



**PURCHASING DEPARTMENT**

**4201 N. DALE MABRY HIGHWAY**

**Tampa, Florida 33607**

**(813) 350-6511**

**Fax (813) 350-6611**

**REQUEST FOR QUALIFICATIONS**

**INSURANCE AGENT SERVICES**

**Date:** January 7, 2011

**RFQ No.:** 11-05

*Sealed submissions* will be received by the Tampa Sports Authority's, Purchasing Department, 4201 N. Dale Mabry Highway, Tampa, FL 33607, until:

**10:00 A.M. EST on Monday, January 31, 2011**

at which time submissions will be opened for:

**Insurance Agent Services**

Said proposals must conform to the requirements outlined in the Request for Qualifications. The Authority reserves the right to reject any and all submissions and to waive minor informalities.

Enclosed as part of the Request for Qualifications are:

- Part I General Information
- Part II Scope of Services
- Part III Submission Form

**Appendices**

- A. Acknowledgment Form
- B. Acknowledgment of Addenda
- C. Preference to Businesses with Drug Free Workplace Programs
- D. Procurement and Registration Form

If you elect to respond to this Request for Qualifications, **provide one (1) bound original and five (5) bound copies and one (1) unbound copy of your submission to this office by the date indicated.** Please mark the original.

One more copy should be separately mailed/delivered to Siver Insurance Consultants, 805 Executive Center Drive West, Suite 110, St. Petersburg, FL 33702.

Submissions should be in sealed envelopes marked "Submission for Insurance Agent – RFQ 11-05." **FAXED AND/OR E-MAILED SUBMISSIONS WILL NOT BE ACCEPTED.**

Submissions should be valid until April 1, 2011. If submissions are mailed, it is suggested that submitters request the delivering agency to provide a record of their delivery.

Submissions will be publicly opened at 10:00 A.M. EST on Monday, January 31, 2011, in the Authority's Headquarters. The consultants' copy shall remain sealed until after the official opening.

All questions or requests for additional information are required to be in writing and may be faxed to 813-350-6611 or e-mailed to [djones@tampasportsauthority.com](mailto:djones@tampasportsauthority.com). Any verbal responses to questions or changes or additions to the Scope of Services or any part of this Request for Qualifications will not be binding on the Authority or its representatives. Only changes or additions made by Addenda issued by the Tampa Sports Authority through written notice should be considered for your submittal. All written responses will be shared with all potential submitters who register via the "Procurement and Registration Form" enclosed as "Appendix D." **Questions must be submitted, in writing, via email or facsimile by Thursday, January 20, 2011 not later than 1:00 p.m. EST.**

Faxed and late proposals/qualifications will be rejected.

**Protest Procedures:** Submitters wishing to protest a procurement action or decision of the Authority relating to any procurement must follow the Authority's Protest Procedures, a copy of which may be obtained from the Purchasing Department at [djones@tampasportsauthority.com](mailto:djones@tampasportsauthority.com) or fax (813) 350-6611. Failure to follow said procedures will result in the denial of any protest. Submitters shall refrain from any communication with Board members during the pendency of any protest.

**TAMPA SPORTS AUTHORITY**  
**REQUEST FOR QUALIFICATIONS FOR**  
**PROPERTY/CASUALTY INSURANCE AGENT OF RECORD**

**PART I**

**GENERAL INFORMATION**

**SOLICITATION OF INSURANCE AGENT INTEREST**

This is a request by the Tampa Sports Authority (Authority hereafter) for interested insurance agents to submit their credentials and qualifications to the Authority for consideration during an insurance agent of record qualification process. Wherever herein the terms "agent " or "agents" are used it shall also mean broker or brokers. The Authority's property/casualty insurance program anniversary is April 1, 2011.

The Authority is likely to select only one insurance agent as agent of record, but the Authority reserves the right to select an additional agent(s) if deemed desirable for specific coverage(s).

Agents desiring to respond should have experience with Florida public entities and other entities of similar size, complexity and magnitude to the Authority.

Specifically, the selected agent will be designated agent of record and will be expected to provide renewal proposals for the following coverages renewing April 1, 2011 (except Storage Tank Liability, which renews December 2011), with appropriate alternatives and changes to the current program for the Authority's consideration:

- Buildings and Personal Property
- Inland Marine/Equipment/EDP
- Boiler and Machinery (included in Property)
- Crime and Owned Equipment for Suites & Furnishings
- General Liability
- General Liability Employee Benefits
- General Liability Liquor Liability
- General Liability Umbrella
- General Liability D&O/Pension Fiduciary/EPLI
- Storage Tank Liability
- Federal Flood Insurance – Rocky Point Golf Course

Automobile liability and physical damage and workers compensation coverage(s) are not included in this solicitation, as the current coverages are provided directly by the Florida Municipal Insurance Trust (FMIT).

The Authority has maintained a fully insured program for many years.

More detail on the Authority's current insurance program anniversary dates, coverages, and premiums are shown in the section titled "DESCRIPTION OF CURRENT PROGRAM".

The Authority's incumbent agent for the subject insurance is Baldwin Connelly, Ltd.

## **BACKGROUND**

The Tampa Sports Authority is in Hillsborough County, Florida, with headquarters in Tampa. The Authority has about 48 full time, 64 part time and approximately 800 seasonal employees.

The Authority is an independent special district that was created May 28, 1965 by Chapter 65-2307, as superseded by Chapter 96-520, Laws of Florida, for the purpose of planning, developing and maintaining a comprehensive complex of sports and recreational facilities for the Tampa Bay area.

The Authority owns 134 acres known as the "Stadium Complex" (formerly Tampa Stadium) and its parking lots, and the Raymond James Stadium and its parking lots.

Also, the Authority operates three golf courses owned by the City of Tampa.

The Authority is governed by an 11-person board, with members appointed by the Governor, Mayor, City Council and County Commission.

## **SUBMISSION DUE DATE**

Complete qualification Submittals (including completed Submittal Forms, sample contracts, etc.) are due no later than 10:00am, Monday, January 31, 2011, and shall be valid until April 1, 2011. **One original and five copies** shall be mailed or delivered to Deltecia Jones, Purchasing Manager, Tampa Sports Authority, 4201 North Dale Mabry Highway, Tampa, FL 33607.

One more copy should be separately mailed/delivered to Siver Insurance Consultants, 805 Executive Center Drive West, Suite 110, St. Petersburg, FL 33702.

Submissions should be in sealed envelopes marked "Submission for Insurance Agent – RFQ 11-05." **FAXED AND/OR E-MAILED SUBMISSIONS WILL NOT BE ACCEPTED.**

Submissions should be valid until April 1, 2011. If Submissions are mailed, it is suggested that Submitters request the delivering agency to provide a record of their delivery.

Submissions will be publicly opened at 10:00am, Monday, January 31, 2011, in the Authority's Headquarters. The consultants' copy shall remain sealed until after the official opening.

## **CONSULTANT INVOLVEMENT**

This Request for Qualifications was in major part prepared by Siver Insurance Consultants, the Authority's independent consulting firm, whose additional services may be utilized during the RFQ process (based on the Authority's determination). Siver does not sell or broker insurance, self-insurance or related products, and does not function in an agent or broker capacity.

## **WAIVER/REJECTION OF PROPOSALS**

The Authority reserves the right to waive formalities or informalities in Submissions, to reject, with or without cause, any or all Submissions or portions of Submissions, or to negotiate or not negotiate with or to interview or not interview individual Submitters, or to accept any Submission(s) or portions of Submissions deemed to be in the best interest(s) of the Authority, or to resolicit Submissions or not.

## **CONTRACT EFFECTIVE DATE, TERM**

Although services to place the Authority's insurance will begin in advance, the contract term (and term of remuneration) will be April 1, 2011-12, beginning upon expiration of the Authority's current insurance policy term. The term for these agent services will not exceed three (3) years.

Further, the Authority's renewal each year will in part be dependent upon acceptability of cost, quality of service, provider stability and market conditions. The Authority reserves the right at any time to remove the agent for one or more types of coverage if believed to be in the Authority's best interest to solicit such coverage from one or more parties involving other agents if believed to be in the Authority's best interest.

In anticipation that the agent contract will be affected for more than one year, remuneration guarantees for up to three years are desired, so be explicit about any such offerings.

## **ADDITIONAL INFORMATION**

The Authority will not respond to verbal questions/requests for clarification. If more information is needed, please request it in writing from Deltecia Jones, Purchasing Manager, Tampa Sports Authority, email [djones@tampasportsauthority.com](mailto:djones@tampasportsauthority.com). The deadline for Submitter requests for additional information is 1:00pm, Thursday, January 20, 2011.

## **AUTHORITY PROVIDES INFORMATION IN GOOD FAITH WITHOUT LIABILITY**

All information provided by the Authority in this RFQ is offered in good faith. Individual items are subject to change at any time. The Authority makes no certification that any item is without error. The Authority is not responsible or liable for any use of the information, or for any claims attempted to be asserted therefrom.

## **ADDENDA**

Any addenda issued prior to the RFQ opening, for the purpose of changing the specifications of this RFQ or related documents, or clarifying the meaning of same, shall be binding in the same way as if originally written in the RFQ and related documents. It is each Submitter's responsibility to check with the issuing office and immediately secure all addenda before submitting.

## **EX PARTE COMMUNICATION**

The Authority contact person for this RFQ is Deltecia Jones, Purchasing Manager, Tampa Sports Authority, email [djones@tampasportsauthority.com](mailto:djones@tampasportsauthority.com). Explanation(s) desired by Submitters(s) regarding the meaning or interpretation of this RFQ must be requested from her, in writing, as described.

Submitters are advised that from the date of release of this RFQ until award of the contract, NO contact with Authority elected or appointed officials or employee personnel (other than Deltacia Jones, Purchasing Manager, Tampa Sports Authority, [djones@tampasportsauthority.com](mailto:djones@tampasportsauthority.com)) related to this RFQ is permitted. Any such unauthorized contact may result in the disqualification of the Submission.

### **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 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 287.017 for Category Two (i.e. \$25,000) for a period of 36 months from the date of being placed on the convicted vendor list.

### **FAMILIARITY WITH LAWS**

The Submitter is assumed to be familiar with all Federal, State of Florida and local laws, ordinances, rules and regulations that in any manner affect the work. Ignorance on the part of the Submitter will in no way relieve you from your contractual responsibility.

### **PROPOSAL COSTS**

The Authority is not liable in any manner to any extent for any cost or expense incurred by any Submitter in the preparation, Submission, presentation, or any other action connected with submitting or otherwise responding to this RFQ. Such exemption from liability applies whether such costs are incurred directly by the Submitter or indirectly through the Submitter's agents, employees, assigns or others, whether related or not to the Submitter.

### **EVALUATION OF PROPOSALS**

In evaluating Proposals, the Authority shall consider several factors as described in the following table.

<b>#</b>	<b>Evaluation Criteria</b>	<b>Points</b>
1.	Insurance agent's qualifications and experience.	15
2.	Insurance agent's commitment to customer service, negotiation experience.	15
3.	Agency's qualifications and experience.	15
4.	Remuneration and commitment to scope of services.	15
5.	Reasons for agent selection, uniqueness, special advantages.	10
6.	Insurance market preferences/clout.	20
7.	References, including current customer satisfaction with quantity, quality of services.	10
<b>8.</b>	<b>Sub-Total</b>	<b>100</b>
9.	WMBE/MB/DWBE Bonus Points (Maximum of Five Points)	5
10.	Finalist interviews, for only those firms chosen as finalists to be interviewed.	50
<b>11.</b>	<b>Total</b>	<b>155</b>

The Authority may determine that it will be desirable to conduct interviews with some proposing firms. If interviews will be conducted, one of the purposes will be to ascertain Proposer demonstration in their interview of their understanding of the Authority's requirements and their ability and commitment to meet or exceed the Authority's specifications. However, the Authority reserves the right to interview or not interview Proposers, and to qualify a Proposer with or without an interview process.

#### **NOTIFICATION OF AGENT SELECTION**

The Tampa Sports Authority Board of Directors will make the final selection of the Agent(s) of Record at a public Board meeting scheduled for 4 pm on February 28, 2011 at 4201 N Dale Mabry Hwy, Tampa, Fl 33607. The selected firm is expected to have best market quotes available by March 20, 2011 for all insurance lines renewing on April 1, 2011, however the selected firm is also expected to continue efforts to make the renewing lines as favorable as possible for coverage and or premium cost.

**TAMPA SPORTS AUTHORITY**  
**REQUEST FOR QUALIFICATIONS FOR**  
**PROPERTY/CASUALTY INSURANCE AGENT OF RECORD**

**PART II**

**SCOPE OF SERVICES**

**SELECTION OF AGENT**

The Authority will likely qualify, based on responses to this RFQ, one insurance agent to be its agent of record for the insurance specified in this document. However, the Authority reserves the right to select an additional agent(s) if deemed desirable for specific coverage(s).

The Authority's incumbent agent is not exempt from completion of the Submission Forms and is expected to respond to all items.

The Authority's decision on which firm(s) to select shall be final.

**QUALIFICATIONS**

Background information should be furnished regarding the specific agent who will be the lead agent, other agency staff who will be involved in the furnishing services to the Authority, the degree of the Submitter's commitment to the Authority's account and the expected frequency of agent service contact. Experience with other public entities, preferably Florida entities and entities of similar size, complexity and magnitude is preferred.

Information should be furnished as applicable, regarding the size of agency, personnel and qualifications (particularly of the staff who will serve the Authority), services, etc.

Submitting firms should state the amount of errors and omissions insurance maintained, and the name of the insurer providing the coverage. A minimum limit of \$1,000,000 per occurrence is required. Proposing firms must provide a copy of their current Certificate of Coverage, including the claims limit, claims deductible amount, and retroactive claims data for claims made coverage.

Submitters should provide a narrative setting forth the key reasons they believe they should be qualified by the Authority to be its agent of record. The narrative should emphasize issues that make the agent unique, or give them special advantages over other Submitters.

**NEGOTIATION EXPERIENCE/CAPABILITIES**

Submitters should commit to and provide examples of proactive and aggressive pursuit of negotiation of favorable policy terms, conditions and pricing of insurance program coverages and related services for their clients.

## **INSURANCE MARKET KNOWLEDGE/CLOUT**

The Authority expects Submitters to comment in their submittal on their knowledge of insurance markets for the property/casualty insurance program purchased by the Authority and to comment on whether they recommend alternative markets to those currently serving the Authority that could result in program improvements, in cost, coverage, service, etc.

Comment should be provided on how much premium volume is produced by the agency for the insurers who currently provide Authority coverages and for other insurers most likely to be proposed as alternatives.

Obviously, specifics should be provided if the agency has access to or control of specialty or unique markets or programs that are generally unavailable to other competitors.

## **AGENT REMUNERATION**

Submitters are asked to state how much and how they and any intermediaries expect to be remunerated for placement of the insurance and for their services. Failure to disclose in the Submittal how remuneration will be charged/received may be considered non-responsive.

The remuneration should be all inclusive of marketing activity and any services to be provided throughout the year. If there are any variables or exceptions, explain thoroughly. For example, if any services require a fee instead of a commission, disclose which services, and the fee to be charged.

Full disclosure and transparency is desired for all transactions, including contingency commissions and commissions or other remuneration paid to/earned by intermediaries, including wholesaler remuneration, whether the wholesaler is related to the submitting firm or not. Be specific about arrangements that may involve contingency commissions, overrides based on total book of business, loss ratios, etc.

Submitters should indicate how they expect to assure such transparency, including complete disclosure of all remuneration to all parties. Pre-approved reimbursable travel costs, if any, shall be limited to State of Florida per diem statutes.

## **EQUAL OPPORTUNITY EMPLOYER/SMALL BUSINESS ENTERPRISES**

The Tampa Sports Authority is an Equal Employment Opportunity Employer who encourages firms and contractors with whom it does business to likewise follow these principles. Likewise, firms who are Small Business Enterprises (SBE) are encouraged to respond to RFQ 11-05. SBE businesses will be afforded full opportunity to submit Responses to RFQ 11-05 and will not be discriminated against on the grounds of race, color, creed, sex, or national origin in consideration for award of these services.

## **WOMEN MINORITY BUSINESS ENTERPRISE/DISADVANTAGED MINORITY/DISADVANTAGED WOMEN BUSINESS ENTERPRISE (WMBE/DM/DWBE)**

Qualified firms may receive up to a maximum of five (5) bonus points for DM/DWBE participation. The term "DM/DWBE" shall mean a business that is certified as a bona fide DM/DWBE with Hillsborough County or has been granted reciprocal certification by Hillsborough County. Provisional Reciprocal Certification shall be granted for one (1) six (6) month period to firms which are principally domiciled in the State of Florida and certified by other jurisdictions within the State. When requesting bonus points, firms shall include a copy of the certification letter issued to the WMBE/DM/DWBE being utilized by the certifying governmental agency. It will be the responsibility of the proposing firm to furnish all the

necessary information and documentation to the COUNTY in order to receive bonus points. Bonus points will be assigned based on WMBE/DM/DWBE participation as outlined below:

The applicant firm has issued a signed letter of commitment certifying that a minimum of 10% of its ultimate fees will be subcontracted to Certified WMBE/DM/DWBE(s), which is/are identified for bonus points in the request. A maximum of 5 awardable bonus points will be given the WMBE/DM/DWBE(s) firm's request.

The request for bonus points shall be made on company letterhead and must include the following:

1. The RFQ number and project name;
2. The number of bonus points requested.

## **REFERENCES**

Proposers should provide at least five client references. Preferably, the references should include public entities of similar size, complexity and magnitude to the Authority, including name, contact person, phone number, e-mail address, years and nature of relationship.

## **SERVICE**

Proposers are required to provide details about the scope of services available and submitted for the Authority, details of functions performed by local offices and information on staff personnel likely to be assigned to the Authority's account.

Services shall include 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, provision of loss control/safety services, premium/claims reporting, etc. Comment on the extent to which the services include or exclude wind modeling.

Immediately following is a specific listing of services desired from the agent.

## **SCOPE OF AGENT SERVICES**

The insurance agent to be contracted by the Authority will be expected to provide the following services.

1. Design and market a property/casualty insurance program that is acceptable to the Authority. As appropriate and/or at the Authority's request, provide Proposals for alternative program structures, such as different deductibles, limits, etc. or, upon request, other lines of insurance.
2. Coordinate with Authority staff to assure that up-to-date exposure data is incorporated into specifications and issued policies.
3. Issue and deliver valid and timely binders (prior to the effective date of coverage) for insurance policies purchased by the Authority. Review binders for accuracy. Immediately request corrections if issued binders are not delivered in accordance with the Submission(s).

4. Assure that insurance policies being purchased will be delivered in accordance with the Submission(s) that were negotiated and/or accepted by the Authority.
  - a. Assure that the policies issued reflect no lesser policy terms, conditions, coverage amounts and options than were accepted by the Authority.
  - b. Immediately correct policy deficiencies before delivery to the Authority.
  - c. Deliver the policy binders to the Authority on the date of binding. Deliver individual policy updates as received. If policies are not issued within 30 days of policy inception, follow up with the insurer/wholesaler at least twice per 30 days for receipt of the policy. If any deficiencies from the accepted Submittal remain, provide a timeline for their resolution to the satisfaction of the Authority.
5. Promptly and accurately process insurance policy endorsements and other change requests as needed.
6. Coordinate loss control/safety services desired by the Authority that are available from the insurers whose policies were purchased through the agent.
7. Assist the Authority in filing claims with insurers from whom the Authority has purchased policies and are represented by the agent. The claims filing assistance is to include submission of claims information, timely assignment of an adjuster, and ongoing follow up of any outstanding claims to include quarterly meetings in which the status of all outstanding claims is provided.
8. Be available to attend up to four risk management meetings per year with the Authority, as they may be scheduled, and be willing to attend additional meetings if needed.
9. Monitor and notify the Authority of major developments regarding the insurance industry or the Authority's insurers or policies that may affect the Authority.
10. Respond to coverage or other insurance policy questions as may be presented by the Authority.
11. At least semi-annually, present to Authority staff a written review, with the premium/claims history of the Authority, for the policies purchased. Loss runs are to be provided quarterly via a quarterly meeting that provides updates on all open claims.
12. At each quarterly claims review meeting, the Agent will review with Sports Authority staff all open claims, including the expected closure date and/or the claims' resolution.
13. Coordinate with the Authority about 120 to 150 days (or otherwise, as agreeable to the Authority) prior to renewals on giving estimates of renewal changes in premium, coverage, policy terms, etc. and in collecting needed renewal rating and background information.
14. Present renewal pricing and policy changes to the Authority 60 days (or otherwise, as agreeable to the Authority) before renewal.
15. Obtain proposals from additional insurance markets and provide them to the Authority with a listing of all companies contacted, detailed spreadsheets of all proposals received and all rejection letters.
16. Provide final, written renewal proposals to the Authority on a schedule agreed upon with the Authority to allow for review of renewals at appropriate Authority meetings.

17. Promptly provide rating data, premium/claims history and other information at the request of the Authority.
18. Fully disclose insurance policy premiums, commissions or all other remuneration received for the sale of such policies.
19. Permit the Authority to conduct an audit of all remuneration/revenues attributable to the Authority's account and to fully cooperate with persons designated by the Authority to perform such audit.
20. Agent to assist in determining the value of Stadium items including exterior glass as identified signage, fences and other equipment as identified by the Sports Authority and then schedule them on an EDP policy.
21. Agents are expected to attach the contract they expect to use if engaged.

#### **AUTHORITY RIGHT TO AUDIT**

The Authority reserves the right (at its option and at no cost to the Authority), and the agency are expected to agree, to an audit of the agency and related parties regarding the Authority's expenditures for the insurance program and all related remuneration to the agency and others involved, including the tracking of funds to intermediaries, insurers, trusts, etc.

**THE TAMPA SPORTS AUTHORITY**  
**REQUEST FOR QUALIFICATIONS FOR**  
**PROPERTY/CASUALTY INSURANCE AGENT OF RECORD**

**DESCRIPTION OF CURRENT PROGRAM**

The 2010-2011 insurance program is outlined as follows.

**Coverages Subject to Agent of Record RFO:**

<b>#</b>	<b><u>Coverage/Service</u></b>	<b><u>Insurer/Provider</u></b>	<b><u>Term</u></b>	<b><u>Cost</u></b>
1	Buildings and Personal Property	Zurich	4/1/10-11	\$230,698
2	Inland Marine/Equipment/EDP	Travelers	4/1/10-11	\$17,770
3	Boiler and Machinery (included in Property)	Zurich	4/1/10-11	Included in # 1
4	Crime and Owned Equipment for Suites & Furnishings	American Specialty	4/1/10-11	\$3,357
5	General Liability	American Specialty	4/1/10-11	\$68,630
6	General Liability Employee Benefits	American Specialty	4/1/10-11	\$343
7	General Liability Liquor Liability	American Specialty	4/1/10-11	\$407
8	General Liability Umbrella	American Specialty	4/1/10-11	\$39,162
9	General Liability D&O/Pension Fiduciary/EPLI	American Specialty	4/1/10-11	\$19,503
10	Federal Flood Insurance, Rocky Point Golf Course	Fidelity National Indemnity Insurance Company	7/6/10-11	\$2,607
11	Storage Tank Liability	Commerce and Industry	12/14/10-11	\$1,376
	<b>Total Cost</b>			<b>\$383,853</b>

**Coverages NOT Subject to Agent of Record RFO:**

12	Auto Liability/Physical Damage	Florida Municipal Insurance Trust	10/1/10-11	\$2,535
13	Workers Compensation	Florida Municipal Insurance Trust	10/1/10-11	\$46,753

This is a form for submitters to provide basic information and specific qualifications to provide insurance to the Tampa Sports Authority. Provide all information requested, as answers are needed for comparison of all Submissions. This form need not be typed, it may be handwritten in ink.

## TAMPA SPORTS AUTHORITY

### PART III

#### ***SUBMISSION FORM*** **FOR QUALIFICATION OF** **PROPERTY/CASUALTY INSURANCE AGENT OF RECORD**

1. Insurance Agent \_\_\_\_\_
2. Firm Name \_\_\_\_\_
3. Address \_\_\_\_\_
4. Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

#### ***Insurance Agent***

5. How many years have you been in the insurance business? \_\_\_\_\_
6. How many years have you been with your present firm? \_\_\_\_\_
7. Have you attached background information on yourself, e.g. resume? \_\_\_\_\_
8. Do you have special professional qualifications or professional designations? \_\_\_\_\_
9. What is your property/casualty agent experience with other organizations of similar size, complexity and magnitude? \_\_\_\_\_
10. What is your property/casualty agent experience with other *public entities* of similar size, complexity and magnitude? \_\_\_\_\_
11. How many *public entities* do you service? \_\_\_\_\_

Submissions are due in an original and five copies no later than 10:00 a.m., Monday, January 31, 2011, sealed and marked "Submission for Insurance Agent – RFQ #11-05. They shall be mailed or delivered to Deltecia Jones, Purchasing Department, Tampa Sports Authority, 4201 North Dale Mabry Highway, Tampa, FL 33607. One additional, sealed copy should be mailed or delivered to Siver Insurance Consultants, 805 Executive Center Drive West, Suite 110, St. Petersburg, FL 33702. Faxed and/or e-mailed submissions will not be accepted.

***Agent Commitment to Customer Service; Negotiation Experience***

12. Are you experienced with all the items listed in the Scope of Agent Services? If not, explain.

\_\_\_\_\_

13. What is your commitment to customer service, including frequency of contact, availability for meetings with staff, committees, etc? \_\_\_\_\_

14. Will you commit to proactive and aggressive pursuit of negotiation of favorable policy terms, conditions, pricing, coverage and servicing of insurance? \_\_\_\_\_

15. Have you attached examples of such proactive and aggressive negotiations, etc.? \_\_\_\_\_

***Agency Qualifications/Experience***

16. What size is your agency's revenue, and in number of professionals and non-professionals that will serve the Authority? \_\_\_\_\_

17. Which Florida office of your firm will provide the ongoing services to the Authority? \_\_\_\_\_

18. Will any other offices be involved; to what extent? Be specific. \_\_\_\_\_

19. How many years has the firm been in business? \_\_\_\_\_

20. What is your firm's total property/casualty insurance premium volume? \_\_\_\_\_

21. What is your firm's Florida total property/casualty insurance premium volume? \_\_\_\_\_

22. What is your firm's total property/casualty insurance revenue (including commission) volume?

\_\_\_\_\_

23. What is your firm's Florida total property/casualty insurance revenue (including commission) volume? \_\_\_\_\_

24. Approximately what percentage of the firms' Florida business are *public entities*, in premium, and in revenue volume? \_\_\_\_\_

25. What is your agency's experience with property/casualty insurance for customers of similar or greater size, complexity and magnitude? \_\_\_\_\_

26. What is your agency's experience with property/casualty insurance for other sports related facilities and venues? \_\_\_\_\_

27. What is your agency's experience with property/casualty insurance for other *public entities* of similar size, complexity and magnitude? \_\_\_\_\_

28. How many and what kind of *public entities* does your agency service? \_\_\_\_\_

29. Have you provided background information on the range of your firm's services? \_\_\_\_\_

30. Are the key person designated to service the Authority's account appropriately licensed by the State of Florida? Please list the following:

<u>Name</u>	<u>Types of Licenses</u>	<u>Years Serving Large Commercial Accounts</u>	<u>Years Serving Public Entities</u>

31. Have you attached details of the experience of these persons (and non-licensed personnel you intend to assign) with accounts and/or public entities with similar size and complexity as the Authority?
32. Provide specifics on agency personnel (employees or subcontractors other than staff of insurance companies) who are likely to be utilized in performing inspection and loss control services. \_\_\_\_\_
33. State the amount of errors and omissions insurance including policy limits and deductible amount, for the firm and the name of the insurer. \_\_\_\_\_

***Remuneration/Commitment to Scope of Services***

34. State your total remuneration (as commissions, maximum commissions, etc.) for the following coverages; and treat each as if it might be separable from the others. Include comment on your transparency disclosure of remuneration to be paid to the intermediary(ies) or wholesalers or others you plan to utilize and provide attachments if necessary:

Insurance Coverage	Submitting Agency		Intermediary	
	% of Premium	Maximum Commission	% of Premium	Maximum Commission
Buildings and Personal Property	%	\$	%	\$
Inland Marine/Equipment/EDP	%	\$	%	\$
Boiler and Machinery (included in Property)	%	\$	%	\$
Crime and Owned Equipment for Suites & Furnishings	%	\$	%	\$
General Liability	%	\$	%	\$
General Liability Employee Benefits	%	\$	%	\$
General Liability Liquor Liability	%	\$	%	\$
General Liability Umbrella	%	\$	%	\$
General Liability D&O/Pension Fiduciary/EPLI	%	\$	%	\$
Storage Tank Liability	%	\$	%	\$
Federal Flood Insurance, Rocky Point Golf Course	%	\$	%	\$
Total	NA	\$	NA	\$

Is this remuneration negotiable? \_\_\_\_\_ Explain. \_\_\_\_\_

Would your firm consider a flat fee? \_\_\_\_\_  
 Explain \_\_\_\_\_

35. Will this remuneration be included within the premiums you propose, or in addition to net premiums submitted by the successful insurer(s)? Explain. \_\_\_\_\_

36. Are you willing to guarantee this level of remuneration for three (3) future years, regardless of premium changes? How many years? Explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
37. Is your submitted remuneration inclusive of marketing activity and services to be provided throughout the year? \_\_\_\_\_
38. To what extent are there also fees for services, e. g. loss control, actuarial services? (Clearly explain any variables.) \_\_\_\_\_
39. To what extent will wind modeling services be provided, by whom, and for what additional cost? \_\_\_\_\_
40. Does your firm employ actuaries or other professionals capable of providing modeling services? \_\_\_\_\_
41. Will you provide the full Scope of Agent Services as outlined in the RFQ? \_\_\_\_\_
42. To what extent will you need a separate contract for services not related to the insurance being purchased? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
43. Do you acknowledge that the Authority reserves the right at any time to remove the agent of record status for one or more types of coverage if believed to be in the Authority's best interest to solicit such coverage from one or more parties involving other agents? \_\_\_\_\_
44. Do the submitting agency and agents agree to allow and pledge full cooperation to the Authority if it (at its option), desires an audit of the agency and related parties regarding the Authority's expenditures for the property/casualty insurance program and all related remuneration to the agency and agents and others involved, including the tracking of funds to intermediaries, insurers, etc? \_\_\_\_\_
45. Have you provided the contract you expect to use if engaged, as per page 10 of the RFQ?  
\_\_\_\_\_
46. Have you highlighted in the contract and explained clearly if there are exculpatory provisions limitations regarding your liability for the services provided? \_\_\_\_\_. Keep in mind that the extent of such provisions and/or limitations will be taken into consideration in the evaluation of your Submittal.

***Reasons for Agent Selection/Uniqueness/Special Advantages***

- 47. Reasons for the Authority qualifying you and your firm: describe below and/or by attachment the key reasons you and your firm should be qualified by the Authority to be its agent. Emphasize issues that make you and/or the firm unique, or give you/it special advantages over other submitters and how these are of value to the Authority for its property/casualty insurance program. Attach any supplemental documentation you think is relevant to being selected. \_\_\_\_\_
- 48. Provide your comments on continuing property insurance on the stadium without wind coverage. \_\_\_\_\_
- 49. Provide your comments on how many insurers are likely to have to be utilized, and why, if wind coverage on the stadium is desired. \_\_\_\_\_
- 50. Describe your ability to access, utilize and leverage key insurance markets. \_\_\_\_\_
- 51. Provide a list of your of your insurance markets. \_\_\_\_\_
- 52. If you represent unique and/or exclusive markets or specialty programs please explain and indicate if you think the Authority would be better off with these markets and program than with the current program. \_\_\_\_\_
- 53. Have you disclosed the name of any officer, director, agent or other key person who is also an official or employee of the Authority? If none, state "none". \_\_\_\_\_
- 54. Have you disclosed the name of any official or employee of the Authority who owns, directly or indirectly, an interest of five percent or more in a submitting firm or any of its branches? If none, state "none". \_\_\_\_\_

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have read the Tampa Sports Authority's Request for Qualifications for Insurance Agent of Record. I am submitting information based upon the representation that my firm is of sufficient size and capability and has sufficient experience to serve the Authority.

I understand that the Authority may conduct interviews with selected submitting firms, and the Authority's decisions about interviews and selection shall be final.

This Request by the Authority is understood to be a solicitation of background information and qualifications from firms that may be designated as its agent. I represent that I am authorized to provide this submission on behalf of my firm.

\_\_\_\_\_  
Date      Authorized Signature, Title      Firm      Telephone

## INSURANCE MARKET PREFERENCES/CLOUT

For the Authority's incumbent insurers (line 1 of each coverage hereafter), provide your Florida premium volume with such insurers.

After the incumbent insurer for each line of coverage, list your preferred insurance company markets (intermediaries and wholesalers are not insurance company markets), in order of those you believe to be, by order of preference, in the best interests of the Authority. Provide your Florida premium volume with such insurers. Although the numbering sequence is limited, additional insurers may be listed!

#	Insurer Name Also, include MGA/MGU, if Applicable	Insurer Group or Fleet Name	Your Firm's Estimated Annual Florida Premium Volume	Direct Access Yes or No	Group/ Fleet Exclusive Yes or No
<b>BUILDINGS AND PERSONAL PROPERTY</b>					
1.	Zurich - Incumbent				
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
<b>INLAND MARINE/EQUIPMENT/EDP</b>					
1.	Travelers - Incumbent				
2.					
3.					
4.					
5.					
<b>BOILER AND MACHINERY(INCLUDED IN PROPERTY)</b>					
1.	Zurich - Incumbent				
2.					
3.					
4.					
5.					
<b>CRIME AND OWNED EQUIPMENT FOR SUITE &amp; FURNISHINGS</b>					
1.	American Specialty - Incumbent				
2.					
3.					
4.					
5.					

#	Insurer Name Also, include MGA/MGU, if Applicable	Insurer Group or Fleet Name	Your Firm's Estimated Annual Florida Premium Volume	Direct Access Yes or No	Group/ Fleet Exclusive Yes or No
<b>GENERAL LIABILITY</b>					
1.	American Specialty - Incumbent				
2.					
3.					
4.					
5.					
<b>GENERAL LIABILITY EMPLOYEE BENEFITS</b>					
1.	American Specialty - Incumbent				
2.					
3.					
4.					
5.					
<b>GENERAL LIABILITY LIQUOR LIABILITY</b>					
1.	American Specialty - Incumbent				
2.					
3.					
4.					
5.					
<b>GENERAL LIABILITY UMBRELLA</b>					
1.	American Specialty - Incumbent				
2.					
3.					
4.					
5.					
<b>GENERAL LIABILITY D&amp;O/PENSION FIDUCIARY/EPLI</b>					
1.	American Specialty - Incumbent				
2.					
3.					
4.					
5.					
<b>STORAGETANK LIABILITY</b>					
1.	Commerce & Industry - Incumbent				
2.					
3.					
4.					
5.					
<b>FEDERAL FLOOD INSURANCE, ROCKY POINT GOLF COURSE</b>					
1.	Fidelity Natl Indemnity Ins. - Incumbent				
2.					
3.					
4.					
5.					

**CLIENT REFERENCES**

Provide specific references for at least five customers (preferably public entities), including customers served by the firm's nearest office to the Authority. They should be of similar size, complexity and magnitude to the Authority. Additional references may be provided.

***Please copy this page and repeat for each of your five references.***

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

Name & Address of Account: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Principal Contact and Title: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Email: \_\_\_\_\_

Year agency retained by client: \_\_\_\_\_

Date services last performed for account (if current, so indicate): \_\_\_\_\_

Estimated Premium: \_\_\_\_\_

Property Insurance TIV: \_\_\_\_\_

Description of Property Insurance Program:  
\_\_\_\_\_  
\_\_\_\_\_

Other lines of insurance placed:  
\_\_\_\_\_  
\_\_\_\_\_

Description of services provided.  
\_\_\_\_\_  
\_\_\_\_\_

Additional Comments:  
\_\_\_\_\_  
\_\_\_\_\_

**SWORN STATEMENT UNDER SECTION 105.08,  
TAMPA SPORTS AUTHORITY CODE, ON DISCLOSURE OF RELATIONSHIPS**

THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICER AUTHORIZED TO ADMINISTER OATHS.

1. This sworn statement is submitted with Bid, Proposal or Contract No. \_\_\_\_\_  
for \_\_\_\_\_

2. This sworn statement is submitted by: \_\_\_\_\_  
\_\_\_\_\_

(Name of entity submitting Statement)

whose business address is:

\_\_\_\_\_

and (if applicable) its Federal Employer Identification Number (FEIN) is \_\_\_\_\_

(If the entity has no FEIN, include the Social Security Number of the individual signing this sworn statement \_\_\_\_\_.)

3. My name is \_\_\_\_\_  
(Please print name of individual signing)

and my relationship to the entity named above is \_\_\_\_\_

4. I understand that an "affiliate" as defined in Section 105.08, Tampa Sports Authority Code,  
means:

The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of the entity.

5. I understand that the relationship with a TSA Commissioner or TSA employee that must be disclosed as follows:

Father, mother, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, husband, wife, father-in-law, mother-in-law, daughter-in-law, son-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother, half sister, grandparent, or grandchild.

6. Based on information and belief, the statement, which I have marked below, is true in relation to the entity submitting this sworn statement. [Please indicate which statement applies.]

\_\_\_\_\_ Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, have any relationships as defined in section 105.08, Tampa Sports Authority Code, with any TSA Commissioner or TSA employee.

\_\_\_\_\_ The entity submitting this sworn statement, or one or more of the officers, directors, executives, partners, shareholders, employees, members, or agents, who are active in management of the entity have the following relationships with a TSA Commissioner or TSA employee:

Name of Affiliate or entity	Name of TSA Commissioner or employee	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

STATE OF \_\_\_\_\_

TSA OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_,  
20\_\_, by \_\_\_\_\_, who is personally known to me or who  
has produced \_\_\_\_\_ as identification.

NOTARY PUBLIC

SIGN: \_\_\_\_\_

PRINT: \_\_\_\_\_

Notary Public, State at large  
My Commission Expires:

(Seal)

**STATEMENT OF NO BID/PROPOSAL/RFQ**

If your company does not intend to bid, please return this form **immediately** to:

**TAMPA SPORTS AUTHORITY PURCHASING DEPARTMENT**

We, the undersigned, have declined to submit a bid for TSA RFQ # \_\_\_\_\_ for \_\_\_\_\_

For the following reasons:

- Specifications too "tight" (i.e. geared toward one brand or manufacturer only.)
- Insufficient time to respond to the Invitation to Bid/Proposal/RFQ
- Our Company does not offer this product or service
- Our schedule would not permit our company to perform
- Unable to meet specifications
- Specifications unclear (*Please explain below*)
- Unable to meet Insurance Requirements
- Remove our Company from your "Bidders List" altogether
- Other (*specify*): \_\_\_\_\_

REMARKS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

We understand that if this *STATEMENT OF NO BID* is not executed and returned, our Company may be removed from the Purchasing Division's Bidders List for this commodity.

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

Signature: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

# Appendices

- Appendix A      Acknowledgment of RFQ**
- Appendix B      Acknowledgment of Addenda**
- Appendix C      Preference to Businesses with Drug  
Free Workplace Programs**
- Appendix D      Procurement and Registration Form**

**APPENDIX A**

**TAMPA SPORTS AUTHORITY  
ACKNOWLEDGEMENT FORM  
INSURANCE AGENT SERVICES - RFQ#11-05**

**SUBMIT BID TO: PURCHASING DEPARTMENT**

**DELIVERY ADDRESS: RAYMOND JAMES STADIUM**

**(ENTRANCE "B" OFF HIMES AVENUE)**

**4201 N. DALE MABRY HIGHWAY**

**TAMPA, FL 33607**

NUMBER OF COPIES REQUIRED: One (1) bound original and five (5) bound copies and one (1) unbound copy. One more copy should be separately mailed/delivered to Siver Insurance Consultants, 805 Executive Center Drive West, Suite 110, St. Petersburg, FL 33702.

PLEASE LABEL THE OUTSIDE OF YOUR PACKAGE WITH THE PROPOSAL NUMBER, TITLE AND THE OPENING DATE & TIME

**SUBMITTALS WILL BE RECEIVED & OPENED: Monday, January 31, 2011 @ 10:00 a.m. EST  
At the Tampa Sports Authority offices  
4201 N. Dale Mabry Hwy., Tampa, FL 33607**

SUBMITTALS MAY NOT BE WITHDRAWN FOR 90 DAYS AFTER SUCH DATE & TIME.

OFFEROR'S NAME: \_\_\_\_\_

OFFEROR'S MAILING ADDRESS: \_\_\_\_\_

CITY-STATE-ZIP: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_

SIGNATORY'S NAME: \_\_\_\_\_

SIGNATORY'S TITLE: \_\_\_\_\_

By signing above, I attest that all the information listed herein is correct, to the best of my knowledge, and agree to be bound by the terms, conditions and my company's submitted pricing with regards to this RFQ agreement.

**APPENDIX B**

**ACKNOWLEDGMENT OF ADDENDA FOR RFQ NO. 11-05  
INSURANCE AGENT SERVICES FOR TSA**

I, \_\_\_\_\_, hereby acknowledge receipt of any and all Addenda Notices hereby issued in regards to this RFQ #11-05 for Insurance AGENT Services.

Addenda Numbers Received:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_

SIGNATORY'S NAME: \_\_\_\_\_

SIGNATORY'S TITLE: \_\_\_\_\_

COMPANY/OFFEROR: \_\_\_\_\_

## APPENDIX C

### PREFERENCES TO BUSINESSES WITH DRUG-FREE WORKPLACE PROGRAMS UNDER SECTION 287.087, FLORIDA STATUTES.

1. This statement is submitted with RFQ #11-05, Insurance AGENT Services.
2. Preference shall be given to businesses with drug-free workplace programs.  
Whenever two or more bids which are equal with respect to price, quality, and service are received by the Authority for the procurement of commodities or contractual services, a bid received from a business that certifies that it has implemented a drug-free workplace program shall be given preference in the award process. Established procedures for processing tie bids will be followed if none of the tied vendors have a drug-free workplace program. In order to have a drug-free workplace program, a business shall:
  - A.) Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for specifying the actions that will be taken against employees for violations of such prohibition.
  - B.) Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
  - C.) Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in subsection (A).
  - D.) In the statement specified in subsection (A), notify the employees that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, violation of Chapter 893 or of any controlled substance law of the United States or any state for a violation occurring in the workplace no later than five (5) days after such conviction.
  - E.) Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program, if such is available in the employee's community, by any employee who is so convicted.
  - F.) Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

**AS THE PERSON AUTHORIZED TO SIGN THE STATEMENT, I CERTIFY THAT THIS FIRM COMPLIES FULLY WITH THE ABOVE REQUIREMENTS.**

CONTRACTOR'S SIGNATURE \_\_\_\_\_

## APPENDIX D

Tampa Sports Authority Purchasing Department  
4201 N. Dale Mabry Highway  
Tampa, Florida 33607

Telephone #: (813)350-6500  
Fax #: (813)350-6611

### PROCUREMENT SUMMARY AND REGISTRATION

**In order to receive notice of any changes or addenda to these documents, you MUST register using this form. Please mail or FAX the completed form to the Purchasing Department as soon as possible.**

Document Number: RFQ #11-05  
Title: Insurance Agent Services  
Description: Provide specified insurance services to the Tampa Sports Authority.

**Procurement Submittal Deadline:** Monday, January 31, 2011 By 10:00 a.m.  
Tampa Sports Authority  
Raymond James Stadium  
4201 N. Dale Mabry Highway  
Tampa, FL 33607

**Pre-Bid/Proposal Conference:** None

**For additional information, contact:** Deltecia Jones  
Senior Procurement Analyst  
Telephone: (813) 350-6511  
E-Mail: [djones@tampasportsauthority.com](mailto:djones@tampasportsauthority.com)

**Special Instructions:** None

**SUBMITTER REGISTRATION (FAX OR MAIL THIS FORM BACK IMMEDIATELY TO FAX #: (813) 350-6611)**

Use this form to register as a potential bidder or submitter for this procurement. Only registered vendors will be mailed courtesy notices of changes or addenda to these procurement documents. Carefully complete this form and mail or fax it to the Procurement Department. You must submit one form for each Procurement that you are registering for. **FAILURE TO INCLUDE AN ADDENDUM IN YOUR SUBMISSION MAY RESULT IN THE REJECTION OF YOUR SUBMITTAL.**

**Company Name:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State/Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Contact's Email:** \_\_\_\_\_