioners
Escambia County, Florida
Pensacola, Florida 32502

Date: _____

Commissioners:

In accordance with your "Request for Qualifications" for **Property, Boiler and Machinery, Crime, Excess Workers Compensation, Statutory Death Benefits Insurance Agent** as described and listed in this Request for Qualifications, and subject to all conditions thereof, I, the undersigned, hereby propose to provide the following:

Description	Cost
-------------	------

(PLEASE TYPE THE INFORMATION BELOW)

SEAL IF BID IS BY CORPORATION

Signature: _____

Title: _____

Address: _____

Person to contact concerning this quotation:

Phone/Toll Free/Fax No.: _____

E-Mail Address: _____

Home Page Address: _____

ESCAMBIA COUNTY

REQUEST FOR QUALIFICATIONS

FOR

PROPERTY

BOILER AND MACHINERY

CRIME

EXCESS WORKERS COMPENSATION

STATUTORY DEATH BENEFITS

INSURANCE AGENT

RFQ # – PD 06-07.096

SUBMISSIONS DUE

2:00 P.M., TUESDAY, AUGUST 14, 2007

PREPARED BY WATERS RISK MANAGEMENT, PINELLAS PARK, FLORIDA

JULY 2007

TABLE OF CONTENTS

Subject	Page No.
REQUEST FOR QUALIFICATIONS AND COUNTY REQUIREMENTS	1
GENERAL INFORMATION	8
INSURANCE AGENTS	15
SUMMARY OF COMMERCIAL INSURANCE - CURRENT PROGRAM	18
AGENT RFQ SUBMISSIONS FORMS	Separate

**ESCAMBIA COUNTY, FLORIDA
INSURANCE AGENT QUALIFICATIONS
GENERAL INFORMATION**

SOLICITATION OF INSURER AND INSURANCE AGENT INTEREST

Escambia County's property, boiler and machinery, crime, excess workers compensation and statutory death benefits insurance renew January 1, 2008.

This is a request for interested persons/firms to submit their credentials and qualifications to the Escambia County, Florida for consideration during an insurance agent qualification process. Wherever herein the term "agents" is used it shall also mean brokers.

BACKGROUND

Depending on the type of coverage, Escambia County, Florida program covers the Board of County Commissioners and the county's five (5) Constitutional Officers, which includes, Clerk of Circuit Court, Property Appraiser, Sheriff's Department, Supervisor of Elections, Janet Holley Tax Collector and Santa Rosa Island Authority.

- Property and Boiler and Machinery insurance are to cover the Board, all Constitutional Officers and the Santa Rosa Island Authority.
- Crime insurance is to cover only the Board, Clerk of Courts, Supervisor of Elections and Tax Collector.
- Workers Compensation Excess Insurance is to cover all entities and interests, except for the Sheriff, who purchases his own workers compensation insurance.
- Statutory Death Benefits Insurance is to cover Sheriff law enforcement and correctional officers, and County firefighters, EMTs and paramedics.

Escambia County, Florida is located in Northwest Florida, and Pensacola is the county's principal city. Escambia County has 300 site locations, 1749 employees, allocated payroll \$56,531,187 and a fleet of 816 vehicles.

Details on the current program anniversary dates, coverage's, and premiums are shown in the section titles "CURRENT PROGRAM".

The county is self-insured for its workers compensations risks and utilizes Preferred Governmental Claims Solutions, Inc., (PGCS), as its third party administrator (TPA) and management care arrangement (MCA). TPA and MCA services are not solicited herein.

SUBMISSION DUE DATE

All interested firms, including the incumbent agent, must complete and submit responses to this RFQ (including completed accompanying submission forms) in **one original and five copies** on or before 2:00 p.m., CDT, Tuesday, August 14, 2007.

Submissions shall be sealed and marked "Request for Qualifications for Property/Casualty Insurance Agent, Escambia County, RFQ ; PD 06-07.096, Tuesday, August 14, 2007. Specifications may be obtained or mailed to:

Escambia County BCC
Office of Purchasing
Matt Langley Bell III Building
213 Palafox Place, 2nd Floor
Pensacola, FL 32502
Attn: Lester L. Boyd

If submissions are mailed, we suggest that submitters obtain a delivery receipt from delivery carriers for record. FAXED SUBMISSIONS WILL NOT BE ACCEPTED.

CONTRACT EFFECTIVE DATE, TERM

The contract term will be effective for the term January 1, 2008—January 1, 2009, with the property insurance taking effect December 31, 2007.

County renewal for 2009 and subsequently, will in part be dependent upon acceptability of the cost, quality of service, provider stability and market conditions. The county reserves the right at any time to remove the agent for one or more types of coverage(s) if believed to be in the County’s best interest to solicit such coverage from one or more parties involving other agents.

In anticipation that the agent contract will be effective for more than one (1) year, fee/remuneration guarantees beyond one year are desired (preferably for three years or more), so be explicit about any such offerings.

INFORMATION PROVIDED/ ADDITIONAL INFORMATION

Basic background information is provided herein to facilitate submissions. Much effort was made to provide necessary and accurate information when the request was prepared, but the county is not to be penalized for any lack of completeness. Accuracy of this data is not guaranteed. It is the sole responsibility of submitters to assure that they have all information necessary to their submissions. If more information is needed, please contact on of the following:

- Procurement Assistance: Lester Boyd, Purchasing Specialist, Office of Purchasing
Telephone: (850) 595-4944 Fax: (850) 595-4805
- Technical Assistance: Debra Johnson, Risk Manager, Human Resources Department
Telephone: (850) 595-4765 Fax: (850) 595-4772
- Submission Format: Hayden Knowlton, CPCU, ARM, AIC, Waters Risk Management,
Independent Consultant Telephone: (727) 546-5644 Fax: (727) 546-2712

ADDENDA

Any changes made in the RFQ will be brought to the attention of all who have provided proper notices of interest in providing the services solicited herein.

WAIVER/ REJECTION OF SUBMISSIONS

All responsive submissions will be considered. However, the County reserves the right to waive informalities in submissions, to reject, with or without cause, any or all submissions or portions of submissions, or to negotiate or not negotiate with or interview or not interview individual submitters, or to accept any submissions deemed to be in the best interest(s) of the County.

NON-CONFIDENTIALITY OF SUBMISSIONS

The County does not warrant the confidentiality of submissions in response to this Request for Qualifications. All submissions are subject to Florida's public records law and must be open to viewing by anyone who requests to see them. Submitters requiring confidentiality should not submit.

CONTRACT AWARD

The County's award shall be based on the most cost effective, most responsible and responsive submission that is believed to be most advantageous to the County.

LICENSES AND REFERENCES

Submitters shall have valid licenses to operate in the State of Florida. Documentation of these licenses should be provided in the submission. Current references, preferably for public entities in the County's immediate or nearby area, are to be provided.

AUTHORIZED OFFER

The submitter should indicate the extent of authorization by the agency to make a valid offer in the submission summary that may be accepted by the County to form a valid and binding contract.

If the submitter is not authorized to present a submission that can be bound by the County's acceptance, such person should also obtain the signature of an authorized representative of the agency that may result in a bound contract upon the County's acceptance.

Submissions should be typed or written in ink, signatures shall be manually signed in ink, and any corrections should be typed or in ink and initialed.

NO COLLUSION CLAUSE

By submitting a response to this RFP, the submitter certifies that the submitter has not divulged to, discussed or compared his/her competitive submission with other submitters and has not colluded with any other submitters or parties to this competitive submission. Also, the submitter certifies, and in the case of a joint competitive submission each party thereto certifies as to its own organization, that in connection with the competitive submission:

- Any prices and/or cost data submitted have been arrived at independently, without consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such prices and/or cost data, with any other submitter or with any competitor;
- Any prices and/or cost data quoted for this competitive submission have not been knowingly disclosed by the competitive submitter and will not knowingly be disclosed by the submitter, directly or indirectly to any other submitter or to any competitor, prior to the scheduled opening and award of the contract;
- No attempt has been made or will be made by the submitter to induce any other person or firm to submit or not to submit a competitive submission to restrict competition;

- The only person or persons interested in this competitive submission is/are the principal or principals named herein and that no person other than herein mentioned has any interest in this competitive submission or in the Agreement to be entered into.

EX PARTE COMMUNICATION

Please note that to assure proper and fair evaluation of submissions, after submissions are received and until award of the contract(s) the County prohibits ex parte communication initiated by the submitter to the County Commission and discourages ex parte communication initiated by the submitter to any County official or employee evaluating or considering submissions prior to the time a decision has been made.

Communication between a submitter and the County will be initiated by the appropriate County official, employee or designated consultant in order to obtain information or clarification needed to develop a proper and accurate evaluation of the submission. Ex parte communication may be grounds for disqualifying the offending submitter from consideration or award of the submission then in evaluation or any future submission.

EVALUATION OF SUBMISSIONS

In evaluating submissions, the County shall consider several factors, including but not limited to:

Criteria
Agent qualifications and experience, including experience with large accounts.
Agency premium volume.
Agent/agency range of services available.
Agent/agency experience with accounts of similar complexity including public entities.
Agent/agency commitment to service of Escambia County.
Agent/agency remuneration for Escambia County's account.
Agent/agency insurance market indications.
Agent/agency clout/ability to access and leverage market preferences.
Agent/agency exclusive access to unique markets or specialty programs for Escambia County.
Agent/agency negotiation experience
References (including current customer satisfaction with services).
Finalist interview, if interviews held (applicable only to those chosen as finalists).

The order in which these items are listed does not necessarily reflect their order of importance.

INTERVIEWS

The County may determine that it will be desirable to conduct interviews with some submitting firms. However, the County reserves the right to interview or not interview submitters, and to qualify a submitter with or without an interview process.

If it necessary to interview finalists before deciding on which firm is to be chosen by the County, finalist interviews are likely to be conducted September 5, 2007. Finalists will likely be notified of the time and date and place of the interviews about a week in advance of the interview date.

The County's decision on qualifying an agent to submit shall be final.

The County has the right to assign markets and, following the assignment, interference with markets assigned to others may be grounds for disqualification.

EQUAL EMPLOYMENT OPPORTUNITY

In connection with the carrying out of any project, the contractor shall not discriminate against any employee or applicant for employment because of race, color, religion, sex, national origin, age, or disability. Contractors subject to the provisions of Florida Civil Rights Act shall not discriminate on the basis of marital status.

FLORIDA PREFERENCE

Chapter 287.084 , F.S. Preference to Florida businesses, When the lowest most responsible and most responsive offer is by an offeror whose place of business from where he offers is in a state which grants a preference for the purchase of personal property to a person whose place of business is in such state, then the preference may be given to the lowest most responsible and most responsive offeror having a place of business within this state, which preference is equal to the preference granted by the state or political subdivision thereof in which the lowest most responsible and most responsive offeror has his place of business. However, this section shall not apply to projects for which federal aid funds are available. This section may be waived by the Board of County Commissioners. **All solicitations shall require any offeror whose place of business is outside the State of Florida to accompany any written bid/proposal form with a written opinion of an attorney at law licensed to practice law in that foreign state, as to the preferences, if any or none, granted by the law of that state to its business entities whose places of business are in that foreign state in the letting of any or all public contracts.** The failure of any such offeror to accompany its bid/proposal forms with such a written opinion may result in the rejection of the offer submitted by such offeror.

CONTRACTUAL AGREEMENT

This Request and Submission Forms shall be included and incorporated in the final contract or purchase order. The order of contract precedence will be the contract (purchase order), submission document, and response. Any and all legal action necessary to enforce the contract will be held in Escambia County and the contract will be interpreted according to Florida law.

UNIFORM COMMERCIAL CODE

The Uniform Commercial Code (Florida Statutes, Chapter 672) shall prevail as the basis for contractual obligations between the awarded submitter/contractor and Escambia County for any terms and conditions not specifically stated in this Request for Qualifications.

CONFLICT OF INTEREST

The award hereunder is subject to the provisions of Chapter 112, F.S

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 on a contract for 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, F.S., for Category Two for a period of 36 months from the date of being placed on the convicted vendor list.

DRUG-FREE WORKPLACE FORM

Chapter 287.087, F.S., Procurement of Personal Property and Services. Whenever two or more offers which are equal with respect to price, quality, and service are received by the County for the purchase of commodities or contractual services, an offer received from a business that certifies that it complies fully with the requirements of the Drug-Free Workplace Program shall be given preference in the award process.

INFORMATION SHEET FOR TRANSACTIONS AND CONVEYANCES

The Information Sheet for Transactions and Conveyances Corporation Identification shall be completed and submitted with the offer. Information as provided may be verified through the Department of State.

COPIES

Copies of documents, records, materials, and/or reproductions shall be requested in accordance with Chapter 119, F.S., Public Records. Copyrighted materials may be inspected, but cannot be copied or reproduced per Federal law.

NON-WARRANTY OF SPECIFICATIONS

Due care and diligence have been exercised in the preparation of this RFQ and all information contained herein is believed to be substantially correct. However, the responsibility for determining the full extent of the exposures to risk and verification of all information herein shall rest solely with the submitters. Neither the County nor its representatives shall be responsible for any error or omission in this RFQ, nor for the failure on the part of the submitter(s) to determine the full extent of the exposures.

CERTIFICATE TO DO BUSINESS IN THE STATE OF FLORIDA

A sample certificate of authority from the Secretary of State authorizing a company to do business in the State of Florida is provided as a reference example to submitters.

A copy of a current certificate of authority from the Secretary of State authorizing your company to do business in the State of Florida, or other evidence of legal authority to do business in the state, county, city and/or any other agency of authority shall be provided with your response to this solicitation.

Failure to provide evidence of current licensure, certification or other evidence of legal authority to do business in matters of this solicitation may render your submission non-responsive.

CONTRACT DELIVERY

Submitters are expected to deliver documentation of contracts as submitted and as accepted by the County.

If documentation is not delivered as submitted and as accepted by the County no less services or terms will later be accepted.

The County shall not be obligated to follow-up to obtain documentation of proposed items not included or incomplete in delivered contracts. If the County does not follow-up, or if the County follows up only on a limited basis, and if the submitter does not fulfill its obligation to deliver documentation of services or other terms submitted, it shall not be construed as the County's accepting anything less than submitted, and as accepted by the County.

ESCAMBIA COUNTY

INSURANCE AGENTS

SELECTION OF ONE OR MORE AGENTS

The County will qualify, based on responses to this RFQ, one or more agents to pursue proposals for the County's insurance/excess insurance renewals. The County's incumbent agent is not exempt from completion of the Submission Forms and is expected to respond to all items, including listing, in order, insurance market preferences, whether for incumbent insurers or others for which the incumbent agent desires to be qualified.

It is expected that there may be more agents/insurers that are capable of responding to the County's needs, however, the County's decision on which firm to select shall be final.

QUALIFICATIONS

Background information should be furnished regarding the specific agent/representative who will serve the County, the degree of the agent's commitment to the County's account and the expected frequency of agent/representative service contact. Experience with other public entities, preferably entities of similar size, complexity and magnitude is preferred.

Information should be furnished as applicable, regarding the size of agency, personnel and qualifications (particularly of the agent/representative who will serve the County), services, etc. State the expected frequency of agent/representative service contact.

Submitting firms should state the amount of errors and omissions insurance maintained, and the name of the insurer providing the coverage. A \$1,000,000 per occurrence limit is preferred.

Submitters should provide a narrative setting forth the key reasons they should be qualified by the County to be their agent for submitting insurance proposals. The narrative should emphasize issues that make them unique, or give them special advantages over other submitters.

NEGOTIATION EXPERIENCE/CAPABILITIES

The County 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. The response will be more important from independent agents who represent several insurers than from representatives of direct writers.

Obviously, specifics should be provided if the agency has access to or control of specialty or unique markets or programs that are generally unavailable to other competitors.

AGENT REMUNERATION

Submitters are asked to describe how they expect to be remunerated for placement of the insurance and for their services.

Specific indications are desired within the Summary Forms accompanying this request, and approximated by type of coverage. It is possible that at some time in the future the County may opt to remove a type of coverage from the agent contract, in favor of a competitive effort for which the remuneration for the coverage would be re-established.

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.

REFERENCES

Submitters should provide at least five client references, including from the local area. Preferably, references should be public entities of similar size, complexity and magnitude to the County.

SERVICE

Submitters are required to provide details about the scope of services available, details of functions performed by local offices and information on staff personnel likely to be assigned to the County's account.

Services shall include 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, provision of loss control/safety services (be very specific in describing this service), premium/claims reporting, etc.

Immediately following is a specific listing of services desired from the agent:

SCOPE OF AGENT SERVICES

The insurance agent to be contracted by the County to provide insurance agent services will be expected to provide the following services.

1. Coordinate with the County to assure that up-to-date exposure data is incorporated into issuance of newly purchased policies.
2. Issue and deliver valid and timely binders for insurance policies purchased by the County. Assure that insurance policies being purchased will be delivered in accordance with the proposal(s) that were negotiated and/or accepted by the County.
 - a. Assure that the policies issued reflect no lesser policy terms, conditions, coverage amounts and options than were accepted by the County.
 - b. Immediately correct policy deficiencies before delivery to the County.
 - c. Promptly deliver the policies to the County. If any deficiencies from the accepted proposal remain, provide a timeline for their resolution to the satisfaction of the County.
3. Promptly and accurately process insurance policy endorsements and other change requests as needed.
4. Coordinate loss control/safety services desired by the County that are available from the insurers whose policies were purchased through the agent.
5. Assist the County in filing claims with insurers from whom the County has purchased policies through the agent.

6. Be available for risk management meetings with the County, as desirable during the year.
7. Issue Certificates of Insurance, as may be required by the County.
8. Monitor and notify the County of major developments regarding the insurance industry or the County's insurers or policies that may affect the County.
9. Respond to coverage or other insurance policy questions as may be presented by the County.
10. At least annually, review with the County staff the premium/claims history of the County for the policies purchased.
11. Coordinate with the County about 120 to 150 days prior to renewals on giving estimates of renewal changes in premium, coverage, policy terms, etc. and in collecting needed renewal rating and background information.
12. Endeavor to present renewal pricing and policy changes 100 days before renewal.
13. If permitted by the County, market coverages with other insurers, and deliver to the County a listing of all companies contacted, detailed spreadsheets of all proposals received and all rejection letters.
14. If the County conducts an RFP process for coverages provided, promptly provide necessary background and rating data, and premium/claims history information desired for the RFP.
15. Cooperate with the County in developing a fair reduction of the contracted agent/broker remuneration in the event the County exercises the option to solicit competition for one or more types of insurance outside of the agent contract.
16. Fully disclose insurance policy premiums and commissions and other remuneration received for the sale of such policies.
17. Permit the County to conduct an audit of all remuneration/revenues attributable to the County's account and to fully cooperate with persons designated by the County to perform such audit.

COUNTY RIGHT TO AUDIT

The County reserves the right (at its option), and the submitting agency and agents are expected to agree, to an audit of the agency and related parties regarding the County's expenditures for the property/casualty insurance/self-insurance program and all related remuneration to the agency and agents and others involved, including the tracking of funds to intermediaries, insurers, etc.

\$ 135m Excess of 65m	Landmark American Ins. Co. Landmark American Ins. Co.	12/31/06-07 12/31/06-07				\$2,500,000.00 \$135,000,000.00		53,424.00 79,332.70
* Deductible is 5% for Named Windstorm (w/minimal of \$100,000). Flood/Quake \$100,000. All other perils \$75,000; Wind limit \$65,000,000						\$200,000,000.00		\$3,390,641.50
Boiler and Machinery	Lon Bryan & Company Hartford Steam/Boiler	1/1/07-08	FBP2286647		\$10,000.00 or 10% (>)	\$50,000.00		26,230.71
Bob Sikes Bridge/SR Sound Bridge	Department of Transportation	7/1/06-7/1/07	Structure #4801139 and #480123		\$25,000.00 or 1% (>)	100,000,000/Blanket 100,000,000/Excess		60,514.42
FLOOD & WINDSTORM INSURANCE								
C&P Bank Building 213 Palafox Pl	Lon Bryan & Company Travelers Property & Casualty	12/01/06-07	6500354995		(B) \$500.00 (C) \$500.00	(B) \$100,000.00 (C) \$100,000.00		1,375.00
Courthouse & Annex 223 S. Palafox	Lon Bryan & Company Travelers Property & Casualty	10/04/06-07	6500277840		(B) \$500.00 (C) \$500.00	(B) \$100,000.00 (C) \$100,000.00		2,012.00
Judicial Building 357 South Baylen Street	Lon Bryan & Company Travelers Property & Casualty	10/04/05-06	6500277832		(B) \$500.00 (C) \$500.00	(B) \$100,000.00 (C) \$100,000.00		1,375.00
Booking & Detention 1200 West Leonard St.	Lon Bryan & Company Travelers Property & Casualty	10/07/06-07	6500277873		(B) \$500.00 (B) \$500.00	(B) \$100,000.00 (C) \$100,000.00		1,375.00
Old Heath Dpt/Public Defenders 2251 North Palafox St.	Lon Bryan & Company Travelers Property & Casualty	03/06/07-08	6500406662		(B) \$500.00 (C) \$500.00	(B) \$100,000.00 (C) \$100,000.00		2,012.00
Sheriffs Sub-Station 41 Ft. Pickens Rd.	Lon Bryan & Company Travelers Property & Casualty	12/30/06-07	6500359150		(B) \$500.00 (C) \$500.00	(B) \$251,000.00 (C) \$229,000.00		4,534.00
Old Orvis (Ordon's) Bldg 201 South Palafox St.	Lon Bryan & Company Travelers Property & Casualty	04/12/07-08	6500677452		(B) \$500.00	(B) \$100,000.00 (C) 0		615.00
Facilities Management 100/120 East Blount	Lon Bryan & Company Travelers Property & Casualty	08/04/06-07	6004401664		(B) \$500.00 (C) \$500.00	(B) \$500,000.00 (C) \$245,000.00		2,730.00
New Courthouse 221 Palafox Place	Lon Bryan & Company Travelers Property & Casualty	12/14/06-07	6010050581		(B) \$500.00 (C) \$500.00	(B) \$100,000.00 (C) \$100,000.00		800.00
Sheriffs Sub-Station - WINDSTORM 41 Ft. Pickens Rd.	Lon Bryan & Company Citizens Property Insurance Corp	11/30/06-07	353438		(B) \$12,870.00	(B) \$429,000.00		1,497.00
Santa Rosa Toll Booth 415 Pensacola Blvd	Lon Bryan & Company Travelers Property & Casualty	10/16/06-07	6500316960		(B) \$500.00 (C) \$500.00	(B) \$313,800.00 (C) \$78,500.00		660.00
Santa Rosa Toll Booth - WINDSTORM 415 Pensacola Blvd	Lon Bryan & Company Citizens Property Insurance Corp	10/15/06-07	1119917		(B) \$21,546.00 (C) \$8,453.00	(B) \$718,212.00 (C) \$281,788.00		2,266.00

BONDS						
Public Official Dist 1 Mike Whitehead	Fisher Brown/ Fidelity & Deposit	11/16/04-11/18/08	POB8783258	\$0.00	\$2,000.00	355.00
Public Official Dist 2 Gene M. Valentino	Fisher Brown/ Fidelity & Deposit	11/21/06-11/15/10	POB8783316	\$0.00	\$2,000.00	355.00
Public Official Dist 2 Bill Dickson	Fisher Brown/ Fidelity & Deposit	11/19/02-11/20/06	POB8526374	\$0.00	\$2,000.00	121.00
Public Official Dist 3 Marie Young	Fisher Brown/ Fidelity & Deposit	11/16/04-11/18/08	POB8526340	\$0.00	\$2,000.00	355.00
Public Official Dist 4 Grover C. Robinson, IV	Fisher Brown/ Fidelity & Deposit	11/21/06-11/15/10	POB8783318	\$0.00	\$2,000.00	355.00
Public Official Dist 4 Thomas Benjamin	Fisher Brown/ Fidelity & Deposit	11/19/02-11/20/06	POB8117136	\$0.00	\$2,000.00	121.00
Public Official Dist 5 Kevin W. White	Fisher Brown/ Fidelity & Deposit	11/16/04-11/18/08	POB8783260	\$0.00	\$2,000.00	355.00

SUBMISSION FORMS

ESCAMBIA COUNTY

REQUEST FOR QUALIFICATIONS

FOR

PROPERTY

BOILER AND MACHINERY

CRIME

EXCESS WORKERS COMPENSATION

STATUTORY DEATH BENEFITS

INSURANCE AGENT

RFQ # – PD 06-07.096

SUBMISSIONS DUE

2:00 P.M., TUESDAY, AUGUST 14, 2007

PREPARED BY WATERS RISK MANAGEMENT, PINELLAS PARK, FLORIDA

JULY 2007

This is a form for submitters to provide basic information and specific qualifications to provide insurance to Escambia County. 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.

SUBMISSION FORM
FOR QUALIFICATION OF PROPERTY/CASUALTY INSURANCE AGENT

1. Insurance Agent/Insurer Representative _____
2. Firm Name _____
3. Address _____
4. Telephone _____ Fax _____ Email _____

Insurance Agent/Insurer Representative

5. How many years have you been in the insurance business? _____
6. How many years have you been with your present firm? _____
7. Have you attached background information on yourself, e.g. resume? _____
8. How many Florida public entities do you service? _____
9. How many Florida county clients do you service? _____
10. Have you attached an explanation of your experience with other large accounts and public entities of similar size, complexity and magnitude? _____
11. Will you provide the scope of agent services as outlined in the RFP? _____
12. Will you commit to proactive and aggressive pursuit of negotiation of favorable policy terms, conditions and pricing of insurance coverage? _____
13. Have you attached examples of proactive and aggressive negotiation experience? _____

Submissions are due in one original and five copies no later than 2:00 p.m., Tuesday, August 14, 2007, sealed/marked "REQUEST FOR QUALIFICATIONS FOR PROPERTY/CASUALTY INSURANCE AGENT, ESCAMBIA COUNTY, RFQ # – PD 06-07.096, TUESDAY, AUGUST 14, 2007." Mail or send the original and five copies to Mr. Lester Boyd, Purchasing Department, Escambia County, P. O. Box 1591, Pensacola, Florida, 32597-1591 or delivered to her at the Purchasing Department, 213 Palafox Place, Room 230, Pensacola, Florida, 32501. Faxed and e-mailed submissions will not be accepted.

Firm Background

14. How many years has your firm been in business? _____
15. Which Florida office of your firm will provide ongoing services to the County? _____

16. Will any other offices be involved; to what extent? Be specific. _____
17. Have you provided background information on the range of your firm’s services? _____
18. How many Florida public entity clients does the firm service? _____
19. How many Florida county clients does the firm service? _____
20. Have you attached an explanation of your firm’s experience with other public entities of similar size, complexity and magnitude? _____
21. What is your firm’s Florida premium volume? _____
22. Approximately what percentage of the firm’s Florida business are public entities, in revenue volume, e.g. commissions, fees? _____
23. Based on your experience over the past six months, what premium increase percentage, increased windstorm deductible and limits availability should the County expect in its 2007 property insurance renewal? _____

24. Are you comfortable that if you are selected that you will indeed secure sufficient property insurance for the County’s January 1, 2008 renewal, and if so, why? _____

25. Are the key persons likely to be designated to service the County’s account appropriately licensed by the State of Florida? Please list the following:

<u>Name</u>	<u>Types of Licenses</u>	<u>Years Serving Public Entities</u>

26. Have you attached details of the experience of these persons with Florida public entities with similar size and complexity as the County? _____
27. Have you provided specifics on agency personnel (employees or subcontractors other than staff of insurance companies) who are likely to be utilized in performing desired inspection and loss control services? _____

28. State the amount of errors and omissions insurance for the firm and the name of the insurer.

Remuneration

29. State your total remuneration (as commissions, fees, etc.) for the following coverages; and treat each coverage as if it might be separable from the others (you may indicate one or both methods of remuneration – either method is acceptable).

Coverage	% of Premium up to Maximum Fee	(or) Flat Fee
Property/Excess Property/Bus Int.	% up to \$	\$
Flood	% up to \$	\$
Inland Marine/EDP	% up to \$	\$
Crime	% up to \$	\$
Public Official Bonds	% up to \$	\$
Boiler and Machinery	% up to \$	\$
Law Enforcement/Fire Statutory Death Benefit	% up to \$	\$
Excess Workers Compensation	% up to \$	\$
Total (If Flat Fees)	NA	\$

Can either of the above methods be chosen by the County, whichever is in the County’s best interest?

Are these percentages and flat fees negotiable? _____

30. Will this remuneration be included within the premiums you propose, or will you propose net premiums to which this remuneration will be added? Explain. _____

31. For how many years are you willing to guarantee this level of remuneration, regardless of premium changes? Explain. _____

32. Is your proposed remuneration inclusive of marketing activity and all services to be provided throughout the year? (Clearly explain any variables.) _____

33. Do you acknowledge that the County reserves the right at any time to remove the agent for one or more types of coverage if believed to be in the County’s best interest to solicit such coverage from one or more parties involving other agents? _____

34. Do you agree to a reasonable adjustment of your fee in the event the County believes it to be in its best interest to remove the agent for one or more types of coverage to solicit such coverage from one or more parties involving other agents? _____

35. Does the submitting agency and agents agree to allow and pledge full cooperation to the County if it (at its option), desires an audit of the agency and related parties regarding the County's expenditures for the property/casualty insurance/self-insurance program and all related remuneration to the agency and agents and others involved, including the tracking of funds to intermediaries, insurers, etc? _____

General

36. Have you disclosed the name of any officer, director, agent or other key person who is also an official or employee of the County? If none, state "none". _____

37. Have you disclosed the name of any official or employee of the County who owns, directly or indirectly, an interest of five percent or more in a proposing firm or any of its branches? If none, state "none". _____

38. Reasons for the County qualifying your firm: describe below and/by attachment the key reasons your firm should be qualified by the County to be its agent. Emphasize issues that make the firm unique, or give it special advantages over other proposers. Attach any supplemental documentation you think is relevant to your qualification. _____

39. Describe your ability to access, utilize and leverage your market preferences and other key insurance markets. _____

40. Describe if you have exclusive access to unique and/or specialty programs and explain if you think the County would be better off with these markets and program than with the current program. _____

Additional Comments:

I have read Escambia County's Request for Qualifications for a property/casualty Insurance Agent. I am submitting information based upon the representation that my firm is of sufficient size and capability and has sufficient experience to serve the County.

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

This Request by the County is understood to be a solicitation of background information and qualifications from firms that may be designated as agent. I represent that I am authorized to provide this submission on behalf of my firm.

Date	Authorized Signature, Title	Firm	Telephone
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INSURANCE MARKET PREFERENCES

Which are your preferred markets, in order of those you think can best serve the County with the best cost, coverage and service?

#	Insurer Name Also, include MGA/MGU, if Applicable	Insurer Group or Fleet Name	Your Firm's Estimated Annual Florida Premium Volume	Direct Access Yes or No	Group/Fleet Exclusive Yes or No
PRIMARY PROPERTY/BUSINESS INTERRUPTION					
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
EXCESS PROPERTY/BUSINESS INTERRUPTION					
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
FLOOD					
1.					
2.					
3.					
INLAND MARINE/EDP					
1.					
2.					
3.					
4.					
5.					
6.					
7.					

#	Insurer Name Also, include MGA/MGU, if Applicable	Insurer Group or Fleet Name	Your Firm's Estimated Annual Florida Premium Volume	Direct Access Yes or No	Group/Fleet Exclusive Yes or No
CRIME					
1.					
2.					
3.					
4.					
5.					
PUBLIC OFFICIALS BONDS					
1.					
2.					
3.					
BOILER AND MACHINERY					
1.					
2.					
3.					
4.					
5.					
EXCESS WORKERS COMPENSATION					
1.					
2.					
3.					
4.					
5.					
LAW ENFORCEMENT/FIRE STATUTORY DEATH BENEFIT					
1.					
2.					
3.					
4.					
5.					

**ESCAMBIA COUNTY
REFERENCES**

Provide specific references for at least five customers (preferably public entities), including customers served by the firm's nearest office to the County. They should be of similar size, complexity and magnitude to the County. Additional references may be provided by attachment.

FIRM _____

1. Organization _____
Contact and address _____
Phone/fax numbers, e-mail address. _____
Insurance/services provided _____

2. Organization _____
Contact and address _____
Phone/fax numbers, e-mail address. _____
Insurance/services provided _____

3. Organization _____
Contact and address _____
Phone/fax numbers, e-mail address. _____
Insurance/services provided _____

4. Organization _____
Contact and address _____
Phone/fax numbers, e-mail address. _____
Insurance/services provided _____

5. Organization _____
Contact and address _____
Phone/fax numbers, e-mail address. _____
Insurance/services provided _____