

THE NORTHWEST REGIONAL WORKFORCE INVESTMENT BOARD, INC.

**REQUEST FOR QUOTATION FOR AN
INSURANCE SERVICE AGENCY AND
QUOTATION ON PREMIUMS**

PURPOSE

The Northwest Regional Workforce Investment Board, Inc. (NRWIB) is requesting premium quotes from insurance brokers or agencies experienced in business insurance. The NRWIB seeks a comprehensive, low cost business insurance proposal which covers

- 1. Standard business liability insurance- detailed below**
- 2. Group life, health and dental coverage options for NRWIB staff and**
- 3. Professional customer service and account management.**

BACKGROUND INFORMATION

The NRWIB is a private, non-profit corporation serving the workforce development needs of residents and employers in the 41 cities and towns which comprise the Northwest corner of Connecticut (i.e., Waterbury, Danbury and Torrington labor markets).

The NRWIB administers \$10 million in local, state and federal funds on an annual basis and employs 14 full time staff with an annual payroll of approximately \$1,000,000.

SCOPE OF WORK

NRWIB is seeking a qualified vendor to review, research, recommend and administer a comprehensive insurance program that meets the unique needs of the organization.

Current business coverage is as follows:

Fidelity bond	(\$500 K)
Directors and Officers / Employment Practices	(\$1 M)
General liability including fire, auto and property	(\$1 M - \$2 M)
Umbrella	(\$3 M)
Workers Compensation	(\$100 K / accident, \$100 K / employee, \$500 K limit)

Current employee plans include:

Health
Pharmacy
Dental
Group term life insurance (coverage equals one years' salary)

Vendors are expected to review current policies and coverage, recommend updates where necessary and submit a competitive quote for suggested premiums.

The NRWIB will not entertain quotes that include additional coverages and provisions unless it can be demonstrated that additional conditions will lower premium costs.

PROPOSAL REQUIREMENTS

1. Identify firm.
2. List the name, title, mailing address, telephone number, fax number and e-mail address of the contact person for this proposal.
3. Confirmation of appropriate licenses to conduct insurance business in the State of Connecticut.
4. A description of the firm including a brief history, size, location of office(s) and other pertinent information.
5. Describe the responsibility, experience and qualifications of the individual(s) who will provide service to our company and employees.
6. What makes your customer service unique?
Describe the firm's overall philosophy for servicing an account and commitment to customer service and quality assurance.
7. Describe how you will assist and keep NRWIB aware of pertinent changes to coverage needs and regulations regarding employee benefit plans.
8. Provide the names and telephone numbers of three references.
9. Provide any additional information that should be considered in the selection process (limited to one page).
10. Specify proposed coverages and associated premiums.

EVALUATION CRITERIA

Each proposer will be evaluated against the following criteria to determine their capabilities of meeting the requirements of this proposal, in a manner most useful to the needs of the NRWIB, price and other factors considered.

- Quality of response.
- Proposed approach and plan to support the NRWIB.
- Quality of services; experience of firm and staff.
- Comprehensiveness of services offered.
- Fees and costs.
- References of agency.
- Location of company.

BIDDERS CONFERENCE

A Bidders' Conference will be held on Tuesday, June 12, 2018 at 2:00 PM at the NRWIB offices at 249 Thomaston Avenue, Waterbury. To register for the Bidders' Conference, contact Amy Fellows by calling (203) 574-6971 ext. 448 or e-mail at Amy.Fellows@nrwib.org.

DELIVERY CONDITIONS

An original and four exact, legible copies of the proposal must be submitted in sealed envelope (clearly identified by "NRWIB Insurance Proposal") by the stated due date and time. In addition, one exact electronic copy of the entire proposal in a non-PDF format must be submitted on a CD-ROM/diskette.

TERMS AND CONDITIONS

All proposals must be submitted to:

**Northwest Regional Workforce Investment Board
249 Thomaston Avenue
Waterbury, Connecticut 06702**

Please mark the envelope: NRWIB Insurance Proposal. The proposals should be submitted no later than 12:00 NOON, Wednesday July 6, 2018. Electronic submissions will be accepted.

This RFQ does not commit the Northwest Regional Workforce Investment Board Inc. to award a contract. NRWIB will not pay any costs incurred by the proposer in the preparation of this proposal. NRWIB may accept or reject any or all proposals received as a result of this RFQ or cancel in part or in its entirety this RFQ if it is in the best interest of the NRWIB to do so.

The NRWIB may request additional information or a personal interview in support of the written proposals.

The NRWIB may award a contract under this RFQ without discussion with the proposer. Therefore, proposals should be submitted on the most favorable terms from both the technical and cost standpoint.

The NRWIB reserves the right not to fund the proposer based solely on either the lowest cost or the highest score on the proposal.

The NRWIB may require the selected proposer to participate in negotiations and submit price, technical or other revisions to the proposal as a result of the negotiations.

The contract award is subject to the availability of Federal or State funds and the execution of a contract acceptable to both the selected proposer and the NRWIB.

The NRWIB reserves the right to reject the proposal of any proposer based on any misrepresentation.

All proposals must be signed by the agency principal.

NRWIB INSURANCE QUOTE

Name of firm _____
Address _____
Telephone number _____ Fax number _____
E-mail address _____

Name of Principal _____ Title _____

Signature _____ Date _____

License type and number _____

Description of firm _____

Attach resumes of sales representatives, account managers or customer service representatives.

Describe the firm's overall philosophy for servicing an account and commitment to customer service and quality assurance.

Describe how you will assist and keep NRWIB aware of pertinent changes to coverage needs and regulations regarding employee benefit plans.

References

Name _____	Firm _____	Tel. no. _____
Name _____	Firm _____	Tel. no. _____
Name _____	Firm _____	Tel. no. _____

Optional: Attach additional information (one page only)

NRWIB INSURANCE QUOTE

TYPE OF INSURANCE	COVERAGE AND LIMITS	PREMIUM
General liability	Each occurrence	
	Damage to rented premises	
	Medical expenses	
	Personal & advertising injury	
	General aggregate	
	Products/completed operations	
Automobile liability	Combined single limit	
Umbrella liability	Each occurrence	
	Aggregate	
Directors and officers	Policy limit	
Workers Compensation	Each accident	
	Each employee	
	Policy limit	

NRWIB INSURANCE QUOTE

TYPE OF INSURANCE	DEDUCTIBLE / CO-PAY	PREMIUM
Employee medical	Employee	
	Employee + spouse	
	Employee + family	
Pharmacy	Employee	
	Employee + spouse	
	Employee + family	
Dental	Employee	
	Employee + spouse	
	Employee + family	
Life insurance	1x annual salary	