South Texas College
PURCHASING DEPARTMENT
P. O. BOX 9500
MCALLEN, TX 78502-9500

Request for Proposal

RFP# 18-19-1001

PROPOSALS MUST BE RECEIVED BEFORE:
3:00 p.m., May 23, 2018

Submit proposals to:
South Texas College
Purchasing Department
3200 W. Pecan Blvd, Bldg N, Ste 145
McAllen, TX 78501

Show RFP Number, Opening Date and Time on Return Envelope

NOTE: Proposal packet must be time stamped at **South Texas College Purchasing Department** before the hour and date specified for receipt of proposals.

Proposals must be submitted in duplicate in a sealed envelope plainly marked with the name and address of the entity submitting a proposal. The proposal packet must contain the following: RFP 18-19-1001 PROPERTY & CASUALTY INSURANCE and the date and time of the submittal deadline.

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7) Day Care Center Information

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11) Auto Schedule

12) Inland Marine-Contractor's Equipment Schedule

13) Liability Rating Data

14) Insurance Premium Summary

15) Foreign Exposure

16) Business Income Worksheet

17) Loss Data

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1. INTRODUCTION: Invitation or Proposals (RFP)

1.1 General Information

SOUTH TEXAS COLLEGE (STC) requests insurance proposals for Property, Boiler and Machinery, Crime, General Liability, Automobile, School Board, Cyber, and Foreign Liability in addition to Workers' Compensation Coverage per terms outlined in these specifications for the policy year beginning September 1, 2018.

Shepard Walton King Insurance Group (SWK) has been retained as the consultant by STC and is compensated by South Texas College. SWK will not engage as a proposer.

1.2 Timetable

1.2.1 Proposals are due in **triplicate on May 23, 2018 at 3:00 p.m.** Sealed envelopes will be opened in public. Please label any trade secrets or confidential information to avoid public disclosure.

1.2.2 Proposals will be considered at a meeting of the STC Board of Trustees in June of 2018. It is possible, but not certain that a decision will be reached at that meeting, but the selected proposer will be notified after the board meeting in which the contract is awarded. The contract effective date is September 1, 2018.

1.2.3 Binders are to be delivered to **STC** on or before **August 15, 2018**.

1.2.4 Policies are due to **STC** by **November 15, 2018**.

1.3 Selection

1.3.1 Respondents are advised that it is STC's intent to award the proposal which offers best value and/or which is in the College's best interest. The lowest premium, based on the coverage requested, shall be given the greatest weight in this determination. STC acknowledges that each proposer's policy may include optional endorsements as part of its insuring instrument. To the extent these endorsements, if any, are not part of its standard insuring package, you shall separately list the reduction in premium, if any, to remove the endorsements.

STC shall use the following criteria and weights to evaluate responses:

- The purchase price (50 points)
- The reputation of the vendor and of the vendor's goods or services (10 points)
- The quality of the vendor's goods or services (18 points)
- The extent to which the goods or services meet the College's needs (18 points)
- The impact on the ability of the College to comply with laws and rules relating to historically underutilized businesses (1 points)
- The total long term cost to the College to acquire the vendor's goods or services (0 points)

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1.3.2 STC may waive any informalities, technicalities or minor irregularities or may reject any and all proposals (anything herein contained to the contrary notwithstanding) if said action results in assuring best value and/or is in the best interest of STC.

1.4 Submission of Proposal – Designated Representative

Please submit <u>one original and two copies</u> of your proposal with specimen policies in a sealed envelope plainly marked "RFP 18-19-1001 Proposals for Property & Casualty Insurance." Submit proposals to:

Becky Cavazos, Director of Purchasing
South Texas College
3200 West Pecan Blvd, Bldg N, Ste 145
McAllen, Texas 78501

Proposals must be received at or before 3:00 p.m. on the due date and submitted in writing. Fax and email proposals will not be accepted. STC or its agents will not be responsible for misdirected mail or packages. Any delay in mail or delivery is at the risk of the proposer.

1.5 Required Forms

Each respondent must submit the following forms as part its proposal. Failure to submit the forms, properly filled out and signed, will result in disqualification of the proposal.

Execution of Offer
Notification of Criminal History
Addenda Checklist
Conflict of Interest Questionnaire

Governmental risk pools may be exempt from the requirements of one or more of the forms. If exempt, the respondent must submit a statement indicating why it is exempt from the requirements.

1.6 Underwriting Information

Due care and diligence have been used in preparation of the specifications and/or applications and the information contained therein is believed to be substantially correct. The ultimate responsibility, however, for determining the full extent of the exposures and the verification of information rests solely on the proposer.

1.7 Company Eligibility

All proposals must include the name of the insurance company. Intergovernmental Risk Pools should include the latest audited financial statement and the rating of its excess insurance company. STC requires an insurance company rating of AVII or better as published by the A.M. Best Company, Inc., on the invitation for proposal due date. Proposals from Non-Admitted Carriers will be treated in accordance with Texas law (specifically Texas Insurance

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Code Chapter 981 and regulations found in the Texas Administrative Code Chapter 15) and the recommendation of STC's Legal Counsel. Proposers are commended to carefully review sections 1.3.1 and 1.3.2. A risk pool must be in compliance with AGRIP Pooling Advisory Standards.

1.8 Qualifications of Agents/ Risk Pools

The proposer must meet these qualifications:

1.8.1 The recording agent must have been licensed to conduct fire and casualty insurance business in Texas for the last five years.

1.8.2 The agency must be producing minimum annual gross property and casualty premiums of at least $3,000,000 for each of the past five years and provide information demonstrating experience working for public school districts or other public entities.

1.8.3 The agency must provide a Certificate of Errors and Omissions Coverage with the minimum limits of $2,000,000 annual aggregate with a maximum deductible of $50,000.

1.8.4 Provide a description of your agency and resumes of the personnel who would be assigned to Service South Texas College.

1.9 Questions Concerning the Specifications

Questions should be addressed to the designated representative via e-mail or in writing:

Mrs. Rebecca Cavazos, Director of Purchasing
South Texas College
3200 West Pecan Blvd., Bldg. N, Ste. 145
McAllen, Texas 78501
Phone: 956-872-4680
E-mail: beckyc@southtexascollege.edu

It shall be the proposer's responsibility to advise the College if any requirements restrict or limit a response to a single source or prohibits the submission of a proposal. The notification must be received by the College's designated representative within five (5) days of the date of published notice of the College's request for proposal. Such notification must be in writing and sufficiently call to the attention of the designated representative any perceived problem with the specification. A response from the College providing a clarification or amendment of the specification will follow. Any questions related to this request for proposal must be directed solely to the designated representative and must be in writing and timely. All questions will be addressed to the entire field of proposers.

1.10 Specimen Policy to be Submitted

Please enclose with your proposal a complete legible specimen policy with all endorsements, forms, policy jackets and examples of declaration pages.

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1.11 General Policy Conditions

1.11.1 Named Insured

South Texas College, the Board of Trustees, all past and present Trustees, Directors, members of the Board of Education, employees of the educational entity, student teachers, and volunteers within the scope of their duties on behalf of STC.

1.11.2 Term of Policy

Policy effective date is to be September 1, 2018 for a 1-year period.

1.11.3 Cancellation Provisions

Respondents must provide 60 days notice of cancellation (except for non-payment) and 60 days notice of non-renewal or material change.

1.11.4 South Texas College's Federal ID number is: 74-2683499

1.11.5 Deviations

All deviations from these specifications must be clearly stated in your proposal.

a. Coverage Quotations. If the proposed coverage is contingent upon the entity providing additional information, inspections, completed applications, or is subject to any other conditions, such requirements must be stated clearly in the proposal.

b. Loss and Claim Reports. Each insurer will be required to provide South Texas College with detailed quarterly and annual loss runs that show the claimant's name, date of accident, description of injury, amounts paid and reserved, and total incurred losses by line of coverage.

c. Loss Prevention Services. Please provide a description of the specific loss control services available to the entity from you and/or the insurer(s), and indicate any additional fees that will be charged for such services. It is also required that the Loss Prevention forms be completed and returned with your proposal. Include the number of any trainings, schools, seminars, videos, etc. available to the South Texas College.

1.12 Certificate of Interested Parties (Form 1295)

Respondents are advised that if awarded a contract as a result of this solicitation, the awarded entity will be required to file Form 1295 (Certificate of Interested Parties). In 2015, the Texas Legislature adopted House Bill 1295, which added Section 2252.908 of the Government Code. Section 2252.908 of the Government Code prohibits South Texas College from entering into a contract resulting from this solicitation unless the business entity awarded a contract submits a Disclosure of Interested Parties to South Texas College.

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Once STC notifies a business entity of an award of a contract, the business entity **must** follow these steps in order to have the contract fully executed:

- Go to the Texas Ethics Commission website located at: https://www.ethics.state.tx.us/whatsnew/elf_info_form1295.htm and complete Form 1295
- Print the Form 1295 and have it signed
- Submit a copy of Form 1295 to the South Texas College Purchasing Department

On Form 1295 that you complete, please enter the following information in sections 1, 2 and 3:

1. Your company's name
2. South Texas College
3. Invitation for Proposal_____*number and title*_____

The following definitions are included in Section 2252.908 of the Government Code:

Business entity: includes an entity through which business is conducted with a governmental entity or state agency, regardless of whether the entity is a for-profit or nonprofit entity.

Interested party: (1) a person who has a controlling interest in a business entity with whom a governmental entity or state agency contracts; or (2) a person who actively participates in facilitating a contract or negotiating the terms of a contract with a governmental entity or state agency, including a broker, intermediary, adviser, or attorney for the business entity.

Controlling interest: (1) an ownership interest or participating interest in a business entity by virtue of units, percentages, shares, stocks, or otherwise that exceeds 10 percent; (2) membership on the board of directors or other governing body of a business entity of which the board or other governing body is composed of not more than 10 members; or (3) service as an officer of a business entity that has four or fewer officers, or service as one of the four officers most highly compensated by a business entity that has more than four officers.

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2. PROPERTY/INLAND MARINE SUBMISSION FORM

A. Requested Program Limits and Deductibles

1. Limits of Insurance (See schedules in appendix):

Buildings	$387,533,685
Business Personal Property	$29,061,224
Electronic Data Processing Equip.	$33,358,073
Business Income & Extra Expense	$34,780,355
Total Policy Limit	$484,733,337

Sub-Limits:

$ 5,000,000	Flood – Zone B
$ 10,000,000	Flood – Zones X and C
$ 1,000,000	Earthquake/Earth Movement

Inland Marine

Contractor's Equipment	$418,519
Fine Arts (personal property others)	$25,000

2. Deductibles:

2%	Named Storm	Per form CP 03 25 10 12 or company specific form which operates in same way.
1%	All Other Wind/Hail	To apply in same fashion as the Named Storm deductible.
$100,000	All Other Perils	
$100,000	Flood – Zones X and C	
$500,000	Flood – Zone B	
$1,000	Fine Arts - Personal Property of Others / Contractor's Equipment	

.

B. Building / Contents Minimum Standards

1. Provide blanket coverage.

2. Co-insurance should be waived.

3. The policy must cover fences, poles, stadiums, parking lot lights, back stops even if not specifically listed on the schedule.

4. Include coverage for newly acquired or constructed property.

5. Include extra expense coverage.

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6. Include debris removal.

7. Include Ordinance or Law Coverage.

8. Include Terrorism Coverage for both Certified and Non-Certified Acts of Terrorism.

9. Other policy coverage terms and conditions the insurance company considers part of its standard school/college insuring package. Refer to 1.3.1.

C. Quotations:

	Property / Electronic Data Processing Equip.	**Inland Marine**	**Fine Arts Extension**
Limit of Insurance:	$484,733,337	$418,519	$25,000

Deductibles:	Requested
Named Storm	2%
All OtherWind/Hail	1%
All Other Perils	$100,000
Flood - Zones X / C	$100,000
Flood - Zone B	$500,000
Fine Arts - Others	$ 1,000 Premium _____

In accordance with section 1.3.1 list any enhancement endorsements and corresponding premium change.

_____

Does your proposal include items in Section B. 1-9 Above. Yes ___ No ___
If not, list deviations in section G below.

D. Exact Name of Insurer *(not company group or wholesaler)*

_____

E. A. M. Best's Rating on due date. _____

F. Intergovernmental risk pools shall provide the following data: Name of Excess Insurance Carrier, AM Best Rating, Amount of Excess Insurance, Excess Insurance Policy Period, the pool SIR and a current financial statement.

_____

G. Deviations from Specifications

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Please describe coverage deviations, restrictions, modifications, recommendations, not outlined in your answers above or provide any other information you feel is appropriate and will clarify the proposal or benefit the STC.

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3. BOILER AND MACHINERY INSURANCE

A. Requested Program

We are requesting coverage to include all machinery, switch gear, air handlers, chillers, boilers and any other machinery generally considered a part of the current comprehensive forms. Please enclose with your proposal a complete, legible specimen policy with all endorsements, riders, terms and conditions.

B. Quotations

Limit of Insurance	$100,000,000
Deductible	$100,000
Premium	_____

C. Exact Name of Insurer *(not company group or wholesaler)*

_____

D. A.M. Best's Rating on due date. _____

E. Intergovernmental risk pools shall provide the following data: Name of Excess Insurance Carrier, AM Best Rating, Amount of Excess Insurance, Excess Insurance Policy Period, the pool SIR and a current financial statement.

_____

F. Deviations from Specifications

Please describe coverage deviations, restrictions, modifications, recommendations, not outlined in your answers above or provide any other information you feel is appropriate and will clarify the proposal or benefit the STC.

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4. GENERAL LIABILITY INSURANCE

A. Requested Program

1. Commercial General Liability is requested at the following limits:

$1,000,000	Products/Completed Operations Aggregate
$1,000,000	Personal & Advertising Injury
$1,000,000	Each Occurrence
$100,000	Employee Benefits Liability
Deductible	$0

2. Liability exposures are provided in the appendix

Please enclose with your proposal a complete, legible specimen policy with all endorsements, riders, terms and conditions for any policy that is not a Texas Standard Form.

B. Proposed Policy Questionnaire

1. Are defense costs covered in addition to the limit of liability? _____ Yes _____ No

2. Is coverage for allegations of sexual abuse or molestation included?
   Defense _____ Yes _____ No
   Damages _____ Yes _____ No

3. Has a specimen policy been submitted? _____ Yes _____ No

4. Is mobile equipment listed on Appendix 11 included for Liability? _____ Yes _____ No

C. Employee Benefits Liability

1. Will you provide this in limit equal to general liability limit? _____ Yes _____ No

2. Is this a claims made policy? _____ Yes _____ No

3. What is the retroactive date? _____

4. Is there a deductible? _____ Yes _____ No
   If so, specify: _____

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D. Quotations

	General Liability	Employee Benefit Liability	
Limit of Insurance:	_____	_____	_____
Deductible:	_____	_____	_____
Proposed Premium:	_____	_____	_____

E. Exact Name of Insurer (not company group or wholesaler)

_____

F. A.M. Best's rating on RFP due date. _____

G. Intergovernmental risk pools shall provide the following data: Name of Excess Insurance Carrier, AM Best Rating, Amount of Excess Insurance, Excess Insurance Policy Period, the pool SIR and a current financial statement.

_____

H. Deviations from Specifications

Please describe coverage deviations, restrictions, modifications, recommendations, not outlined in your answers above or provide any other information you feel is appropriate and will clarify the proposal or benefit the STC.

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5. CYBER LIABILITY COVERAGE

A. Requested Program

1. Cyber Liability is requested at limit of $1,000,000 to include the following:

   - Network and Information Security Liability (includes notification expense)
   - Communications and Media Liability
   - Regulatory Defense Expenses
   - Crisis Management Event Expenses
   - Computer Program and Electronic Data Restoration Expenses
   - E-Commerce Extortion
   - Business Interruption and Additional Expenses (12 hours waiting period)

   Deductible: $10,000
   Continuity Date: 09/01/2017

2. Cyber application is provided in the appendix.

Please enclose with your proposal a complete, legible specimen policy with all endorsements, riders, terms and conditions for any policy that is not a Texas Standard Form.

B. Proposed Policy Questionnaire

1. Limit for Notification Expenses: _____
   Is this within the policy aggregate or in addition to? _____

2. Are first party forensic expenses included? _____ Yes _____ No
   Limit: _____
   Is this within the policy aggregate or in addition to: _____

3. Has a specimen policy been submitted? _____ Yes _____ No

C. Quotations

Limit of Insurance: **$ 1,000,000**

Deductible: **$ 10,000**

Proposed Premium: _____

D. Exact Name of Insurer (not company group or wholesaler)

_____

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E. A.M. Best's rating on RFP due date. _____

F. Intergovernmental risk pools shall provide the following data: Name of Excess Insurance Carrier, AM Best Rating, Amount of Excess Insurance, Excess Insurance Policy Period, the pool SIR and a current financial statement.

_____

G. Deviations from Specifications

Please describe coverage deviations, restrictions, modifications, recommendations, not outlined in your answers above or provide any other information you feel is appropriate and will clarify the proposal or benefit the STC.

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6. AUTOMOBILE INSURANCE

A. Requested Program

Liability Limits:

$ 100,000	Bodily Injury/Per Person
$ 300,000	Bodily Injury/Per Accident
$ 100,000	Property Damage
$ 1,000	Deductible

Include Hired and Non-Owned Coverage

ACV	Physical Damage Limits / Valuation
Comprehensive	$ 1,000 Deductible
Collision	$ 1,000 Deductible
Hired Car	$1,000 Deductible
Physical Damage Limit:	$ 50,000

B. Vehicle Schedule provided in the appendix.

Please enclose with your proposal a complete, legible specimen policy riders, terms and conditions.

C. Proposed Policy Questionnaire

1. Does the proposed policy provide requested limits of liability? _____ Yes _____ No
2. Is quote subject to an experience modifier? _____ Yes _____ No
3. Is mobile equipment scheduled on Appendix 11 included for Liability? _____ Yes _____ No
4. Is there automatic coverage for liability and physical damage for newly acquired vehicles? _____ Yes _____ No

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D. Quotations

# of units on Auto Schedule: 61

			Limit	Ded.	Premium
Liability				**$ 1,000**	
Collision			**ACV**	**$ 1,000**	
Comprehensive			**ACV**	**$ 1,000**	
Hired Car Physical Damage			**$ 50,000**		
Total:					

E. Exact Name of Insurer (not company group or wholesaler)

_____

F. A.M. Best's rating on RFP due date _____

G. Intergovernmental risk pools shall provide the following data: Name of Excess Insurance Carrier, AM Best Rating, Amount of Excess Insurance, Excess Insurance Policy Period, the pool SIR and a current financial statement.

_____

H. Deviations from Specifications

Please describe coverage deviations, restrictions, modifications, recommendations, not outlined in your answers above or provide any other information you feel is appropriate and will clarify the proposal or benefit the STC.

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7. CRIME INSURANCE

A. Requested Program

STC requests the following coverage limits and deductibles:

$ 1,000,000	Employee Dishonesty
$ 1,000,000	Forgery or Alteration
$ 1,000,000	Theft, Disappearance & Destruction (Inside & Outside Premises)
$ 1,000,000	Money Order & Counterfeit Currency
$1,000,000	Computer Fraud
$1,000,000	Funds Transfer Fraud
$1,000,000	Social Engineering

Deductible $ 50,000

Does this coverage apply to any location? ___ Yes ___ No

B. Quotations

Proposed Premium: _____

Deductible: **$ 50,000**

C. Exact Name of Insurer (not company group or wholesaler)

_____

D. A.M. Best's rating on RFP due date _____

E. Intergovernmental risk pools shall provide the following data: Name of Excess Insurance Carrier, AM Best Rating, Amount of Excess Insurance, Excess Insurance Policy Period, the pool SIR and a current financial statement.

_____

F. Deviations from Specifications

Please describe coverage deviations, restrictions, modifications, recommendations, not outlined in your answers above or provide any other information you feel is appropriate and will clarify the proposal or benefit the STC.

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8. WORKERS' COMPENSATION INSURANCE

A. Background Information

1. Claim experience information is attached.

2. Payroll worksheet and premium calculation for current year is attached.

3. Effective date is September 1, 2018

4. Previous payroll information and employee concentration forms are attached.

5. Quarterly claims reports are to include summary information for number of claims and incurred cost by location, by type of accident and by work classification.

6. FEIN Number: 74-2683499

B. Quotations

1) Payroll Classification	Estimated Payroll
Clerical -Office	$ 12,004,884
Schools -All Other	$ 8,575,907
Schools Professional	$ 83,344,197
Gross Payroll	$ 103,924,988

Estimated Annual Premium: _____

C. Exact Name of Insurer (not company group or wholesaler)

_____

D. A.M. Best's rating on RFP due date. _____

E. Intergovernmental risk pools shall provide the following data: Name of Excess Insurance Carrier, AM Best Rating, Amount of Excess Insurance, Excess Insurance Policy Period, the pool SIR and a current financial statement.

_____

F. Deviations from Specifications

Please describe coverage deviations, restrictions, modifications, recommendations, not outlined in your answers above or provide any other information you feel is appropriate and will clarify the proposal or benefit the STC.

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9. SCHOOL LEADERS ERRORS & OMISSIONS/EMPLOYMENT PRACTICE LIABILITYCOVERAGE

A. Requested Program

STC desires a quote for $1,000,000 Limit of Liability with a $25,000 retention.
See Appendix for completed applications as well as written guidelines established by board in regards to sexual harassment, suspension, dismissal and non-renewal of employment contracts. These apply to: 1) teachers and supervisory personnel, 2) paraprofessional, clerical and support employees and 3) students.

B. Proposed Policy Questionnaire

1. Does the policy provide Prior Acts coverage? _____ Yes _____ No
   What is the retroactive date? _____
2. Is Coverage Duty to Defend or Indemnity Form? _____
3. Is Defense in addition to limits, if so what is limit? _____

C. Are the following coverages included?

1. Defense coverage for Breach of Employment Contract?
   Defense _____ Yes _____ No
   Damages _____ Yes _____ No
2. Coverage for sexual misconduct-employment claims?
   Defense _____ Yes _____ No
   Damages _____ Yes _____ No
3. Coverage for sexual misconduct-other than employment?
   Defense _____ Yes _____ No
   Damages _____ Yes _____ No
4. Defense for Individuals with Disabilities suits? _____ Yes _____ No
5. Have you included coverage for discrimination because of race or national origin? _____ Yes _____ No
6. Does it include Administrative Hearings: ADR, Special Ed, EEOC? _____ Yes _____ No
7. Is a specimen policy included? _____ Yes _____ No

(please send all endorsements)

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D. Quotations

Limit of Insurance: **$ 1,000,000**

Deductible: **$ 50,000**

Annual Premium: _____

E. Exact Name of Insurer (not company group or wholesaler)

_____

F. A.M. Best's rating on RFP due date _____

G. Intergovernmental risk pools shall provide the following data: Name of Excess Insurance Carrier, AM Best Rating, Amount of Excess Insurance, Excess Insurance Policy Period, the pool SIR and a current financial statement.

_____

H. Deviations from Specifications

Please describe coverage deviations, restrictions, modifications, recommendations, not outlined in your answers above or provide any other information you feel is appropriate and will clarify the proposal or benefit the STC.

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10. FOREIGN LIABILITY

A. Requested Program

COVERAGES	LIMITS OF INSURANCE
	COMMERCIAL GENERAL LIABILITY COVERAGE FORM
$ 1,000,000	Each Occurrence
$ 2,000,000	General Aggregate
$ 2,000,000	Products-Completed Operations Aggregate
$ 1,000,000	Personal and Advertising Injury Limit (any one person or organization)
$ 1,000,000	Damage To Premises Rented to You Limit (any one premises)
$ 25,000	Medical Expenses Limit (any one person)
	EMPLOYEE BENEFITS LIABILITY COVERAGE FORM
$ 1,000,000	Each Claim
$ 1,000,000	Annual Aggregate Limit
	CONTINGENT AUTO LIABILITY COVERAGE FORM
$ 1,000,000	Each Accident
	COVERAGE TERRITORY FOR LIABILITY COVERAGES

The Coverage Territory for COMMERCIAL GENERAL LIABILITY COVERAGE, EMPLOYEE BENEFITS COVERAGE, and CONTINGENT AUTO LIABILITY COVERAGE means:

ANYWHERE IN THE WORLD but excluding the United States of America (including its territories and possessions), Puerto Rico, and Canada; and except as otherwise limited or extended by this insurance.

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STC employees travel internationally and request coverage for travel to Mexico and Spain (See Appendix 15)

City and Country Of Destination	Number of Trips	Approximate Number of Individuals	Average Length of Trips
Reynosa, Mexico	Three per week	5	Four hours
Salamanca, Spain	One per year	4	Three week
Madrid, Spain	One per year	6	Two week

B. Quotations

Limit of Insurance: **$ 1,000,000**

Annual Premium: _____

C. Exact Name of Insurer (not company group or wholesaler)

_____

D. A.M. Best's rating on RFP due date. _____

E. Intergovernmental risk pools shall provide the following data: Name of Excess Insurance Carrier, AM Best Rating, Amount of Excess Insurance, Excess Insurance Policy Period, the pool SIR and a current financial statement.

_____

F. Deviations from Specifications

Please describe coverage deviations, restrictions, modifications, recommendations, not outlined in your answers above or provide any other information you feel is appropriate and will clarify the proposal or benefit the STC.

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EXECUTION OF OFFER

In compliance with this solicitation, and subject to all the conditions herein, the undersigned offers and agrees to furnish any or all commodities or services at the prices quoted. Failure to sign the offer, or signing it with a false statement, shall void the submitted offer or any resulting contract, and the Respondent may be removed from STC vendor lists.

By signature hereon, the Respondent hereby certifies that it is a lawfully established business and regularly engaged in providing the products and/or services requested herein.

By signature hereon, the Respondent hereby certifies that it has the necessary experience, knowledge, abilities, skills, and resources to provide the products and/or perform the services requested herein.

By signature hereon, the Respondent hereby certifies that he/she is not currently delinquent in the payment of any franchise taxes owed the State of Texas under Chapter 171, Tax Code, or that the corporate Respondent is exempt from the payment of such taxes, or that the corporate Respondent is an out-of-state corporation that is not subject to the Texas Franchise Tax, whichever is applicable.

By signature hereon, the Respondent hereby certifies that he/she is not currently delinquent in the payment of any property taxes owed to STC.

By signature hereon, the Respondent certifies that no relationship, whether by relative, business associate, capital funding agreement or other such kinship exists between Respondent and an employee or trustee of STC.

By signature hereon, the Respondent certifies that he/she is not currently employed by STC, nor has he/she been an employee of STC within the immediate twelve (12) months prior to the time set for responses to this solicitation.

By signature hereon, the Respondent hereby certifies that the firm is not debarred, suspended or otherwise declared ineligible to contract by any federal, state or local public agency.

By executing this offer, Respondent affirms that he/she has not given, offered to give, nor intends to give at any time hereafter, any economic opportunity, future employment, gift, loan, gratuity, special discount, trip, favor, or service to a public servant in connection with the submitted proposal.

By the signature hereon, the Respondent hereby certifies that neither the Respondent nor the firm, corporation, partnership, or institution represented by the Respondent or anyone acting for such firm, corporation, or institution has violated the antitrust laws of this State, codified in Section 15.01, et seq., Texas Business and Commerce Code, or the Federal antitrust laws, nor communicated directly or indirectly the offer made to any competitor or any other person engaged in such line of business.

By signature hereon, Respondent certifies that the individual signing this document and the documents made part of this solicitation is authorized to sign such documents on behalf of the company and to bind the company under any contract which may result from the submission of this proposal.

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Pursuant to Texas Government Code, Title 10, Subtitle D, Section 2155.004(b) Respondent affirms that he has not received compensation for participation in the preparation of specifications for this solicitation.

By signature hereon, and pursuant to Chapter 2270 of the Texas Government Code, Respondent affirms that as condition for being considered for an award of a contract under this solicitation, it does not boycott the nation of Israel and that it will not boycott Israel during the term of any resultant contract.

By signature hereon, and pursuant to Chapter 2252 of the Texas Government Code, Respondent affirms that as a condition of being considered for an award of a contract under this solicitation, it is not engaged in business with Iran, Sudan or a foreign terrorist organization.

Proposal must include Taxpayer Identification Number, full firm name and address of Respondent. Failure to manually sign proposal will disqualify it. The person signing the proposal should show title or authority to bind his/her firm in contract.

Respondent/Company Name: _____

Street: _____

City/State/Zip: _____

Taxpayer Identification Number: _____

Signature: _____

Printed Name: _____

Title:_____

Telephone No.: _____

Fax No.: _____

Email.: _____

Draft

NOTIFICATION OF CRIMINAL HISTORY

THIS FORM MUST BE COMPLETED, SIGNED, AND RETURNED WITH PROPOSAL

State of Texas legislative Bill No. 1 Section 4.034, Notification of Criminal History, Subsection (a) states "a person or business entity that enters into a contract with a school district must give advance notice to the district if the person or an owner or operator of the business entity has been convicted of a felony. The notice must include a general description of the conduct resulting in the conviction of a felony."

Subsection (b) states "a school district may terminate a contract with a person or business entity if the district determines that the person or business entity failed to give notice as required by Subsection (a) or misrepresented the conduct resulting in the conviction. The district must compensate the person or business entity for services performed before the termination of the contract."

THIS NOTICE IS NOT REQUIRED OF A PUBLICLY-HELD CORPORATION

Please check off one box and sign the form in the appropriate space

I, the undersigned agent for the firm named below, certify; that the information concerning notification of felony convictions has been reviewed by me and the information furnished is true to the best of my knowledge.

VENDOR'S NAME:_____

AUTHORIZED COMPANY OFFICIAL'S NAME (PRINTED): _____

A. ☐ My firm is a publicly held corporation; therefore, this reporting requirement is not applicable.

SIGNATURE OF COMPANY OFFICIAL _____

B. ☐ My firm is not owned nor operated by anyone who has been convicted of a felony.

SIGNATURE OF COMPANY OFFICIAL _____

C. ☐ My firm is owned and/or operated by the following individual(s) who has/have been convicted of a felony:

Name of Felon(s) _____

Details of Conviction(s) _____

_____

_____

_____

SIGNATURE OF COMPANY OFFICIAL

_____

Draft

ADDENDA CHECKLIST

Any addenda issued by STC to this RFP will become part of the RFP. Addenda will be numbered sequentially. Respondent must indicate on this sheet the receipt of any and all addenda and submit it as part of his proposal.

Receipt is hereby acknowledged of the following addenda to this RFP.

No. 1 _____

No. 2 _____

No. 3 _____

No. 4 _____

Company/Entity Name:_____

_____

Authorized Signature

Draft

CONFLICT OF INTEREST QUESTIONNAIRE

FORM CIQ

For vendor or other person doing business with local governmental entity

This questionnaire reflects changes made to the law by H.B. 1491, 80th Leg., Regular Session.

This questionnaire is being filed in accordance with Chapter 176, Local Government Code by a person who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the person meets requirements under Section 176.006(a).

By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the person becomes aware of facts that require the statement to be filed. *See* Section 176.006, Local Government Code.

A person commits an offense if the person knowingly violates Section 176.006, Local Government Code. An offense under this section is a Class C misdemeanor.

OFFICE USE ONLY

Date Received

1 **Name of person who has a business relationship with local governmental entity.**

2 ☐ **Check this box if you are filing an update to a previously filed questionnaire.**

(The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date the originally filed questionnaire becomes incomplete or inaccurate.)

3 **Name of local government officer with whom filer has employment or business relationship.**

_____

Name of Officer

This section (item 3 including subparts A, B, C & D) must be completed for each officer with whom the filer has an employment or other business relationship as defined by Section 176.001(1-a), Local Government Code. Attach additional pages to this Form CIQ as necessary.

A. Is the local government officer named in this section receiving or likely to receive taxable income, other than investment income, from the filer of the questionnaire?

☐ Yes ☐ No

B. Is the filer of the questionnaire receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer named in this section AND the taxable income is not received from the local governmental entity?

☐ Yes ☐ No

C. Is the filer of this questionnaire employed by a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership of 10 percent or more?

☐ Yes ☐ No

D. Describe each employment or business relationship with the local government officer named in this section.

4

_____ _____

Signature of person doing business with the governmental entity Date

Adopted 06/29/2007

Draft

1) Comprehensive Annual Financial Report

Please link to the following:

https://finance.southtexascollege.edu/businessoffice/cafr.html

Draft

2) Current Student Handbook

Please link to the following:

https://www.southtexascollege.edu/pdf/Student_Handbook.pdf

Draft

3) Employee Handbook

Please link to the following:

https://hr.southtexascollege.edu/pdf/2017-2018EmployeeHandbook.pdf

Draft

4) School Leaders Application

__ Page(s)

Draft

5) Crime Application

__ Page(s)

Draft

6) Cyber Insurance Application

__ Page(s)

Draft

7) Day Care Center Information

__ Page(s)

Draft

8) Employee Concentration Data

__ Page(s)

Draft

9) Estimated Salary Expenditures

__ Page(s)

Draft

10) Property Schedule

__ Page(s)

Draft

11) Auto Schedule

__ Page(s)

Draft

12) Inland Marine – Contractor's Equipment Schedule

__ Page(s)

Draft

13) Liability Rating Data

__ Page(s)

Draft

14) Insurance Premium Summary

__ Page(s)

Draft

15) Foreign Exposure

__ Page(s)

Draft

16) Business Income Worksheet

__ Page(s)

Draft

17) Loss Data

__ Page(s)

Draft