

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 commercial insurance. The NRWIB seeks a comprehensive, low-cost commercial 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 over \$10 million in local, state, and federal funds on an annual basis and employs 20 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)

A five year tail policy will be required as well.

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).

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 Mandatory Bidders' Conference will be held virtually via Zoom on **Thursday, March 7th, 2024 at 10:00AM**. To register for the Bidders' Conference, contact Nina Lombardi by calling (203) 574-6971 ext. 430 or e-mail at Nina.Lombardi@NRWIB.org with the subject line: Insurance Service Agency Bidders' Conference Registration.

DELIVERY CONDITIONS

All proposals must be in a digital/electronic format. No hard copies will be accepted. If a signature is required, please affix a digital signature or scanned copy of a wet signature. Two full electronic copies of your proposal must be submitted, one in MS Word and the other in PDF format. (Do not send your proposal in "Google Docs" format, it will be rejected as non-responsive.) Please include a cover letter.

TERMS AND CONDITIONS

Proposals must be submitted on or before **4:00pm on Friday, March 22nd, 2024** after which date the NRWIB will not accept additional proposal responses. Proposals must be delivered via email and may not be mailed or hand delivered.

Proposers must submit an MS Word and a PDF version of their proposal via email to Jeffrey.Lynes@nrwib.org.

The subject line for all submissions should be marked: Response to NRWIB Request for Quotation for an Insurance Service Agency and Quotation on Premiums.

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 this RFQ in part or in its entirety, 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		