
Harrietstown Housing Authority

Request for Insurance Proposals

Real and Personal Property, Commercial and General
Liability, Automobile, Public Officials

September 5, 2018

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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: Real and Personal Property, Commercial and General Liability, Automobile, and Public Officials.

Proposals must be in strict accordance with the specifications cited in the Request for Proposals, 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 no later than **3pm, Wednesday, November 7, 2018** in the Housing Authority Office at the above address. Send to the attention of the executive director. 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.

20180905-001

Sarah A. Clarkin, PHM
Executive Director
Harrietstown Housing Authority

1. GENERAL INFORMATION

The Harrietstown Housing Authority, located in the Village of Saranac Lake, is overseen by the U.S. Department of Housing and Urban Development. Its mission is to provide low-income individuals and families with clean, safe and affordable housing in a non-discriminatory manner. The Housing Authority administers two programs: Public Housing and Housing Choice Voucher. Through these programs, the Housing Authority owns, operates, and maintains 113 public housing units and administers 135 Housing Choice vouchers.

There are two public housing developments, the Lake Flower Apartments and the Algonquin Apartments. The Lake Flower Apartments, built in 1972, is a nine-story building with 78 studio and one-bedroom apartments. The building also houses the Housing Authority's offices and common areas. While not designated for a specific population, the majority of tenants are elderly and/or disabled. The Algonquin Apartments, built in 1978, has 35 two-, three-, and four-bedroom apartments. Apartments are spread out amongst five buildings and are town-house in style. There is also a community building that houses both common areas and Housing Authority maintenance resources.

Upgrades to developments over the last twenty years include:

Lake Flower Apartments	Algonquin Apartments
<i>Structural/Property</i>	
Community room addition (2004)	Concrete stairs repaired (2006)
Main drive/parking resurfaced (2009)	Driveway resurfaced (2011)
	Sidewalks upgraded (2011)
<i>Mechanical</i>	
New water heaters (2015)	New water heaters for units (2008); being replaced as needed
Roof fans installed (2001); replacement (starting 2016)	Heating upgrades for community building (2009)
Elevator modernization (2017)	Heat pumps for units (2009); these are failing and not being replaced
Upgrade ballasts from mechanical to electronic (2007); bypass ballasts - switch to LED (starting 2018)	LED light installation (starting 2017)
<i>Safety/Security</i>	
Fire doors for all units (2001)	
Entry door upgrade – east side (2005)	
LED exit lights (2007)	
Interior/exterior video cameras (2008)	
Alarm system upgrade (2017)	
Intercom system upgrade (2017)	
<i>Units</i>	
Kitchen/bath remodel (starting 2001)	Windows replaced (1998)
Stoves (2010)	Kitchen remodel (2001-2007)
Water-saving toilets (2010)	Water-saving toilets (2010)
	Stoves (2011)
	Refrigerators (2011)
Office	
New hardware/software, as needed	

The Housing Choice Voucher program offers rental assistance to households in the private market.

2. CONDITIONS AND INSTRUCTIONS

2.1 Proposal Receipt Form.

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

2.2 Proposal Forms.

Proposals must be submitted on the forms provided by the Housing Authority, i.e., Attachments A-F. 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 14 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.

2.3 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.

2.4 Proposal Submission.

All proposals must be submitted in a hard copy format and received by the Harrietstown Housing Authority on or before 3pm, November 7, 2018. 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.

2.5 Policies.

Bidders may have one policy contingent upon the award of another or others, or qualify the entire proposal as contingent upon award of all policies, but any such qualifications must be clearly stated on the applicable Attachment(s). Unless such qualification(s) is/are so stated, the Housing Authority assumes separate awards are acceptable.

The Housing Authority prefers to have the Real and Personal Property and Commercial and General Liability policies written by the same company. However, coverage with more than one company will be

accepted if a substantial increase in coverage or premium savings can be gained. The phrase "same company" can mean the same group of companies provided that all services such as claims, underwriting and engineering are the responsibility of a single executive authority. The effect should be the same as if one company handles the entire account.

2.6 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.

2.7 Addenda.

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

2.8 Broker of Record/Assignment of Market Letters.

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

2.9 Name of Insured.

The named insured shall be Harrietstown Housing Authority.

2.10 Tax and Fees.

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

2.11 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 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.

2.12 Receipt of Policies/Written Binders/Modifications.

Policies or written binders for the coverages awarded on the basis of this Request for Proposals and updates of the agreed value provision 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.

2.13 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 to answer routine questions concerning claims, invoices, endorsements, and similar matters during business hours.

- 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 property, contents, equipment and vehicle schedules and values.
 - Review policies, endorsements, audit adjustments, and invoices for accuracy.
 - 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.

2.14 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).

2.15 Right to Waive.

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

2.16 Inspection of Premises.

Permission to inspect the premises will be granted upon scheduling with the Executive Director.

3. BIDDER QUALIFICATIONS

3.1 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.

3.2 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.

4. REAL AND PERSONAL PROPERTY

4.1 Effective Date.

The policy shall become effective at 12:00am, December 4, 2018 for twelve months through 12:00am, December 4, 2019.

4.2 Forms.

It shall be written on standard Insurance Service Office forms or their equivalent and approved for use in the State of New York.

4.3 Rate Basis.

Proposals shall be based on a single rate per \$100 of the replacement cost. Covered locations are provided in Exhibit B.

4.4 Policy Specifications.

4.4.1 Direct Damage Coverage.

- Special Form Coverage for all real and personal property of the Housing Authority on a Blanket Replacement Cost Basis with a \$5,000 per occurrence deductible. Provide an optional bid for a deductible of \$10,000 per occurrence.
- Building coverage must include architect fees.
- Contents coverage must include theft.

4.4.2 Equipment Breakdown.

- Blanket comprehensive coverage.
- Full Property Blanket Limit with a \$5,000 deductible.
- Expediting Expense, Hazardous Substances, and Water Damage at \$100,000 each.

- Blanket Extra Expense of \$250,000.

4.4.3 Indirect Damage.

- Extra Expense with a Blanket Limit of \$100,000.
- Blanket limit of \$100,000 for Valuable Papers.
- Blanket limit of \$100,000 for loss of rents.

4.4.4 Ordinance or Law Coverage.

- Undamaged portion of a building at \$1,000,000.
- Demolition Cost at \$1,000,000.
- Increased Cost of Construction at \$1,000,000.

4.4.5 Equipment Floater.

All owned, rented, leased or borrowed equipment or property, including any equipment for which the Housing Authority may become legally liable, at any location shall be covered.

- Special Perils including theft at actual cash value with a \$5,000 deductible.
- Rented, leased, and borrowed at \$100,000 per occurrence with a \$5,000 deductible. Rental reimbursement at \$500 per day with a total limit of \$15,000 and a deductible of 72 hours. This coverage is to include pollution cleanup at \$25,000 and debris removal at \$10,000.
- Contractor equipment per schedule noted below:

○ Bobcat Loader	\$22,000
○ Bobcat Accessories	\$19,800
○ Kabota Tractor #1	\$11,945
○ Kabota Tractor #2	\$21,287
○ Kabota Accessories	\$ 7,119
○ Miscellaneous	\$ 1,000
Total	\$83,151

4.4.6 EDP.

- \$250,000 with \$5,000 deductible

4.4.7 Accounts Receivable.

- \$100,000 with \$5,000 deductible

4.4.8 Coverage Enhancements.

Provide proposed Schedule of Enhancements.

4.4.9 Earthquake Coverage.

- As an option, provide earthquake coverage with the lowest available deductible at the Blanket limit.

4.4.10 Cancellation.

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

4.4.11 Loss Reports.

The policy shall have the following endorsement attached to or incorporated into the policy: “The company agrees to provide the named insured 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, as 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.”

4.5 Instructions for Bid Sheet.

The Real and Personal Property Insurance Bid Form is 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 completed and submitted.

5. COMMERCIAL AND GENERAL LIABILITY

5.1 Effective Date.

The policy shall become effective at 12:00am, December 4, 2018 for twelve months through 12:00am, December 4, 2019.

5.2 Forms.

It shall be written on standard Insurance Service Office forms or their equivalent and approved for use in the State of New York.

5.3 Named Insured.

In addition to the Harrietstown Housing Authority, coverage must include its board of commissioners, appointed officials, and employees.

5.4 Policy Specifications.

Coverage is to be on an occurrence basis with defense coverage separate from the limit of insurance. Coverage must be provided in all hazard groups for all known and unknown General Liability exposures of the Housing Authority including Independent Contractors and Contractual Liability. Coverage must extend to all Housing Authority property, whether owned, rented, leased, or loaned.

5.4.1 Limits.

- \$1,000,000 per occurrence, combined single limit for bodily injury, property damage, products and completed operations liability.
- \$1,000,000 per occurrence for personal and advertising injury.

- \$2,000,000 products and completed operations aggregate.
- \$2,000,000 general aggregate each location.
- \$300,000 each occurrence for fire damage, including lightning and explosion.
- \$5,000 medical expense (any one person).

5.4.2 Deductible.

- Provide bids for deductibles of \$5,000 and \$10,000 per occurrence.

5.4.3 Employee Dishonesty.

- Per loss coverage (Form O).

5.4.4 Incidental Medical Malpractice.

- For any claims arising from the rendering of or failure to render incidental medical services.

5.4.5 Employee Benefits Liability.

- For errors or omissions in the management of its employee benefits program with a \$5,000 deductible and no retroactive date.

5.4.6 Sexual Abuse and Molestation Liability.

- For any claims involving sexual abuse, sexual molestation and sexual exploitation.

5.4.7 Host Liquor Law Liability.

- For any claims resulting from any disbursement of alcoholic beverages on Housing Authority property or at a Housing Authority function.

5.4.8 Mold, Other Fungi or Bacteria Liability.

- Claims made protection against claims arising from exposure to any stage or form of mold or other fungus.

5.4.9 Endorsements.

- Unintentional failure to disclose hazards.
- Governmental immunity.

5.4.10 Cancellation.

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

5.4.11 Loss Reports.

The policy shall have the following endorsement attached to or incorporated into the policy: "The company agrees to provide the named insured 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, as 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.”

5.5 Exposure Information.

- See Exhibit B for covered locations
- Employee Benefits Liability: 6 Active Employees and 6 Retirees with health benefits
- Independent Contractors – if any
- Contractual Liability – if any

5.6 Instructions for Bid Sheets.

The Commercial and Liability Insurance 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.

6. COMPREHENSIVE AUTOMOBILE

6.1 Effective Date.

The policy shall become effective at 12:00am, December 4, 2018 for twelve months through 12:00am, December 4, 2019.

6.2 Policy Specifications.

6.2.1 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.

6.2.2 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.

6.2.3 Miscellaneous Coverage.

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

6.2.4 Cancellation.

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

6.3 Exposures.

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

6.4 Instructions for Bid Sheet.

The Automobile Insurance 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 submitted.

7. PUBLIC OFFICIALS LIABILITY

7.1 Effective Date.

The policy shall become effective at 12:00am, December 4, 2018 for twelve months through 12:00am, December 4, 2019.

7.2 Named Insured.

In addition to the Harrietstown Housing Authority, coverage must include its board of commissioners, appointed officials, miscellaneous committees, and employees.

7.3 Policy Specifications.

7.3.1 Applicability.

- All Housing Authority departments and operations.

7.3.2 Errors or Omissions.

- Coverage shall be for Errors or Omissions resulting from conduct or duties on behalf of the Housing Authority.

7.3.3 Employment Related Practices.

- Coverage is to include employment related practices. Coverage is to include back wages.

7.3.4 Claims Made Basis.

- If coverage is on a "Claims Made" basis, there should be "Full Prior Acts" coverage and no Retroactive Date.

7.3.5 Limits.

- \$1,000,000 each loss and \$1,000,000 aggregate
- Sub-limit of \$100,000 for non-monetary claims
- Deductible of \$2,500 for each loss.

7.4 Instructions for Bid Sheet.

The Public Officials Liability Bid Form is in Attachment D 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 3pm, Friday, November 7, 2018.

Return Exhibit A via

Fax: 518-891-3630

E-mail: sclarkin@harriestownha.org

**Exhibit B
Covered Locations**

<u>Location 1 (14 Kiwassa Rd., Saranac Lake, NY 12983)</u>	<u>Square Footage</u>
Masonry Fire Resistive, 9 Story, 78-unit facility. Fully sprinklered with fire pump and direct fire alarm. Built in 1972.	51,966
Additional community space (built in 2004)	1,080
<i>Total</i>	<i>53,046</i>
<u>Location 2 (240 George LePan Memorial Hwy, Saranac Lake, NY 12983)</u>	
Unsprinklered, protected, fire hydrants on premises. Direct fire alarm.	
Building 100: Frame, 2 Story, 8 Family Dwelling Building. Fire walls between every two units. Built in 1978.	9,094
Building 200: Frame, 2 Story, 6 Family Dwelling Building. Fire walls between every two units. Built in 1978	6,338
Building 300: Frame, 2 Story, 6 Family Dwelling Building. Fire walls between every two units. Built in 1978.	6,480
Building 400: Masonry, 1 Story community/laundry building with built-in garage/shop in the basement. Built in 1978.	2,352
Building 500: Frame, 2 Story, 7 Family Dwelling Building. Fire walls between every two units. Built in 1978.	7,431
Building 600: Frame, 2 Story, 8 Family Dwelling Building. Fire walls between every two units. Built in 1978.	8,698
Sand Storage Building: Frame, 1 Story road sand storage Building. No electricity or plumbing. Built in 2000.	80
<i>Total</i>	<i>40,473</i>

Exhibit C
Owned 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	09/28/1961	126 845 476			
Deborah L Zerrahn	05/08/1957	344 196 746			
Irene F. Snyder	09/11/1966	425 295 566			
David Siegrist	04/22/1959	730 288 829			
John Burns	01/15/1963	523 869 343			
Robert M. Mathers	06/05/1956	944 576 914			
Tammy L. Burdt	06/09/1964	629 133 843			

Attachment A
Real and Personal Property
Bid Sheet

Insurance Company Information.

Company Name: _____

Point of Contact: _____

Address: _____

City/Town: _____ State: _____ Zip: _____

Phone/Fax: _____

E-mail: _____

Introduction.

_____ (Company Name) will provide insurance on all properties owned by the Harrietstown Housing Authority in accordance with all specifications and requirements outlined in the Request for Proposals.

Coverages, Rates and Premiums.

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

(i) Direct Damage Coverage (see 4.4.1)

	Blanket Replacement Cost Limit		Rate per \$100 of Replacement Cost		Annual Premium
	_____	x	_____	=	_____
\$5,000 deductible per occurrence	_____	x	_____	=	_____

\$10,000 deductible
per occurrence _____ x _____ = _____

Building coverage includes architect fees _____ (Yes/No)

Contents coverage includes theft _____ (Yes/No)

(ii) Equipment Breakdown (see 4.4.2)

- Included in (i), above? _____ (Yes/No)
- Excess and Surplus Lines Fees: _____
- Less estimated dividend, if any: _____
- Net Annual Premium: _____

(iii) Indirect Damage (see 4.4.3)

- Included in (i), above? _____ (Yes/No)
- Excess and Surplus Lines Fees: _____
- Less estimated dividend, if any: _____
- Net Annual Premium: _____

(iv) Ordinance or Law Coverage (see 4.4.4)

- Included in (i), above? _____ (Yes/No)
- Excess and Surplus Lines Fees: _____
- Less estimated dividend, if any: _____
- Net Annual Premium: _____

(v) Equipment Floater (see 4.4.5)

- Included in (i), above? _____ (Yes/No)
- Excess and Surplus Lines Fees: _____
- Less estimated dividend, if any: _____
- Net Annual Premium: _____

(vi) EDP (see 4.4.6)

- Included in (i), above? _____ (Yes/No)
- Excess and Surplus Lines Fees: _____
- Less estimated dividend, if any: _____
- Net Annual Premium: _____

(vii) Accounts Receivable (see 4.4.7)

- Included in (i), above? _____ (Yes/No)
- Excess and Surplus Lines Fees: _____
- Less estimated dividend, if any: _____
- Net Annual Premium: _____

(viii) Coverage Enhancements (see 4.4.8)

- Coverage Enhancements provided? _____ (Yes/No)
- If Yes, attach.

(ix) Earthquake Coverage (see 4.4.9)

- Lowest available deductible? _____
- 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 and 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
Commercial and General Liability
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 Commercial General Liability insurance coverage on all properties owned by the Harrietstown Housing Authority in accordance with all specifications and requirements outlined in the Request for Proposals.

Coverages, Rates and Premiums.

Complete the tables, below, using the information in Section 5.4 of this document. Information may be typed or handwritten.

(i) Commercial Liability (see 5.4.1 and 5.4.2)

- Rate Used: _____
- Excess and Surplus Lines Fees: _____
- Less estimated dividend, if any: _____
- Net Annual Premium: _____

With \$5,000 Deductible:

- Rate Used: _____
- Excess and Surplus Lines Fees: _____
- Less estimated dividend, if any: _____
- Net Annual Premium: _____

With \$10,000 Deductible:

- Rate Used: _____
- Excess and Surplus Lines Fees: _____
- Less estimated dividend, if any: _____
- Net Annual Premium: _____

(ii) Employee Dishonest (see 5.4.3)

- Included in (i), above? _____ (Yes/No)
- Excess and Surplus Lines Fees: _____
- Less estimated dividend, if any: _____
- Net Annual Premium: _____

(iii) Incidental Medical Malpractice (see 5.4.4)

- Included in (i), above? _____ (Yes/No)
- Excess and Surplus Lines Fees: _____
- Less estimated dividend, if any: _____
- Net Annual Premium: _____

(iv) Employee Benefits Liability (see 5.4.5)

- Included in (i), above? _____ (Yes/No)
- Excess and Surplus Lines Fees: _____
- Less estimated dividend, if any: _____
- Net Annual Premium: _____

(v) Sexual Abuse and Molestation Liability (see 5.4.6)

- Included in (i), above? _____ (Yes/No)
- Excess and Surplus Lines Fees: _____
- Less estimated dividend, if any: _____
- Net Annual Premium: _____

(vi) Host Liquor Law Liability (see 5.4.7)

- Included in (i), above? _____ (Yes/No)
- Excess and Surplus Lines Fees: _____
- Less estimated dividend, if any: _____
- Net Annual Premium: _____

(vii) Mold, Other Fungi or Bacteria (see 5.4.8)

- Included in (i), above? _____ (Yes/No)
- Excess and Surplus Lines Fees: _____

- Less estimated dividend, if any: _____
- Net Annual Premium: _____

(viii) Endorsements (see 5.4.9)

- Unintentional Failure to Disclose _____ (Yes/No)
- Governmental Immunity _____ (Yes/No)

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
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 6.2 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
Public Officials Liability
Bid Sheet

Insurance Company Information.

Company Name: _____

Point of Contact: _____

Address: _____

City/Town: _____ State: _____ Zip: _____

Phone/Fax: _____

E-mail: _____

Introduction.

_____ (Company Name) will provide Public Officials Liability 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 7.3 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 D-1, D-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 E
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 F
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: _____