
Harrietstown Housing Authority

Request for Insurance Proposals
Auto, Workers Compensation, Disability

September 16, 2015

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**Harrietstown Housing Authority
14 Kiwassa Road, Suite 1
Saranac Lake, NY 12983
Telephone: 518-891-3050 / Fax: 518-891-3630**

LEGAL NOTICE

**REQUEST FOR PROPOSALS
INSURANCE**

The Harrietstown Housing Authority is soliciting proposals for the following insurance: Automobile, Workers Compensation, and New York State Disability Benefits.

Proposals must be in strict accordance with the specifications cited in the Request for Proposal, copies of which are available at the Harrietstown Housing Authority, 14 Kiwassa Road, Suite 1, Saranac Lake, NY 12983 and at www.harrietstownha.org.

Proposals are due **Friday, October 16 by 3:00pm** in the Housing Authority Office at the above address. No changes in proposals will be accepted after that time, except for clarifications or corrections requested by the Authority. It is the Bidder's responsibility to confirm that the Authority has received his or her proposal by the due date and time.

Solicitation Number 150916_001

Sarah A. Clarkin, PHM
Executive Director
Harrietstown Housing Authority

1. CONDITIONS AND INSTRUCTIONS

1.1 Proposal Receipt Form.

Please complete and return the Proposal Receipt Form in Exhibit A.

1.2 Proposal Forms.

Proposals must be submitted on the forms provided by the Housing Authority, i.e., Attachments A-E. All questions must be answered. If no proposal is provided or a statement does not apply, enter "none" or "not applicable."

The Bidder's name shall be typed or printed on each proposal sheet and each continuation sheet that requires the entry of information by the Bidder. Erasures or other changes must be initialed by the person signing the proposal. Bidders should retain a copy of their proposal for their records.

All proposals must be firm until 45 days after the respective coverages are to be effective. This will allow the Housing Authority to re-award the coverage in the event the firm or insurer originally awarded the coverage is unable to provide the coverage at the premium proposed.

1.3 Signatures.

All proposals must be signed by the owner or an appropriate executive officer of the firm. Proposals signed by an agent shall be accompanied by evidence of that agent's authority.

1.4 Proposal Submission.

All proposals must be submitted in a hard copy format as set forth in this Request for Proposals, and received by the Harrietstown Housing Authority on or before 3:00pm, October 16, 2015. The mailing/physical address is Harrietstown Housing Authority, 14 Kiwassa Road, Suite 1, Saranac Lake, NY 12983.

Any proposal received at this address after the exact time specified for receipt will not be considered unless it is the only proposal received.

1.5 Requests for Interpretation.

Each request for interpretation as to the meaning of specifications shall be in writing and directed to Sarah A. Clarkin. No inquiry received within five (5) working days of the due date will be given consideration.

1.6 Addenda.

All addenda shall be sent to all firms that returned the Proposal Receipt Form and indicated the intent to submit a proposal for the relevant coverage.

1.7 Broker of Record Letters.

The Harrietstown Housing Authority will not issue a "Broker of Record" letter to a rating organization to permit a given firm exclusive access to rate make-ups or other rating data about Housing Authority-owned property.

1.8 Name of Insured.

The named insured shall be Harrieststown Housing Authority.

1.9 Tax and Fees.

The proposal shall identify all applicable excess and surplus line fees. The Harrieststown Housing Authority is tax exempt.

1.10 Organizational Conflicts of Interest.

The Bidder certifies by submission of a proposal that to the best of his/her knowledge and belief and, except as otherwise disclosed, he/she does not have any organizational conflict of interest which is defined as a situation in which the nature of work under a proposed Public Housing Authority contract and a prospective bidder's organizational, financial contractual or other interests are such that:

- Award of the contract may result in an unfair competitive advantage;
- The Bidder's objectivity in performing the work may be impaired; or
- The Bidder has disclosed all relevant information and requested the Housing Authority to make a determination with respect to this contract.

The Bidder agrees that if, after the award, he or she discovers an organizational conflict of interest with respect to this contract, he or she shall make an immediate and full disclosure in writing to the Housing Authority and include the actions that the Bidder has taken or intends to take to eliminate or neutralize the conflict. However, the Housing Authority may terminate the contract for the convenience of the Housing Authority if it would be in the best interest of the Housing Authority.

1.11 Receipt of Policies/Written Binders/Modifications.

Policies or written binders for the coverages awarded on the basis of this Request for Proposals must be provided to the Housing Authority at least 2 business days before their effective dates. For other coverage modifications made after policies are in force, except those that are automatically covered by the policy, endorsements or written binders must be provided to the Housing Authority within 7 days of approval of the change. All binders and Certificates of Insurance must be signed by a person who has the legal authority to commit the insurance company.

1.12 Considerations for Selection.

- When reviewing proposals, the Housing Authority shall consider:
 - Financial stability.
 - Experience in writing housing authority, municipal and/or public entity insurance.
 - Availability of risk management and other services.
 - Adequacy of coverages offered.
 - Availability of staff person to answer routine questions concerning claims, invoices, endorsements, and similar matters during business hours.
 - Price.
- The selected agent(s)/broker(s) is/are expected to work closely with the Housing Authority to foster the best interest of the Housing Authority. In particular, the agent(s)/broker(s) shall:
 - Review Certificates of Insurance at any time a Certificate is presented for review.

- Provide the Housing Authority loss runs showing the status of each loss incurred during the policy term on a semi-annual basis and 100 days prior to expiration. The loss run shall include, at a minimum, date of loss, location, type of loss, amount paid, and amount held in reserve and if the loss has been closed without payment. The loss runs shall continue for a period of 12 months after expiration of the policy.
- Prepare an outline of policies which includes limits of coverage, premiums and any dividends.
- Provide premium cost breakdowns if required.

The Housing Authority is not obligated by operation or any statute or regulation to award contracts for insurance on the sole basis of the lowest premium proposed.

1.13 Accuracy.

To the best of the Housing Authority's knowledge, the information contained herein is accurate. If a variance is noted, the data supplied in the specifications should be used and the revised data and cost adjustment, if any, should be shown on the appropriate attachment(s).

1.14 Right to Waive.

The Housing Authority reserves the right to waive any informalities and reject any or all proposals.

2. BIDDER QUALIFICATIONS

2.1 Insurance Companies.

Each participating insurer shall be licensed or duly authorized to issue insurance in New York State. "Duly authorized" means that the insurer(s) shall be listed with the state insurance commissioner as an approved or admitted carrier. If a proposal is submitted by a "surplus lines" insurance company, the company must be authorized to conduct business in New York State.

Each participating insurer shall be financially sound and responsible. This shall be evidenced by a rating in the current A.M. Best's Insurance Reports of A- or better.

2.2 Agents/Brokers.

The agent/broker shall be licensed or duly authorized to issue, solicit and service all insurances for which it submits proposals in accordance with the laws of New York State.

3. COMPREHENSIVE AUTOMOBILE

3.1 Effective Date.

The policy shall become effective at 12:00am, December 4, 2015 for twelve months through 12:00am, December 4, 2016.

3.2 Policy Specifications.

3.2.1 Liability.

- Comprehensive coverage, using ISO Symbol 1, including "Any Auto" owned, hired, and non-

owned exposure of the Housing Authority. Non-owned Liability shall include employees and volunteers as Insureds.

3.2.2 Limits.

- \$1,000,000 CSL for Bodily Injury/Property Damage.
- \$10,000 Medical Expenses.
- No-Fault (PIP & OBEL) coverage including out-of-state trips. \$50,000 Basic and \$100,000 APIP with \$5,000 Additional Death Benefit.
- Uninsured & Supplementary Underinsured Motorist coverage: \$1,000,000.
- Collision coverage with \$500 deductible.
- Comprehensive coverage with \$500 deductible (including full glass coverage).
- Hired Physical Damage - Primary basis, ACV, with \$500 deductible for Collision and Comprehensive on an "if any" basis.

3.2.3 Miscellaneous Coverage.

- Physical damage is extended to accidental inflating of airbags.
- Fellow Employee Exclusion is deleted.

3.2.4 Cancellation.

Cancellation may not be effected by the company without a minimum of 60 days prior written notice to the Insured.

3.3 Exposures.

- Owned vehicles and drivers provided in Exhibit B.
- Leased vehicles, if any
- Hired vehicles: if any
- Non-owned vehicles: 7 employees / 10 volunteers

3.4 Instructions for Bid Sheet.

The Automobile Insurance Bid Form is in Attachment A of this document. Bidders shall use this form and either type or handwrite the required information onto the form. If the Bidder handwrites the information, the onus is on the Bidder to ensure the handwritten information is legible. This Attachment must be submitted.

4. WORKERS COMPENSATION

4.1 Effective Date.

The policy shall become effective 12:00am, January 1, 2016 for twelve months through 12:00am, January 1, 2017.

4.2 Identifying Information.

- Federal ID # 14 1557862
- NYSUI# 9320168

4.3 Policy Specifications.

Statutory New York State Coverage – Unlimited Employers Liability

4.4 Exposures.

- Clerical Class 8810 - \$190,550 Estimated 2016 Payroll
- Building Operations NOC Class 9028 - \$94,760 Estimated 2016 Payroll

4.5 Instructions for Bid Sheet.

The Workers Compensation Bid Form is in Attachment B of this document. Bidders shall use this form and either type or handwrite the required information onto the form. If the Bidder handwrites the information, the onus is on the Bidder to ensure the handwritten information is legible. This Attachment must be completed and submitted.

5. NEW YORK STATE DISABILITY BENEFITS

5.1 Effective Date.

The policy shall become effective 12:00am, January 1, 2016 for twelve months through 12:00am, January 1, 2017.

5.2 Policy Specifications.

- Statutory New York State Coverage

5.3 Exposures.

- Female Employees – 4
- Male Employees - 3

5.4 Instructions for Bid Sheet.

The New York State Disability Benefits Bid Form is in Attachment C of this document. Bidders shall use this form and either type or handwrite the required information onto the form. If the Bidder handwrites the information, the onus is on the Bidder to ensure the handwritten information is legible. This Attachment must be completed and submitted.

**Exhibit A
Proposal Receipt Form**

Name of Firm _____

We are in receipt of your Request for Proposals for insurance coverages and hereby state our intent.

_____ We intend to submit a proposal for _____.

_____ We do not intend to submit a proposal.

Proposals are due no later than 3:00pm, Friday, October 16, 2015.

Return via

Fax: 518-891-3630

E-mail: sclarkin@harriestownha.org

Exhibit B
Vehicles and Drivers

VEHICLES					
Year	Make	Model	VIN	Cost New	GVW
2012	FORD	ESCAPE	1FMCU9DG9CKB05704	\$20,682	3,441
2004	FORD	PICK UP	1FTSF31L14EA71220	\$25,000	5,562
DRIVERS					
Name	DOB	ID #			
Sarah A. Clarkin	9/28/1961	126 845 476			
Deborah L Zerrahn	5/8/1957	344 196 746			
Irene F. Snyder	9/11/1966	425 295 566			
David Siegrist	4/22/1959	730 288 829			
John Burns	1/15/1963	523 869 343			
Danny Price	9/15/1964	270 143 320			
Tammy L. Burdt	6/9/1964	629 133 843			

**Attachment A
Comprehensive Automobile
Bid Sheet**

Insurance Company Information.

Company Name: _____

Point of Contact: _____

Address: _____

City/Town: _____ State: _____ Zip: _____

Phone/Fax: _____

E-mail: _____

Introduction.

_____ (Company Name) will provide Comprehensive Automobile insurance coverage in accordance with all specifications and requirements outlined in the Request for Proposals.

Coverages, Rates and Premiums.

Complete the table, below, using the information provided in Section 3.2 of this document. Information may be typed or handwritten.

(i) Annual Premium

- Annual Premium: _____

Current Rating.

The current rating by A. M. Best Company is _____

Additional Information.

Indicate coverage exceptions, quotation qualifications, and additional information on this form. Add extra sheets as needed, numbering them Attachment A-1, A-2, etc.

Qualifying Statement.

Note: Data may be typed or handwritten.

We, the undersigned participants in this bid, are collectively authorized to issue or solicit insurance and fulfill the legal requirements for operating in New York State, hereby attest that we have reviewed the specifications and concur with this bid.

Authorized Signature

Agent/Broker Signature

Printed Name and Title

Printed Name and Title

Name of Insurance Company

Name of Firm

**Attachment B
Workers Compensation
Bid Sheet**

Insurance Company Information.

Company Name: _____

Point of Contact: _____

Address: _____

City/Town: _____ State: _____ Zip: _____

Phone/Fax: _____

E-mail: _____

Introduction.

_____ (Company Name) will provide Workers Compensation coverage in accordance with all specifications and requirements outlined in the Request for Proposals.

Coverages, Rates and Premiums.

Complete the table, below, using the information provided in Section 4.4 of this document. Information may be typed or handwritten.

(i) Annual Premium

- Annual Premium (Best Estimate): _____

Current Rating.

The current rating by A. M. Best Company is _____

Additional Information.

Indicate coverage exceptions, quotation qualifications, and additional information on this form. Add extra sheets as needed, numbering them Attachment B-1, B-2, etc.

Qualifying Statement.

Note: Data may be typed or handwritten.

We, the undersigned participants in this bid, are collectively authorized to issue or solicit insurance and fulfill the legal requirements for operating in New York State, hereby attest that we have reviewed the specifications and concur with this bid.

Authorized Signature

Agent/Broker Signature

Printed Name and Title

Printed Name and Title

Name of Insurance Company

Name of Firm

**Attachment C
New York State Disability Benefits
Bid Sheet**

Insurance Company Information.

Company Name: _____

Point of Contact: _____

Address: _____

City/Town: _____ State: _____ Zip: _____

Phone/Fax: _____

E-mail: _____

Introduction.

_____ (Company Name) will provide New York State Disability Benefits coverage in accordance with all specifications and requirements outlined in the Request for Proposals.

Coverages, Rates and Premiums.

Complete the table, below, using the information provided in Section 5.2 of this document. Information may be typed or handwritten.

(i) Annual Premium

- Annual Premium: _____

Current Rating.

The current rating by A. M. Best Company is _____

Additional Information.

Indicate coverage exceptions, quotation qualifications, and additional information on this form. Add extra sheets as needed, numbering them Attachment C-1, C-2, etc.

Qualifying Statement.

Note: Data may be typed or handwritten.

We, the undersigned participants in this bid, are collectively authorized to issue or solicit insurance and fulfill the legal requirements for operating in New York State, hereby attest that we have reviewed the specifications and concur with this bid.

Authorized Signature

Agent/Broker Signature

Printed Name and Title

Printed Name and Title

Name of Insurance Company

Name of Firm

Attachment D
Required Additional Information

Insurance Company Information.

Company Name: _____

Point of Contact: _____

Address: _____

City/Town: _____ State: _____ Zip: _____

Phone/Fax: _____

E-mail: _____

1. Indicate the firm's experience in writing Housing Authority, Municipal or Public Entity insurance.

2. If applicable, please indicate the extent of the agent's or broker's experience in terms of years and the capacity in which the agent or broker developed such experience, i.e., broker, underwriter, marketing representative, claims representative, safety and loss control representative.

3. List the three housing authority/municipality or public entity risks nearest to this Housing Authority that are insured by the company(ies) quoted.

4. Is the agent or broker covered by errors and omission insurance with a limit of at least \$3,000,000 with an admitted New York carrier with a Best's Rating of A- or better? _____ (Yes/No).
Please attach a current Certificate of Insurance from the carrier with your proposal.

Attachment E
Non-Collusion Certificate

I certify that this proposal has been arrived at independently, without collusion with any competitor or potential competition, and that the proposal contained herein has not knowingly been disclosed to any other competitor.

I further certify that no attempt has been made to induce any other person, partnership, or corporation to submit or not to submit a proposal and that all statements are accurate.

To the best of my knowledge and belief, all requirements of the specifications are understood and accepted, and the premiums proposed include all required coverages, except as noted on applicable attachment(s).

Company Name: _____

Point of Contact: _____

Address: _____

City/Town: _____ State: _____ Zip: _____

Phone/Fax: _____

E-mail: _____