

City of Weslaco



Request for Proposals (RFP) Specifications

Commercial Package

(General/Professional Liability, Errors & Omissions Liability, Auto Liability, Auto Physical Damage, Aviation, Real & Personal Property, Flood & Earthquake, Mobile Equipment, Ocean Marine, Crime, etc.),

RFP # 2015-16-18

Policy Effective Date: October 1, 2016

Proposals due: August 31, 2016 at 3:00 p.m.

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Note:

Complete budget & financial information is available on City's website at www.weslacotx.gov

GENERAL REQUIREMENTS / INSTRUCTIONS

A. General Information

CITY OF WESLACO desires to secure a competitive insurance program that will provide the broadest coverage at the most competitive price available. These specifications will enable the City to select the agent and carrier that can provide such a program.

This document is intended to reflect the desires of the City. It is recognized that if the City insisted on compliance with rigid specifications, some insurers would not be in a position to offer their best or most competitive programs. Therefore, every consideration will be given to deviations from these specifications where the proposer feel it prudent to do so.

Please complete the proposal forms, then make any additional proposals you feel may benefit the City.

In no case is it the desire of the City for insurers to use illegal forms or in any manner too deviate from approved or acceptable insurance practice in the State of Texas.

Please note that a “no” answer to certain requests will not necessarily result in a disqualification or complete rejection of the entire proposal. It is mandatory, that where specifications call for specific information, the information be provided.

B. Timetable

1. Specifications available on Wednesday, August 10, 2016
2. Proposals due Wednesday, August 31, 2016 at 3:00 p.m. **1 original and 3 copies (4 sets total) and 1 electronic (usb/disk).**
3. Proposals are placed in the commissioner’s meeting packets on September 20, 2016
4. Commissioners meet on Tuesday, September 20, 2016. It is anticipated but not certain that a decision will be reached on that date.
5. Binders are due on Wednesday, August 31, 2016, and the effective date of the policies will be October 1, 2016.

C. Selection

1. Selection of agent and carrier will be made by the City based on coverage afforded, reasonably anticipated premiums, insurance company financial conditions and reputation, and the quality of engineering and other services.

2. The agent will be expected to provide miscellaneous forms of coverage such as but not limited to bonds, crime, valuable papers, ordinance of law, and extra expense. The policies may be reviewed by the City and its consultant for competitiveness.
3. Agents will be required to meet all federal and state insurance regulations concerning the coverage submitted, including, but not limited to laws governing the use of surplus lines companies and the use of forms that are not filed in Texas.

D. Submission of Proposal

Proposals shall be submitted in duplicate in a sealed envelope plainly marked “**Sealed Insurance Proposal**” and shall be addressed to Homer Rhodes, Weslaco City Hall Purchasing Department at 255 S. Kansas Ave., Weslaco, Texas 78596 at or before 3:00 p.m. on Wednesday, August 31, 2016. Any delay in mail or delivery is at the risk of the proposer.

E. Underwriting Information

Quotations shall be based on the underwriting information (if any) furnished in these specifications.

Due care and diligence have been used in the 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 selected.

The City, its employees and representatives and its insurance consultant will not be responsible for any errors and omissions in these specifications nor for the failure on the part of the proposer to determine the full extent of the exposures.

If inspections or further information regarding risk identification are required, please coordinate them through Homer Rhodes, Buyer II at hro@weslacotx.gov.

Loss data is presented in the bet form available from the insurer.

F. Company Eligibility

All proposals must include the name of the insurance company. Each company must have a general policyholder's of A- IV or better as published by the A.M. Best Company, Inc., in the latest edition of its Key Rating Guide. Proposals from Underwriters at Lloyd's, London will also be eligible. The insurance company should be authorized to do business in the State of Texas. Mutual companies are eligible. All proposed policies must be non-assessable.

The agent or agency submitting the proposal should be licensed by the carrier.

Self-insurance pools must include a current financial statement and the most recent audited financial statements including the auditor's opinion, plus thorough information about its reinsurance program.

G. Proposal

Proposals are to be submitted in accordance with these specifications. Any restrictions, deviations, or other modifications that either restrict or broaden coverage should be noted in the proposals. In the absence of notification of these modifications, companies will be held to the specifications.

H. Qualifications of Agents

Successful proposers must meet these qualifications:

1. The recording agent must have been licensed to conduct fire and casualty insurance business in Texas for the past five years.
2. The agency must be producing a minimum annual gross fire and casualty premiums income of at least \$1,000,000 average for each of the past three years.
3. The agency must maintain an errors and omissions policy with minimum limits of \$2,000,000 annual aggregate with a maximum deductible of \$100,000. The agency must provide a certificate of such coverage with the proposal.
4. The agency must submit evidence of its ability to respond to the needs of municipal risk management personnel in a timely and professional manner. Experience in municipal risk management, whether as an agent, broker, adjuster, or in other capacities must be outlined.

I. Binders

All proposers must be prepared to provide binders as evidence of coverage prior to the binder dates shown.

J. Authorized Proposal Only

Each Proposal shall bear evidence of being authorized proposal of the insurance company. The City reserves the right to assess the validity of the evidence submitted. Agents must indicate whether they are licensed agents of the insurer indicated.

K. Questions Concerning These Specifications

Questions should be addressed to Homer Rhodes, Buyer II at City of Weslaco, (956) 968-3181, fax (956) 968-9164 or via email at hro@weslacotx.gov.

L. Specimen Policy to be Submitted

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.

M. General Policy Conditions

1. Named Insured and Address

City of Weslaco, Texas, and its Mayor, Council, all elected and appointed officials, all employees of the City, members of Commissions, Committees, and Organizations of the City, all volunteers and members of volunteer organizations, while acting on behalf of the City of Weslaco, unless otherwise directed herein or in writing hereafter;

Homer Rhodes, Buyer II

City of Weslaco

255 S. Kansas Ave.

Weslaco, Texas 78596

Email: hro@weslacotx.gov

Fax: 956-968-9164

2. Term of policy

The City is interested in reviewing one, two, or three year proposals.

3. Cancellation Provisions

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

N. Waiver of Governmental Immunity Clause

The City's policy is to invoke governmental immunity in all liability cases. Governmental immunity should not be waived.

INSURANCE AGENCY QUESTIONNAIRE

- A. Who will have primary responsibility for the City's account? _____
 - 1. Number of years in the insurance business: _____
 - 2. Insurance background: _____
 - 3. Educational background: _____
 - 4. Number of other public entities serviced: _____

- B. Who will be the additional person for the City's account?

 - 1. Number of years in the insurance business: _____
 - 2. Insurance background: _____
 - 3. Educational background: _____
 - 4. Number of other public entities serviced: _____

- C. How many Texas municipalities does your agency (this office, if national broker) provide coverage on behalf of: _____

- D. What is your (this office, if national broker) estimated premium volume with Texas municipalities: _____
Other public entities: _____

- E. Has your agency been licensed to conduct fire/casualty insurance in Texas for the past five years?
Yes___ No___

- F. Has your agency produced a minimum annual gross fire and casualty premiums income of at least \$1,000,000 average for each of the past three years? Yes___ No___

- G. The City will expect an annual summary of premium and losses by coverage.

- H. Please attach a copy of the following documents:
 - 1. A copy of the current license.
 - 2. A certificate for agent's errors and omissions coverage insured for at least \$2,000,000 aggregate limit.

Signature: _____
Agent: _____
Address: _____
Telephone: _____
Facsimile: _____

CLAIMS CERTIFICATION

A. Claims Reporting Procedures:

1. Where are claims to be reported? _____
2. How are claims to be reported? (i.e. via telephone or in writing)

3. Is a 1-800 number available for claim reporting: Yes___ No___

B. Adjusters:

1. Within what time period is an adjuster assigned to the claim?

2. When can the City and/or claimant expect contact by the adjuster?

3. When local adjusters are necessary, what firm will be assigned?

4. Will City's preference for certain local adjusting firms be honored?
Yes___ No___
5. In the event of litigation which law firm is assigned?

6. Will City's preference for certain law firms be honored?
Yes___ No___
7. Will City's attorney be allowed to handle litigation? Yes ___ No ___

C. General Information

Provide any additional information you feel pertinent including such information as location, qualifications, service responsiveness, credentials and experience.

Signature: _____
Agent: _____
Address: _____
Telephone: _____
Facsimile: _____

AGENT'S STATEMENT

- A. Do all policies provide at a minimum, 60 days' notice to cancellation, non-renewal, or material change in policy terms, conditions or premiums? Yes___ No___ If no, please explain: _____

- B. Do you acknowledge that unless you have specifically made comment otherwise, you will be held to strict compliance with these specifications? Yes___ No___

- C. Do you confirm that governmental immunity will not be waived? Yes___ No___

- D. Describe loss control services available including location, qualifications, service responsiveness, credentials, experience and any additional cost involved?

Signature: _____

Agent: _____

Address: _____

Telephone: _____

Facsimile: _____

PROPOSAL SUBMISSION FORMS
Property Schedules

A. Background Information

1. Present Property Coverage: \$83,317,776
Deductible: \$10,000
Wind/Hail 2% (minimum \$10,000)
2. Business Personal Property: \$7,417,443
3. Electronic Data Processing: \$1,449,128
4. Contractor's Equipment: \$1,061,137

B. Coverage Provisions

1. Will you include essentially all risk coverage similar to current?
Yes___ No___
2. Have you deleted any exclusions relative to damage to equipment beyond 100 feet which could cause a power surge and resultant damage to property? Yes___ No___
3. Have you included coverage for mechanical breakdown? Yes___ No___
4. Will you waive coinsurance? Yes___ No___
5. Is coverage on a replacement cost basis? Yes___ No___
6. Is coverage provided for off premises including transit, any other location, and newly acquired locations? Yes___ No___ Please explain _____
7. Will you offer an "occurrence" deductible rather than "line of coverage" deductible?
Yes___ No___

C. Quotations

1. Policy Limits:
Computer Hardware _____
Software _____
Extra Expense _____
Does monthly limitation apply? Yes___ No___
Please explain: _____

2. Deductible	Premium
\$10,000	_____
\$25,000	_____
\$50,000	_____

D. List any variations to RFP specifications

E. Insurance Company/Risk Pool Information:

Insurance Company:
 Name of Company: _____
 A.M. Best Rating/Size: _____

Risk Pool: Yes___ No___
 Financial Information: Yes___ No___
 Re-Insurance Information: Yes___ No___

Specimen Policy Enclosed Yes___ No___

 Company Name

 Authorized Signature

 Address

 Printed Name & Title

BOILER AND MACHINERY COVERAGE

PROPOSED POLICY QUESTIONNAIRE

1. Does the proposed policy include comprehensive coverage of Property Limits? Yes ____ No ____
2. Does the proposed policy have an inception date of 10-1-16 Yes ____ No ____
3. Does the proposed policy include the following sub-limits?
- Expediting Expense Limit (included), Limit - _____ Yes ____ No ____
 - Hazardous Substance & Pollution Cleanup & Removal, Limit \$ 50,000 Yes ____ No ____
 - Water Damage Coverage, Limit, _____ Yes ____ No ____
4. Does the proposed policy provide for 60 days' notice of cancellation, non-renewal, material change in policy terms, or conditions or premium? Yes ____ No ____
5. Will the form include broad definitions of machinery to include all machinery? Yes ____ No ____
6. Locations covered, but not limited to Location Schedule? Yes ____ No ____
7. Is a specimen of the policy included? Yes ____ No ____
8. Will the underwriter provide a Joint Loss Agreement? Yes ____ No ____
9. What inspection and loss control services are included? Yes ____ No ____
10. Does the policy include repair or replacement coverage? Yes ____ No ____
11. Are business interruption and extra expenses included in the damage limit? Yes ____ No ____
12. Does your policy include Terrorist coverage as defined in the Terrorism Act of 2002? Yes ____ No ____

BOILER AND MACHINERY COVERAGE
PROPOSED POLICY QUESTIONNAIRE

1. Does your policy include Terrorist coverage as defined in the Terrorism Yes _____ No _____
Act of 2002?

OTHER

1. Name of Insurance Company _____
2. What is the company's general policyholder's rating published in
A.M. Best Company, Inc's latest edition of its Rating Guide? _____
3. What is the company's financial rating published in A.M. Best
Company, Inc's latest edition of its Key Rating Guide? _____
4. Is the agent appointed to represent the insurance company? Yes _____ No _____
5. Have you provided evidence this is an authorized proposal? Yes _____ No _____

PROPOSAL SUBMISSION FORMS MOBILE EQUIPMENT

A. Background Information

1. Equipment Schedule found in Appendix.
2. Options Requested:
 - a. Total equipment schedule - \$638,184
3. Deductible: Currently \$1,000; quote options

B. Coverage Provisions

1. Is equipment coverage provided on essentially and “all risk: basis?
2. Is coverage on a Replacement Cost Basis? Yes___ No___
3. What coverage is provided for newly acquired equipment?

4. Is transit coverage provided? Yes___ No___
5. Is coverage provided for equipment loaned or rented from others?
Yes___ No___
6. Is coverage provided for equipment loaned or rented to others?
Yes___ No___

C. Quotations

	Option A	Option B
1. Policy Limit	_____	_____
2. Deductible	Premium	
\$1,000	_____	_____
\$5,000	_____	_____
\$10,000	_____	_____
\$25,000	_____	_____

D. List any variations to RFP Specifications

E. Insurance Company/Risk Pool information:

Insurance Company: Yes___ No___

Name of Company: _____

A.M. Best Rating/Size: _____

Risk Pool: Yes___ No___

Financial Information: Yes___ No___

Re-Insurance Information: Yes___ No___

Specimen Policy Enclosed Yes___ No___

Company Name

Authorized Signature

Address

Printed Name & Title

**PROPOSAL SUBMISSION FORMS
GENERAL LIABILITY INSURANCE**

A. Background Information

1. Limit of insurance:

\$1,000,000 each occurrence/\$1,000,000 Annual Aggregate

Deductible: \$5,000

2. Liability exposures are provided in appendix.
3. Coverage is not subject of an experience modifier.

B. Coverage Provisions

1. Will you delete the contractual exclusion in Personal injury? Yes___ No___

2. Pollution:

- a. Is your pollution exclusion the standard?

Yes___ No___

If not, how does it differ? _____

- b. Is coverage provided for sudden & accidental pollution?

Yes___ No___

- c. Will you provide pollution coverage for the application of pesticides or herbicides? Yes___ No___ If yes, please attach specimen endorsement.

- d. Will you provide an exception to the pollution exclusion for “chlorine used for the treatment of water at swimming pools, water treatment plants or sewage treatment plants” Yes___ No___

3. Will you amend the definition of occurrence to include “injury of property damage committed to protect reasonably any person or property shall not be construed as being either expected or intended from the stand point of the insured?”

Yes___ No___

4. Will you amend the definition of occurrence to the following?

Yes___ No___

Acts committed by one insured shall not be construed to have been committed by another insured, unless such other insured actually ordered, ratified or otherwise condoned such act.

- 5. Defense Costs:
 - a. Are defense costs in addition to the limits of liability? Yes___ No___
 - b. Are defense costs unlimited? Yes___ No___

C. Quotations

- 1. Policy Limits
 - Each Occurrence _____
 - Personal/Advertising Injury _____
 - General Aggregate _____
 - Products/Completed Ops Agg. _____
 - Fire Damage _____
 - Medical Expense _____

 - Deductible _____

 - Employee Benefits Liability _____
 - Deductible: _____
 - Retroactive Date: _____

 - Liquor Liability _____
 - Deductible: _____

- 2. Deductible \$1 Million \$2 Million
 - \$10,000 _____ _____
 - \$25,000 _____ _____
 - \$ _____ _____ _____

D. List any variations to RFP Specifications

Please describe coverage deviations, restrictions modifications, recommendations, or provide any other information you feel is appropriate and will clarify the proposal or benefit the City.

If your proposal is not an ISO Commercial General Liability standard form, please outline the differences in coverage.

E. Insurance Company/Risk Pool Information:

Insurance Company: Yes___ No___

Name of Company: _____

A.M. Best Rating/Size: _____

Risk Pool: Yes___ No___

Financial Information: Yes___ No___

Re-Insurance Information: Yes___ No___

Company Name

Authorized Signature

Address

Printed Name & Title

**PROPOSAL SUBMISSION FORM
AUTOMOBILE INSURANCE**

A. Background Information

1. Present Insurance

\$1,000,000	Limit of Liability-Each Occurrence
\$ 25,000	Medical Payments – Each Person
\$ 1,000	Deductible

2. Physical Damage

- a. Police – Private Passenger Vehicles (2009 & newer)
Comprehensive / Collision - \$1,000 Deductible

- b. Vehicles (other than in a) w/ original cost new \$25,000 & Above
Comprehensive / Collision - \$10,000 Deductible

- c. Comprehensive – Aggregate Deductible: \$10,000. Applies per occurrence
With the exception of hail damage.

- d. Catastrophe Coverage – All vehicles not insured under items a & b above
Limit: \$1,000,000.
Deductible: \$10,000 per occurrence

3. Not subject to an experience modifier.

4. Ambulances are operated by private contractors.

5. Refer to vehicle schedule in appendix.
Police Department has 00 mini-vans and 00 patrol cars with emergency lighting.
The remaining vehicles have lights under seats to be used as warning lights at accident scene-
these lights are not to be used for pursuit.

B. Coverage Provisions

- 1. Coverage Symbols used for quotation are:
 - a. Symbol used for liability _____
 - b. Symbol used for medical pay _____
 - c. Symbol used for physical damages _____

2. Is coverage as broad as the Texas Business Auto Policy? Yes___ No___
 If not, please explain _____

3. Does an aggregate limit of liability apply to policy?
 Yes___ No___ If yes, what is aggregate limit? _____

C. Quotations

	Limit	Deductible	Premium
Liability	_____	_____	_____
Medical Payments	_____	_____	_____

Is there a cost to add additional vehicles during the policy period? Yes___ No___
 Is policy auditable? Yes___ No___

**Physical Damage
 Police Private Passenger Vehicles (2009 & newer)**

	Deductible		
	Vehicle	Occurrence	Premium
Collision	_____	_____	_____
Comprehensive	_____	_____	_____

**Physical Damage
 Vehicle over 25,000 cost new**

	Deductible		
	Vehicle	Occurrence	Premium
Collision	_____	_____	_____
Comprehensive	_____	_____	_____

Auto Catastrophe Coverage

Limit	Deductible	Premium
\$1,000,000	_____	_____
\$2,000,000	_____	_____

Perils Insured: (Comprehensive, Specified Perils, etc.) _____

D. List any variations to RFP Specifications

E. Insurance Company/Risk Pool Information:

Insurance Company: Yes___ No___

Name of Company: _____

A.M. Best Rating / Size: _____

Risk Pool: Yes___ No___

Financial Information: Yes___ No___

Re-Insurance Information Yes___ No___

Specimen Policy Enclosed Yes___ No___

Company Name

Authorized Signature

Address

Printed Name & Title

**PROPOSAL SUBMISSION FORM
PUBLIC OFFICIAL ERRORS AND OMISSIONS**

A. Background Information

1. Limit of Insurance
\$2,000,000 each claim
\$2,000,000 annual aggregate
\$ 50,000 deductible-each claim

Coverage presently provided on an “occurrence” policy form.

2. Application in appendix.

B. Coverage Provisions

1. Named Insured to include the following:
 - a. The Public Entity
 - b. Elected and Appointed Officials
 - c. Members of Boards, Commissions
 - d. Employees of the Public Entry
 - e. Trustees, Estates, Legal Representatives
 - f. Volunteers

Are all of the captioned included in the Named Insured?

Yes___ No___ If not, please explain:

2. Policy Territory

Describe policy territory, i.e. United States of America, worldwide, etc.:

3. Defense

- a. Are defense payments within the limit of liability or in addition to the limit of liability?

- b. Will defense coverage apply on a first dollar basis? Yes___ No___ If not, will costs incurred by the City apply toward meeting the deductible?

- c. Does policy provide a “duty to defend?” Yes___ No___

4. Claims-Made features:

a. Is policy on a claims-Made or Occurrence Policy format?

If claims-made, answer the following:

b. What is policy Retro-active date? _____

c. Extended Reporting Period

Length _____

Period to Elect _____

Premium _____

d. Does insured have the option to purchase extended reporting period if they elect to cancel or non-renew policy? Yes___ No___

5. Policy Exclusions:

Are any of the following excluded under policy terms?

a. Employee Benefit Plan Yes___ No___

b. Fiduciary Liability Yes___ No___

c. Back Wages Yes___ No___

d. Failure to Maintain Insurance Yes___ No___

e. Insured vs. Insured Yes___ No___

f. Punitive Damages Yes___ No___

6. Is coverage provided for discrimination because of race or national origin?
Yes___ No___

7. Does policy form cover employment related practices, including but not limited to sexual harassment, discrimination, wrongful termination?
Yes___ No___

8. Is coverage for metal injury and mental anguish claimed for employment related practices covered? Yes___ No___

C. Quotations

Deductible

\$10,000 _____

\$25,000 _____

\$50,000 _____

Is each occurrence limit of insurance subject to annual aggregate?
Yes___ No___ What is annual aggregate? _____

Are any of the coverage sub-limited? Yes___ No___ If yes, please list coverage and applicable sublimit?

D. List any variations to RFP Specifications

E. Insurance Company/Risk Pool Information:

Insurance Company: Yes___ No___
Name of Company: _____
A.M. Best Rating / Size: _____

Risk Pool: Yes___ No___
Financial Information Yes___ No___
Re-Insurance Information Yes___ No___

Specimen Policy Enclosed Yes___ No___

Company Name

Authorized Signature

Address

Printed Name & Title

**PROPOSAL SUBMISSION FORM
LAW ENFORCEMENT LIABILITY**

A. Background Information

1. Limit of Insurance
\$2,000,000 each person/each occurrence
\$2,000,000 annual aggregate
\$ 50,000 deductible-each person/each occurrence

2. Refer to appendix for application and loss runs.

B. Coverage Provisions

1. Named Insured to include the following:
 - a. Insured Entity/Political Subdivision
 - b. Full and Part-Time Officers
 - c. Auxiliary Police, volunteers
 - d. Employees
 - e. Elected/Appointed Officials
 - f. Heirs, Assigns, Legal Reps.

Are all of captioned included in the Named Insured?
Yes___ No___ If not, please explain:

2. Policy Territory
Describe policy territory, i.e. United States of America, world-wide, etc.:

3. Supplementary Payments
Are Supplementary payments within the limit of liability or in addition to the limit of liability?

4. Defense
 - a. Are defense payments within the limit of liability or in addition to the limit of liability?

- b. Will defense coverage apply on a first dollar basis? Yes___ No___ If not, will costs incurred by the City apply toward meeting the deductible?
Yes___ No___

5. Occurrence/Claims Made

a. Is coverage on an occurrence basis? Yes___ No___

If on a claims-made basis, provide following info:

-Retroactive date _____

-Details of extended reporting provisions, i.e. cost, length, period to elect

6. Policy Definitions:

a. Does the definition of Bodily Injury include mental anguish and emotional distress?

Yes___ No___

b. Does the definition of Personal Injury include civil rights violations?

Yes___ No___

c. Is coverage included for Civil Rights violations under 42 U.S.C., 1983 and 1985?

Yes___ No___

7. Policy Exclusions

Are any of the following excluded under policy terms?

a. Contractual Liability Yes___ No___

If yes, is there an exception for mutual aid agreements and situation in which liability would exist in the absence of contract? Yes___ No___

b. Medical Malpractice Yes___ No___

c. Injunctive/Declaratory Actions Yes___ No___

d. Punitive Damages Yes___ No___

e. Insured vs. Insured Yes___ No___

f. BI/PI to an insured Yes___ No___

g. Property in Insured's CCC Yes___ No___

h. Acts of courts/judges/legal pers. Yes___ No___

i. Acts outside scope employment/moonlighting Yes___ No___

C. Quotations

-----Limits-----

Deductibles	\$1 Million	\$2 Million	\$3 Million
\$10,000	_____	_____	_____
\$25,000	_____	_____	_____
\$50,000	_____	_____	_____

Is each occurrence limit of insurance subject to annual aggregate?

Yes___ No___ What is annual aggregate? _____

Are any of the coverage sub-limited? Yes___ No___ If yes, please list coverage and applicable submit:

D. List any variations to RFP Specifications

E. Insurance Company/Risk Pool Information:

Insurance Company: Yes___ No___
Name of Company: _____
A.M. Best Rating / Size: _____

Risk Pool: Yes___ No___
Financial Information: Yes___ No___
Re-Insurance Information Yes___ No___
Specimen Policy Enclosed Yes___ No___

Company Name

Authorized Signature

Address

Printed Name & Title

AIRPORT LIABILITY

AIRPORT LIABILITY

GENERAL LIABILITY POLICY

DECLARATIONS

This Insurance Policy is issued By: ACE Property and Casualty Insurance Company 436 Walnut Street, Philadelphia, Pennsylvania, 19106 - 3703	Policy Number: AAP N05622645 006 Renewal of: AAP N05622645 006																				
Named Insured and Mailing Address: City of Weslaco 1909 Joe Stephens Drive Weslaco, Texas 78596 The Named Insured is: A Public Corporation																					
Location of the Airport(s) You Own or Operate: T65 Mid Valley Airport From: October 1, 2014 To: October 1, 2015 at 12.01 a.m. Standard Time at your mailing address shown above.																					
In return for the payment of the premium, and subject to all of the terms of this policy, we agree with you to provide the insurance as stated in this policy.																					
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Policy Forms and Endorsements are described in the attached Schedule of Endorsements.																					
AAP201 (11-99)	Signature: <i>Zelandy E. Morgan</i> By Authorized Representative																				

BLANKET CRIME COVERAGE

TEM 5

CRIME		
Insuring Agreement	Single Loss Limit of Insurance	Single Loss Retention
A. Fidelity 1. Employee Theft 2. ERISA Fidelity 3. Employee Theft of Client Property	See Endorsement Not Covered Not Covered	
B. Forgery or Alteration	\$20,000	\$1,000
C. On Premises	\$20,000	\$1,000
D. In Transit	\$20,000	\$1,000
E. Money Orders and Counterfeit Money	\$20,000	\$1,000
F. Computer Crime 1. Computer Fraud 2. Computer Program and Electronic Data Restoration Expense	\$20,000 \$20,000	\$1,000 \$1,000
G. Funds Transfer Fraud	\$20,000	\$1,000
H. Personal Accounts Protection 1. Personal Accounts Forgery or Alteration 2. Identity Fraud Expense Reimbursement	Not Covered Not Covered	
I. Claim Expense	\$5,000	\$0

NON-COLLUSION STATEMENT & SIGNATURE SHEET

The undersigned affirms that he/she is duly authorized to execute this contract, that this company, corporation, firm, partnership or individual has not prepared this proposal in collusion with any other Offeror, and that the contents of this proposal as to prices, terms or conditions of said proposal have not been communicated by the undersigned nor by any employee or agent to any other person engaged in this type of business prior to the official opening of this proposal.

Further, I affirm that prior to or after the opening of this proposal, I (or any representative of my company) will not discuss the contents of this proposal with any person affiliated with the City of Weslaco, other than ROGER GARZA, CONSULTANT VALLEY RISK CONSULTING, INC., prior to the awarding of this proposal. I understand that failure to observe this procedure may cause my proposal to be rejected.

I also affirm that no officer or stockholder of the offeror (bidder) is a member of the staff, or related to any employee or commissioner for the City of Weslaco **except** as noted herein _____

_____.

By signing this proposal, vendor makes the assurance that vendor has not been debarred or suspended from conducting business with the U. S. Government according to Executive Order 12549 entitled "Debarment and Suspension."

I, _____, fully understand the proposal's requirements and **(Print/Type Name of Company Officer)**

Specifications.

I have represented the truth concerning the felony conviction notification. I have checked off one of the three statements on the attached felony conviction notification form. I have also signed the form.

COMPANY _____ EMPLOYER I. D. No. _____

ADDRESS _____

CITY, STATE, ZIP CODE _____

TELEPHONE/FAX () _____ / _____ EMAIL ADDRESS _____

SIGNATURE TITLE DATE

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

Print or type See Specific instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	Exemptions (see instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
	List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number									

Employer identification number									

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.
Future developments. The IRS has created a page on www.irs.gov/w9 for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

- Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:
- An individual who is a U.S. citizen or U.S. resident alien,
 - A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
 - An estate (other than a foreign estate), or
 - A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

**CONFLICT OF INTEREST QUESTIONNAIRE -
For vendor or other person doing business with local governmental entity**

FORM CIQ

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.

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

By law this questionnaire must be filed with the records administrator of the local government entity not later than the 7th business day after the date the vendor becomes aware of facts that require the statement to be filed. See Section 176.006(a-1), Local Government Code.

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

1 Name of vendor who has a business relationship with local governmental entity. None

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 on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)

3 Name of local government officer about whom the information in this section is being disclosed.

Name of Officer

This section, (item 3 including subparts A, B, C & D), must be completed for each officer with whom the vendor 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 vendor?
 Yes No
- B. Is the vendor 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 one percent or more?
 Yes No
- D. Describe each employment or business and family relationship with the local government officer named in this section.

4 I have no Conflict of Interest to disclose.

5

Signature of vendor doing business with the governmental entity _____
Date

**Implementation of House Bill 1295
Certificate of Interested Parties (Form 1295):**

In 2015, the Texas Legislature adopted [House Bill 1295](#), which added section 2252.908 of the Government Code. The law states that a governmental entity or state agency may not enter into certain contracts with a business entity unless the business entity submits a disclosure of interested parties to the governmental entity or state agency at the time the business entity submits the signed contract to the governmental entity or state agency. The law applies only to a contract of a governmental entity or state agency that either (1) requires an action or vote by the governing body of the entity or agency before the contract may be signed or (2) has a value of at least \$1 million. The disclosure requirement applies to a contract entered into on or after January 1, 2016.

The Texas Ethics Commission was required to adopt rules necessary to implement that law, prescribe the disclosure of interested parties form, and post a copy of the form on the commission's website. The commission adopted the Certificate of Interested Parties form (Form 1295) on October 5, 2015. The commission also adopted new rules (Chapter 46) on November 30, 2015, to implement the law. The commission does not have any additional authority to enforce or interpret [House Bill 1295](#).

Filing Process:

By January 1, 2016, the commission will make available on its website a new filing application that must be used to file Form 1295. A business entity must use the application to enter the required information on Form 1295 and print a copy of the completed form, which will include a certification of filing that will contain a unique certification number. An authorized agent of the business entity must sign the printed copy of the form and have the form notarized. The completed Form 1295 with the certification of filing must be filed with the governmental body or state agency with which the business entity is entering into the contract.

The governmental entity or state agency must notify the commission, using the commission's filing application, of the receipt of the filed Form 1295 with the certification of filing not later than the 30th day after the date the contract binds all parties to the contract. The commission will post the completed Form 1295 to its website within seven business days after receiving notice from the governmental entity or state agency.

Information regarding how to use the filing application will be available on this site by January 1, 2016.

A sample Form 1295 is included in this procurement document to make prospective vendors aware of this requirement. Vendors are NOT required to complete the enclosed form and include it in their response. Complete instructions and important information can be located from the following link:

https://www.ethics.state.tx.us/whatsnew/elf_info_form1295.htm

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

OFFICE USE ONLY

Complete Nos. 1 - 4 and 6 if there are interested parties.

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the goods or services to be provided under the contract.

4 Name of Interested Party	City, State, Country (place of business)	Nature of Interest (check applicable)	
		Controlling	Intermediary

5 Check only if there is NO Interested Party.

6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.

Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

ADD ADDITIONAL PAGES AS NECESSARY

NOTICE OF FELONY CONVICTION

Texas Education Code § 44.034 (a) provides that any person or business entity, other than a publicly held corporation, that enters into a contract with a school district must give advance notice to the school 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.

TEXAS EDUCATION Code § 44.034 (b) provides that if the school district determines that the person or business entity failed to give notice as required by Texas Education Code § 44.034 (a) or misrepresented the conduct resulting in the conviction, the school district may terminate the contract after compensating the person or business entity for services performed before the termination of the contract.

Type of Business Entity (*e.g., sole proprietorship, Partnership, limited partnership, Limited Liability Company, close corporation, publicly-held corporation, etc.*):

_____.

Registered name of partnership/corporation: _____.

Business Entity does business as: _____ (attach copy of d/b/a certificate).

Physical Address of Principal Place of Business: _____

Mailing Address: _____ Phone: () _____.
Fax: () _____ E-mail address: _____.

(all business entities other than publicly-held corporations must complete the following)

No owner or operator of the business entity named herein has ever been convicted of a felony.

The business entity named herein is owned or operated by the following person(s) who has (have) been convicted of a felony:

Name: _____ Reason for conviction: _____
_____; Date of conviction: _____; Dates _____
and Place of Incarceration: _____;
Probation/parole status: _____

Name: _____; Reason for conviction: _____
_____; Date of conviction: _____; Dates _____
and Place of Incarceration: _____;
Probation/parole status: _____

Name: _____; Reason for conviction: _____
_____; Date of conviction: _____; Dates _____
and Place of Incarceration: _____;
Probation/parole status: _____

Date

Signature-Company Official

CITY OF WESLACO
COMMERCIAL PACKAGE

RFP Opening: Wednesday, August 31, 2016 @ 3:00 p.m.

Any and all questions concerning this proposal should be addressed on this form.

Proposal Name: _____

Proposal Number: _____

Page #: _____ Section: _____ Paragraph: _____

Question: _____

Company: _____

Signature: _____

Date: _____

Phone: _____

Fax: _____

NOTICE OF INTENT TO SUBMIT A STATEMENT OF QUALIFICATION

If you intend to submit a statement of qualification for **COMMERCIAL PACKAGE RFP No.: 2015-16-18** with the City of Weslaco as outlined in the specifications, please indicate your intention by signing, dating, and returning this form so that you may receive any addendums to the specifications should the need arise.

**Homer Rhodes
Purchasing Agent
City of Weslaco
Purchasing Department
255 S. Kansas
Weslaco, Texas 78596
Phone: (956) 447-2240
Fax: (956) 969-8452
hrhodes@weslacotx.gov**

Name: _____ (print)	Signature: _____
Title: _____	Company/Agency: _____
Mailing Address: _____	City/State/Zip: _____
Phone: _____	Fax: _____
Email: _____	