

TOWN OF NEWINGTON  
REQUEST FOR PROPOSALS  
INSURANCE AGENT OF RECORD

The Town of Newington will accept proposals for professional services from those firms interested in serving as the Town's Insurance Agent of Record.

All proposals must be submitted in accordance with Town specifications, which are available in the Town Manager's Office. All firms wishing to be considered for this appointment shall submit nine (9) concisely worded proposals. Submittals shall be clearly marked "RFP No. 9, 2008-09, Insurance Agent of Record," and submitted to the Town Manager's Office, Town of Newington, 131 Cedar Street, Newington, CT 06111 by 2:30 pm on February 2, 2009. The Town reserves the right to reject any or all proposals.

John L. Salomone  
Town Manager

RFP No. 9, 2008-09

TOWN OF NEWINGTON  
REQUEST FOR PROPOSALS  
INSURANCE AGENT OF RECORD

GENERAL INFORMATION

The Town of Newington, Connecticut, is a suburban community with a population of just under 30,000 residents. It has a total combined premium for property, liability, and workers compensation coverage (for both the General Government and Board of Education) of approximately \$1,082,700 for the 2008-09 budget year. The Town is currently insured by the Connecticut Interlocal Risk Management Agency (CIRMA) and is committed to CIRMA for automobile, general liability, property and some umbrella coverage for 2009-10. The Town will be seeking competitive pricing for all insurance coverage that will be in place effective July 1, 2010, and may choose to seek competitive pricing for workers compensation and some umbrella coverage for 2009-10. This request for proposals is to obtain a licensed insurance agent to place this insurance and to serve as the Town's Insurance Agent of Record.

SERVICES SOUGHT

To solicit and negotiate with at least four (4) insurance companies for a program to provide the specific insurance coverage for the Town of Newington, based upon specifications prepared by the Town of Newington Standing Insurance Committee.

- a. The coverage for property, general liability and automobile liability and physical damage shall be considered a single unit to be proposed by each insurer.
- b. All other coverage may be proposed separately.

To disclose all price quotes received to the Standing Insurance Committee and to state in writing why a particular insurer is being recommended. To recommend one product over another, if requested by the Standing Insurance Committee, and to state in writing the reasons for the recommendation. To place the Town's insurance coverage with the carriers and for the products as directed by the Town in a timely manner to ensure there is no lapse in coverage. To purchase all of the Town's coverage ex-commission.

To periodically review Town insurance coverage and loss data and make recommendations to the Town Manager and the Standing Insurance Committee with respect to the need for ancillary insurance services, additional insurance coverage and modifications, and the updating or upgrading of existing coverage.

To assist the Town Manager's Office and the Standing Insurance Committee in monitoring and processing all insurance claims. To assist and oversee loss control activities by the Town's insurer and to assist the Town in the implementation of loss control recommendations with technical advice. To attend all Standing Insurance Committee meetings, provide an annual stewardship report and additional periodic reports on loss control, budgetary estimates, loss levels, claims analysis, and any other insurance related topics as requested by the Standing Insurance Committee.

To assign a specific employee or team of employees to provide technical assistance in a timely manner to the Town Manager and Superintendent of Schools as requested. To make certain that the proper insurance carriers are notified of claims in a timely manner after receipt of notice from the Town. To verify that all retrospective and any other pertinent calculations are correct as provided by the insurer. To review periodically (twice a year, and without fail not less than annually) the reserve levels on workers compensation, auto liability and general liability claims, and to aggressively pursue with the insurance carrier the reduction or closure of reserves, where appropriate, on the Town's behalf. To review and report periodically on the status of workers compensation, auto liability and general liability claims that have large reserves or that have remained open for more than six months.

To review invoices from the insurance carrier(s), and to work with the carrier in order to invoice both the Town Manager's Office and the Board of Education separately, in accordance with pre-established percentages provided by the Town. To assist Town staff in correcting or rectifying problems with payments/invoices.

### SELECTION PROCESS

Firms meeting the following criteria will be invited for an interview before the Standing Insurance Committee. The Town Council, upon recommendation by the Standing Insurance Committee, will appoint the Agent of Record. The Town's current Agent of Record will continue to handle the Town's present insurance package through June 30, 2009. The new appointment shall last through June 30, 2012.

All agents or brokers wishing to be considered for this appointment must submit written, concise replies based on these criteria by 2:30 pm, February 2, 2009, to the office of the Town Manager, Town Hall, 131 Cedar Street, Newington, CT 06111. Nine (9) complete copies are to be submitted. Each copy of the response should be clearly marked "RFP No. 9, 2008-09, Insurance Agent of Record."

The Standing Insurance Committee may recommend to the Town Council the termination of the Agent of Record if, in the opinion of the majority of the Committee, the Agent of Record fails to perform the functions as outlined in the "Services Sought" section of this RFP.

Upon termination of such Agent of Record by the Town Council, a new Agent of Record shall be appointed.

CRITERIA FOR SELECTION

1. Is your firm licensed in the State of Connecticut?  
 Yes       No
  
2. Has your firm ever been suspended, warned or fined by the Connecticut Insurance Department?  
 Yes       No
  
3. Is your firm currently in arrears on payments of insurance premiums to any insurance company?  
 Yes       No
  
4. Does your firm have one or more qualified person who would handle the Town of Newington account?
  - a. With a minimum of ten (10) years experience in commercial lines, or
  - b. Having a CPCU or ARM designation?  
 Yes       No
  
5. Do you carry Insurance Agents Errors & Omissions coverage with a limit of at least \$5,000,000? (A certificate of insurance will be required if appointed)  
 Yes       No
  
6. Do you now write or have you written within the last four years at least one account in the State of Connecticut with premiums of \$ 250,000 or more?  
 Yes       No

Please describe type of account and coverage involved:

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7. Do you now or have you ever written insurance coverage for a political subdivision in the State of Connecticut? (Municipality, school system, public authority, etc.)

\_\_\_\_\_ Yes          \_\_\_\_\_ No

Please describe type of account and coverage's written:

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8. If appointed Agent of Record, will you prepare an annual stewardship report detailing your activities on behalf of the Town, the Town's premium and loss results and include your observations and recommendations for changes in the market, coverage and other factors affecting the Town's insurance program?

\_\_\_\_\_ Yes          \_\_\_\_\_ No

9. List three references from current accounts: Names, titles and telephone numbers.

a) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Do you have an affirmative action plan in place?

\_\_\_\_\_ Yes          \_\_\_\_\_ No

11. a) List below those companies you would approach for the workers compensation, general liability, automobile and property coverage and your annual premium commercial lines premium volume with each company.

COMPANY

PREMIUM VOLUME

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- b) List below those companies you would approach for the umbrella liability and professional liability, and your annual premium volume with each company.

COMPANY

PREMIUM VOLUME

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12. Do you understand that this appointment, if made, will be for a period of three (3) years, subject to satisfactory performance as determined by the Town?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

13. Will your company perform the services contained in the "Services Sought" section of this RFP? If not, identify the services you will not provide.

\_\_\_\_\_ Yes      \_\_\_\_\_ No

Please expand on any reply by attachment hereto and include any other information you feel will be pertinent for consideration on your appointment as Agent of Record.

COMPENSATION SCHEDULE

The Town shall consider appointments only on a fee basis. All group policies shall be issued ex-commission. The annual combined insurance premium for 2008-09 is approximately \$ 1,082,700.

Please set forth your annual fees for the following periods:

2009-2010                 \$ \_\_\_\_\_

2010-2011                 \$ \_\_\_\_\_

2011-2012                 \$ \_\_\_\_\_

Do you agree that your fee schedule shown above applies to all coverage provided by your firm, including any subsidiary, affiliated or allied firms?

\_\_\_\_\_ Yes                 \_\_\_\_\_ No

TOWN OF NEWINGTON

AGENT OF RECORD

John Salomone, Town Manager  
Town of Newington  
131 Cedar Street  
Newington, CT 06111

Dear Mr. Salomone:

The agency whose name and address is designated below, hereby submits nine (9) copies of the "Criteria for Selection" for your consideration of our firm for appointment as Agent of Record on behalf of the Town of Newington.

This submission is made and we represent that there is no conflict of interest with respect to our firm and the Town and that no person or representative of the Town of Newington has been involved with nor been offered any inducement with respect to this submission.

Very truly yours,

\_\_\_\_\_ (Principal, Partner or Officer)

\_\_\_\_\_ Agency Name

\_\_\_\_\_ Address

\_\_\_\_\_

\_\_\_\_\_ Telephone number

\_\_\_\_\_ Date