

JEFFERSON COUNTY SCHOOL DISTRICT

**REQUEST FOR QUALIFICATION INFORMATION
2022-001**

**HEALTH INSURANCE AGENT
AND
CONSULTING SERVICES**

SUBMISSIONS DUE

3:00 PM EST, March 24, 2022

NOTICE TO INSURANCE AGENTS

This is a request for interested persons/firms to submit their credentials and qualifications to the Jefferson County School District (JCSD) for consideration during an insurance agent qualification process.

Background data is provided with the intent of making your job easier and your response readily comparable with the responses of others.

Compliance with the Submission format is solicited. Every effort will be made to fairly evaluate your response.

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QUALIFICATION OF INSURANCE AGENTS

JEFFERSON COUNTY SCHOOL DISTRICT GENERAL INFORMATION

SOLICITATION OF INSURANCE AGENT INTEREST

The Jefferson County School District is seeking services for a health insurance agent of record.

Only persons/firms which have been designated through this qualification process will be eligible to submit proposals for Jefferson County School District's insurance.

Third party administration services, including claims handling, and workers compensation managed care are not being solicited.

BACKGROUND

The JCSD insures approximately 200 employees and retirees.

SUBMISSION DUE DATE

Agents/firms desiring to qualify must complete and submit background information (including accompanying forms) five copies no later than 3:00 p.m. EST, March 24, 2022.

Send or deliver your submission of five copies to Taryn Bellflower, Executive Assistant to Superintendent Tricquet, 1490 W. Washington Street, Monticello, FL 32344. All submissions should be secured, sealed, and marked RFQ 22-100 HEALTH INSURANCE AGENT AND CONSULTING SERVICES - Opening 3:00 PM, EST, March 15, 2022.

Submission of responses within the deadline will be governed by JCSD's receipt. As long as JCSD receives the five copies of the submission on time, the submission will be considered.

WAIVER/REJECTION OF SUBMISSIONS

JCSD reserves the right to waive formalities or informalities in qualification submissions, to reject any or all submissions, to accept any submissions deemed to be in the best interests of JCSD and to negotiate or not negotiate with and/or interview or not interview any or all submitting agents.

QUALIFICATION CRITERIA

Experience with other public entities, preferably schools, is preferred. **Must have rural school experience.**

Background information should be furnished as applicable, regarding the size of insurer or agency, personnel and qualifications, services, etc. State the expected frequency of agent/representative service contact.

Submitting agents should state the amount of errors and omissions insurance maintained, and the name of the insurer. A \$1,000,000 per occurrence limit is preferred; \$500,000 per occurrence may be acceptable.

Submitters should provide a narrative (on the enclosed Submission Forms) setting forth the key reasons they should be qualified by JCSD to submit qualifications for the agent of record. The narrative should emphasize issues that make them unique or give them special advantages over other submitters.

ADDITIONAL INFORMATION

If more information is needed, requests must be submitted in writing to Taryn Bellflower, Executive Assistant to Superintendent Tricquet, by fax (850) 342-0108 or by email to taryn.bellflower@jeffersonschooldistrict.org.

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EXPARTE COMMUNICATION

Please note that to assure proper and fair evaluation of proposals, after proposals are received JCSD prohibits ex parte communication initiated by the proposer to any JCSD official or employee prior to the time a decision has been made.

Communication between a proposer and JCSD will be initiated by the appropriate JCSD official, employee or designated consultant in order to obtain information or clarification needed to develop a proper and accurate evaluation of the proposal. Ex parte communication may be grounds for disqualifying the offending submitter from consideration or award of the proposal then in evaluation or any future proposal.

PUBLIC ENTITY CRIMES

A person or affiliate who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a proposal on a contract to provide services to a public entity, may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity, and may not transact business with any public entity in excess of the threshold amount provided in Section 287.17 for Category Two for a period of 36 months from the date of being placed on the convicted vendor list.

REFERENCES

Submitters should provide at least three public entity references including schools or school consortia.

RFQ SUBMISSION REVIEW

Review of submission responses to this RFQ will be conducted by JCSD within a week or two of receiving them.

PRESENTATIONS/INTERVIEWS

JCSD may determine that it will be desirable to allow presentations and/or conduct interviews with some submitting agents. However, JCSD reserves the right to interview or not interview submitters, and to qualify or not qualify submitters with or without an interview/presentation process. JCSD's decision on qualifying agents to submit proposals shall be final.

EVALUATION OF SUBMISSIONS

In its evaluation of submissions, JCSD shall consider several factors including but not limited to: experience and size of firm and range of services available, qualifications of personnel, experience with public entities and educational institutions. The order in which these items are listed does not necessarily reflect their order of importance.

INSURANCE AGENTS

NEGOTIATION EXPERIENCE/CAPABILITIES

JCSD expects submitters to commit to and provide examples of proactive and aggressive pursuit of negotiation of favorable policy terms, conditions and pricing of insurance coverages and related services.

SERVICE

Submitters are required to provide details about the scope of services available and details of functions performed.

Services shall include conducting open enrollment at all sites for all employees and explaining all available coverages, as well as coordination of underwriting submissions, delivery and explanation of premium quotations, coverages, etc., issuance and delivery of policies as proposed, provision of ongoing services throughout the year to update coverage as needed, premium/claims reporting, etc.

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AGENT REMUNERATION

Submitters are asked to describe how they expect to be remunerated for their services. Specific indications are desired within the submission forms accompanying this request.

The remuneration should be all inclusive of marketing activity and any services to be provided throughout the year.

If there are any variables, explain thoroughly.

Full disclosure of any and all remuneration is expected, including contingency commissions and commissions/fees paid to/earned by intermediaries.

Be specific about arrangements that may involve contingency commissions, overrides based on total book of business, loss ratios, etc.

ALL SUBMISSIONS MUST DISCLOSE THE COMMISSION ARRANGEMENTS AND/OR PERCENTAGES WITH THE INSURANCE CARRIER(S) WHICH THE SUBMITTER CONTEMPLATES USING AS THE INSURANCE CARRIER FOR THE JCSD

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SUBMISSION FORMS

JEFFERSON COUNTY SCHOOL DISTRICT

REQUEST FOR QUALIFICATION INFORMATION
2022-001

HEALTH INSURANCE AGENT
AND
CONSULTING SERVICES

SUBMISSIONS DUE

3:00 PM EST, MARCH 24, 2022

**JEFFERSON COUNTY SCHOOL DISTRICT
SUBMISSION FORM FOR
QUALIFICATION OF HEALTH INSURANCE AGENTS OF RECORD**

Submitters must complete this form to provide basic information regarding specific qualifications as Agents of Record to the Jefferson County School District (JCSD). Provide all information requested, as answers are needed for comparison of all submissions.

Insurance Agent Name: _____

Firm Name: _____

Address: _____

Telephone: _____

Email: _____

Insurance Agent

1. How many years have you been in the insurance business? _____

2. How many years have you been with your current firm? _____

3. How many Florida public entities do you service? _____

4. How many Florida school clients do you service? _____

5. Have you attached background information on yourself, e.g., resume? YES / NO

6. Have you attached an explanation of your experience with other public entities of similar size, complexity, and type? YES / NO

7. What is your expected frequency of service contact? _____

8. Will you commit to proactive and aggressive pursuit of negotiation of favorable policy terms, conditions, and pricing of insurance coverage? YES / NO

9. Have you attached examples of such proactive and aggressive negotiations, etc.? YES / NO

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Remuneration

1. Do you plan to indicate separately the amount of commissions or fees to be charged in addition to the net cost (without commission) of the insurance coverages? YES / NO

2. Describe how your firm expects to be remunerated for placement of insurance and service, including the amount or percentage of commission to be paid by the insurance carrier or any other form of payment from the insurance carrier to submitter. _____

3. Will this remuneration be included within the premiums you propose (preferred), or in addition to the premiums proposed? Explain. _____

4. For how many years are you willing to guarantee this level of remuneration, regardless of premium changes? Explain. _____

5. Is your proposed remuneration inclusive of marketing activity and any services to be provided throughout the year? (Clearly explain any variables). YES / NO

General

1. Describe below and/or by attachment the key reasons your firm should be qualified by JCSD to submit an insurance proposal. Emphasize issues that make the firm unique or give it special advantages over other submitters. Attach any relevant supplemental documentation.

Additional Comments:

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I read the Jefferson County School District Request for Qualification Information from Insurance Agents/Insurers. I am submitting information based upon the representation that my firm is of sufficient size and capability to serve JCSD.

I understand that JCSD may conduct interviews with selected firms submitting proposals, and JCSD's decisions regarding interviews and selection shall be final.

This Request by JCSD is understood to be a solicitation of background information and qualifications from firms that may be designated to obtain insurance. I represent that I am authorized to provide this submission on behalf of my firm.

Authorized Signature: _____

Title: _____

Firm: _____

Telephone: _____

REFERENCES

Provide specific references for at least five customers (preferably educational consortia, school districts and related entities), including customers served by the firm's nearest office to JCSD. They should be similar in size, complexity, and type to Jefferson County School District. Additional references may be provided by attachment.

SUBMITTING FIRM _____

1. Organization:
Address:
Contact Name:
Phone Number:
Insurance/Services Provided:

2. Organization:
Address:
Contact Name:
Phone Number:
Insurance/Services Provided:

3. Organization:
Address:
Contact Name:
Phone Number:
Insurance/Services Provided:

4. Organization:
Address:
Contact Name:
Phone Number:
Insurance/Services Provided:

5. Organization:
Address:
Contact Name:
Phone Number:
Insurance/Services Provided:

SCORE SHEET

**HEALTH INSURANCE AGENT
AND
CONSULTING SERVICES
RECORD QUALIFICATION**

EVALUATION CRITERIA		
1	Experience	
2	Range of Services	
3	Qualifications of Personnel	
4	Experience with Public Entities and Educational Institutions	
5	Negotiations Experience	
6	Remuneration Requested	
7	Client References	
8	Presentation/Interview	
9	Local Preference	
TOTAL SCORE		

Each scoring item should be scored on a scale of 1 to 10, wherein 1 indicates lowest/least favorable and 10 indicates highest/most favorable.

