



# STATE OF ARKANSAS

OFFICE OF STATE PROCUREMENT

1509 West 7th Street, Room 300

Little Rock, Arkansas 72201-4222

## ***TECHNICAL PROPOSAL PACKET***

### ***SP-17-0046***

#### **CAUTION TO VENDOR**

Vendor's failure to submit required items and/or information as specified in the *Bid Solicitation Document* **shall** result in disqualification.



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## PROPOSAL SIGNATURE PAGE

Type or Print the following information.

RESPONDENT'S INFORMATION					
Company:					
Address:					
City:		State:		Zip Code:	
Business Designation:	<input type="checkbox"/> Individual <input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation	<input type="checkbox"/> Public Service Corp <input type="checkbox"/> Nonprofit		
Minority Designation: <i>See Minority Business Policy</i>	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> African American <input type="checkbox"/> American Indian	<input type="checkbox"/> Hispanic American <input type="checkbox"/> Asian American	<input type="checkbox"/> Pacific Islander American <input type="checkbox"/> Service Disabled Veteran	
	AR Minority Certification #: _____		Service Disabled Veteran Certification #: _____		

VENDOR CONTACT INFORMATION			
<i>Provide contact information to be used for bid solicitation related matters.</i>			
Contact Person:		Title:	
Phone:		Alternate Phone:	
Email:			

CONFIRMATION OF REDACTED COPY
<input type="checkbox"/> YES, a redacted copy of submission documents is enclosed. <input type="checkbox"/> NO, a redacted copy of submission documents is <u>not</u> enclosed. I understand a full copy of non-redacted submission documents will be released if requested.  <i>Note: If a redacted copy of the submission documents is not provided with vendor's response packet, and neither box is checked, a copy of the non-redacted documents, with the exception of financial data (other than pricing), shall be released in response to any request made under the Arkansas Freedom of Information Act (FOIA). See Bid Solicitation for additional information.</i>

**An official authorized to bind the vendor to a resultant contract must sign below.**

The signature below signifies agreement that either of the following **shall** cause the vendor's proposal to be disqualified:

- Additional terms or conditions submitted in their proposal, whether submitted intentionally or inadvertently.
- Any exception that conflicts with a Requirement of this *Bid Solicitation*.

Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_  
*Use Ink Only.*

Printed/Typed Name: \_\_\_\_\_ Date: \_\_\_\_\_

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## SECTION 1 - VENDOR AGREEMENT AND COMPLIANCE

- Any requested exceptions to items in this section which are NON-mandatory **must** be declared below or as an attachment to this page. Vendor **must** clearly explain the requested exception, and should label the request to reference the specific solicitation item number to which the exception applies.
- Exceptions to Requirements **shall** cause the vendor's proposal to be disqualified.

By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation.

Authorized Signature: \_\_\_\_\_  
*Use Ink Only.*

Printed/Typed Name: \_\_\_\_\_ Date: \_\_\_\_\_

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## **SECTION 2 - VENDOR AGREEMENT AND COMPLIANCE**

- Any requested exceptions to items in this section which are NON-mandatory **must** be declared below or as an attachment to this page. Vendor **must** clearly explain the requested exception, and should label the request to reference the specific solicitation item number to which the exception applies.
- Exceptions to Requirements **shall** cause the vendor's proposal to be disqualified.

By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation.

Authorized Signature: \_\_\_\_\_  
*Use Ink Only.*

Printed/Typed Name: \_\_\_\_\_ Date: \_\_\_\_\_

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## SECTIONS 3, 4, 5 - VENDOR AGREEMENT AND COMPLIANCE

- Exceptions to Requirements **shall** cause the vendor's proposal to be disqualified.

By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation.

Authorized Signature: \_\_\_\_\_

*Use Ink Only.*

Printed/Typed Name: \_\_\_\_\_ Date: \_\_\_\_\_

## PROPOSED SUBCONTRACTORS FORM

- **Do not** include additional information relating to subcontractors on this form or as an attachment to this form.

**VENDOR PROPOSES TO USE THE FOLLOWING SUBCONTRACTOR(S) TO PROVIDE SERVICES.**

*Type or Print the following information*

Subcontractor's Company Name	Street Address	City, State, ZIP

**VENDOR DOES NOT PROPOSE TO USE SUBCONTRACTORS TO PERFORM SERVICES.**

By signature below, vendor agrees to and **shall** fully comply with all Requirements related to subcontractors as shown in the bid solicitation.

**Authorized Signature:** \_\_\_\_\_  
*Use Ink Only.*

**Printed/Typed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## INFORMATION FOR EVALUATION

- Provide a response to each item/question in this section. Vendor may expand the space under each item/question to provide a complete response.
- **Do not** include additional information if not pertinent to the itemized request.

	<b>Maximum RAW Score Available</b>
<b>E1. CORPORATE PROFILE AND QUALIFICATIONS</b>	
A. Provide a brief description of your company.	5 points
B. Provide a list of the major insurers for which the company currently meets the requirements for broker status.	5 points
C. Provide a detailed description of the consulting services the vendor provides.	5 points
D. Provide an explanation of the firm’s philosophy on policy and coverage recommendations to the client.	5 points
E. Describe the process used to select the most suitable insurer.	5 points
F. Describe any specific techniques and procedures the company may use to assist in identifying current and anticipated new exposures to loss.	5 points
G. Provide a detailed description of all program support services relative to the needs of the requirements, including, but not limited to:	
1. Assisting with issues and questions regarding policies.	5 points
2. Addressing claims.	5 points
3. Client representation.	5 points
H. Provide a description of the annual reporting options which are available to a client.	5 points
I. Provide a description of the company’s philosophy and methods for maintaining insurer relations.	5 points
J. Provide a description of the process in which the firm measures its own performance relative to the services required.	5 points
K. Provide a description of how the firm monitors insurer solvency, and the steps it would take in the event an insurer’s solvency was weak or deteriorating, or their rating downgraded.	5 points
L. Provide an explanation of core competencies and available technologies, or related tools that make the company uniquely qualified to obtain best value for the ATRS.	5 points
<b>E2. EXPERIENCE</b>	
A. Provide an explanation of the company’s ability to deliver services that meet the requirements, addressing:	
1. Breadth of access to markets and available marketing resources.	5 points

- 2. Experience and philosophy in negotiating coverage and pricing with underwriters. 5 points
- 3. Technical approach to providing best value to the customer. 5 points
- 4. Organizational capabilities. 5 points
- B. Provide a description of the company’s expertise in the risk management area of Fiduciary Insurance. 5 points
- C. Provide a description of the company’s expertise in the risk management area of D&O Insurance. 5 points
- D. Provide a detailed description of the company’s experience servicing public entities. 5 points

**E2. STAFFING**

- A. Provide the names of the proposed account service team, specifying the designated contact for the ATRS account and the extent of their availability to the ATRS during the contract period. 5 points
- B. Provide a description of each staff member’s service role, along with a description of their qualifications including credentials, experience, responsibilities, and specifically, work on similar engagements with public entities. 5 points
- C. Provide the portion of the above staff that is located in the state of Arkansas. 5 points
- D. Give the average number of claims handled by a similar claims support team each year. 5 points

**E3. CREDENTIALS AND FINANCIAL DATA**

- A. Provide a description of any current or pending litigation or administrative actions against the firm. 5 points
- B. Provide a copy of license verifying company is certified to conduct business in Arkansas, as well as copies of all other pertinent business licenses, professional certifications, or other credentials. 5 points
- C. Provide a list of at least three (3) state entity clients for whom the company has performed similar services in the last five (5) years, and a brief description of the contractual relationship, including:
  - 1. Sample 1
    - A. Project description and job performed.
    - B. Functional and technical abilities.
    - C. Problems encountered and their resolution.
    - D. Overall performance results.
  - 2. Sample 2
    - A. Project description and job performed.
    - B. Functional and technical abilities.
    - C. Problems encountered and their resolution.
    - D. Overall performance results.
  - 3. Sample 3
    - A. Project description and job performed.
    - B. Functional and technical abilities.
    - C. Problems encountered and their resolution.
    - D. Overall performance results.

- D. Provide the most recent year's annual reports, or comparable document, including detailed current profit and loss, assets and liabilities, and other relevant financial data.

5 points