

November 10, 2011



**REQUEST FOR STATEMENTS OF
QUALIFICATIONS FOR PROPERTY/CASUALTY
INSURANCE
SOQ-RH-11-061**

The City of Rochester Hills is seeking statements of qualifications from experienced and qualified agencies to provide property/casualty insurance for the City of Rochester Hills. Statements of Qualifications will be received by the City of Rochester Hills at the Purchasing Division, 1000 Rochester Hills Drive, Rochester Hills, MI 48309 until **3:00:00 P.M., Local Time, MONDAY, DECEMBER 12, 2010.**

The City of Rochester Hills officially distributes solicitation documents from the Purchasing Division or through the Michigan Intergovernmental Trade Network (MITN). Copies of solicitation documents obtained from any other source are not considered official copies. Only those vendors who obtain solicitation documents from either the Purchasing Division or the MITN System are guaranteed access to receive addendum information, if such information is issued. The first step to do business with the City is to become a registered vendor by visiting the City website at www.rochesterhills.org, select City Services, Purchasing and Vendor Registration to link to the MITN website. Final results will be posted on the MITN website after award.

THE CITY OF ROCHESTER HILLS RESERVES THE RIGHT TO REJECT ANY AND ALL STATEMENTS OF QUALIFICATIONS.

Any deviation from the specifications must be noted on proposer's submission.

Please submit proposal to:

Jean A. Farris, CPPB
Supervisor of Procurement
City of Rochester Hills-Purchasing Division
1000 Rochester Hills Drive
Rochester Hills, Michigan 48309

All responses (5 copies) must be submitted in a Sealed Envelope marked: "**SOQ – PROPERTY/CASUALTY INSURANCE**" " or through the MITN website. The City of Rochester Hills is capable of accepting documents in doc, pdf, jpg, tif or rtf formats.

Purpose

The City plans to seek proposals for its property/casualty insurance program effective July 1, 2012. Coverages which are subjects of this Request for Statements of Qualifications include Property (including Boiler and Machinery/Equipment Breakdown), General Liability, Inland marine, Automobile Liability/"No-Fault," Uninsured/Underinsured Motorists and Physical Damage and Public Officials Liability.

The purpose of this Request for Statement of Qualifications (SOQ) is to obtain verifiable responses from qualified firms that provide the types of coverages that the City is seeking.

A response to this Request for Statement of Qualifications is the first step of the City's selection process. Acceptable responses will include the submission of the information outlined in the following sections.

The City has engaged Insurance Audit and Inspection Company to assist with this process.

Process

The process will include three steps:

1. Statement of Qualifications of producers and insurance company assignments
2. Coverage proposals in response to a Request for Proposals
3. Pricing proposals for those coverage proposals which are deemed by the City to be acceptable.

The City will assign insurers to participating producers by agent of record letter. Please indicate, in order of preference, the insurers which you would like to use for this process. Please also indicate the commercial premium volume for the most recent year for each insurer named. The City will, to the extent permitted by law, keep this information confidential.

All costs incurred in the preparation, submission, and presentation of agency's submission, in any way whatsoever, will be wholly absorbed by the prospective firm. All supporting documentation will become the property of the City of Rochester Hills unless requested otherwise at the time of submission. Michigan FOIA requires the disclosure, upon request, of all public records that are not exempt from disclosure under section 13 of the Act, which are subject to disclosure under the Act. Therefore, confidentiality of information submitted in response to this Request for Statement of Qualifications is not assured.

The coverage proposals will be evaluated and requests for changes may be made in order to make all proposals received as comparable as practical.

Statement for Qualifications Format

Firms responding to the Request for Statement for Qualifications should include the following information in the order shown below. This information shall be used in the review process.

1. Official registered name of company (corporate, dba, partnership, etc.), address, website address, all telephone and fax numbers for the company, including a local, cell phone or toll-free number.
2. Contact person's name, title, email address, direct telephone and cell phone numbers.
3. Copies of the following documents: All licenses required by the State of Michigan; certificate of insurance for general liability, vehicle and workers compensation coverages. (Attachment A)
4. Brief biographies or experience information of the two (2) persons who will be assigned to service the City.
5. A list and brief description of agency experience with public entities (list at least 5 government entities) with references, including contact information.
6. The insurance companies which you would prefer to use for your proposal in order of preference , list the insurers which you would like to use for this process; indicate the agency's commercial premium volume for the most recent year for each insurer named; name location of claims processing for each insurer; number of years your agency has conducted business with each insurer named.
7. Vendor Questionnaire

Review Process

Firms submitting responses to this Request for Statement for Qualifications shall be evaluated. The City of Rochester Hills reserves the right to reject any and all statements of qualifications. The agencies selected and assigned to insurers will be chosen based on selection criteria, including but not limited to, similar public entity experience, firm and staff qualifications, commercial premium volume, locations of claims processing, and agency capacity. The evaluation criteria should be viewed as standards, which measure how well an agency meets the desired requirements and needs of the City. Selected agencies will be requested to participate in the subsequent steps to the process. Agencies selected will be chosen on the basis of the apparent greatest benefit to the City of Rochester Hills.

Inquiries

All questions regarding this solicitation must be submitted **in writing** to Jean Farris, Supervisor of Procurement to fax number 248-608-8178 or farrisj@rochesterhills.org. The deadline for all inquiries is **12:00 noon on Monday, November 28, 2011**. Responses to applicable questions will be posted on the MITN website in the form of an addendum. Late inquiries will not be addressed.

No Statement of Qualifications will be accepted from any person, firm, or corporation that is in arrears or is in default to the City of Rochester Hills upon any debt or contract, or that is in default as surety or otherwise, or failed to perform faithfully any previous contract with the City of Rochester Hills.

No faxed submissions will be accepted. All information requested herein must be submitted; failure to do so may result in rejection as non-responsive and/or incomplete. As this Request for Statement of Qualifications is being made available by electronic means, the proposer accepts full responsibility to insure that no changes are made to the Request for Statement of Qualifications documents. In the event of conflict between a version of the Request for Statement of Qualifications submitted by proposer and the version maintained by the City of Rochester Hills Purchasing Division, the version maintained by the City of Rochester Hills Purchasing Division shall govern.

The successful proposer must furnish documentation complying with State of Michigan and Federal laws relating to discrimination under Equal Employment Opportunity (EEO).

In the event sufficient budgeted funds are not available for a new fiscal period, the City shall notify the awarded proposer of such occurrence and the contract shall terminate on the last day of the current fiscal period without penalty or expense to the City.

The City of Rochester Hills reserves the rights to waive any informalities, or immaterial omissions or defects not involving price, time or changes in the work and to reject any or all proposals, if to do so is deemed in the best interest of the City. In no event will an award be made until all necessary investigations are made as to the responsibility and qualifications of the consultant to whom it is proposed to make such award. Any contract awarded to a person or company who is discovered to have been in default or disqualified at the time of the awarding of the contract shall be voidable at the discretion of the Mayor of the City of Rochester Hills.

Proposers are advised that the Request for Statement of Qualifications is considered to be under evaluation from the due date of the Request for Statement of Qualifications until contract award. The Purchasing Division and City staff are restricted from giving any information relative to the proposals and the "progress" of the evaluation during this time, except as described in this document and as required to administer the evaluation process. Award will be posted on the MITN website.

It shall be the proposer's responsibility to make inquiry as to the changes or addenda issued. Addendum will be posted on the MITN system. All such changes or addenda shall become a part of the contract and all agencies shall be bound by such changes or addenda.

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VENDOR QUESTIONNAIRE

Statement of Qualifications.

Response to the Statement of Qualifications shall be brief and concise and at the same time shall include detailed information as requested. Firms are encouraged to include attachments and additional information as deemed necessary.

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

TELEPHONE _____ **FAX** _____

EMAIL ADDRESS: _____ **WEBSITE:** _____

AUTHORIZED REPRESENTATIVE'S NAME/TITLE:

CONTACT INFORMATION FOR AUTHORIZED REPRESENTATIVE:

DATE _____

Type of Organization: (Circle One)

- a. Individual
- b. Partnership
- c. Corporation
- d. Joint Venture
- e. Other

Years in Business: _____

Location of Company Office

How many employees does your local agency employ?

Full-time employees: _____ **Part-time employees:** _____

List appropriate licensure and certifications (Page 3, #3)

List of key administrative and supervisory personnel with resumes.

Provide brief biographies/experience information of two (2) persons who will be assigned to service the City (Page 3, #4).

Include a list of the personnel employed by your firm who perform services for the City. Include the number of years experience for each person and any related qualifications, experience and education for each person that the City will be working with.

List insurance companies you would preference to use for your proposal in order of preference; your agency's commercial premium volume for the most recent year for each insurer named; location of claims processing; number of years your agency has conducted business with each insurer named (Page 3, #6).

#1

Name of Insurance Company:

Your Agency's Commercial Premium Volume for most Recent Year

Location of Claims Processing

Number of Years Your Agency has Conducted Business with Insurer _____ years

#2

Name of Insurance Company:

Your Agency's Commercial Premium Volume for most Recent Year

Location of Claims Processing

Number of Years Your Agency has Conducted Business with Insurer _____ years

#3

Name of Insurance Company:

Your Agency's Commercial Premium Volume for most Recent Year

Location of Claims Processing

Number of Years Your Agency has Conducted Business with Insurer _____ years

#4

Name of Insurance Company:

Your Agency's Commercial Premium Volume for most Recent Year

Location of Claims Processing

Number of Years Your Agency has Conducted Business with Insurer _____ years

#5

Name of Insurance Company:

Your Agency's Commercial Premium Volume for most Recent Year

Location of Claims Processing

Number of Years Your Agency has Conducted Business with Insurer _____ years

What additional services and information can you provide to assist the City?

Copies of licenses required by the State of Michigan are attached (Page 3, #3)

Yes _____ No _____

Certificate of Insurance for general liability, vehicle and workers compensation coverages are attached (Page 3, #3) Yes _____ No _____

The proposer affirms that he/she has provided true statements and is duly authorized to execute this Statement of Qualifications, that this company, corporation, firm, partnership or individual has not prepared this proposal in collusion with any other proposer and that the contents of this proposal as to prices, terms or conditions have not been communicated by the undersigned, nor by any employee or agent, to any competitor, and will not be, prior to the award and the proposer has full authority to execute any resulting contract awarded as the result of, or on the basis of the submittal.

To the fullest extent permitted by law, the proposer agrees to defend, pay on behalf of, indemnify, and hold harmless the City of Rochester Hills, its elected and appointed officials, employees and volunteers and others working on behalf of the City of Rochester Hills against any and all claims, demands, suits, or loss, including all costs and attorney fees connected therewith, and for any damages which may be asserted, claimed or recovered against or from the City of Rochester Hills, its elected and appointed officials, employees, volunteers or others working on behalf of the City of Rochester Hills, by reason of personal injury, including bodily injury or death and/or property damage, including loss of use thereof, which arises out of or is in any way connected or associated with this program.

COMPANY NAME: _____

AUTHORIZED REPRESENTATIVE'S NAME: _____

SIGNATURE: _____ **TITLE:** _____

DATED: _____

Attachment A

Insurance Regulations

The proposer shall not commence work until he has obtained and delivered to the City of Rochester Hills the certificate of insurance required under this paragraph. All insurance carriers must be acceptable to the City and licensed and admitted to do business in the State of Michigan. The City of Rochester Hills shall be named as certificate holder.

1. **Commercial General Liability Insurance:** The Vendor shall procure and maintain during the life of the blanket purchase order, Commercial General Liability Insurance on an "Occurrence Basis" with limits of liability not less than \$1,000,000 per occurrence and/or aggregate combined single limit, Personal Injury, Bodily Injury, Bodily Injury and Property Damage. Coverage shall include the following extensions: (A) Contractual Liability; (B) Products and Completed Operations; (C) Independent Contractors Coverage; (D) Broad Form General Liability Extensions or equivalent; (E) Deletion of all Explosion, Collapse and Underground (XCU) Exclusions, if applicable.
2. **Motor Vehicle Liability:** The Contractor shall procure and maintain during the life of this contract Motor Vehicle Liability Insurance, including Michigan No-Fault Coverages, with limits of liability of not less than \$1,000,000 per occurrence combined single limit Bodily Injury and Property Damage. Coverage shall include all owned vehicles, all non-owned vehicles, and all hired vehicles.
3. **Workers' Compensation Insurance:** The contractor shall procure and maintain during the life of this contract, Workers' Compensation Insurance, including employers' liability coverage, in accordance with all applicable statutes of the State of Michigan.
4. **Additional Insured:** Commercial General Liability and Motor Vehicle Liability Insurance, as described above, shall include an endorsement stating: *"It is understood and agreed that the following shall be Additional Insureds: the City of Rochester Hills (the City of Rochester, the Huron Clinton Metropolitan Authority), all elected and appointed officials, all employees and volunteers, all boards, commissions and/or authorities and board members, including employees and volunteers thereof. This coverage shall be primary to the Additional Insureds, and not contributing with any other insurance or similar protection available to the Additional Insureds, whether other available coverage be primary, contributing or excess."*
5. **Cancellation Notice:** Workers' Compensation Insurance, Commercial General Liability Insurance and Motor Vehicle Liability Insurance, as described above, shall include an endorsement stating the following: "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 to the left."