

MARYLAND STATE TREASURER'S OFFICE

**Louis L. Goldstein Treasury Building
80 Calvert Street, Room 109
Annapolis, Maryland 21401**

**QUESTIONS AND ANSWERS
FOR
REQUEST FOR PROPOSALS FOR
BROKER SERVICES FOR LIABILITY COVERAGES, CATEGORIES A, B AND C
RFP # LIA-02102017**

March 2, 2017

Q-1. Who is the current broker?

A-1 The Contractor for Category A is Willis of Maryland.
The Contract for Categories B and C is Aon.

Q-2. What is the current brokerage fee structure and can you share the annual fee for each category?

A-2. Offerors are to provide an annual fee for each Category on the Appendix A – Price Proposal, as instructed. The annual fee for each Category is as follows:

Category A - \$27,550 (multiple policies)

Category B - \$20,000

Category C - \$35,000

Q-3. Can you please provide an updated spreadsheet of the current policies, insurance companies, brokers, premiums and fees in place at this time?

A-3. The current policy, carrier and premiums are listed on the State Treasurer's Office webpage at: <https://www.treasurer.state.md.us/insurance/commercial-insurance-policies.aspx>.

Q-4. For Category B and C, how many site visits to any of the Toll Facilities or Port does the current broker make on an annual basis?

A-4. Category B and C meetings/site visits each average once per year. Meetings/site visits may increase as needed.

Q-5. Under Category B – 3.6.1 MTA – Toll Facilities Liability, this request only seems to address the excess liability. Where is the primary liability placed?

- A-5. MDTA liability has a self-insured retention of \$5,000,000 and we buy excess liability above that.
- Q-6. For Category B and C, please advise if there are any 3rd party intermediaries or Wholesalers placing the insurance on behalf of the current Broker.
- A-6. Both Category B and C currently use 3rd party intermediaries in the policy placements.
- Q-7. Are there other expected policies to fall into Sections A, B and C?
- A-7. We do not know of any other expected policies in Category B or C at this time. Category A is an "all other" category so most additional coverages would likely fall in to this category.
- Q-8. Can you provide a list of risk control services currently provided?
- A-8. Currently there are loss control services available from the insurance carriers in all Categories. The Maryland Port Administration uses loss control services as needed for liability inspections and has also asked for assistance when the Port was involved with special events such as the "Star-Spangled Spectacular" in 2014.
- Q-9. Please provide the number of claims per policy, per year.
- A-9. The loss history for each policy will be provided to the winning broker.
- Q-10. Can you please provide a description and schedule of all liability coverage for Category A – 3.5.1 through 3.5.7?
- A-10. There are brief descriptions of the coverages in Category A in the RFP. Full details will be provided to the winning broker.
- Q-11. Regarding the Minority Business Enterprise (MBE) goals, does this apply only to our insurance companies or to our agency as well?
- A-11. The MBE goals for the Contract(s) for Category B and C apply to the broker.
- Q-12. What role does the current MBE have in the placement of these policies?
- A-12. The role of MBE subcontractors are determined by the selected Offeror(s).
- Q-13. Section 2.16 shows a MBE requirement of 15% in sections B & C. However, the MBE Utilization & Fair Solicitation Affidavit shows a 25% goal. Please confirm what is required.

A-13. The MBE goal for Categories B and C is 15%. Attached is the corrected form.

Q-14. Does the State of Maryland have a preference of where the account service team is geographically located?

A-14. Economic Benefits to the State of Maryland, Section 4.3.7 of the RFP, is a factor in the technical evaluation.

**MBE UTILIZATION AND FAIR SOLICITATION AFFIDAVIT &
MBE PARTICIPATION SCHEDULE**

This MBE Utilization and Fair Solicitation Affidavit and MBE Participation Schedule must be included with the proposal. If the offeror fails to accurately complete and submit this Affidavit and Schedule with the proposal as required, the Procurement Officer shall deem the bid non-responsive or shall determine that the proposal is not reasonably susceptible of being selected for award.

In connection with the proposal submitted in response to Solicitation No.PROP/PKG-06182014, I affirm the following:

1. MBE Participation (PLEASE CHECK ONLY ONE)

I acknowledge and intend to meet the overall certified Minority Business Enterprise (MBE) participation goal of 15 percent. Therefore, I am not seeking a waiver pursuant to COMAR 21.11.03.11.

OR

I conclude that I am unable to achieve the MBE participation goal and/or subgoals. I hereby request a waiver, in whole or in part, of the overall goal and/or subgoals. Within 10 Working days of receiving notice that our firm is the apparent awardee or as requested by the Procurement Officer, I will submit the completed Good Faith Efforts Documentation to Support Waiver Request (Appendix F-1C) and all required waiver documentation in accordance with COMAR 21.11.03.

2. Additional MBE Documentation

I understand that if I am notified that I am the apparent awardee or as requested by the Procurement Officer, I must submit the following documentation within 10 business days of receiving notice of the potential award or from the date of conditional award (per COMAR 21.11.03.10), whichever is earlier:

- (a) Outreach Efforts Compliance Statement (Appendix F-2);
- (b) MBE Subcontractor/MBE Prime Project Participation Statement (Appendix -3A and 3B);
- (c) Any other documentation, including waiver documentation if applicable, required by the Procurement Officer to ascertain offeror responsibility in connection with the certified MBE participation goal and subgoals, if any.

I understand that if I fail to return each completed document within the required time, the Procurement Officer may determine that I am not responsible and therefore not eligible for contract award. If the contract has already been awarded, the award is voidable.

3. Information Provided to MBE firms

In the solicitation of subcontract quotations or offers, MBE firms were provided not less than the same information and amount of time to respond as were non-MBE firms.

4. MBE Participation Schedule

Set forth below are the (i) certified MBEs I intend to use, (ii) the percentage of the total Contract amount allocated to each MBE for this project and, (iii) the items of work each MBE will provide under the Contract. I have confirmed with the MDOT database that the MBE firms identified below are performing work activities for which they are MDOT certified.

Prime Contractor	Project Description	Project/Contract Number

LIST INFORMATION FOR EACH CERTIFIED MBE FIRM YOU AGREE TO USE TO ACHIEVE THE MBE PARTICIPATION GOAL AND SUBGOALS, IF ANY. **MBE PRIMES:** PLEASE COMPLETE BOTH SECTIONS A AND B BELOW.

SECTION A: For MBE Prime Contractors ONLY (including MBE Primes in a Joint Venture)

<p>MBE Prime Firm Name: _____</p> <p>MBE Certification Number: _____</p> <p>(If dually certified, check only one box.)</p> <p><input type="checkbox"/> African American-Owned</p> <p><input type="checkbox"/> Hispanic American- Owned</p> <p><input type="checkbox"/> Asian American-Owned</p> <p><input type="checkbox"/> Women-Owned</p> <p><input type="checkbox"/> Other MBE Classification</p>	<p>Percentage of total Contract Value to be performed with own forces and counted towards the MBE overall participation goal (up to 50% of the overall goal): ____%</p> <p>Percentage of total Contract Value to be performed with own forces and counted towards the subgoal, if any, for my MBE classification (up to 100% of not more than one subgoal): ____%</p> <p>Description of the Work to be performed with MBE prime's own forces:</p> <p>_____</p> <p>_____</p>
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SECTION B: For all Contractors (including MBE Primes in a Joint Venture)

<p>MBE Firm Name: _____</p> <p>MBE Certification Number: _____</p> <p>(If dually certified, check only one box.)</p> <p><input type="checkbox"/> African American-Owned <input type="checkbox"/> Hispanic American- Owned</p> <p><input type="checkbox"/> Asian American-Owned <input type="checkbox"/> Women-Owned</p> <p><input type="checkbox"/> Other MBE Classification</p>	<p>Percentage of Total Contract to be performed by this MBE: ____%</p> <p>Description of the Work to be Performed:</p> <p>_____</p> <p>_____</p> <p>_____</p>
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MBE Firm Name: _____ MBE Certification Number: _____ (If dually certified, check only one box.) <input type="checkbox"/> African American-Owned <input type="checkbox"/> Hispanic American- Owned <input type="checkbox"/> Asian American-Owned <input type="checkbox"/> Women-Owned <input type="checkbox"/> Other MBE Classification	Percentage of Total Contract to be performed by this MBE: _____% Description of the Work to be Performed: _____ _____ _____
MBE Firm Name: _____ MBE Certification Number: _____ (If dually certified, check only one box.) <input type="checkbox"/> African American-Owned <input type="checkbox"/> Hispanic American- Owned <input type="checkbox"/> Asian American-Owned <input type="checkbox"/> Women-Owned <input type="checkbox"/> Other MBE Classification	Percentage of Total Contract to be provided by this MBE: _____% Description of the Work to be Performed: _____ _____ _____

CONTINUE ON SEPARATE PAGE IF NEEDED

I solemnly affirm under the penalties of perjury that I have reviewed the instructions for the MBE MBE Utilization & Fair Solicitation Affidavit and MBE Schedule and that the information included in the Schedule is true to the best of my knowledge, information and belief.

 Offeror Name
 (PLEASE PRINT OR TYPE)

 Signature of Authorized Representative

 Address

 Printed Name and Title

 City, State and Zip Code

 Date

SUBMIT THIS AFFIDAVIT WITH PROPOSAL