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REQUEST FOR QUALIFICATIONS (RFQ)

Standardized Specifications for City of Normandy's Insurance Broker

STATEMENTS MUST BE SUBMITTED NO LATER THAN

2:00 p.m. on April 12<sup>th</sup>, 2024

Please mark your subject line:

REQUEST FOR QUALIFICATIONS FOR CITY OF NORMANDY's INSURANCE BROKER

Please e-mail your response to:

**Samuel D. Johnson, MPA**  
sjohnson@cityofnormandy.gov

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**I. Proposal Information**

**A. Request for Qualifications Invitation**

City of Normandy seeks to engage a vendor as their Insurance Broker. Firms are invited to submit their qualifications for consideration in providing a proposal for this scope of work. The submission of proposal in response to this RFQ will permit us to evaluate objectively the capabilities of your firm and pursue an ongoing dialogue of insurance services. This RFQ is for all lines of insurance the City needs including, but not limited to: Property, Liability, Auto, Workers' Compensation, Health, Dental, Vision, and Life.

That awarded broker will become the Broker of Record for all current Insurance carriers as of May 10<sup>th</sup>, 2024.

**B. Inquiries & Responses**

Any inquiries, clarification, or requests should be directed by e-mail to the contact listed on the cover page of the RFQ.

**C. Schedule**

March 25 <sup>th</sup> , 2024	RFQ Issued
April 12 <sup>th</sup> , 2024	Deadline for Receipt of Proposals
Week of April 22 <sup>nd</sup>	Interviews Conducted (If determined as necessary)
May 10 <sup>th</sup> , 2024	Broker Selection Announced/Contract Negotiations Begin

**D. Consideration of Responses**

City of Normandy reserves the right to accept or reject any or all responses to the RFQ process. The organization reserves the right to evaluate vendors and products/services using criteria the organization considers to be in the organization's best interest. The issuance of this RFQ does not obligate the organization to take any course of action.

**E. Instructions for Completion of RFQ**

1. Your RFQ response should represent information about your products, services, your company, and your approach to implementing products and services for your clients.
2. We are requesting that responses are concise and your response addresses all our questions mentioned in this RFQ.
3. Proposals should be received no later than 2:00 p.m. on April 12<sup>th</sup>, 2024 via electronic submission of proposals on a PDF platform and can be emailed to Samuel D. Johnson at [sjohnson@cityofnormandy.gov](mailto:sjohnson@cityofnormandy.gov).

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## **II. Scope of Services & Vendor Selection**

### **A. Scope of Services Required**

City of Normandy will require the firm selected to consult on insurance needs, offer suggestions, and confer with staff regarding problems that may arise. Additionally, the firm will be responsible for seeking insurance for the organization's commercial insurance needs and acting as our representative for the purchase and administration of insurance policies.

Potential services include but not limited to:

- Assist with claim problems and questions
- Shop the insurance based on the organization's needs
- Providing competitive rates
- Contact client on regular basis for update, problems and concerns
- Available for employee meetings and safety meetings
- Provide human resources and automated training support
- Provide claims support

### **B. Instructions/Proposal Format:**

Statement of Qualifications must include a cover letter, resume, and completed questionnaire form provided in this RFQ document. The Statement of Qualification should be concise and delivered in a .pdf format.

### **C. Selection Criteria**

Statement of Qualifications will be evaluated and reviewed by our organization at which point your firm may be asked to make a presentation. We will evaluate firms based on the following considerations below.

- Quality of broker response
- Proposed approach and plan
- Quality of services
- Comprehensiveness of services offered

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#### **D. Submission Requirements**

Interested and qualified firms should provide the following information in their Statement of Qualifications:

##### **Firm Overview**

1. Please provide a summary of your firm and its history.
2. Please describe your firm's overall business philosophy regarding commercial insurance and employee benefits plans from a firm perspective, not the carrier perspective. What distinguishes your firm and its services from other brokers.
3. Please provide biographies of each member who will be assigned to our organization. Please indicate if there will be a dedicated account representative and which team member that will be.

##### **Insurance and Risk Services/Capabilities**

1. Describe how you use benchmarking tools to ensure that our programs are competitive in the marketplace.
2. How does your firm educate your clients on industry "best practices?" Please provide a sample "best practices" exhibit.
3. Does your firm provide clients with legislative and compliance updates? Please provide an example of this service.
4. Is your firm able to provide an automated learning management system? Please provide examples of this service.
5. Describe your firm's claims review process and proactive risk mitigation services.
6. Please provide a detailed transition calendar should your firm be retained.
7. Please provide a minimum of three public entity references in Missouri, to include the name of the client and contact information.
8. Our intent is for the brokers' compensation to be through commissions paid and negotiated by the broker and carrier. Please note if there are any other fees your firm would charge and the applicable service.
9. Please provide any other pertinent information you would like to consider in the selection process.

*All proposals will be retained.*

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**III. Questionnaire**

Company Name \_\_\_\_\_

Company Address \_\_\_\_\_

Company Servicing Office Address \_\_\_\_\_

Dedicated Company Contact \_\_\_\_\_

Can you provide at least 3 references within public entity business? Yes \_\_\_ No \_\_\_

Do you have access to traditional, pool, captive, and self-funding options? Yes \_\_\_ No \_\_\_

Please indicate if your firm provides the services below **without subcontracting the service to another company**, how many personnel within your firm is dedicated to this service, and the cost of service:

<b>Additional Services to be Provided</b>	<b>In-House Personnel? (Yes or No):</b>	<b>How many in-house personnel dedicated to the service?</b>	<b>What is the cost for this service?</b>
<b>Claim Advocates</b>			
<b>Human Resources Consulting</b>			
<b>Workers Comp Consulting</b>			
<b>Safety &amp; Loss Prevention Services</b>			
<b>Contract Review by Attorney</b>			
<b>Risk Management Technology Systems</b>			
<b>H.R. Learning Management Systems</b>			
<b>24/7 Response Center</b>			
<b>Certificate of Insurance Validation Technology</b>			
<b>Health Risk Management</b>			
<b>Wellness Consulting</b>			
<b>Employee Communications (Open Enrollment, Guides, Flyers, etc.)</b>			

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<b>COBRA Administration</b>			
<b>Section 125 Administration</b>			
<b>Legal &amp; Compliance</b>			

Please indicate any additional fees that would be associated with your firm with the applicable service.

Service \_\_\_\_\_

Fee \_\_\_\_\_