

REQUEST FOR PROPOSALS
For

**Agent /Broker of Record
For the City's Property and Casualty Insurance(s) Program**

CITY OF LEWISTON
*75 Rice Street
PO Box 129
Lewiston, MN 55952*

Release Date:	March 15, 2018
Proposal Must be Received No Later Than:	April 19, 2018
Council Presentation:	May 23, 2018

Plan Effective Date:	July 1, 2018
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CITY OF LEWISTON

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SECTION I – GENERAL INFORMATION

REQUEST FOR PROPOSAL NOTICE

CONDITIONS AND STIPULATIONS

SCOPE OF WORK TO BE PERFORMED

REQUEST FOR PROPOSAL NOTICE

Notice is hereby given that the City of **Lewiston** will accept Proposals for an Agent(s) of Record for the City's **Property and Casualty Insurances** until **April 19, 2018 3:00pm**.

All Proposals shall be clearly identified as the Property and Casualty Insurance Agent Proposal for the City of **Lewiston**. Three (3) copies of your Proposal should be forwarded to the City at the following address:

**City of Lewiston
Attn: City Administrator
75 Rice St.
PO Box 129
Lewiston, MN 55952**

Proposals will be evaluated and the successful agent(s) will be determined and announced at a City Council meeting in **May 23, 2018 at 7:00pm**. The City reserves the right to reject any or all Proposals, waive formalities, negotiate terms and conditions, and to select the agent and service options that best meet the needs of the City and its employees

During the evaluation process, the City of **Lewiston** reserves the right, where it may serve the City of **Lewiston's** best interest, to request additional information or clarifications from vendors, or to allow corrections of errors or omissions. At the discretion of the City of **Lewiston** firms submitting proposals may be requested to make oral presentations as part of the evaluation process.

Inquiries, clarification, or requests for Proposal by electronic mail should be directed by telephone or e-mail to the following City contact:

**Cheryl A. Knight
City Administrator/Clerk
507-523-2257
administrator@lewistonmn.org**

CONDITIONS AND STIPULATIONS

You are invited to submit your Proposal for the administration of the indicated benefit plans based on the information contained in this Request for Proposal. Firms may choose to be considered for any or all of the following services:

Property and Casualty Insurance

Unless a specific note is made to the contrary in your Proposal or a subsequent contract, we will assume that your Proposal conforms to the City's Specifications and an award to you will bind you to comply fully with all of the following Conditions, Stipulations, and Specifications.

General Conditions and Stipulations

- The City reserves the right to accept or reject any or all proposals and to waive formalities and select the agent(s) that best meet the needs of the city and its employees. The City's objective is to select an agent(s) who will provide the best possible service at the best possible cost while meeting the Request for Proposal specifications. The City is not obligated to award the contract based on cost alone. The City reserves the right to designate more than one agent of record for the different coverage options.
- Agent(s) that are awarded the business shall submit an action-plan and timetable for assuming responsibilities to the City within thirty (30) days from when the Council approves the selected agent(s) of record.
- A servicing representative must be available to the City on an on-going basis. Representatives must also be available for all plan design and cost containment planning meetings.
- The agent(s) who is selected must be recognized as an agent or apply to be an agent for the Carriers used by the City.

AGENT SCOPE AND RESPONSIBILITIES

The City of **Lewiston** desires the agent to perform the following services:

1. Advise and assist the City in evaluating and selecting among coverage alternatives such as plan coverage's, deductibles, etc.
2. Review coverage documents and invoices to assure coverage has been correctly issued and billed.
3. Advise the City on potential gaps or overlaps in coverage's.
4. Assist the City with reviewing claims data and determining premium impact of any coverage changes.
5. Assist the City as requested in submitting claims and interpreting coverage as applied to claims.
6. Assist with setting up the renewals timing schedule annually. Assist with writing, reviewing, analyzing, and presenting Requests for Proposals during renewals. Provide side by side reporting for City review. Prepare and/or review and advise on contract renewals.
7. Provide written update on new State or Federal legislation or judicial decisions impacting the City and suggested action or changes in operations or procedures to assure compliance.
8. Provide advice on data practice, records retention and privacy issues. Research property/casualty questions and provide advice to the City as needed.
9. Establish relationships with those providers that will most greatly benefit the needs of the City of Lewiston.
10. The successful candidate will be in contact with the City's **Administrator/Clerk** in all matters as they relate to property/casualty insurance for the City. Said candidate will also be required to address the City Council or City staff as the need arises.
11. Prompt response to questions and requests is an absolute requirement. It is expected that there will be more than one individual within the firm capable of addressing possible concerns of the City.
12. Analyze and report utilization trends and cost. Help to provide management and staff overview education on how best to utilize and limit premium increases.

SECTION II – CITY INFORMATION

BACKGROUND INFORMATION

SUMMARY OF COVERAGE OPTIONS

BACKGROUND INFORMATION

Lewiston, Minnesota is located in the "heart" of Winona County, MN. It's also the agricultural heart of the county. The small community of 1,620 is centrally located between three major urban centers, Rochester (35 miles), and Winona (15 miles) in Minnesota, and La Crosse, Wisconsin (45 miles), which attracts new families looking for a small town atmosphere and a reasonable commute to employment opportunities. An active business sector works to keep Lewiston viable.

Elected Officials

The City of Lewiston operates under a Statutory Rule, governed by four at large council members and the mayor.

Mayor: Beth Carlson

**Council Members: Jeremy Kelly
Bryce Lang
Dan Robertson
Larry Rupprecht**

**SUMMARY OF COVERAGE OPTIONS
ON NEXT PAGE**



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/28/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER North Risk Partners - C.O. Brown Division 2048 Superior Drive NW Suite 100 Rochester MN 55901	CONTACT NAME: Marna Rickheim PHONE (A/C, No, Ext): (507)288-7600 FAX (A/C, No): (507)535-3130 E-MAIL ADDRESS: marna.rickheim@northriskpartners.com INSURER(S) AFFORDING COVERAGE INSURER A: League of Minnesota Cities INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED City of Lewiston 75 Rice Street PO Box 129 Lewiston MN 55952	NAIC # 0042

COVERAGES **CERTIFICATE NUMBER:** 2017-2018 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CMC1000238-1	12/31/2017	12/31/2018	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 2,500 PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			CMC1000238-1	12/31/2017	12/31/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
A	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WC1004594-1	10/01/2017	10/01/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,500,000 E.L. DISEASE - EA EMPLOYEE \$ 1,500,000 E.L. DISEASE - POLICY LIMIT \$ 1,500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

SECTION III- PROPOSAL FORMS

REQUIRED CONTENTS OF PROPOSAL

PROPOSAL EVALUATION

REQUIRED CONTENTS OF PROPOSAL

The purpose of the Proposal is to demonstrate the qualifications, service level, cost for services, competence and capacity of the firms seeking to become an agent of record for the City of **Lewiston**. The proposal should address all the points outlined here as required.

A. The program your firm is bidding to be an agent of record for.

B. Firm History and Experience:

1. Brief history of firm including size and any specialty areas.
2. Background company data, including financial references.
3. Particular expertise or involvement in the insurance/employee benefits industry.
4. Municipality experience.
5. List of providers the firm is associated with.
6. Expected communication responsibilities.

C. Qualifications:

1. Description of service philosophy.
2. Conceptual program structure and pricing.
3. An introduction of the account team, by name with specific roles, qualifications and experience, and distribution of responsibilities including support capabilities.
4. Current use of technology, especially capability for computerized legal/benefit design research and for sharing and editing documents electronically.
5. Action-plan and timetable for assuming responsibilities as well as future design/cost containment plan.
6. Detail of services that will be provided to the City.
7. Indicate current responsibilities of person designated to serve as lead contact for the City.

D. References:

1. List new clients and the clients that have left you within the last three years. Provide the contact names and telephone numbers.
2. List of cities you currently represent and for what type of service. Provide the contact names and telephone numbers.
3. Provide the contact names and telephone numbers of five (5) clients in the State of Minnesota with whom you have had a working relationship.

(Preferably, the references should be governmental units.) Include two groups that recently terminated coverage.

E. Conflict of Interest:

1. Disclose any conflicts or perceived conflicts of interest.
2. Identify what procedures your firm utilizes to identify and resolve conflicts of interest.

F. Previous engagements with the City of **Lewiston**

1. List of previous engagements with the City of Lewiston.
2. Describe what led to the end of the engagement.

G. Proposed Fee for Services:

1. Explanation of compensation plans for your firm under this proposal including all services to be included in that fee.
2. The proposal should contain the proposed fee for services in either a fixed dollar amount or as a percentage of premiums paid for coverage. Fees are to be maintained at the proposed level unless approval is given by the City Council for a change in the fee structure or level.
3. List any additional service options as well as the fee structure involved.
4. Indicate any alternate billing arrangements you would be willing to consider and under what circumstances they would be most appropriate.

H. Copies of the following items:

1. Errors and omissions coverage
2. Business license
3. Statement of compliance with federal and state laws.
4. Description of the firm's view of their responsibilities to the City in the provision of property/casualty brokerage services.

PROPOSAL EVALUATION

A. Criteria

The City will evaluate proposals based on the needs of the City and its employees. The following criteria will be used in evaluating each of the Agent/Broker responses:

1. Compliance with specifications.
2. Ability to provide strong administrative support and member services to the City.
3. Compliance with applicable State and Federal laws and regulations.
4. Financial position of the agency.
5. Cost.
6. Experience and Qualifications.

B. Review of Proposals

A selection committee of members of **City Council and City Staff** will evaluate the proposals based upon the factors listed above and make a recommendation to the City Council on **May 9, 2018**.

The successful candidate will be required to enter into a written agreement with the City of **Lewiston** that will include service agreements and compensation for all coverages. This agreement will last for a period of **2 ½ years** and will contain a review process and termination provisions.

The City of **Lewiston** reserves the right to retain all proposals submitted and use any idea in a proposal regardless of whether that proposal is selected.

The City will choose the proposal(s) that best fits its needs. The City is not obligated to award the contract based on cost alone nor is the City obligated to award only one agent of record.