

Attachment 5 – PROPOSAL QUESTIONNAIRE

Insurance – Property and Person for Fire Services and Emergency Medical Service Providers in Washington County, Virginia

Page 1 of 4

PROPOSAL QUESTIONNAIRE

The undersigned, as Offeror, hereby declares that the only person or persons interested in this proposal as principal or principals is or are named herein and that no other person or firm herein mentioned has any interest in this proposal; that this is made without connection with any other person or company or parties making a proposal; and that it is in all respects fair and in good faith without collusion or fraud.

Offeror further declares that they have examined the specifications of the materials and services and informed themselves fully in regard to all the conditions pertaining to the materials and services; that they have examined the specifications relative thereto, and have read all special provisions furnished prior to the submittal of the proposal; that they have satisfied themselves relative to the materials and service to be provided.

Offeror agrees, if this proposal is accepted, to furnish all necessary materials and services in accordance with this proposal necessary to complete the Contract In full and complete accordance with the shown, noted, described and reasonably implied requirements of the Request for Proposal attached hereto to the full and entire satisfaction of Washington County, with the definite understanding that no money will be allowed for extra work except as set forth in the attached Request for Proposal and any contract that may result from such submitted Proposal. The statement on this cover sheet shall apply to each element of each proposal submitted to the County.

AGREED, _____
(Signature of Authorized Person)

Signatory's Name (Printed): _____

OFFEROR'S NAME (Business Entity): _____

ADDRESS: _____

ADDRESS: _____

ADDRESS: _____

FEDERAL EMPLOYER IDENTIFICATION NUMBER: _____

STATE CORPORATION COMMISSION IDENTIFICATION NUMBER: _____

EMAIL ADDRESS: _____

TELEPHONE NUMBER: _____



Attachment 5 – PROPOSAL QUESTIONNAIRE

Insurance – Property and Person for Fire Services and Emergency Medical Service Providers in
Washington County, Virginia

Page 2 of 4

Please provide responses to the requests for information stated below. A response to each item, below, is mandatory. Your responses should be itemized in accordance with the requests for information stated below and you may attach additional pages or materials as referenced in your responses.

The proposal shall provide information necessary for the County to evaluate the qualifications, experience, and expertise of the proposing offeror to provide the insurance requested. The Offeror is to make a written proposal which presents an understanding of the insurance to be provided. Proposals should be as thorough and as detailed as possible but written clearly and concisely so that the County may properly evaluate the offeror's capabilities to provide the required services. Offerors are required to submit the following information/items as a complete proposal:

Qualifications and Experience

1. Cover Letter/Executive Summary. The Offeror must submit a Cover Letter/Executive Summary as an overview of their proposal for insurance for property and person for fire service and emergency medical services providers.
2. Detailed Written Narrative on Qualifications and Experience/Resumes. The Offeror must submit a detailed written narrative to include the relevant qualifications and experience in providing insurance for property and person for fire service and emergency medical services providers.
3. Related Experience. Provide how many Emergency Response Providers have been insured by your company and how many years has your company provided insurance coverage for the Emergency Response Providers.
4. References. Provide references, at least three entities currently insured by your company that are similar to the entities for which this solicitation is issued and describe the insurance policies that your company hold for them. Include the date(s) services were furnished, the client name, address and the name and phone number of the individual whom the County has your permission to contact. The Offeror may use Attachment 5, References or provide a separate sheet that has the references listed.
5. Licensure. Provide proof of active licensure with the Virginia Bureau of Insurance and proof of registration in good standing with the State Corporation Commission.

Demonstrated Understanding and Ability & Implementation Plan

6. Written Plan. Briefly describe the understanding of the Scope of Services to be accomplished and describe the proposed approach to providing the required services. Clearly state your ability to meet or exceed the requested services.
7. Claims Management. Describe in detail claims management and processing for all types of coverages in the proposal. Include the process for reporting a claim, how the claims process works, and provide statistics regarding the average response time from point of claim to initial response and claims management.



Attachment 5 – PROPOSAL QUESTIONNAIRE

Insurance – Property and Person for Fire Services and Emergency Medical Service Providers in Washington County, Virginia

Page 3 of 4

- 8. Additions and Deletions of Property and Vehicles. Describe the process of adding and deleting property and vehicles from coverage as such changes occur in ownership by the Emergency Service Provider.

- 9. Additional Services. Describe additional services offered by the company and/or underwriter (e.g., loss control programs, site inspections, visits, claims management, risk control services, safety training and safety inspections, training) which may be useful to the County and the Emergency Service Providers. List each service and explain how it would be of value to the County for purposes of Emergency Service Providers insurance coverage.

Quality and Completeness of Proposal

- 10. Sample Copies of Policies. Provide sample copies of all policies proposed, copies of any explanatory endorsements, non-standard endorsements, or any endorsements otherwise limiting or extending coverage which are intended to attach to the policy. Outline all coverage proposed thoroughly.

- 11. Coordination and Communication. Explain how your company handles coordination of communications and policy changes between the Policy Holder (the County) and the individual Emergency Response Providers which are not agencies of the County. Emergency Response Providers are independent, primarily volunteer organizations that own their property. The County does not own the property being insured by the volunteer organizations.

- 12. Additional Information. Provide additional information as needed to fully inform the County of your Company’s ability to provide the coverage being solicited.

Cost and Future Cost Guarantees:

- 13. Premiums. State in the following table the annual premium for each type of coverage as specified in Attachment 1, Specifications. In the notes column, you may refer to attachments that give additional detail regarding pricing.

Type of Coverage	Proposed pricing	Notes
General Liability		
Property		
Portable Equipment		
Vehicle		



Attachment 5 – PROPOSAL QUESTIONNAIRE

Insurance – Property and Person for Fire Services and Emergency Medical Service Providers in Washington County, Virginia

Page 4 of 4

Crime		
Umbrella Liability		
Cyber Liability		
Workers Compensation		

14. Future Cost Guarantees. What can your Company offer to the County to secure the pricing offered for insurance coverage for set periods of time?

