

PHARR - SAN JUAN - ALAMO I.S.D.
REQUEST FOR PROPOSALS (RFP'S) FOR EXCESS WORKERS COMPENSATION INSURANCE # 20-21-041
PROPOSAL OPENING: MARCH 9, 2021 @ 1:00 p.m.

Event Number	# 20-21-041 Addendum 1	Organization	PSJA ISD Ebids
Event Title	Request for Proposals (RFPs) for Excess Workers Compensation Insurance	Workgroup	Purchasing
Event Description		Event Owner	Emily Garza
Event Type	RFP	Email	emily.garza@psjaisd.us
Issue Date	2/23/2021 05:28:54 PM (CT)	Phone	
Close Date	3/9/2021 01:00:00 PM (CT)	Fax	

RECOMMENDATION: That the Board of Education award the Request for Proposals (RFP's) for Excess Workers Compensation Insurance # 20-21-041 to the lowest proposer listed below:

Awarded Suppliers

Name	City	State	Lines Awarded	Award Total	Award Reason
Shepard Walton King Ins. Group	McAllen	TX	1	\$205,498.00	

 Janet C. Robles, Chief Financial Officer

 Emily Garza, Director of Purchasing

Charge Budgeted Account Numbers:

- One Hundred Eleven (111) invitations were emailed to vendors
- Nine (9) Vendors viewed Bid Specifications
- Two (2) Submitted Bid
- Zero (0) Unsubmitted Bid
- Three (3) No Bid

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Line	Qty	UOM	Description	Award Response	Award Quantity	Awarded Supplier	Award Reason
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1	1	Yearly Premium	The Pharr - San Juan - Alamo Independent School District is seeking proposals for Excess Risk Workers' Compensation Insurance.	\$205,498.00	1	Shepard Walton King Ins. Group	Best Value
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1. The District desires to receive firm quotes for specific excess risk insurance of \$450,000 self- insured retention (SIR) per occurrence with aggregate loss fund percentage of 160% and aggregate excess insurance limit of \$5,000,000. Alternate SIR and aggregate quotes are also requested.

2. The District desires to receive proposals for a three-year period on one of the following basis:
a. Fixed price for the three year period, or
b. Two annual renewal adjustments determined by formula at the time the contract is awarded, or
c. One-year contract with two annual renewal options for rate and premiums deemed to be favorable to the District. Renewal rates are to be provided to the District ninety days prior to anniversary date.

3. Contract effective date is to be April 1, 2021.

4. Statutory Texas benefits must be provided.

5. Employers Liability Maximum Limit of \$1,000,000 per occurrence.

6. Payroll History by Class Codes presented in the Exhibit section of the RFP. Premium quote is to be based on the following annual payroll information:

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				AWARD			
				Harding-Conley-Drawert-Tinch Insurance		Shepard Walton King Ins. Group (Cameron)	
				Total Price	\$186,771.00	Total Price	\$205,498.00
Line #	Description	QTY	UOM	Unit	Extended	Unit	Extended
1	<p>The Pharr - San Juan - Alamo Independent School District is seeking proposals for Excess Risk Workers' Compensation Insurance.</p> <p>1. The District desires to receive firm quotes for specific excess risk insurance of \$450,000 self-insured retention (SIR) per occurrence with aggregate loss fund percentage of 160% and aggregate excess insurance limit of \$5,000,000. Alternate SIR and aggregate quotes are also requested.</p> <p>2. The District desires to receive proposals for a three-year period on one of the following basis: a. Fixed price for the three year period, or b. Two annual renewal adjustments determined by formula at the time the contract is awarded, or c. One-year contract with two annual renewal options for rate and premiums deemed to be favorable to the District. Renewal rates are to be provided to the District ninety days prior to anniversary date.</p> <p>3. Contract effective date is to be April 1, 2021.</p> <p>4. Statutory Texas benefits must be provided.</p> <p>5. Employers Liability Maximum Limit of \$1,000,000 per occurrence.</p> <p>6. Payroll History by Class Codes presented in the Exhibit section of the RFP. Premium quote is to be based on the following annual payroll information: Payroll Code 8868 8810 9101 Combined / Description Professional Clerical All Other / Total Amount \$201,828,619 \$19,794,438 \$28,071,072 \$249,694,129 Number 4,148 647 997 5962</p> <p>7. Excess Risk Insurance Proposals will be considered independently of the Claim Administration Services proposals.</p> <p>8. Proposals should include disclosure of all commission and/or agent service fees. The names(s) of the agent(s) receiving the commission / fees or revenue must be provided as well as the name of the provider of the commission / fees / revenue and the amounts of commission / fees or revenue.</p>	1	Yearly Premium	\$186,771.00	\$186,771.00	\$205,498.00	\$205,498.00

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Line	Responding Supplier	Supplier Notes
1	Harding-Conley-Drawert-Tinch Insurance Agency (Harding-Conley-Drawert-Tinch Insurance Agency, Inc)	2. The District desires to receive proposals for a three-year period on one of the following basis: a. Fixed price for the three year period, or b. Two annual renewal adjustments determined by formula at the time the contract is awarded, or c. One-year contract with two annual renewal options for rate and premiums deemed to be favorable to the District. Renewal rates are to be provided to the District ninety days prior to anniversary date. ResponseAll proposals are a one year contract. Renewal rates and premiums will be consistent with account performance and market conditions. We will be able to provide renewal rates 90 days prior to the anniversary date. 8. Proposals should include disclosure of all commission and/or agent service fees. The names(s) of the agent(s) receiving the commission / fees or revenue must be provided as well as the name of the provider of the commission / fees / revenue and the amounts of commission / fees or revenue. Response:All proposal include a 15% commission. 10% of the commission goes to HCDT Insurance Agency as the retail broker and 5% goes to AmWINS Brokerage as the wholesale broker.
1	Shepard Walton King Ins. Group (Cameron Investment Co Inc.)	See Agent's Qualifications and resumes attached. Agent commission included in quote 12.5% paid by Safety National Casualty Corp to Shepard Walton King Insurance Group. Contingencies: Quote subject to 1. The application indicates group transportation of employees. Please provide further detail of this exposure; specifically but not limited to: average number of employees per trip, average number of trips per day, average distance traveled, etc.

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Att #	Attribute Name	Harding-Conley-Drawert-Tinch Insurance Agency	Shepard Walton King Ins. Group (Cameron Investment Co Inc.)
93	Business/Company Owner Name	HCDT Insurance Agency - Jeremy Diller	Cameron Investment Company dba Shepard Walton King Insurance Group
94	Date of Establishment	December 1979	1971
95	Will the bid/proposal deviate from specifications?	No	No
96	If no please state "No deviation", if yes, please specify deviations:	No deviation	No deviation
1.1	QUESTIONNAIRE		
1.2	Who will have primary responsibility for the District's account?	Jeremy Diller, CPCU, ARM-P, CSR, MBA	Raul Cabaza, III, CIC
1.3	Number of years in the insurance business:	13	34
1.4	Number of school districts serviced:	15	9
1.5	Who will be the back-up person for the District's account?	Therese Iglesias, CIC, LUTCF	Arnetta Oropeza, Account Executive
1.6	Number of years in the insurance business:	32	36
1.7	Number of school districts serviced:	15	8
1.8	For how many Texas school districts does your agency provide services for Workers' Compensation insurance plans?	1	5
1.9	What is your agency estimated premium volume for Workers' Compensation with Texas school districts?	0 - Currently in the process of providing options to Plano ISD. We currently provide workers compensation coverage to Cameron County and Harris County.	\$613,842. A portion of this is excess WC premium thus guaranteed cost premium would be significantly more. Our agency has extensive experience with public entities, having pioneered the first Excess Worker's Compensation program for school districts in the Rio Grande Valley. The first Excess Worker's Compensation program was written in 1989, with many districts subsequently following suit.
1.10	The District will expect the following annual reports free of charge: * Summary of premium and losses by coverage. * Forecast of insurance market status prior to renewal. * Insurance policy abstracts (summaries). * Prior to future renewals, report containing suggested coverage or rating enhancements for the upcoming year. * Following future renewals, a report detailing all material policy changes.		
1.11	Please attach a copy of the following documents * A copy of the current license. * A certificate for agent's error and omissions coverage insured for at least \$1 million limit.		
1.12	INSURANCE COMPANY / RISK POOL INFORMATION		
1.13	Name of Company:	Liberty Mutual Insurance Company	Safety National Casualty Corporation
1.14	Address of Company:	157 Berkeley Street, Boston, MA 02116	1832 Schuetz Road, St. Louis, MO 63146
1.15	Contact Person:	John Cooper	Jim Thomas
1.16	Telephone Number:	(704) 943-2008	(470) 266-2143
1.17	Insurance Company:	Yes	Yes
1.18	A. M. Best Rating/Size:	A XV	A++ XV
1.19	Risk Pool:	No	No
1.2	Financial Information:	Yes	No
1.21	PREMIUM QUOTATION - SPECIFIC AND AGGREGATE		
1.22	Self-Insured Retention (SIR) \$350,000 - Annual Premium	215,271	0
1.23	Self-Insured Retention (SIR) \$350,000 - Aggregate Limit (Per Occurrence)	5,000,000	0
1.24	Self-Insured Retention (SIR) \$400,000 - Annual Premium	0	0
1.25	Self-Insured Retention (SIR) \$400,000 - Aggregate Limit (Per Occurrence)	0	0
1.26	Self-Insured Retention (SIR) \$450,000 - Annual Premium	186,771	205,498
1.27	Self-Insured Retention (SIR) \$450,000 - Aggregate Limit (Per Occurrence)	5,000,000	5,000,000
1.28	Self-Insured Retention (SIR) \$500,000 - Annual Premium	0	185,023
1.29	Self-Insured Retention (SIR) \$500,000 - Aggregate Limit (Per Occurrence)	0	5,000,000
1.3	Self-Insured Retention (SIR) Other \$ Amount	300,000	450,000
1.31	Self-Insured Retention (SIR) Other \$ - Annual Premium	244,971	185,273
1.32	Self-Insured Retention (SIR) Other \$ - Aggregate Limit (Per Occurrence)	5,000,000	0
1.33	Attach Insurance Company complete quotation document and specimen policy		
1.34	Are the rate factors for the above premiums fixed for a three-year period:	No	No
1.35	If no, please explain formula for premium adjustment for year 2 and year 3.	Premium will be determined by payroll divided by 100 times the rate. The rate and payroll are subject to change in the coming years based on account performance and market conditions.	Only an annual policy available at this time, however, program commitment agreement is available allowing for renewal for 2nd year with 7% rate increase if certain conditions met. See agreement
1.36	Does Policy include Cash Flow Protection Endorsement for Loss in excess of 50% of SIR during first year Loss Period.	Yes	No

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Att # Attribute Name	Harding-Conley-Drawert-Tinch Insurance Agency	Shepard Walton King Ins. Group (Cameron Investment Co Inc.)
1.37 If yes, provide specimen Endorsement.	This endorsement modifies coverage provided under this policy. Subject to our Limit of Indemnity as shown in Items 5.A and 5.B of the Information Page, we will indemnify you for loss paid by you for each accident or each employee for disease under Part One of this policy in excess of the following retention amounts: 1. \$ paid by you during the first 12 months from the accident date or "disease exposure date". 2. \$ paid by you during the second 12 months from the accident date or "disease exposure date". 3. \$ paid by you during the third 12 months from the accident date or "disease exposure date". At the end of the 36 months from the accident date or "disease exposure date", your Insured's Retention for each accident or each employee for disease as shown in Item 4. of the Information Page will apply. Payments made by you during the 36 month period shall be applied to this specific Insured Retention. If you have not retained the full amount of loss shown in Item 4. o	
1.38 OTHER INFORMATION		
1.39 Explain procedure and documentation required for Specific Excess recovery.	The District's TPA is responsible for submitting documented claims information to the carrier. Once a claim has reached a paid total of more than the self-insured retention, the carrier will begin a timely reimbursement of the District for all paid claim costs above the SIR.	Formal proof of loss and other evidence acceptable to the Corporation of such payment. See Reimbursement section of policy.
1.4 Explain procedure and documentation required for Aggregate Excess recovery.	The procedures for an aggregate excess recovery are the same as a specific excess recovery with one exception. Aggregate is dependent on the paid totals of all claims for the year beneath the loss limitation of the policy. If the paid total for all claims subject to the loss limitation exceeds the loss fund for the aggregate coverage, the policy converts to a first dollar policy for all claims within the limit of the aggregate coverage. The District's TPA is responsible for the calculating the totals and reporting them to the carrier.	Same as above
1.41 Explain any special services / features that are included in the proposal:	Our proposal includes access cutting edge tools and resources from best in class safety and loss control service providers via Cardinus Risk Management.	Complimentary access to MAP Client Services® - a suite of online resources designed to support or enhance risk control efforts. Regardless of industry, users can benefit from a wide range of safety, ergonomics and other risk management content through an extensive safety resource library, claims management and return-to-work tools, learning management systems and, in some cases, live expertise. View the enclosed brochure(s) for detailed information. Medical Management Program - These services help facilitate complicated claims towards the best-possible outcome. Available services include Catastrophic Claims Consulting, Impartial Medical Review, Long-Term Claims Evaluation, and Chronic Pain & Opioid Dependency Programs.
1.42 List any variations / deviations from specifications:	Alternate quotations from an additional A rated carrier included in attachments.	Aggregate Excess loss fund is calculated at rate of 1.307 per \$100 of payroll for \$450K SIR and \$1.402 per \$100 payroll per \$500K SIR. Estimated loss fund \$450 SIR-\$3,263,502/ Estimated Loss Fund \$500K SIR - \$3,500,712.
1.43 Company Name	HCDT Insurance Agency	Safety National Casualty Corporation
1.44 Authorized Contact Person	Jeremy Diller	Jim Thomas
1.45 Address	2161 NW Military Hwy # 210, San Antonio, TX 78213	1832 Shuetz Road, St. Louis, MO 63146
1.46 Authorized Contact Person Email Address	Jeremy@hcdtinsurance.com	jim.thomas@safetynational.com
1.47 Authorized Contact Person Telephone Number	(210) 647-0134	(470) 266-2143
1.48 Authorized Contact Person Fax Number	(210) 647-0138	(314) 995-3843

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Responding Supplier	Signature Full Name	Signature Email	Supplier Notes
Harding-Conley-Drawert-Tinch I	Jeremy Diller	Jeremy@hcdtinsurance.com	We have two proposal options. One from Liberty Mutual and the other from Star Insurance. We are able to offer a total of 9 options.
Shepard Walton King Ins. Group	Raul Cabaza	rcabaza@swkins.com	