

REQUEST FOR QUALIFICATIONS

for

INSURANCE BROKER SERVICES

Proposal Number BC-06-09-09-34

BOARD OF COUNTY COMMISSIONERS
LEON COUNTY, FLORIDA

REQUEST FOR QUALIFICATIONS FOR INSURANCE BROKER SERVICES
Proposal Number: BC-06-30-09-34

I. INTRODUCTION

The County is seeking conceptual proposals from qualified firms/agents/Public Trusts and Pools to provide comprehensive insurance brokerage services. Each candidate is being asked to submit a formal written proposal to detail its capabilities in servicing the County. This is a request for interested persons/firms to submit their credentials and qualifications on the attached submission forms for consideration during an insurance agent/insurer qualification process. This is Phase One of a two-phase process. Only firms that have been pre-qualified during Phase One will be eligible to submit proposals for the County's insurance during Phase Two. Wherever herein the terms "agents" or "broker" is used it shall also mean brokers, firm, agents, Public Trusts and Pools.

For those firms/agents/Public Trusts and Pools successfully pre-qualified in Phase One, the County will be requesting quotes for Property and Inland Marine, Boiler and Machinery, General Liability (including Employment Practices and Public Official Liability), Automobile, Excess Workers' Compensation and Third Party Administrator (TPA) for Workers' Compensation. The County prefers to maintain its relationship with the current TPA, but will consider others. TPA services shall be quoted separate from the Excess Workers' Compensation quote. The County will require proposals from agents and insurers for a program as similar as possible to the current structure, and may consider alternative limits and deductibles. The County prefers maximum separability of proposals, in the event that it finds it most cost effective to contract with more than one agent and/or insurer. Limited background information is provided herein to facilitate qualification submission. **No market assignments will be made.** Anniversary dates, current coverages, and insurers are shown on the attached submission forms.

The successful broker(s) selected in Phase Two will be asked to commence servicing the account in conjunction with an October 1, 2009 renewal date of insurance coverages. The chosen organization(s) will be held to aggressive service requirements and high quality standards in providing service for the County.

Successful proposers (if more than one is selected in Phase Two) will be eligible to bid for any/all lines of coverage for each successive year of the service agreement(s). If only one successful proposer is selected from Phase Two, that firm/agent/Public Trust or Pool will have sole responsibility for the marketing of the County's insurance coverage for the duration of the service agreement.

Further, the successful proposer for General Liability (including Employment Practices and Public Official Liability) will be assigned the responsibility to market and secure Pollution Liability, Accidental Death and Dismemberment, Volunteer Fire Services and Aviation Liability insurance.

Time is of the essence in regard to these services. It is the County's intent to act as expeditiously as possible to meet or exceed all time lines contained herein and the Contractor selected is expected to do the same throughout the period of service.

The County desires a three-year agreement with two (2) two-year extension options.

Exposure Data

Throughout this Request are various data in the form of schedules, lists narratives, etc. which are intended to be representative of the County's exposures prior to or at the time of preparation of this request. The intent is for all proposers to have recent, common information upon which to prepare their proposals.

It is expected that the successful proposer(s) will coordinate with the County to determine if the exposure data needs to be updated at the time the policy(ies) and/or contract(s) are to become effective.

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II. GENERAL INSTRUCTIONS:

- A. The response to the RFQ should be submitted in a sealed addressed envelope to:

*Proposal Number: BC-06-30-09-34
Purchasing Division
2284 Miccosukee Road
Tallahassee, FL 32308*

- B. An **ORIGINAL** and five (5) copies of the Response must be furnished on or before the deadline. Responses will be retained as property of the County. **The ORIGINAL of your reply must be clearly marked "Original" on its face and must contain an original, manual signature of an authorized representative of the responding firm or individual, all other copies may be photocopies.**
- C. Any questions concerning the request for proposal process, required submittals, evaluation criteria, proposal schedule, and selection process should be directed to Keith Roberts or Don Tobin at (850) 606-1600; FAX (850) 606-1601; or e-mail at robertsk@leoncountyfl.gov or tobind@leoncountyfl.gov. Written inquiries are preferred.
- D. Special Accommodation: Any person requiring a special accommodation at a Pre-Bid Conference or Bid/RFP opening because of a disability should call the Division of Purchasing at (850) 606-1600 at least five (5) workdays prior to the Pre-Bid Conference or Bid/RFP opening. If you are hearing or speech impaired, please contact the Purchasing Division by calling the County Administrator's Office using the Florida Relay Service which can be reached at 1(800) 955-8771 (TDD).
- E. Proposers are expected to carefully examine the scope of services, and evaluation criteria and all general and special conditions of the request for qualifications prior to submission. Each Vendor shall examine the RFQ documents carefully; and, no later than seven (7) calendar days prior to the date for receipt of proposals, he shall make a written request to the Owner for interpretations or corrections of any ambiguity, inconsistency, or error which he may discover. All interpretations or corrections will be issued as addenda. The County will not be responsible for oral clarifications.
- Only those communications which are in writing from the County may be considered as a duly authorized expression on the behalf of the Board. Also, only those communications from firms which are in writing and signed will be recognized by the Board as duly authorized expressions on behalf of proposers.
- F. Your response to the RFP must arrive at the above listed address no later than Tuesday, June 30, 2009 at 4:00 PM to be considered.
- G. Responses to the RFQ received prior to the time of opening will be secured unopened. The Purchasing Agent, whose duty it is to open the responses, will decide when the specified time has arrived and no proposals received thereafter will be considered.
- H. The Purchasing Agent will not be responsible for the premature opening of a proposal not properly addressed and identified by Proposal number on the outside of the envelope/package.
- I. It is the Proposers responsibility to assure that the proposal is delivered at the proper time and location. Responses received after the scheduled receipt time will be marked "TOO LATE" and may be returned unopened to the vendor.
- J. The County is not liable for any costs incurred by bidders prior to the issuance of an executed contract.

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- K. Firms responding to this RFQ must be available for interviews by County staff and/or the Board of County Commissioners.
- L. The contents of the proposal of the successful firm will become part of the contractual obligations.
- M. Proposal must be typed or printed in ink. All corrections made by the Proposer prior to the opening must be initialed and dated by the Proposer. No changes or corrections will be allowed after proposals are opened.
- N. If you are not submitting a proposal, please return the form attached at the end of the RFQ, marked 'No Proposal'.
- O. The County reserves the right to reject any and/or all proposals, in whole or in part, when such rejection is in the best interest of the County. Further, the County reserves the right to withdraw this solicitation at any time prior to final award of contract.
- P. Cancellation: The contract may be terminated by the County without cause by giving a minimum of thirty (30) days written notice of intent to terminate. Contract prices must be maintained until the end of the thirty (30) day period. The County may terminate this agreement at any time as a result of the contractor's failure to perform in accordance with these specifications and applicable contract. The County may retain/withhold payment for nonperformance if deemed appropriate to do so by the County.
- Q. Public Entity Crimes Statement: 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 bid on a contract to provide any goods or services to a public entity; may not submit a bid on a contract with a public entity for the construction or repair of a public building or public work, may not submit bids on leases of real property to a public entity, may not be awarded or perform work as a contractor, 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.
- R. Certification Regarding Debarment, Suspension, and Other Responsibility Matters: The prospective primary participant must certify to the best of its knowledge and belief, that it and its principals are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency and meet all other such responsibility matters as contained on the attached certification form.
- S. Licenses and Registrations: The contractor shall be responsible for obtaining and maintaining throughout the contract period his or her city or county occupational license and any licenses required pursuant to the laws of Leon County, the City of Tallahassee, or the State of Florida. Every vendor submitting a bid on this invitation for bids **shall** include a copy of the company's local business or occupational license(s) or a written statement on letterhead indicating the reason no license exists. Leon County, Florida-based businesses are required to purchase an Occupational License to conduct business within the County. Vendors residing or based in another state or municipality, but maintaining a physical business facility or representative in Leon County, may also be required to obtain such a license by their own local government entity or by Leon County. For information specific to Leon County occupational licenses please call (850) 488-4735.

If the contractor is operating under a fictitious name as defined in Section 865.09, Florida Statutes, proof of current registration with the Florida Secretary of State **shall be submitted** with the bid. A business formed by an attorney actively licensed to practice law in this state, by a person actively licensed by the Department of Business and Professional Regulation or

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the Department of Health for the purpose of practicing his or her licensed profession, or by any corporation, partnership, or other commercial entity that is actively organized or registered with the Department of State **shall submit** a copy of the current licensing from the appropriate agency and/or proof of current active status with the Division of Corporations of the State of Florida or such other state as applicable.

Failure to provide the above required documentation may result in the proposal being determined as non-responsive.

T. Audits, Records, And Records Retention

The Contractor shall agree:

1. To establish and maintain books, records, and documents (including electronic storage media) in accordance with generally accepted accounting procedures and practices, which sufficiently and properly reflect all revenues and expenditures of funds provided by the County under this contract.
2. To retain all client records, financial records, supporting documents, statistical records, and any other documents (including electronic storage media) pertinent to this contract for a period of five (5) years after termination of the contract, or if an audit has been initiated and audit findings have not been resolved at the end of five (5) years, the records shall be retained until resolution of the audit findings or any litigation which may be based on the terms of this contract.
3. Upon completion or termination of the contract and at the request of the County, the Contractor will cooperate with the County to facilitate the duplication and transfer of any said records or documents during the required retention period as specified in paragraph 1 above.
4. To assure that these records shall be subject at all reasonable times to inspection, review, or audit by Federal, state, or other personnel duly authorized by the County.
5. Persons duly authorized by the County and Federal auditors, pursuant to 45 CFR, Part 92.36(1)(10), shall have full access to and the right to examine any of provider's contract and related records and documents, regardless of the form in which kept, at all reasonable times for as long as records are retained.
6. To include these aforementioned audit and record keeping requirements in all approved subcontracts and assignments.

U. Monitoring

To permit persons duly authorized by the County to inspect any records, papers, documents, facilities, goods, and services of the provider which are relevant to this contract, and interview any clients and employees of the provider to assure the County of satisfactory performance of the terms and conditions of this contract.

Following such evaluation, the County will deliver to the provider a written report of its findings and will include written recommendations with regard to the provider's performance of the terms and conditions of this contract. The provider will correct all noted deficiencies identified by the County within the specified period of time set forth in the recommendations. The provider's failure to correct noted deficiencies may, at the sole and exclusive discretion of the County, result in any one or any combination of the following: (1) the provider being deemed in breach or default of this contract; (2) the withholding of payments to the provider by the County; and (3) the termination of this contract for cause.

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V. Local Preference in Purchasing and Contracting

1. Preference in requests for proposals. In purchasing of, or letting of contracts for procurement of, personal property, materials, contractual services, and construction of improvements to real property or existing structures for which a request for proposals is developed with evaluation criteria, a local preference of the total score may be assigned for a local preference, as follows:
 - a) Individuals or firms which have a home office located within Leon, Gadsden, Wakulla, or Jefferson County, and which meet all of the criteria for a local business as set forth in this article, shall be given a preference in the amount of five percent.
 - b) Individuals or firms which do not have a home office located within Leon, Gadsden, Wakulla, or Jefferson County, and which meet all of the criteria for a local business as set forth in this article, shall be given a preference in the amount of three percent.
2. Local business definition. For purposes of this section, "local business" shall mean a business which:
 - a) Has had a fixed office or distribution point located in and having a street address within Leon, Gadsden, Wakulla, or Jefferson County for at least six (6) months immediately prior to the issuance of the request for competitive bids or request for proposals by the County; and
 - b) Holds any business license required by Leon County, and, if applicable, the City of Tallahassee; and
 - c) Is the principal offeror who is a single offeror; a business which is the prime contractor and not a subcontractor; or a partner or joint venturer submitting an offer in conjunction with other businesses.
3. Certification. Any vendor claiming to be a local business as defined, shall so certify in writing to the Purchasing Division. The certification shall provide all necessary information to meet the requirements of above. The Local Vendor Certification Form is enclosed. The purchasing agent shall not be required to verify the accuracy of any such certifications, and shall have the sole discretion to determine if a vendor meets the definition of a "local business."

W. Planholders

As a convenience to vendors, Leon County has made available via the internet lists of all registered planholders for each bid or request for proposals. The information is available on-line at <http://www.leoncountyfl.gov/Purchasing/Bid.asp> by simply clicking the planholder link to the right of the respective solicitation. A listing of the registered vendors with their telephone and fax numbers is designed to assist vendors in preparation of their responses.

X. Addenda To Specifications

If any addenda are issued after the initial specifications are released, the County will post the addenda on the Leon County website at <http://www.co.leon.fl.us/purchasing/>. For those projects with separate plans, blueprints, or other materials that cannot be accessed through the internet, the Purchasing Division will make a good faith effort to ensure that all registered bidders (those vendors who have been registered as receiving a bid package) receive the documents. It is the responsibility of the vendor prior to submission of any proposal to check the above website or contact the Leon County Purchasing Division at (850) 606-1600 to verify any addenda issued. The receipt of all addenda must be acknowledged on the response sheet.

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Y. Unauthorized Alien(s)

The Contractor agrees that unauthorized aliens shall not be employed nor utilized in the performance of the requirements of this solicitation. The County shall consider the employment or utilization of unauthorized aliens a violation of Section 274A(e) of the Immigration and Naturalization Act (8 U.S.C. 1324a). Such violation shall be cause for unilateral termination of this Agreement by the County. As part of the response to this solicitation, please complete and submit the attached form "AFFIDAVIT CERTIFICATION IMMIGRATION LAWS."

Z. Non-Confidentiality of Submittals

The County does not warrant confidentiality of responses to this RFQ. All responses are subject to Florida's public records law and must be open to viewing by anyone who asks to see them.

III. SCOPE OF SERVICES:

A. Leon County is seeking professional broker services for the following areas:

1. Marketing of insurance coverage - Marketing will include all coverages of the County, at a minimum at current coverage limits and deductibles, indicated in this RFQ.
2. Claims Administration - This includes periodic claim reviews (the number and scope to be defined), and advising on handling large claims and active involvement in prior claims where necessary.
3. Policyholder Services
4. Additionally, the County is interested in the following services:
 - a. Exposure identification services
 - b. Property inspections and property value trending
 - c. Written loss prevention reports
 - d. Coordination and analysis of loss data generated by TPA's and insurers

B. WAIVER/REJECTION OF PROPOSALS

The County reserves the right to reject any and all proposals or to award the contract in the manner deemed best with respect to cost, service, and program structure. This Request for Qualifications (RFQ) is intended to provide a clear understanding of the County's expectations. This document defines the skill and capabilities that the County expects from its account executive(s) and service provider team(s) as well as a definition of the services required.

All costs incurred by prospective service providers in preparation of submissions, presentations, related travel costs and expenses are the responsibility of the service providers.

This is a conceptual proposal and coverage is not to be marketed at this time. **NO INSURERS MAY BE RESERVED UNTIL BROKER OF RECORD AUTHORIZATION(S) IS/ARE GIVEN.** Failure to comply with this requirement may result in disqualification.

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Submissions will be evaluated in order to determine each candidate's capability and ability to provide the necessary scope of services for the County.

C. Insurance Market Assignment

No market assignments will be made by the County.

D. Cancellation/Non-renewal/Adverse Change/Rate Increase Notice

The County should be given at least 90 days notice, by certified or registered mail, or cancellation, non-renewal, adverse change or increase in rates.

IV. REQUIRED SUBMITTALS

Each Proposer is requested to provide the following information on the attached Questionnaire Form and such additional sheets as necessary. Please provide the information following the format using the same numbering/lettering scheme for all additional data provided (e.g., A 10 for resume requested in that item).

A. Insurance Agent/Insurer Representative information including:

1. Representative Name
2. Firm Name
3. Address
4. Telephone Number
5. Fax Number
6. E-mail Address
7. Years in the insurance business
8. Years with present firm
9. Number of public entities serviced
10. Representative Resume

B. Firm Background

1. Which Florida office will provide services?
2. Will any other offices be involved?
3. How many years has the firm been in business?
4. How many Florida public entities does the firm service?
5. What is the firm's Florida premium volume?
6. Range of services
7. Appropriately licensed personnel
8. Amount of Error & Omissions insurance, provide proof of same
9. Provide your approach towards the purchase of liability coverage in relation to protection afforded by Florida Statute 768.28.

C. References

Provide references for accounts similar to the County's for which you provide brokerage services. All proposers must provide at least five (5) references. At least two (2) references must be current customers and at least one (1) reference must be for a client who is serviced by a majority of the proposed account team.

All proposers must list all similar contracts that have been terminated or lost, due to unsatisfactory performance, within the last five (5) years.

D. Additional Submittals

1. Reasons for the County qualifying your firm: describe the key reasons your firm should be qualified by the County to submit an insurance proposal. Emphasize issues that

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make the firm unique, or give it special advantages over other potential brokers.

2. Attach any supplemental documentation you think is relevant to your qualification.
3. Unique/exclusive markets: If you represent unique and/or exclusive markets, you may warrant special consideration. Describe any unique and/or exclusive market arrangements which you think should qualify your firm. This could involve one or more coverage lines.

E. REQUIRED FORMS

Provide all of the following forms fully completed and signed:

1. Minority/Women Business Enterprise Participation Plan
2. Equal Opportunity/affirmative Action Statement
3. Insurance Certification Form
4. Certification Regarding Debarment, Suspension, and Other Responsibility Matters, Primary Covered Transactions
5. Affidavit Certification Immigration Laws

V. SELECTION PROCESS

- A. The County Administrator shall appoint an Evaluation Committee composed of three to five members who will review all proposals received on time, and select one or more firms for interview based on the responses of each proposer, if necessary.
- B. The Evaluation Committee will recommend to the County Administrator for approval the firms deemed to be most highly qualified to perform the requested services. These short listed firms will then be authorized to move into phase two.
- C. Evaluation Criteria

Creativity and innovation will be reviewed as a significant plus in all submissions. Based on the review, selected brokers may be invited to make oral presentations to discuss their proposal and approach to handling the account. Broker of Record Authorization(s) will then be given to the selected broker(s) who will be asked to market specific lines of coverage for the County.

Proposals will be evaluated and ranked on the basis of the following considerations:

Criteria A – Agent/insurer Representative Qualifications/Experience (35%)

1. Demonstrated qualifications of agent.
2. Agent experience in relevant areas (as reflected in past performance with similar clients).

Criteria B – Firm Qualifications/Experience/Resources (50%)

1. Demonstrated qualifications of firm.
2. Firm experience in relevant areas (as reflected in past performance with similar clients).
3. Overall quality of references.
4. Account staffing (as reflected in experience, professional qualifications and designations of assigned personnel).

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5. 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)
6. Unique and/or exclusive markets you may warrant special consideration. Describe any unique and/or exclusive market arrangements which you think should qualify your firm.

Criteria C - Minority Business Enterprise Participation (10%)

See Section IX of the RFQ

Criteria D – Local Preference (5%)

Local representation in the County will be credited (Section I, paragraph V).

D. PROPOSED CALENDAR

The following schedule will be adhered to as closely as possible to assure an expedient time frame for the selection of the broker(s):

PHASE ONE

- A) Publication of Public Notice/Begin Mail/Distribution of RFQ - Friday, June 12, 2009
- B) Sealed Proposals due to Leon County Purchasing Division - Tuesday, June 30, 2009 at 4:00 PM
- C) Analysis of Proposals and Recommendation Development - through July 7, 2009.
- D) Selection – Tuesday, July 14, 2009.

PHASE TWO

Only firms/agents/Public Trusts and Pools pre-qualified in Phase One will be eligible to provide insurance quotes in Phase Two and will be provided loss runs and/or other documents necessary to approach the market.

The County will require proposals for a program as similar as possible to the current structure, and may consider alternative limits and deductibles. The County will consider proposals for Excess Workers' Compensation coverage at both the \$350,000 and \$500,000 self-insured retention (SIR) level. The County prefers to maintain its relationship with the current TPA, but will consider others. TPA services shall be quoted separate from the Excess Workers' Compensation quote. The County prefers maximum separability of proposals, in the event that it finds it most cost effective to contract with more than one agent and/or insurer. **Tail coverage and/or retroactive dates must be addressed where appropriate.**

The County requests quotes to include a premium breakdown for each policy option and coverage proposed. Additionally, the County is interested in knowing the commissions and fees paid to agents for their services. Firms/agents/Public Trusts and Pools pre-qualified in Phase One, will, in Phase Two, be requested to state the percentage and amount of commissions and fees to be received for coverages and services proposed.

The County may benefit if able to combine coverage options from more than one proposal. Each proposer should state the extent to which individual coverages being proposed are separable without a change in premium cost.

Proposals are expected from insurers with acceptable financial strength and acceptable (at the County's discretion) policyholder service reputation. Insurer name and Best's rating, of no

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less than A:VII, should be furnished for each insurer being proposed.

If self-insurance funds, captive insurers or other types of providers are proposed, three (3) years of financial information should be submitted with the proposal.

Agents should state the amount of errors and omissions insurance, and the name of the insurer covering their agency

Tail coverage and/or retroactive dates must be addressed where appropriate.

Sealed quotes for insurance coverage(s) due to Leon County Purchasing Division – Tuesday, August 18, 2009.

Analysis of coverage quotes and Recommendation Development – through August 25, 2009. Although all options and coverages may be purchased, some may not. The County reserves the right to decide which options and coverages shall be purchased, and in which combination, from among those proposed.

Successful proposers (if more than one is selected in Phase Two) will be eligible to bid for any/all lines of coverage for each successive year of the service agreement(s). If only one successful proposer is selected from Phase Two, that firm/agent/Public Trust or Pool will have sole responsibility for the marketing of the County's insurance coverage for the duration of the service agreement.

Further, the successful proposer for General Liability (including Employment Practices and Public Official Liability) will be assigned the responsibility to market and secure Pollution Liability, Accidental Death and Dismemberment, Volunteer Fire Services and Aviation Liability.

VI. INDEMNIFICATIONS

The Contractor agrees to indemnify and hold harmless the County from and against all claims, damages, liabilities, or suits of any nature whatsoever arising out of, because of, or due to any act or occurrence of omission or commission of the Contractor, its delegates, agents or employees, related to this Agreement, including but not limited to costs and a reasonable attorney's fee. The County may, at its sole option, defend itself or allow the Contractor to provide the defense. The Contractor acknowledges that ten dollars (\$10.00) of the amount paid to the Contractor is sufficient consideration for the Contractor's indemnification of the County.

VII. INSURANCE

Respondents' attention is directed to the insurance requirements below. Respondents should confer with their respective insurance carriers or brokers to determine in advance of proposal submission the availability of insurance certificates and endorsements as prescribed and provided herein. If a respondent fails to comply strictly with the insurance requirements, that respondent may be disqualified from award of the contract.

The successful broker shall procure and maintain for the duration of the contract insurance against claims for injuries to persons or damages to property which may arise from or in connection with the performance of the work hereunder by the broker, his agents, representatives, employees or subcontractors. The cost of such insurance shall be included in the Broker's fee structure.

1. Broker shall purchase and maintain the following minimum limits of insurance:
 - a. General Liability: \$1,000,000 combined single limit per occurrence for bodily injury, personal injury, and property damage. If Commercial General Liability Insurance or other form where a general aggregate limit is used, either the general aggregate limit shall apply separately to this project/location or the general aggregate limit shall be

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- twice the required occurrence limit.
- b. Automobile Liability: \$1,000,000 combined single limit per accident for bodily injury and property damage (Non-owned, Hired Car).
 - c. Workers' Compensation and Employer's Liability: Insurance covering all employees meeting statutory limits in compliance with applicable state and federal laws and Employer's Liability with a limit of \$500,000 per accident. *Waiver of Subrogation in lieu of Additional Insured is required.*
 - d. Contractor shall carry professional liability (errors and omissions) insurance of the types necessary to protect the Firm from any professional liability arising under this agreement with a minimum \$5,000,000 liability limit. The professional liability insurance coverage for the services provided under this agreement shall be maintained in force from the date of the contract until a date at least one (1) year following the actual completion of the provision of any services under the terms of this agreement.
2. Certificates of Insurance acceptable to the County shall be filed with the County prior to the commencement of the work. These policies described above, and any certificates shall specifically name the County as an additional Insured (excluding Workers' Compensation) and shall contain a provision that coverage afforded under the policies will not be canceled until at least thirty (30) days prior to written notice has been given to the County.
 3. Contractors shall include all subcontractors as insureds under its policies or shall furnish separate certificates and endorsements for each subcontractor. All coverages for subcontractors shall be subject to all of the requirements stated herein.
 4. Cancellation clauses for each policy should read as follows: Should any of the above described policies be canceled before the expiration date thereof, the issuing company will mail thirty (30) days written notice to the Certificate Holder named herein.

VIII. MINORITY/WOMEN BUSINESS ENTERPRISE AND EQUAL OPPORTUNITY POLICIES

A. Minority Business Enterprise (MBE) and Women (WBE) Business Enterprise Requirements

The purpose of the Minority and Women-Owned Business Enterprise (MWBE) Program is to effectively communicate Leon County procurement and contracting opportunities, through enhanced business relationships, to end disparity and to increase participation opportunities for certified minority and women-owned business enterprises in a competitive environment. This program shall:

1. Eliminate any policies and/or procedural barriers that inhibit MBE and WBE participation in our procurement process.
2. Established targets designed to increase MBE and WBE utilization proportionate to documented under utilization.
3. Provide increased levels of information and assistance available to MBE's and WBEs.
4. Implement mechanisms and procedures for monitoring MBE and WBE compliance by prime contractors.

The term "Certified Minority Women Business Enterprise" (MWBE) is defined as Minority Business Enterprise (MBE) and Women Business Enterprise (WBE) firms certified by Leon County, the City of Tallahassee, or the Leon County School Board.

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Each Respondent is strongly encouraged to secure MBE and WBE participation through purchase(s) of those goods or services to be provided by others. Firms responding to this RFP are hereby made aware of the County's targets for MBE and WBE utilization. Respondents that require assistance or guidance with these MBE or WBE requirements should contact: Iranetta Burnett, Leon County Minority, Women, and Small Business Enterprise Analyst, by telephone at (850) 606-1650; fax (850) 606-1651 or by e-mail burnetti@leoncountyfl.gov.

Respondent **must complete and submit** the attached Minority and Women Business Enterprise Participation Plan form. Failure to submit the completed Minority and Women Business Enterprise Participation Plan form and, if applicable, a good faith effort letter will result in a determination of non-responsiveness for the bid.

If the aspirational target is not met **you must prepare and attach a separate good faith effort statement**. All respondents, including MBE's, and WBE's shall either meet the aspirational target(s) and if applicable, demonstrate in their bid response that a good faith effort was made to meet the aspirational target(s). **Failure to submit such good faith effort statement will result in the bid being non-responsive**. Below, are policy examples of good faith efforts that respondents can use if they are not meeting the aspirational target(s). These examples can be used to demonstrate the good faith effort.

1. Advertising for participation by MWSBEs in non-minority and minority publications within the Market Area, including a copy of the advertisement and proof of the date(s) it appeared – or by sending correspondence, no less than ten (10) days prior to the submission deadline, to all MWSBEs referred to the Bidder by the MWSBE Division for the goods and services to be Subcontracted and/or Supplied.
2. Documentation indicating that the bidding Prime Contractor provided ample time for potential MBE, WBE and SBE Subcontractors to respond to bid opportunities, including a chart outlining the schedule/time frame used to obtain bids from MBE, WBE and SBE Vendors as applicable to the Aspirational Target.
3. Contacting MBEs, WBEs and SBE Vendors who provide the services needed for the bid or proposal, including a list of all MWSBEs that were contacted and the method of contact.
4. Contacting the MWSBE Division for a listing of available MWSBEs who provide the services needed for the bid or proposal, including a list of those MWSBEs who were contacted regarding their participation.
5. Document follow-up telephone calls with potential MWSBE Subcontractors encouraging their participation.
6. Allowing potential MWSBE Subcontractors to review bid specifications, blueprints and all other Bid/RFP related items at no charge to the MWSBEs.
7. Contacting the MWSBE Division, no less than five (5) business days prior to the Bid/RFP deadline, regarding problems they are having in reaching the Aspirational Targets.
8. Other documentation indicating their Good Faith Efforts to meet the aspirational targets.

For goods and/or services to be performed in this project, the following are the aspirational targets for participation by certified MBE's and/or WBE's.

Professional Services Sub-Consultants Targets :

Minority Business Enterprise - 18%

Women Business Enterprise - 9%

REQUEST FOR QUALIFICATIONS FOR INSURANCE BROKER SERVICES**Proposal Number: BC-06-30-09-34**

As a part of the selection process for this project, the ranking procedure will provide a maximum of ten (10) points of the total score where MBE's and WBE's are used as follows:

MBE and WBE Participation Level for Professional Services Sub-consultants	Points
The Respondent is a joint venture of two or more firms/individuals with a minimum participation in the joint venture of at least 11% by certified MBE or WBE firms/individuals and will meet or exceed both aspirational targets and has identified in the MWBE participation plan the certified MBE and WBE firm(s) that it intends to use.	10
The Respondent certifies that they will meet or exceed both targets through subcontracting to certified MBE and WBE firm(s) aspirational targets and has identified in the MWBE participation plan the certified MBE and WBE firm(s) that it intends to use.	8
The Respondent certifies that they will meet at least 50% of both aspirational targets through subcontracting to certified MBE and WBE firm(s) and has identified in the MWBE participation plan the MBE and WBE firm(s) that it intends to use and has submitted a Good Faith Statement..	6
The Respondent certifies that they will meet at least 20%, but less than 50%, of both aspirational targets through subcontracting to certified MBE and WBE firms and a Good Faith Effort Statement is submitted.	4
The Respondent will not meet the aspirational targets in any form and has submitted a Good Faith Effort Statement based on the guidelines referenced in Section 5 of this Participation Plan to be considered a responsive bidder, but shall receive zero points.	0

Definitions for the above target follows:

- a. Minority/Women Business Enterprise (MWBE) - a business that is owned and controlled by at least 51% by one or more minority persons or by at least 51% by one or more women, and whose management and daily operations are controlled by one or more such persons shall constitute a Minority/Women business Enterprise. No business owned or controlled by a white female shall be considered a minority business for the purpose of this program if the ownership was brought about by transfer of ownership interest to the woman or women, other than by decent, within two (2) years following the sale or transfer of ownership. For the purpose of this program, all applicants for certification as a bona fide MWBE shall be an independent business entity which provides a commercially useful function. No business owned and controlled by a white male and transferred or sold to a minority or woman/women, for the purpose of participation in the County's MWBE Program, shall be considered eligible for MWBE Certification.
- b. Minority Person - an individual who is a citizen of the United States or a lawfully admitted permanent resident and who is a(n):
 - 1) African/Black Americans - All persons having origins in any of the Black African racial groups not of Hispanic origins and having community identification as such.
 - 2) Hispanic Americans - All persons (Mexican, Puerto Rican, Cuban, Central or South American or other Spanish Culture or origin, regardless of race) reared in a Hispanic environment and whose surname is Hispanic and having community identification as such.

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- 3) Asian American - All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands and having community identification as such.
- 4) American Indians, Alaskan Natives and American Aleuts - All persons having origins in any of the original people of North America, maintaining identifiable tribal affiliations through membership and participation and having community identification as such.

c. Women - American Woman

B. Equal Opportunity/Affirmative Action Requirements

The contractors and all subcontractors shall agree to a commitment to the principles and practices of equal opportunity in employment and to comply with the letter and spirit of federal, state, and local laws and regulations prohibiting discrimination based on race, color, religion, national region, sex, age, handicap, marital status, and political affiliation or belief.

For federally funded projects, in addition to the above, the contractor shall agree to comply with Executive Order 11246, as amended, and to comply with specific affirmative action obligations contained therein.

In addition to completing the Equal Opportunity Statement, the Respondent shall include a copy of any affirmative action or equal opportunity policies in effect at the time of submission.

REQUEST FOR QUALIFICATIONS FOR INSURANCE BROKER SERVICES
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This form is required as part of the qualifications submission by persons/firms for this Request for Qualifications. Please provide all information requested and where necessary, additional sheets may be added. Be sure to respond in the same format as listed in the RFQ. This form need not be typed, it may be handwritten in ink. For those questions requiring additional information, please provide it in order and label it appropriately (e.g. A. 6.; B. 6.; etc.).

LEON COUNTY
QUESTIONNAIRE FOR QUALIFICATION FOR INSURANCE BROKER SERVICES

A. Insurance Agent/Insurer Representative _____

1. Firm Name _____

2. Street Address _____

City, State, Zip Code _____

3. Telephone _____ Fax _____

Email _____

4. How many years have you been in the insurance business? _____

5. How many years have you been with your present firm? _____

6. How many public entities do you service? _____
Please provide a listing on a separate sheet of paper.

7. Please attach background information on yourself, e.g. resume, appropriate licensure information, and other supporting materials.

B. Firm Qualifications/Experience/Resources

1. Which Florida office of your firm will provide the ongoing services to the County?

Firm Name _____

Street Address _____

City, State, Zip Code _____

2. Will any other offices be involved; to what extent? Be specific.

3. How many years has the firm been in business? _____

4. How many Florida public entity clients does the firm service? _____

5. What is your firm's Florida premium volume? _____

6. Have you provided background information on the range of your firm's services? _____ (be sure to label it as Section B, 6.)

REQUEST FOR QUALIFICATIONS FOR INSURANCE BROKER SERVICES
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7. Are the persons designated to service the County's account appropriately licensed by the State of Florida? _____

Please list the following:

Name	Types of Licenses	Years Serving Large Commercial Accounts	Years Serving Public Entities

8. State the amount of errors and omissions insurance for the firm and the name of the insurer and attach proof of same.

9. **Additional Submittals** Reasons for the County qualifying your firm: describe below and/by attachment the key reasons your firm should be qualified by the County to submit an insurance proposal. Emphasize issues that make the firm unique, or give it special advantages over other submitters.

Attach any supplemental documentation you think is relevant to your qualification.

Unique/exclusive markets: If you represent unique and/or exclusive markets, you may warrant special consideration. Describe any unique and/or exclusive market arrangements which you think should qualify your firm. This could involve one or more coverage lines.

C. **Additional Comments:**

REQUEST FOR QUALIFICATIONS FOR INSURANCE BROKER SERVICES
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D. CERTIFICATION

The undersigned hereby certifies that:

I have read Leon County's Request for Qualification Information for Insurance Broker Services and I am submitting information based upon the representation that my firm is of sufficient size and capability to serve the County.

I understand that this Request for Qualifications is only a solicitation of background information and qualifications from firms that may be designated to obtain insurance.

I understand that attempts to reserve or actually reserving insurance markets in advance of the County's publication of final specifications or market assignments for insurance/services may result in disqualification of my firm.

I understand that the County reserves the right to separately approach unassigned insurance markets directly where such markets are willing to propose on a direct basis.

I understand that I may be disqualified for actually reserving markets after publication of the final specifications which I do not intend to use.

I understand that I will be held responsible for the actions of my intermediaries, e.g. who may approach markets assigned to others.

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

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". _____

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".

I represent that I am authorized to provide this submission on behalf of my firm.

_____ Authorized Signature	_____ Title
_____ Printed Name	_____ Date
_____ Firm Name	_____ Telephone

REQUEST FOR QUALIFICATIONS FOR INSURANCE BROKER SERVICES
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**LEON COUNTY
REFERENCES**

RESPONDENT _____

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.

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 _____

4. Organization _____

Address _____

Contact, phone number _____

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Insurance/services provided _____

5. Organization _____
Address _____
Contact, phone number _____
Insurance/services provided _____

Please list all similar contracts that have been terminated or lost, due to unsatisfactory performance, within the last five (5) years. Failure to do so may result in disqualification.

1. Organization _____
Address _____
Contact, phone number _____
Insurance/services provided _____

2. Organization _____
Address _____
Contact, phone number _____
Insurance/services provided _____

3. Organization _____
Address _____

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Contact, phone number _____

Insurance/services provided _____

4. Organization _____

Address _____

Contact, phone number _____

Insurance/services provided _____

5. Organization _____

Address _____

Contact, phone number _____

Insurance/services provided _____

REQUEST FOR QUALIFICATIONS FOR INSURANCE BROKER SERVICES
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LEON COUNTY DESCRIPTION OF CURRENT PROGRAM

#	Description	Coverage/Service	Insurer/Provider	Expires
1	Property	Buildings, Contents, EDP, Inland Marine, Mobile Equipment, Boiler & Machinery TIV \$150,000,000 Policy Limit \$150,000,000 Ded. \$25,000/3% named windstorm	Florida League of Cities (FLC)	10/1/09
2	Boiler & Machinery	Included Policy Limit \$50MIL	FLC	10/1/09
3	General Liability	Bodily Injury & Property Damage; Personal Injury & Advertising Injury; Products & Completed Operations Policy Limit \$3MIL/\$6MIL Ded. \$10,000	Travelers	10/1/09
4	Public Official Liability & EPL	Included Policy Limit \$3MIL/\$3MIL Ded. \$25,000	Travelers	10/1/09
5	Automobile Liability	352 Units – Auto Liability 160 Units – Comprehensive 192 Units – Collision Policy Limit \$3MIL Ded. 10,000	Travelers	10/1/09
6	Excess Workers' Compensation	SIR \$350,000 Part I – Statutory Part II - \$1MIL Estimated Payroll \$70,000,000	PGIT	10/1/09
7	Third Party Administrator, WC	Claims adjusting; Litigation Management; Subrogation	PGCS	10/1/09
8	Storage Tank Liability/Pollution	Public Entities, Tanks & Landfills Policy Limit \$5MIL Ded.\$10,000 Public Entities \$25,000 Tanks & Landfills	ACE, Illinois Union Ins. Co.	10/1/09
9	Accidental Death & Dismemberment	Law Enforcement: Occupational: \$60K Fresh Pursuit: \$60K Intentional Death: \$180K Community Services Program: Blanket Accident Insurance Policy Limit: Medical: \$5,000 A D & D: \$10,000	AIG	10/1/09

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10	Aviation	<p>Law Enforcement Use: 2 Helicopters, liability only 1 Helicopter, hull coverage FLIR System Policy Limit: \$100K/Passenger \$1MIL/Occurrence</p> <p>Ded. \$1K Not In Motion 5% of Insured Value: In Motion</p>	Old Republic	10/16/09
11	Volunteer Fire Services	<p>1. Package: Property; General Liability; Crime; Portable Equipment; Management Liability</p> <p>Policy Limits: Property: \$54,675 Ded. \$250 General Liability: \$1MIL/2MIL Ded. N/A Crime: \$25,000 Ded. N/A Portable Equipment: Guaranteed Replacement Cost Ded. \$100</p> <p>2. Commercial Auto: Liability: \$1MIL AV or ACV Ded. \$100</p>	VFIS	10/1/09

REQUEST FOR QUALIFICATIONS FOR INSURANCE BROKER SERVICES
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PROPOSAL RESPONSE COVER SHEET

This page is to be completed and included as the cover sheet for your response to the Request for Proposals.

The Board of County Commissioners, Leon County, reserves the right to accept or reject any and/or all bids in the best interest of Leon County.

Keith M. Roberts,
Purchasing Director

Bryan Desloge, Chairman
Leon County Board of County Commissioners

This bid response is submitted by the below named firm/individual by the undersigned authorized representative.

BY _____
(Firm Name)

BY _____
(Authorized Representative)

(Printed or Typed Name)

ADDRESS _____

CITY, STATE, ZIP _____

TELEPHONE _____

FAX _____

ADDENDA ACKNOWLEDGMENTS: (IF APPLICABLE)

Addendum #1 dated _____ Initials _____

Addendum #2 dated _____ Initials _____

Addendum #3 dated _____ Initials _____

REQUEST FOR QUALIFICATIONS FOR INSURANCE BROKER SERVICES
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STATEMENT OF NO RESPONSE

We, the undersigned, have declined to respond to the above referenced RFP for the following reasons:

_____ We do not offer this service

_____ Our schedule would not permit us to perform.

_____ Others (Please Explain)

We understand that if the no-bid letter is not executed and returned, our name may be deleted from the list of qualified bidders for Leon County.

Company Name _____

Signature _____

Name (Print/Type) _____

Telephone No. _____

FAX No. _____

REQUEST FOR QUALIFICATIONS FOR INSURANCE BROKER SERVICES
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**MINORITY AND WOMEN BUSINESS ENTERPRISE (MWBE) PARTICIPATION PLAN
REQUESTS FOR PROPOSALS (RFP)**

Respondent:

All respondents, including Minority Business Enterprises (MBEs) and Women Business Enterprises (WBEs), shall complete and submit this M/WBE Participation Plan with their proposal. **This submitted MWBE Participation Plan shall include completion of Tables 2, 3, 4, certification signature and submittal of a Good Faith Effort Statement if necessary (See Section 5).**

“Certified Minority Business Enterprise (MBE) and Women Business Enterprise (WBE)” are firms certified by Leon County or the City of Tallahassee. State of Florida certification of MBE’s and WBE’s are not accepted by Leon County.

Section 1:

a) Aspirational Targets for M/WBE Participation. The aspirational targets for this project are identified in Table 1.

**Table 1
Aspirational Targets**

M/WBE Classification	Aspirational Targets
1. Certified Minority Business Enterprises (MBE)	18% of the total anticipated contract value; and
2. Certified Women Business Enterprises (WBE)	9% of the total anticipated contract value

b) MWBE Points. As part of the selection process for the project, the evaluation process will include a maximum MWBE utilization total score of ten (10) points as listed in Table 2 below.

**Table 2
Points for MBE and WBE Participation Levels
(Professional Services Sub-consultant)MWBE Participation LevelsPoints**

Please check the appropriate box to designate the level of participation that will be a contractual commitment. MINORITY/WOMEN BUSINESS ENTERPRISE PARTICIPATION PLAN	Points
<input type="checkbox"/> The Respondent is a joint venture of two or more firms/individuals with a minimum participation in the joint venture of at least 11% by certified MBE or WBE firms and will meet or exceed both aspirational targets.	10
<input type="checkbox"/> The Respondent certifies that they will meet or exceed both aspirational targets through subcontracting to certified MBE and WBE firms.	8
<input type="checkbox"/> The Respondent certifies that they will meet at least 50% of both aspirational targets through subcontracting to certified MBE and WBE firms and a Good Faith Effort Statement is submitted based on the guidelines referenced in Section 5 of this Participation Plan.	6
<input type="checkbox"/> The Respondent certifies that they will meet at least 20%, but less than 50%, of both aspirational targets through subcontracting to certified MBE and WBE firms and a Good Faith Effort Statement is submitted based on the guidelines referenced in Section 5 of this Participation Plan.	4
<input type="checkbox"/> The Respondent will not meet the aspirational targets in any form and has submitted a Good Faith Effort Statement based on the guidelines referenced in Section 5 of this Participation Plan to be considered a responsive bidder, but shall receive zero points.	0

REQUEST FOR QUALIFICATIONS FOR INSURANCE BROKER SERVICES
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Section 2 - Respondent's Proposed MBE and WBE Participation. Respondent shall complete Table 3, identifying each certified MBE and/or WBE firm they intend to use on this project. Attach additional sheets as necessary.

Table 3
MBE and WBE Intended Utilization

Firm's Name (Requires Leon County or City of Tallahassee MWBE certification) ¹	Firm's Location Address (Must be in Leon, Gadsden, Jefferson or Wakulla Counties, FL to be certified)	Firm's Telephone Number	Ethnic Group² (B, A, H, N, F)	Type of Service to Provide
Minority Business Enterprise(s)				
a.				
b.				
c.				
d.				
e.				
Women Business Enterprise(s)				
a.			F	
b.			F	
c.			F	
d.			F	
e.			F	
¹ Certification – Attach and submit a copy of each MBE and WBE certification with the proposal. ² Ethnic Group – Use of the following abbreviations: (a) MBE's include: African American (B), Asian American (A), Hispanic American (H) and Native American (N) owned firms; (b) WBEs include Non-Minority Female (F) owned firms.				

If you do not list MBE's and WBE's to meet the listed total aspirational targets, you must complete and submit a **Good Faith Effort** statement. Failure to submit a **Good Faith Effort** statement will result in a non-responsive determination of your submittal, resulting in no consideration of your submittal.

Section 3 - Non-MWBE Subcontractors. Respondent shall complete Table 4 to identify non-MBE's or WBE's subcontractors it anticipates utilizing on the project.

REQUEST FOR QUALIFICATIONS FOR INSURANCE BROKER SERVICES
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Table 4

Non-MBE and WBE Intended Utilization			
Firm's Name	Firm's Address	Firm's Phone #	Type of Service to Provide
a.			
b.			
c.			
d.			
e.			

Section 4 – Certification - The respondent certifies, acknowledges and agrees that: (1) it has read the M/WBE Participation Plan form; (2) the information the respondent has provided in its submitted Participation Plan and attachments thereto are true and correct; and (3) the undersigned is authorized on behalf of the respondent to make such certification.

Signature _____ Title _____ Date _____

Section 5 - General Good Faith Effort Guidelines - A Good Faith Effort statement is required if the Plan does not meet the aspirational target(s) for M/WBE utilization. All respondents, including MBEs and WBEs, shall either meet the aspirational targets or demonstrate in their bid response that a good faith effort was made to meet the aspirational targets. **Failure to submit such Good Faith Effort statement will result in the RFP being non-responsive.** Policy examples of good faith efforts that respondents can use to demonstrate the good faith efforts they have made follow:

1. Advertising for participation by M/WBEs in non-minority and minority publications within the Market Area, including a copy of the advertisement and proof of the date(s) it appeared – or by sending correspondence, no less than ten (10) days prior to the submission deadline, to all M/WBEs referred to the respondent by the MWSBE Division for the goods and services to be Subcontracted and/or Supplied.
2. Documenting that the bidding Prime Contractor provided ample time for potential MBE and WBE Subcontractors to respond to bid opportunities, including a chart outlining the schedule/time frame used to obtain bids from MBE and WBE Vendors as applicable to the Aspirational Target.
3. Contacting the MWSBE Division for a listing of available M/WBEs who provide the services needed for the bid or proposal.
4. Contacting MBEs and WBEs who provide the services needed for the bid or proposal, including a list of all M/WBEs that were contacted and the method of contact.
5. Documenting follow-up telephone calls with potential M/WBE Subcontractors encouraging their participation.
6. Allowing potential M/WBE Subcontractors to review bid specifications, blueprints and all other Bid/RFP related items at no charge to the M/WBEs.
7. Contacting the MWSBE Division, no less than five (5) business days prior to the Bid/RFP deadline, regarding problems the respondent is having in reaching the Aspirational Targets.
8. Other documentation indicating their Good Faith Efforts to meet the aspirational targets.

REQUEST FOR QUALIFICATIONS FOR INSURANCE BROKER SERVICES
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EQUAL OPPORTUNITY/AFFIRMATIVE ACTION STATEMENT

1. The contractors and all subcontractors hereby agree to a commitment to the principles and practices of equal opportunity in employment and to comply with the letter and spirit of federal, state, and local laws and regulations prohibiting discrimination based on race, color, religion, national region, sex, age, handicap, marital status, and political affiliation or belief.

2. The contractor agrees to comply with Executive Order 11246, as amended, and to comply with specific affirmative action obligations contained therein.

Signed: _____
Title: _____
Firm: _____

REQUEST FOR QUALIFICATIONS FOR INSURANCE BROKER SERVICES
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AFFIDAVIT CERTIFICATION
IMMIGRATION LAWS

Leon County will not intentionally award County contracts to any contractor who knowingly employs unauthorized alien workers, constituting a violation of the employment provisions contained in 8 U.S.C. Section 1324 A(e) (Section 274a(e) of the Immigration and Nationality Act ("INA")).

Leon County may consider the employment by any Contractor of Unauthorized Aliens a violation of Section 274A(e) of the INA. **Such violation by the Recipient of the employment provision contained in Section 274A(e) of the INA shall be ground for unilateral cancellation of the contract by Leon County.**

BIDDER ATTESTS THAT THEY ARE FULLY COMPLIANT WITH ALL APPLICABLE IMMIGRATION LAWS (SPECIFICALLY TO THE 1986 IMMIGRATION ACT AND SUBSEQUENT AMENDMENTS).

Company Name: _____

Signature: _____ Title: _____

STATE OF _____
COUNTY OF _____

Sworn to and subscribed before me this _____ day of _____, 20__.

Personally known _____

NOTARY PUBLIC

OR Produced identification _____

Notary Public - State of _____

(Type of identification)

My commission expires: _____

Printed, typed, or stamped
commissioned name of notary public

The signee of this Affidavit guarantees, as evidenced by the sworn affidavit required herein, the truth and accuracy of this affidavit to interrogatories hereinafter made.

LEON COUNTY RESERVES THE RIGHT TO REQUEST SUPPORTING DOCUMENTATION,
AS EVIDENCE OF SERVICES PROVIDED, AT ANY TIME.

REQUEST FOR QUALIFICATIONS FOR INSURANCE BROKER SERVICES
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**CERTIFICATION REGARDING DEBARMENT, SUSPENSION,
And OTHER RESPONSIBILITY MATTERS
PRIMARY COVERED TRANSACTIONS**

1. The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
 - a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
 - b) Have not within a three-year period preceding this been convicted of or had a civil judgement rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of these offenses enumerated in paragraph (1)(b) of this certification; and
 - d) Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.
2. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.
3. No subcontract will be issued for this project to any party which is debarred or suspended from eligibility to receive federally funded contracts.

Signature

Title

Contractor/Firm

Address

