A RESOLUTION OF THE CITY COMMISSION OF THE WEST, FLORIDA, AUTHORIZING OF KEY ACCEPTANCE OF THE PROPOSAL FROM **EMPLOYER** INC. MUTUAL, (EMI) IN THE AMOUNT \$140,267.00 FOR SERVICES TO BE RENDERED AS THE CITY'S INSURANCE PROGRAM THIRD PARTY CLAIMS ADMINISTRATOR; AUTHORIZING THE CITY MANAGER OR HIS DESIGNEE TO NEGOTIATE AND EXECUTE AN EMI FOR THE POLICY AGREEMENT WITH YEAR 2009/2010 WITH FOUR (4) ADDITIONAL POLICY YEARS SUBJECT TO RATIFICATION BY COMMISSION; PROVIDING FOR AN EFFECTIVE DATE

WHEREAS, the City issued RFP #09-011 requesting proposals for "third party claim administration", which was opened on August 25, 2009; and

WHEREAS, the City received eleven responses to the RFP; and WHEREAS, the City Commission desires to award the proposal to the top firm and permit the City Manager or his designee, with the advice and consent of the City Attorney, to negotiate and execute an agreement with the top firm in accordance with that firm's proposal.

NOW THEREFORE, BE IT RESOLVED BY THE CITY COMMISSION OF THE CITY OF KEY WEST, FLORIDA, AS FOLLOWS:

Section 1: That the proposal from Employers Mutual, Inc., in the amount of \$140,267.00 to serve as the City's insurance program third party claims administrator for policy year 2009/2010 with four (4) additional policy years is hereby accepted.

Section 2: That the City Manager or his designee, with the advice and consent of the city Attorney, is authorized to negotiate and execute an agreement with Employers Mutual, Inc., in compliance with the RFP and the response thereto, which shall be subject to ratification by the City Commission.

<u>Section 3</u>: That this Resolution shall go into effect immediately upon its passage and adoption and authentication by the signature of the presiding officer and the Clerk of the Commission.

| | Passed | and | ador | oted | рУ | the | City | Commis | sion | at | a mee | ting | ne | 3Tα |
|------|----------|-------|-------|-------|-----|-----|--------|--------|------|------|-------|------|-----|-----|
| this | 15th | - | | _ day | of, | Se | ptembe | r | | 2009 | · . | | | |
| | Authent | cicat | ed | by | the | pre | sidin | g offi | cer | and | Cler | k o | £ t | he |
| Comm | ission c | on | Septe | ember | 16t | h | , 200 | 9. | | | | | | |

Filed with the Clerk September 16th

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MORGAN MCPHERSON, MAYOR

2009.

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CHERYL SMITH, CITY CLERK



CITY MANAGER'S OFFICE MEMORANDUM

TO:

Jim Scholl, City Manager

FROM:

Mark Z. Finigan, Assistant City Manager

DATE:

September 10, 2009

SUBJECT:

RFP 09-011

City of Key West Insurance Program—Third Party Claims Administration

ACTION STATEMENT:

Request the City Commission award the proposal of Employers Mutual, Inc. (EMI) in an amount of \$140,267 for policy year 2009/2010 for services to be rendered as the City of Key West Insurance Program Third Party Claim's Administrator. Additionally, authorizing the City Manager or designee to negotiate and execute an agreement with EMI for the policy year 2009/2010 with four (4) additional policy years; however City shall maintain the right to terminate the agreement upon each anniversary date without penalty.

BACKGROUND:

On June 2, 2009 the City of Key West engaged Interisk Corporation, an independent insurance consultant, to assist the City in the development of a Request for Proposal (RFP) to receive competitive proposals for the Third Party Administration of the City's Property and Casualty claims(to include Workers Compensation) for the 2009/2010 policy year. The last policy year the City's Third Party Claim's Administration for the Property and Casualty Insurance Program was marketed was 2002/2003. In addition to preparing the RFP, Interisk Corporation was required to evaluate proposals and make a recommendation to the City. A copy of Interisk's evaluation and recommendation, dated September 10, 2009, is attached.

On August 25, 2009, sealed proposals were received and were publicly opened by the City Clerk. Eleven prospective service providers responded to the RFP:

 Alternative Service Concepts, LLC 6010 Cattleridge Drive Suite 103 Sarasota, FL 34232

Cannon Cohran Management Services, Inc. (CCMSI) 2600 Lake Lucien Drive Suite 225 Maitland, FL 32751

- Corvel Enterprises Comp, Inc.
 210 North University Drive, #501
 Coral Springs, FL 33071
- 4. EMCAS 12466 West Atlantic Blvd. Coral Springs, FL 33071
- 5. Employers Mutual, Inc. (EMI) 700 Central Parkway Stuart, FL 34994
- Gallagher Bassett Services, Inc.
 Pierce Place, 5th Floor
 Itasca, IL 60143
- 7. Intergrated Claim Solutions, Inc. 668 Maitland Avenue Altamonte Springs, FL 32701
- Johns Eastern Company, Inc.
 P.O. Box 110259
 Lakewood Ranch, FL 34211-0004
- Preferred Governmental Claim Solutions, Inc.(PGCS)
 P.O. Box 958456
 Lake Mary, FL 32795-8456
- PMA Management Corp. (PMAMC)
 2701 North Rocky Point Drive
 Suite 250
 Tampa, FL 33607
- 11. York Claims Services, Inc.1117 Perimeter Center WestAtlanta, GA 30338

After full consideration of all factors (to include long term costs savings, references checks with current clients and the recommendation offered by Interisk Corporation) I recommend the selection of Employers Mutual, Inc. (EMI).

FINANCIAL IMPACT:

Selection of EMI over the incumbent, Gallagher Bassett Services, Inc. will result in a higher "Year 1" cost of approximately \$9,000. The projected cost for Year 1 for EMI is \$140,267 and includes a one time claim assumption fee of \$46,600. Gallagher Bassett Services, Inc. proposed fee for year one was \$131,361, however, as the incumbent there would be no claim assumption fee. Assuming the City continued after Year One with EMI there would be an annual savings of approximately \$38,000 -- \$131,361 (Gallagher Bassett Services, Inc.) as opposed to \$93,667 for EMI. Please note this is a relative savings since all TPA providers escalate their annual fees by some COLA factor.

RECOMMENDATION:

Request the City Commission award the proposal of Employers Mutual, Inc. (EMI) in an amount of \$140,267 for policy year 2009/2010 for services rendered as the City of Key West's Third Party Insurance Claims Administrator. Additionally, authorizing the City Manager or designee to negotiate and execute an agreement with EMI for the policy year 2009/2010 with four (4) additional policy years; however City shall maintain the right to terminate the agreement upon each anniversary date without penalty

INTERISK CORPORATION

Consultants

Risk Management Employee Benefits 1111 North Westshore Boulevard Suite 208 Tampa, FL 33607-4711 Phone (813) 287-1040 Facsimile (813) 287-1041

September 10, 2009

Mr. Mark Finigan Assistant City Manager - Administrator City of Key West 525 Angela St. Key West, Florida 33040

Subject: Evaluation of Third Party Claims Administration Services - RFP #09-011

Dear Mark:

The City of Key West's Property and Casualty Insurance program includes various self-insured retentions and deductibles that require the City to engage the services of a third party claims administrator to adjust the claims and portions of the claims that fall within these retentions and deductibles. Gallagher Bassett Services Inc. has provided these services for the City for a number of years. The estimated annual cost of these services is estimated to be approximately \$128,265.

In conjunction with the City's Request for Proposals (RFP) for its 2009/10 Property and Casualty Insurance program a separate RFP (#09-011) was issued seeking competitive proposals for the City's Claims Administration Services. The RFP specified that the successful proposer would be required to adjust the City's Liability, Workers' Compensation and Property clams. The RFP also specified specific services that the successful proposer would be required to provide based on industry standards for claim administration services.

A total of eleven (11) firms submitted proposals in response to the City's RFP. They included:

- ➤ Gallagher Bassett Services, Inc.
- Cannon Cochran Management Services
- PMA Management Corp.
- ➤ Alternative Service Concepts
- York Claim Services
- > Engle Martin & Associates
- Integrated Claims Solutions
- Corvel Corporation
- Preferred Governmental Claim Solutions
- ➤ Johns Eastern Company
- > Employers Mutual, Inc.

Engle Martin & Associates' proposal only included the adjusting of the City's Liability claims. Engle Martin submitted no evidence that they have the resources or desire to adjust the City's Workers' Compensation claims. For this reason Engle Martin & Associates was eliminated from further consideration.

Corvel's proposal only included the adjusting of the City's Workers' Compensation claims. Corvel submitted no evidence that they have the resources or desire to adjust the City's Liability claims. For this reason Corvel Corporation was eliminated from further consideration.

Integrated Claims Solutions' primary business is providing claims administration services for Liability claims and only has one Workers' Compensation adjuster with only one Workers' Compensation client. It was also believed that Integrated Claims Solutions lacked the appropriate infrastructure to properly adjust Workers' Compensation claims. Therefore Integrated Claims Solutions was also eliminated from further consideration.

It is believed that the remaining firms that submitted a proposal demonstrated that they have sufficient resources and abilities to provide the services that the City is seeking. The attached schedules reflect the major features of each proposal and are incorporated as part of this report. Each proposal will be discussed under separate caption. Prior to addressing the individual proposals, several issues should be discussed.

The current contract with Gallagher Bassett was issued on what is referred to as a "Life of Contract" basis. The contract obligates Gallagher Bassett to administer claims for a single per claim fee for the life of the claim as long as a contractual relationship exists with the City. If the City were to select a different firm, the City would be required to pay Gallagher additional fees to continue handling the active claims or transfer the active claims to the newly selected administrator. It is believed that if the City were to select a new administrator, it would be in their best interest to transfer all active claims to the new administrator. This would require the City to pay the new administrator additional fees to assume the administration of the existing claims. Such fees are normally expressed in one of three different manors.

- 1) Charge a single one time fee for each claim being assumed based on the type of claim.
- 2) Charge a flat one time fee for assuming all of the City's active claims regardless of the number and type of claim.
- 3) Charge an annual fee based on the number and types of claims still remaining active.

In addition, some firms will charge an initial setup fee for transferring the City's historical claim information to their system. Maintaining the City's historical claim information is critical because the information will be required for subsequent renewals of the City's Property and Casualty Insurance program. The information that will be transferred includes activity notes from the previous administrator which will be critical for future handling of the claims.

Some firms charge an "Administration Fee" designed to cover the costs of administering the program. Some firms include all administration costs in the "Per Claim" fee that they charge.

The State of Florida has established a 'Fee Schedule' that reflects the maximum amount that can be paid to a health care provider for services provided to a Workers' Compensation claimant. Normally health care providers issue their invoices based on their internal pricing structure and claims administrators adjust these fees to coincide with the State's Fee Schedule. Most claims administrators will make a separate charge for each medical bill reduced to this Fee Schedule.

Gallagher Bassett Services, Inc.

Gallagher Bassett is the City's current claims administrator. Gallagher Bassett is one of the largest third party claim administrators in the Country and is believed to have sufficient resources to continue to provide the needs of the City. Gallagher proposed to continue administering the City's claims for specific fees based on the types of claims involved. Based on the City's historical claim experience these fees would amount to approximately \$96,012 annually. In addition, Gallagher would charge an annual administration fee of \$27,849 and medical bill reduction fees of approximately \$7,500. This results in an annual projected cost for Gallagher Bassett's services of \$131,361 (\$96,012+27,849+7,500).

Cannon Cochran Management Services, Inc (CCMSI).

Little is known about CCMSI with the exception of the information contained in their proposals. It is believed CCMSI has sufficient resources to provide the needs of the City. CCMSI proposed to assume the administration of the City's claims for specific fees based on the types of claims involved. Based on the City's historical claim experience these fees would amount to approximately \$89,510 annually. In addition, CCMSI would charge an initial one time fee of \$7,500 for converting the City's historical claim history to their computer system. They would also charge the City a one time fee of approximately \$122,961 to assume the administration of the City's claims that are active as of October 1, 2009. Other administration fees proposed by CCMSI would amount to approximately \$21,940 annually. This results in a projected first year cost of approximately \$241,911 (\$89,510+\$7,500+\$122,961+\$21,940). Since CCSI's claim assumption fee would be a one time charge, the projected cost for CCMSI's services in subsequent years would be approximately \$111,450.

PMA Management Corp.

While I have limited personal experience with PMA, they have a reputation of being a quality claims administrator. It is believed that PMA has sufficient resources to provide the needs of the City. PMA proposed to assume the administration of the City's claims for specific fees based on the types of claims involved. Based on the City's historical claim experience these fees would amount to approximately \$83,415 annually. In addition, PMA would charge an initial one time fee of \$5,000 for converting the City's historical claim history to their computer system. They would also charge the City a one time fee of approximately \$76,805 to assume the administration of the City's claims that are active as of October 1, 2009. Other administration fees proposed by PMA would amount to approximately \$15,976 annually. This results in a projected first year cost of approximately \$181,196 (\$83,415+\$5,000+76,805+\$15,976). Since PMA's claim assumption fee would be a one time charge, the projected cost for PMA's services in subsequent years would be approximately \$99,391.

Alternative Service Concepts (ASC)

ASC began providing claims administration services in Florida approximately 3 years ago when the acquired a company by the name of Unisource Claims Administrator. While I have limited personal experience with ASC, I have considerable experience with Unisource and viewed them as a quality claims administrator. It is understood that ASC retained the employees of Unisource which would lead to the conclusion that ASC remains as a quality claims administrator and has sufficient resources to provide the needs of the City. ASC proposed to assume the administration of the City's claims for specific fees based on the types of claims involved. Based on the City's historical claim experience these fees would amount to approximately \$73,740 annually. In addition, ASC would charge an initial one time fee of \$5,000 for converting the City's historical claim history to their computer system. They would also charge the City a one time fee of approximately \$41,100 to assume the administration of the City's claims that are active as of October 1, 2009. Other administration fees proposed by ASC would amount to approximately \$23,399 annually. This results in a projected first year cost of approximately \$143,239 (\$73,740+\$5,000+\$41,100+\$23,399). Since ASC's claim assumption fee would be a one time charge, the projected cost for PMA's services in subsequent years would be approximately \$97,139 (\$73,740+\$23,399).

York Claim Services, Inc.

While I have limited personal experience with York, they have a reputation of being a quality claims administrator. It is believed that York has sufficient resources to provide the needs of the City. York offered two options for the City to consider. The first option would obligate York to administer the City's claims to conclusion as long as a contractual relationship between the City and York exists. Under this option York would assume the administration of the City's claims for specific fees based on the types of claims involved. Based on the City's historical claim experience these fees for this option would amount to approximately \$91,297 annually. York would not charge an initial fee for converting the City's historical

claim history to their computer system or an annual administration fee. They would charge the City a fee of approximately \$41,100 to assume the administration of the City's claims that are active as of October 1, 2009. This amount was determined based on the number of active claims the City currently has. York would also charge other annual administrative fees of approximately \$15,246. This results in a projected first year cost for this option of approximately \$147,643 (\$91,297+\$41,100+\$15,246). Since York's claim assumption fee only provides services for one year, their claim assumption fee would be based on the number of claims open in subsequent years (post 10/1/09) and can not be determined at this time.

The second option would obligate York to adjust the City's claims until conclusion regardless of the contractual relationship that exists between the City and York. Under this option York would assume the administration of the City's claims for specific fees based on the types of claims involved. Based on the City's historical claim experience these fees for this option would amount to approximately \$100,402 annually. York would not charge an initial fee for converting the City's historical claim history to their computer system or an annual administration fee. They would charge the City a fee of approximately \$41,100 to assume the administration of the City's claims that are active as of October 1, 2009. This amount was determined based on the number of active claims the City currently has. York would also charge other annual administrative fees of approximately \$15,246. This results in a projected first year cost for this option of approximately \$156,748 (\$100,402+\$41,100+\$15,246). Since York's claim assumption fee only provides services for one year, their claim assumption fee would be based on the number of claims open in subsequent years (post 10/1/09) and can not be determined at this time.

Preferred Governmental Claim Solutions (PGCS).

I have had numerous opportunities to evaluate the services provided by PGCS and it is believed they are a quality claims administrator. It is believed that PGCS has sufficient resources to provide the needs of the City. PGCS proposed to assume the administration of the City's claims for specific fees based on the types of claims involved. Based on the City's historical claim experience these fees would amount to approximately \$53,665 annually. PGCS would not charge a fee to convert the City's historical claim history to their computer system. They would charge the City a one time fee of approximately \$25,020 to assume the administration of the City's claims that are active as of October 1, 2009. Other administration fees proposed by PGCS would amount to approximately \$37,115 annually. This results in a projected first year cost of approximately \$115,800 (\$53,665+\$25,020+\$37,115). Since PGCS's claim assumption fee would be a one time charge, the projected cost for PGCS's services in subsequent years would be approximately \$90,780 (\$53,665+\$37,115).

Johns Eastern Company.

I have had numerous opportunities to evaluate the services provided by Johns Eastern and it is believed they are a quality claims administrator. It is believed that Johns Eastern has sufficient resources to provide the needs of the City. Johns Eastern proposed to assume the administration of the City's claims for specific fees based on the types of claims involved. Based on the City's historical claim experience these fees would amount to approximately \$83,519 annually. Johns Easter would charge a fee of \$15,000 to convert the City's historical claim history to their computer system. They would charge the City a one time fee of approximately \$48,575 to assume the administration of the City's claims that are active as of October 1, 2009. Other administration fees proposed by PGCS would amount to approximately \$13,579 annually. This results in a projected first year cost of approximately \$160,673

(\$83,519+\$48,575+\$15,000+\$3,500+\$10,079). Since John Eastern's claim assumption fee would be a one time charge, the projected cost for Johns Eastern's services in subsequent years would be approximately \$97,098 (\$83,519+\$3,500+\$10,079).

Employers Mutual, Inc. (EMI).

I have had numerous opportunities to evaluate the services provided by EMI and it is believed they are a quality claims administrator. It is believed that EMI has sufficient resources to provide the needs of the City. EMI proposed to assume the administration of the City's claims for specific fees based on the types

of claims involved. Based on the City's historical claim experience these fees would amount to approximately \$84,350 annually. EMI would not charge a fee to convert the City's historical claim history to their computer system. They would charge the City a one time fee of approximately \$46,600 to assume the administration of the City's claims that are active as of October 1, 2009. Other administration fees proposed by EMI would amount to approximately \$9,317 annually. This results in a projected first year cost of approximately \$140,267 (\$84,350+\$46,600+9.317). Since PGCS's claim assumption fee would be a one time charge, the projected cost for EMI's services in subsequent years would be approximately \$93,667 (\$84,350+\$9,317).

Summary and Recommendations

Based on the projected and estimated annual cost for their services, it is believed that the City has more cost effective options to choose from and it is recommended that the following firms be eliminated from further consideration:

- Cannon Cochran Management Services
- PMA Management Corp.
- ➤ Alternative Service Concepts
- York Claim Services
- ➤ Johns Eastern Company

It is also believed that City could receive comparable or improved services being provided by Gallagher Bassett for a lower projected annual cost and therefore it is also being recommended that Arthur J. Gallagher be eliminated from further consideration.

It is believed that the Preferred Governmental Claims Solution (PGCS) and Employers Mutual, Inc. (EMI) offered the most competitive proposals while still providing quality claim services. While EMI's projected annual cost for the first year is approximately \$24,467 higher then the fee proposed by PGCS and their projected fee for subsequent years is approximately \$2,887 higher then PGCS' projected fees, it is believed that quality of EMI's adjusters is slightly better then those of PGCS which will result in lower claim costs that will more then offset the differences in their administration fees. It is therefore recommended that the City of Key West select Employers Mutual, Inc. as their new claims administrator effective October 1, 2009.

I will make myself available to review the above analysis and recommendations with you at your convenience.

Cordially,

INTERISK CORPORATION

SS Willer

Sidney G. Webber CPCU, ARM

CITY OF KEY WEST, FLORIDA EVALUATION OF PROPOSALS FOR THIRD PARTY CLAIMS ADMINISTRATION

RFP #09-011

| | Current Program (Gallagher Bassett) | Gallagher Bassett | CCMSI | PMA |
|---|-------------------------------------|---------------------|------------------------|-------------------|
| Type of Program | Life of Contract | Life of Contract | Life of Contract | Life of Contract |
| Location of Services | Miramar | Miramar | Miramar | Tampa/Key West |
| Average Case Load of | Lost Time – 202 | Lost Time – 202 | Lost Time – 130 | Tamparkey West |
| Adjuster | Med Only – 263 | Med Only – 263 | Med Only – 130 | 120 - 130 |
| | Liability – Unknown | Liability – Unknown | Liability – 134 | 120 - 150 |
| Experience of Adjusters | Extensive | Extensive | Moderate | Extensive |
| Quality of Loss Reports | Good | Good | Did not provide sample | Good |
| Initial contact with claimant within 24 hours | Yes | Yes | Yes | Yes |
| Recorded statements of claimant | Yes | Yes | Yes | Yes |
| Contact with treating physician within 24 hours | Yes | Yes | Yes | Yes |
| Narrative Summaries of major claims | Yes | Yes | Yes | Yes |
| Medical bills reduced to State Fee Schedule | Additional Charge | Additional Charge | Additional Charge | Additional Charge |
| Pursue Subrogation and Second Injury Fund claims | Yes | Yes | Yes | Yes |
| Prepare State mandated reports | Yes | Yes | Yes | Yes |
| Report and pursue Excess claims | Yes | Yes | Yes | Yes |
| Quarterly claim reviews | Yes | Yes | Yes | Van |
| Monthly loss runs | Yes | Yes | Yes | Yes |
| Projected Annual Cost | \$128,265 | \$131,361 | \$241,911 | Yes |
| Comments | v | Ψ101,001 | \$241,911 | \$181,196 |

CITY OF KEY WEST, FLORIDA EVALUATION OF PROPOSALS FOR THIRD PARTY CLAIMS ADMINISTRATION

RFP #09-011

| | Alternative Service Concepts | York Claim Solutions | Engle Martin & Assoc. | Integrated Claim Solutions |
|---|--|--|---|--|
| Type of Program | Life of Contract | Life of Contract | | |
| Location of Services | Sarasota | Tallahassee/Orlando | | |
| Average Case Load of Adjuster | 110 | Lost Time – 150 Med Only – 300 | | |
| Experience of Adjusters | Extensive | Unknown | - | |
| Quality of Loss Reports | Fair | Fair | 1 | |
| Initial contact with claimant within 24 hours | Yes | Yes | | |
| Recorded statements of claimant | Yes | Yes | | |
| Contact with treating physician within 24 hours | Yes | Yes | | |
| Narrative Summaries of major claims | Yes | Yes | | Insufficient size to provide |
| Medical bills reduced to State Fee Schedule | Additional Charge | Additional Charge | Non Responsive Unable to | services the City requires. ICS only has 1 Workers' |
| Pursue Subrogation and Second Injury Fund claims | Yes | Yes | provide claim administration services for Workers' | Compensation adjuster and only 1 WC account In |
| Prepare State mandated reports | Yes | Yes | Compensation Claims | addition, firm does not have the infrastructure (IT, etc) to |
| Report and pursue Excess claims | Yes | Yes | | properly service the account. |
| Quarterly claim reviews | Yes | Yes | | |
| Monthly loss runs | Yes | Yes | | |
| Projected Annual Cost | \$143,239 | Life of Contract - \$147,643 Life of Claim - \$156,748 | | |
| Comments | Did not address Loss Control Proposed annual fees for all assumed claims | Services will be fragmented between Tallahassee, Orlando and New York Proposed Claim Assumption Fee provides services for only 1 year | | |

CITY OF KEY WEST, FLORIDA EVALUATION OF PROPOSALS FOR THIRD PARTY CLAIMS ADMINISTRATION

RFP #09-011

| T. CD | Corvel | PGCS | Johns Eastern | EMI |
|-------------------------------|--|-------------------|-------------------|-------------------|
| Type of Program | _ | Life of Contract | Life of Contract | Life of Contract |
| Location of Services | | Lake Mary | Sarasota | Stuart |
| Average Case Load of | | Lost Time – 130 | Lost Time – 115 | Lost Time – 125 |
| Adjuster | | Med Only – 350 | Med Only – 163 | Med Only – 300 |
| Experience of Adjusters | | Extensive | Extensive | Extensive |
| Quality of Loss Reports | | Good | Good | Good |
| Initial contact with claimant | | V | | |
| within 24 hours | Cylenditte d annual 1 C | Yes | Yes | Yes |
| Recorded statements of | Submitted proposal for | 37 | | |
| <u>claimant</u> | administering only Workers' | Yes | Yes | Yes |
| Contact with treating | Compensation Claims. | T 7 | | |
| physician within 24 hours | Proposal deemed to be Non- Responsive. In addition, | Yes | Yes | Yes |
| Narrative Summaries of | proposal did not provide | | | |
| major claims | information regarding | Yes | Yes | Yes |
| Medical bills reduced to | adjusters that would be | 1111111111 | | |
| State Fee Schedule | assigned to the City's | Additional Charge | Additional Charge | Additional Charge |
| Pursue Subrogation and | account. Nor were examples | *7 | | |
| Second Injury Fund claims | of loss runs provided. | Yes | Yes | Yes |
| Prepare State mandated | or ross runs provided. | ** | | |
| reports | | Yes | Yes | Yes |
| Report and pursue Excess | | • | | |
| claims | | Yes | Yes | Yes |
| Quarterly claim reviews | | Yes | Yes | Yes |
| Monthly loss runs | | Yes | Yes | Yes |
| Projected Annual Cost | - | \$115,800 | \$160,673 | |
| Comments | | 4112,300 | \$100,073 | \$140,267 |

| | | | | | | | (| Curren | t | | | | | | | |
|-----------------------------|--|----------|-----|-----------|-----|-------------------|-------|----------------|-----|-----------------|------------------|-----------------|------------------|---|-------------|-------------|
| | A | uto BI | | Auto PD | | ito Phys amage | | ors & ssons | | en. Liab. Bl | Gen. Liab. PD | Police Prof. | W/C Lost Time | W/C Med Only | | Total |
| Average Annual Claim Count | | 3 | Г | 7 | | 30 | | 1 | | 11 | | 1 | | | | 157 |
| Claim Fee | m Fee \$ 1,066 \$ 555 \$ 452 \$ 1,164 \$ 1,066 \$ 555 \$ 1,164 \$ 1,232 \$ 170 | | | | | | | | | | | | | | | 10/ |
| Estimated Annual Claim Fees | mated Annual Claim Fees \$ 3,198 \$ 3,885 \$ 13,560 \$ 1,164 \$ 11,726 \$ 1,665 \$ 1,164 \$ 49,280 \$ 10,370 | | | | | | | | | | | | | | | 96,012 |
| | Loss Run Reports | | | | | | | | | | | | | | | 3,506 |
| | | | | | | ON Lin | | | | | | | | | \$ | 2,098 |
| | | | | | | ogram A | | | | | | | | | \$ | 11.132 |
| | | | | | Lo | oss Cont | | | 3 | | | | | | \$ | 7,080 |
| | | | | | | Banki | | | | | | | | | \$ | 2,463 |
| | | • | | | | Claim F | | | | | | | | *************************************** | \$ | 1.570 |
| | | | | | | | Jp Fe | | | | | | | | \$ | · |
| | | | | | | aim Assı | | | | | | | | | \$ | _ |
| | | Bill Rec | duc | ction Fee | (Av | | | 4 bills | pro | cessed | annually) | | | | \$ | 4,404 |
| | | | | | | T | otal | | | | | | | | \$ | 128,265 |

| | | | | | | (| Galla | gher B | asse | ∋tt | | | · | | | | |
|-----------------------------|---|----------|-----|----------|----------|--------------------|-------|----------|------|----------------|-------|------|-----------------|------------------|-----|----------------|---------------|
| | Aı | uto BI | Д | uto PD | | uto Phys)amage | • | rors & | | n. Liab. Bl | Gen. | | Police Prof. | W/C Lost Time | i . | W/C ed Only | Total |
| Average Annual Claim Count | | 3 | | 7 | \vdash | 30 | | 1 | | 11 | | 3 | 1 | 40 | | 61 | 157 |
| Claim Fee | m Fee \$ 1,066 \$ 555 \$ 452 \$ 1,164 \$ 1,066 \$ 555 \$ 1,164 \$ 1,232 \$ 170 | | | | | | | | | | | | | | | | |
| Estimated Annual Claim Fees | imated Annual Claim Fees \$ 3,198 \$ 3,885 \$ 13,560 \$ 1,164 \$ 11,726 \$ 1,665 \$ 1,164 \$ 49,280 \$ 10,370 | | | | | | | | | | | | | | | \$ 96,012 | |
| | Loss Run Reports | | | | | | | | | | | | | | | \$ 3,506 | |
| | | | | | | On Line | e Ac | cess | | | | | | | | | \$ 2,098 |
| | | | | | | ogram A | | | | | | | | | | | \$ 11,132 |
| | | | | | L | oss Cont | | | s | | | | | | | | \$ 7,080 |
| | | | | | | Bankir | | | | | | | | | | | \$ 2,463 |
| | | | | | | Claim F | | | | | | | | | | | \$ 1,570 |
| | | | | | | Set U | | | | | | | | | | | \$ |
| | | | | | | laim Assı | | | | | | | | | | | \$ |
| | | Bill Rec | luc | tion Fee | (A) | verage of | | 94 bills | pro | cessed | annua | lly) | | | | | \$ 7,500 |
| | | | | | | To | otal | | | | | | | | | | \$ 131,361 |

Comments:

- 1. Proposal did not specify fees for Ancillary Services (Loss Runs, On line Access, Administration, Loss Control Services, Banking, Claim Reporting and Set Up Fees. Used current fees for analysis.
- 2. Proposed bill reduction fee of 20% of savings. Used estimate of \$7,500 for annual fee.

| | Fee \$ 835 \$ 418 \$ 418 \$ 975 \$ 835 \$ 418 \$ 975 \$ 835 \$ 418 \$ 975 \$ 1,250 | | | | | | | | | | | | | | |
|---|---|-------------|--------------|---------------|------------|------|-----------|--|--|--|--|--|----|--------------|--|
| | Auto BI Auto PD Damage Omissons BI Gen. Liab. Police Prof. W/C Lost Med Only rage Annual Claim Count 3 7 30 1 111 3 1 40 61 m Fee \$ 835 \$ 418 \$ 418 \$ 975 \$ 835 \$ 418 \$ 975 \$ 1,250 \$ 150 mated Annual Claim Fees \$ 2,505 \$ 2,926 \$ 12,540 \$ 975 \$ 9,185 \$ 1,254 \$ 975 \$ 50,000 \$ 9,150 | | | | | | | | | | | | | | |
| Average Annual Claim Count | age Annual Claim Count 3 7 30 1 11 3 1 40 61 61 61 61 61 61 61 61 61 61 61 61 61 | | | | | | | | | | | | | | |
| Claim Fee | | | | | | | | | | | | | | | |
| Estimated Annual Claim Fees | m Fee \$ 835 \$ 418 \$ 418 \$ 975 \$ 835 \$ 418 \$ 975 \$ 1,250 \$ 150 mated Annual Claim Fees \$ 2,505 \$ 2,926 \$ 12,540 \$ 975 \$ 9,185 \$ 1,254 \$ 975 \$ 50,000 \$ 9,150 | | | | | | | | | | | | | | |
| | nated Annual Claim Fees \$ 2,505 \$ 2,926 \$ 12,540 \$ 975 \$ 9,185 \$ 1,254 \$ 975 \$ 50,000 \$ 9,150 Loss Run Reports | | | | | | | | | | | | | | |
| | | | On Li | ne Access | | | | | | | | | \$ | - | |
| | | | | Administrat | | | | | | | | | \$ | 5,000 | |
| | | | Loss Cor | ntrol Service | es | | | | | | | | \$ | - | |
| | | | Bank | ing Fees | | | | | | | | | \$ | - | |
| | | | | Reporting | | | | | | | | | \$ | | |
| | | | | Up Fee | | | | | | | | | \$ | 7,500 | |
| | | | | sumption Fe | | | | | | | | | \$ | 122,961 | |
| | Bill Re | duction Fee | e (Average o | | s processe | ed a | annually) | | | | | | \$ | 16,940 | |
| Marie Control of the | | | - | Γotal | | | | | | | | | \$ | 241,911 | |

| | | | | | | Project | ed | Claim A | ssu | mption F | ee | | | | | | | | |
|-----------------------------|----------|--------|----|-------|----|---------|----|---------|-----|-----------|----|-----------|-------------|----|----------|-----|--------|-------------|---------|
| | | | | | Au | to Phys | Е | rrors & | Ge | en. Liab. | Ge | en. Liab. | Police | w | //C Lost | V | V/C | | |
| | A | uto BI | Au | to PD | D | amage | Or | missons | | BI | | PD | Prof. | | Time | Med | ylnO b | Ì | Total |
| Average Annual Claim Count | <u> </u> | 3 | | 2 | | 18 | | 4 | | 17 | | 1 | 2 | | 58 | | 14 | | 119 |
| Claim Fee | \$ | 417 | \$ | 209 | \$ | 209 | \$ | 972 | \$ | 417 | \$ | 209 | \$ 972 | \$ | 1,800 | \$ | - | | |
| Estimated Annual Claim Fees | \$ | 1,251 | \$ | 418 | \$ | 3,762 | \$ | 3,888 | \$ | 7,089 | \$ | 209 | \$ 1,944 | \$ | 104,400 | \$ | - | \$ | 122,961 |

Comments

- 1. While proposal indicated that Loss Control Services would be provided, CCMSI did not indicate what fee would be charged
- 2. Proposed a fee of \$81 per month until closure for all Public Officials and Police Professional claims that they assume. Annual estimate based on claims being open for 12 months
- 3. Proposed a fee of \$150 per month until closure for all Lost Time W/C claims that they assume. Annual estimate based on claims being open for 12 months.
- 4. Proposed a Bill Reductin Fee of \$10 per bill

| | | *************************************** | | | | | | PMA | | | | | | | | | | |
|--|--|---|-----|------------|------|-----------|------|------------|-----|----------|----|------------|--|--|---------|--------------|--------|---------------|
| | | | | | | ıto Phys | | | | | 0 | Gen. Liab. | Police | | W/C | i | W/C | |
| | | | | | | | | | | | | | | | | Total | | |
| erage Annual Claim Count 3 7 30 1 11 3 1 40 61 aim Fee \$ 795 \$ 495 \$ 1,295 \$ 795 \$ 495 \$ 1,295 \$ 950 \$ 195 | | | | | | | | | | | | | | | 157 | | | |
| Claim Fee | im Fee \$ 795 \$ 495 \$ 495 \$ 1,295 \$ 795 \$ 495 \$ 1,295 \$ 950 \$ 195 | | | | | | | | | | | | | | | | | |
| Estimated Annual Claim Fees | imated Annual Claim Fees \$ 2,385 \$ 3,465 \$ 14,850 \$ 1,295 \$ 8,745 \$ 1,485 \$ 1,295 \$ 38,000 \$ 11,895 | | | | | | | | | | | | | | | \$ 83,415 | | |
| | | | | | | | | | | | | | | | | | \$ | |
| | | | | | | On Lin | e A | ccess | | | | | | | | | | \$ - |
| | | | | | Pr | ogram A | dm | inistratio | n | | | | | | | | | \$ |
| Loss | Cor | ntrol Sei | rvi | ces (Bille | d at | \$125 pc | er h | our and | ass | sumed 1 | 6 | hours of s | ervice) | | | | | \$ 2,000 |
| | | | | | | Banki | ng l | Fees | | | | | | | | | | \$ - |
| | | | | | | Claim F | Зер | orting | | | | | | | | | | \$ - |
| | | 5 | Set | t Up Fee (| Pro | oposal re | efle | cts estim | ate | of \$5,0 | 00 | 0) | | | | | | \$ 5,000 |
| | | | | <u> </u> | | | | ption Fe | | | | | · · · · · · · · · · · · · · · · · · · | | | | | \$ 76,805 |
| | | Bill Red | duc | ction Fee | (A) | erage o | f 1, | 694 bills | pro | cessed | a | nnually) | | | | | | \$ 13,976 |
| | | | | | | Т | otal | | | | | | ······································ | | | | | \$ 181,196 |

| | | | | | | Projecte | d C | Claim Ass | sun | nption Fe | е | | | | | | | | |
|-----------------------------|----|--------|----|-------|----|----------|-----|-----------|-----|-----------|----|-----------|----|--------|------|--------|----|---------|--------------|
| | | | | | Au | ıto Phys | E | rrors & | Ge | en. Liab. | Ge | en. Liab. | ı | Police | ١ | N/C | | W/C | |
| | A | uto BI | Au | to PD | D | amage | Or | missons | | BI | | PD | | Prof. | Los | t Time | Me | ed Only | Total |
| Average Annual Claim Count | | 3 | | 2 | | 18 | | 4 | | 17 | | 1 | | 2 | | 58 | | 14 | 119 |
| Claim Fee | \$ | 595 | \$ | 395 | \$ | 395 | \$ | 1,295 | \$ | 595 | \$ | 395 | \$ | 1,295 | \$ | 795 | \$ | 195 | |
| Estimated Annual Claim Fees | \$ | 1,785 | \$ | 790 | \$ | 7,110 | \$ | 5,180 | \$ | 10,115 | \$ | 395 | \$ | 2,590 | \$ 4 | 6,110 | \$ | 2,730 | \$ 76,805 |

Comments

1. Proposed a bill reduction fee of \$8.25 per bill

| | | | | | | Altern | ative Servic | e C | oncepts | | | | | | | | |
|-----------------------------|--|----------|-----|----------|-----|--------------------|---------------|------|-----------------|----|------------------|-----------------|--|-----|---|----------------|---------------|
| | A | uto Bl | A | Auto PD | | uto Phys Damage | 1 | | en. Liab. Bl | G | Gen. Liab. PD | Police Prof. | | W/C | ł | W/C ed Only | Total |
| Average Annual Claim Count | | 3 | | 7 | | 30 | 1 | | 11 | | 3 | 1 | | 40 | | 61 | 157 |
| Claim Fee | m Fee \$ 575 \$ 450 \$ 450 \$ 575 \$ 575 \$ 450 \$ 575 \$ 950 \$ 140 | | | | | | | | | | | | | | | | |
| Estimated Annual Claim Fees | mated Annual Claim Fees \$ 1,725 \$ 3,150 \$ 13,500 \$ 575 \$ 6,325 \$ 1,350 \$ 575 \$ 38,000 \$ 8,540 | | | | | | | | | | | | | | | 8,540 | \$ 73,740 |
| | Loss Run Reports | | | | | | | | | | | | | | | | \$ - |
| | | | | | | On Lin | e Access | | | | | | | | | | \$ |
| | | | | | Ρ | rogram A | dministratio | on | | | | | | | | | \$ 9,000 |
| | | | | | Ĺ | oss Cont | trol Service | s | | | | | | | | | \$ - |
| | | | | | | | ng Fees | | | | | | | | | | \$ - |
| | | | | | | | Reporting | | | | | | | | | | \$ - |
| | | 9 | Set | Up Fee | (Pi | roposal re | eflects estin | nate | e of \$5,0 | OC | D) | | | | | | \$ 5,000 |
| | | | | | | | umption Fe | | | | | | | | | | \$ 41,100 |
| | | Bill Rec | luc | tion Fee | (Ā | verage o | f 1,694 bills | pro | ocessed | aı | nnually) | | | | | | \$ 14,399 |
| | | | | | | T | otal | | | | | | | | | | \$ 143,239 |

| | | | | | | Projecte | d C | laim Ass | sum | ption Fe | е | | | | | | | | |
|-----------------------------|--|--------|-----|------|----|----------|-----|----------|-----|----------|----|-----|----|-------|------|--------|-----|------|--------------|
| | Auto Phys Errors & Gen. Liab. Gen. Liab. Police W/C W/C Auto BI Auto PD Damage Omissons BI PD Prof. Lost Time Med Only Total | | | | | | | | | | | | | | | | | | |
| | Αι | uto BI | Aut | o PD | D | amage | On | nissons | | BI | | PD | | Prof. | Los | t Time | Med | Only | Total |
| Average Annual Claim Count | | 3 | | 2 | | 18 | | 4 | | 17 | | 1 | | 2 | | 58 | | 14 | 119 |
| Claim Fee | \$ | 350 | \$ | 350 | \$ | 350 | \$ | 350 | \$ | 350 | \$ | 350 | \$ | 350 | \$ | 425 | \$ | - | |
| Estimated Annual Claim Fees | \$ | 1,050 | \$ | 700 | \$ | 6,300 | \$ | 1,400 | \$ | 5,950 | \$ | 350 | \$ | 700 | \$ 2 | 4,650 | \$ | - | \$ 41,100 |

Comments

- 1. Provided an annual fee of \$425 for all assumed Lost Time Claims
- 2. Provided an annual fee of \$350 for all assumed Liability Claims
- 3. Proposed a bill reduction fee of \$8.50 per bill

| | Age Annual Claim Count 3 7 30 1 11 3 1 40 61 1 1 | | | | | | | | | | | | | | | | |
|-----------------------------|--|----------|-----|----------|-----|---|------|----|---------|-----|---------|--------|--------------|--|--------|----------|---------|
| | Auto BI Auto PD Damage Omissons BI PD Prof. Lost Time Med Only Prof. Lost Time Med Only PD Prof. Lost Time Med Only PD Prof. Lost Time Med Only Prof. Lost Time Prof. | | | | | | | | | | | | | | | | |
| Average Annual Claim Count | Auto BI Auto PD Damage Omissons BI PD Prof. Lost Time Med Only PD Prof. Lost Time Med Only PD Prof. Lost Time Med Only PD PD Prof. Lost Time Med Only PD | | | | | | | | | | | | Total 157 | | | | |
| Claim Fee | \$ | 1,082 | \$ | 385 | \$ | | | 9 | | \$ | 649 | \$ 953 | | | | <u> </u> | 13/ |
| Estimated Annual Claim Fees | mated Annual Claim Fees \$ 3,246 \$ 2,695 \$ 11,550 \$ 953 \$ 10,483 \$ 1,947 \$ 953 \$ 50,320 \$ 9,150 \$ Loss Run Reports \$ 500 Con Line Access \$ 500 Con Line Acces | | | | | | | | | | | | | | 91,297 | | |
| | Loss Run Reports On Line Access | | | | | | | | | | | | | | | \$ | |
| On Line Access | | | | | | | | | | | | | | | \$ | | |
| | | | | | | | | | | | | | | | | \$ | ~ |
| | | | | | L | | | S | | | | | | | | \$ | _ |
| | | | | | | | | | | | | | | | | \$ | - |
| | | | | | | | | | | | | | | | | \$ | - |
| | | | | | | | | | | | | | | | | \$ | - |
| | | | | | | | | | * | | | | | | | \$ | 41,100 |
| | | Bill Red | luc | tion Fee | (A) | | | pr | ocessed | anı | nually) | | | | | \$ | 15,246 |
| | | | | | | T | otal | | | | | | | | | \$ | 147,643 |

| | \$ 1,202 \$ 428 \$ 428 \$ 1,059 \$ 1,059 \$ 721 \$ 1,059 \$ 1,397 \$ 150 | | | | | | | | | | | | | | | | | | | |
|---|--|----------|-----|----------|-----------|----------|----------|---------|--|-----------|--|------------|------|----|--|--|--|---------|-------|---------|
| | A | uto Bl | Δ | uto PD | | • | | | | | G | | | | Lost Time Med Only 40 61 \$ 1,397 \$ 150 | | | | Total | |
| Average Annual Claim Count | `` | 3 | | 7 | | | <u> </u> | 1 | | 11 | iab. Gen. Liab. Police W/C Lost Time Med Only 11 3 1 40 61 59 \$ 721 \$ 1,059 \$ 1,397 \$ 150 49 \$ 2,163 \$ 1,059 \$ 55,880 \$ 9,150 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | | | | | | | | | 157 |
| Claim Fee | \$ | 1,202 | \$ | 428 | Auto Phys | | | | | | | | | | | | | | | |
| Estimated Annual Claim Fees | \$ | 3,606 | \$ | 2,996 | \$ | 12,840 | \$ | 1,059 | & Gen. Liab. Gen. Liab. Police Prof. W/C Lost Time Med Only W/C Med Only 1 11 3 1 40 61 69 \$ 1,059 \$ 721 \$ 1,059 \$ 1,397 \$ 150 69 \$ 11,649 \$ 2,163 \$ 1,059 \$ 55,880 \$ 9,150 \$ 1 1s \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | | | | | | | | | 100,402 | | |
| stimated Annual Claim Fees \$ 3,606 \$ 2,996 \$ 12,840 \$ 1,059 \$ 11,649 \$ 2,163 \$ 1,059 \$ 55,880 \$ 9,150 \$ Loss Run Reports \$ On Line Access Program Administration \$ | | | | | | | | | | | | | | \$ | - | | | | | |
| On Line Access | | | | | | | | | | | | | | \$ | - | | | | | |
| | | | | | | | | | | | | | | | | | | | \$ | |
| | | | | | L | | | | S | | | | | | | | | | \$ | - |
| | | | | | | | | | | | | | | | | | | | \$ | |
| | | | | | | | _ | | | | | | | | | | | | \$ | |
| | | | | | | | | | | | | | | | | | | | \$ | - |
| Loss Run Reports \$ On Line Access \$ Program Administration \$ Loss Control Services \$ Banking Fees \$ Claim Reporting \$ Set Up Fee \$ Claim Assumption Fee \$ | | | | | | | | | | | | 41,100 | | | | | | | | |
| E | Bill R | eduction | n F | ee (Base | ed o | on 1,694 | bill | s annua | lly a | and fee c | of S | \$9.00 per | bill | | | | | | \$ | 15,246 |
| | | | | | | T | ota | | | | | | | | | | | | \$ | 156,748 |

| | | | | | | Projecte | d C | laim Ass | sum | ption Fe | е | | | | | • | | | |
|-----------------------------|----|--------|------|------|----|----------|-----|----------|-----|----------|----|-----------|----|--------|----|---------|-----|------|---|
| | | | | | Au | to Phys | E | rrors & | Ge | n. Liab. | Ge | en. Liab. | F | Police | | W/C | ٧ | V/C | |
| | Α | uto BI | Auto | o PD | Da | amage | Or | nissons | | ВІ | | PD | ļ | Prof. | Lo | st Time | Med | Only | Total |
| Average Annual Claim Count | | 3 | | 2 | | 18 | | 4 | | 17 | | 1 | | 2 | | 58 | | 14 | 119 |
| Claim Fee | \$ | 350 | \$ | 350 | \$ | 350 | \$ | 350 | \$ | 350 | \$ | 350 | \$ | 350 | \$ | 425 | \$ | - | *************************************** |
| Estimated Annual Claim Fees | \$ | 1,050 | \$ | 700 | \$ | 6,300 | \$ | 1,400 | \$ | 5,950 | \$ | 350 | \$ | 700 | \$ | 24,650 | \$ | - | \$ 41,100 |

Comments

- 1. Proposal did not address available loss control services
- 2. Proposal indicates that no Data Conversion Fee will apply unless unforeseen problems exist with data provided by current TPA
- 3. Proposal indicates that Claim Assumption Fee will be an annual charge based on number and types of claims currently open.
- 4. Proposed a bill reduction fee of \$9.00 per bill

| | | | Engl | e Martin & A | Associates | | | | | |
|-----------------------------|---------|---------|---------------------|---------------|------------|------------------|---------------------------------------|------------------|-----------------|--|
| | Auto BI | Auto PD | Auto Phys Damage | Omissons | | Gen. Liab. PD | Police Prof. | W/C Lost Time | W/C Med Only | Total |
| Average Annual Claim Count | 3 | 7 | 30 | 1 | 11 | 3 | 1 | 40 | 61 | 15 |
| Claim Fee | | | | | | | | | | |
| Estimated Annual Claim Fees | | | | | | | | | | |
| | | | Loss Ru | ın Reports | ^ | | | | | |
| | | | | e Access | | | | | | * |
| | | | Program A | dministratio | on 🕝 | | | | | ······································ |
| | | | Loss Con | trol Services | ~ \ | _ \\ A | | | | |
| | | | Banki | ng Fees | 7/0/2 | | | | | |
| | | | | Reporting | 77/17 | | · · · · · · · · · · · · · · · · · · · | | | |
| | | | Set I | Jn Fee | 40)17 | | | | | |
| | | | Claim Ass | umptio | | | | | | |
| | | | Bill Red | uction | 1 | | · · · · · · · · · · · · · · · · · · · | | | |
| | | | | 40 X | | | | | | ······································ |
| | | | | | | | | | | |

| | | | _ | Proste | d Jaim Ass | sumption Fe | ee | | | | |
|-----------------------------|---------|------|-----|-------------|------------|-------------|------------------|---------------------------------------|------------------|-----------------|-------|
| | Auto BI | Auto | ''' | O Ms | | Gen. Liab. | Gen. Liab. PD | | W/C Lost Time | W/C Med Only | Total |
| Average Annual Claim Count | 3 | | 1 | → 18 | 4 | 17 | 1 | 2 | 58 | 14 | 119 |
| Claim Fee | | | M | | | | | | | | |
| Estimated Annual Claim Fees | | | | | | | | · · · · · · · · · · · · · · · · · · · | | | |

| | T | I | Integ | rated Claim | Solutions | | | | | |
|-----------------------------|---------|----------|---------------------|-------------------|------------|------------------|-----------------|------------------|-----------------|---|
| | Auto BI | Auto PD | Auto Phys Damage | Errors & Omissons | | Gen. Liab. PD | Police Prof. | W/C Lost Time | W/C Med Only | Total |
| Average Annual Claim Count | 3 | 7 | 30 | 1 | 11 | 3 | 1 | 40 | 61 | 15 |
| Claim Fee | | | | | | | | | | |
| Estimated Annual Claim Fees | | | | | | 1/1/4 | | | | ·· |
| | | | Loss Ru | ın Reports | | | | <u> </u> | | |
| | | | | e Access | | 14424 444 | | | | |
| | | | | dministratio | n all | | <i>A</i> | | | *************************************** |
| | | | | trol Services | | 7/1/1/ | | | | |
| | | | | ng Fees | 17/10/ | 1400 | | | | |
| | | | | Reporting | | 1// | | | • | |
| | | | | Jp Fee | 17 × 1110 | 7 | | | | |
| | | | | umption of | | | | | | |
| | | | Bill Redu | | 1/2/1/24 | | | | | |
| | | | X | 1111 | Chr. | | | | | |
| | | | | | 7 | | | | | |
| | | | Self Self m | d College Ass | umption Fe | е | | | | |
| | Auto DI | Autocall | | Errors & | Gen. Liab. | Gen. Liab. | Police | W/C | W/C | · · · · · · · · · · · · · · · · · · · |

Omissons

ВΙ

17

PD

Prof.

Lost Time | Med Only

58

Total

119

14

Auto BI

Average Annual Claim Count

Estimated Annual Claim Fees

Claim Fee

| · | | | | Corve | | | | | | |
|-----------------------------|---------|---------|---------------------|----------------------|------------------|------------------|-----------------|---|-----------------|-------|
| | Auto Bl | Auto PD | Auto Phys Damage | Errors & Omissons | | Gen. Liab. PD | Police Prof. | W/C Lost Time | W/C Med Only | Total |
| Average Annual Claim Count | 3 | 7 | 30 | | 11 | | | 40 | | 157 |
| Claim Fee | | | | | | | | | | , , , |
| Estimated Annual Claim Fees | | | | | | | | | | |
| | | | Loss Ru | ın Reports | | | ١ | ·l | 1 | |
| | | | | e Access | | | | | | |
| | | | Program A | dministratio | on _ | 1417 | | · · · · · · · · · · · · · · · · · · · | | |
| | | | Loss Con | trol Service: | s (e | | | | | |
| | | | Banki | ng Fees | 702 | P) | | | | - |
| | | | Claim I | Reporting | | | | | | |
| | | | Set l | Jp Fee | 10V | | | | | |
| | | | Claim Ass | umption (| | | | | | |
| | | | Bill Red | uction(🙈 | | | | | | |
| | | | | ota so | | | | | | |
| | | | ⟨€ | | * | | | | | |
| | | | Projecte | Claim Ass | sumption Fe | ее | | *************************************** | | |
| | Auto Bl | Auto P | (9) are | A | Gen. Liab. BI | | Police Prof. | W/C Lost Time | W/C Med Only | Total |
| Average Annual Claim Count | 3 | 12 | 18 | 4 | 17 | 1 | 2 | 58 | 14 | 119 |
| Claim Fee | | 18 | ✓ | | | | | | | |
| Estimated Annual Claim Fees | | | • | | | | | | | |

| | ······ | | , | F | ⊃r∈ | eferred G | overnmenta | al C | laim Sol | uti | ions | | | | | | | | · · · · · · · · · · · · · · · · · · · |
|-----------------------------|------------------|----------|---------|----------|-----|-----------|--------------|------|----------|-----|------------|----|------|----|---------|-----|--------|----------|---------------------------------------|
| | | uta Di | , | V. 44 DD | | uto Phys | | | | G | Gen. Liab. | | lice | 1 | W/C | i | V/C | | |
| Average Annual Claim Count | A | uto BI | | Auto PD | | Damage | Omissons | _ | BI | _ | PD | Pr | of. | Lo | st Time | | d Only | | Total |
| Claim Fee | 4 | 450 | <u></u> | 7 | + | 30 | | _ | 11 | Ļ | 3 | | 1 | | 40 | | 61 | <u> </u> | 157 |
| Estimated Annual Claim Fees | \$ | 450 | \$ | | \$ | | \$ 650 | \$ | 450 | \$ | | \$ | 650 | \$ | 650 | \$ | 165 | | |
| Estimated Annual Claim Fees | Loss Run Reports | | | | | | | | | | | | | | | \$ | 53,665 | | |
| Loss Run Reports | | | | | | | | | | | | | | | \$ | - | | | |
| On Line Access | | | | | | | | | | | | | | | \$ | - | | | |
| | | | | | | | dministratio | | | | | | | | | | | \$ | 30,000 |
| | | | | | L | oss Cont | rol Services | 3 | | | | | | | | | | \$ | - |
| | | | | | | Bankii | ng Fees | | | | | | | | | | | \$ | - |
| | | | | | | Claim F | Reporting | | | | | | | | | | | \$ | - |
| | | | | | | Set U | Jp Fee | | | | | | | | | *** | | \$ | |
| | | | | | | | umption Fe | | | | | | | | | | | \$ | 25,020 |
| | | Bill Red | duc | tion Fee | (A | verage of | 1,694 bills | pro | cessed | an | nually) | | | | | | | \$ | 7,115 |
| | | | | | | | otal | | | | | | | | | | | \$ | 115,800 |

| | | | Projecte | d Claim As: | sumption Fe | е | | | | |
|--|---------|--------------|-------------|----------------------|----------------------------|------------------|----------------------|------------------|---------------------------------------|-------|
| | Auto BI | Auto PD | | Errors & Omissons | | Gen. Liab. PD | Police Prof. | W/C Lost Time | W/C Med Only | Total |
| Average Annual Claim Count Claim Fee Estimated Annual Claim Fees | Propose | d a flat fee | of \$25,020 | to assume a | all existing conthly insta | laims. City | will be able 695. | · | ـــــــــــــــــــــــــــــــــــــ | |

Comments

1. Proposed a bill reduciton fee of \$1.40 per line with a 3 line minimum

| | | | | | | | Johns | Eas | tern | | | | | | | ···· | | ···· | |
|-----------------------------|---------------------------------|----------|-----|---------|-------------|--------------------|---------|-------|------|----------------|-----|----------------|----|----------------|---------|----------------|------|----------------|---------------|
| | A | uto BI | Αı | uto PD | 1 | uto Phys Damage | Errors | , | Ge | n. Liab. Bl | Ge | n. Liab. PD | | olice Prof. | | W/C st Time | I | W/C ed Only | Total |
| Average Annual Claim Count | | 3 | | 7 | | 30 | | 1 | | 11 | | 3 | | 1 | | 40 | 1710 | 61 | 157 |
| Claim Fee | \$ | 695 | \$ | 450 | \$ | 450 | \$ 8 | 350 | \$ | 695 | \$ | 450 | \$ | 850 | \$ | 1,125 | \$ | 149 | |
| Estimated Annual Claim Fees | \$ | 2,085 | \$ | 3,150 | \$ | 13,500 | | 350 | \$ | 7,645 | \$ | 1,350 | \$ | 850 | \$ | 45,000 | \$ | 9,089 | \$ 83,519 |
| | Loss Run Reports On Line Access | | | | | | | | | | | | | | | \$ - | | | |
| On Line Access | | | | | | | | | | | | | | | \$ ~ | | | | |
| | Data Conversion | | | | | | | | | | | | | | | \$ 7,500 | | | |
| | | | | | | ogram A | | | | | | | | | | | | | \$ 3,500 |
| | | | | | L | oss Cont | | | | | | | | | | | | | \$ - |
| | | | | | | | ng Fees | | | | | | | | | - | | | \$ |
| | | | | | | Claim F | | ıg | | | | | | | | | | | \$ - |
| | | | | | | | Jp Fee | | | | | | | | | | | | \$ 7,500 |
| | | | | | | laim Assı | | | | | | | | | | | | | \$ 48,575 |
| | | Bill Red | uct | ion Fee | <u>(Α</u> \ | verage of | | bills | pro | cessed a | ann | ually) | | | | | | | \$ 10,079 |
| | | | | | | To | otal | | | | | | | | | | | | \$ 160,673 |

| | | | | | | Projecte | ed C | laim As | sum | ption Fe | e e | | | | | | | | |
|-----------------------------|----|--------|------|-----|----|----------|------|---------|-----|----------|--------|----------|----|--------|----|---------|-----|------|--------------|
| | | | | | Au | to Phys | Eı | rors & | Ge | n. Liab. | Ge | n. Liab. | F | Police | | W/C | W | /C | · |
| | Αι | ıto BI | Auto | PD | Da | amage | On | nissons | | Bl | | PD | | Prof. | Lo | st Time | Med | Only | Total |
| Average Annual Claim Count | | 3 | | 2 | | 18 | | 4 | | 17 | | 1 | | 2 | | 58 | | 14 | 119 |
| Claim Fee | \$ | 325 | \$ 2 | 225 | \$ | 225 | \$ | 425 | \$ | 325 | \$ | 225 | \$ | 425 | \$ | 600 | \$ | - | |
| Estimated Annual Claim Fees | \$ | 975 | \$ 4 | 150 | \$ | 4,050 | \$ | 1,700 | \$ | 5,525 | \$ | 225 | \$ | 850 | \$ | 34,800 | \$ | - | \$ 48,575 |

Comments

- 1. Loss Control Services will be provided at a cost of \$95.00 per hour
- 2. Proposed a bill reduciton fee of \$5.95 per bill

| | | | | | | | mplo | yers N | /lutu | ıal | | ······································ | | | | | | | | |
|-----------------------------|--|---------|-------|-------|-----|-------------------|--------|---------|-------|-----------------|--|--|----|-----------------|--------|---------------|--------|----------------|----------------------|---------|
| | Auto | o Bi | Au | to PD | | ito Phys amage | | ors & | | en. Liab. Bl | Ge | en. Liab. PD | | Police Prof. | ı | N/C t Time | | W/C ed Only | | Total |
| Average Annual Claim Count | | 3 | | 7 | | 30 | | 1 | | 11 | | 3 | | 1 | | 40 | 1010 | 61 | - | 157 |
| Claim Fee | | 650 | \$ | 650 | \$ | 650 | \$ | 700 | \$ | 700 | \$ | 700 | \$ | 700 | \$ | 950 | \$ | 150 | | 137 |
| Estimated Annual Claim Fees | mated Annual Claim Fees \$ 1,950 \$ 4,550 \$ 19,500 \$ 700 \$ 7,700 \$ 2,100 \$ 700 \$ 38,000 \$ 9,150 \$ Loss Run Reports \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | | | | | | | | | | | | | | | \$ | 84,350 | | | |
| | Loss Run Reports On Line Access | | | | | | | | | | | | | | | \$ | - | | | |
| On Line Access | | | | | | | | | | | | | | | \$ | | | | | |
| | Poto Conversion | | | | | | | | | | | | | | | \$ | ~ | | | |
| | | | | | | ogram A | | | | | | | | | | | | | \$ | |
| | | | | | Lo | oss Cont | rol Se | ervices | 3 | | | | | | | | | | \$ | |
| | | | | | | Bankir | | | | | | ·· | | | | | | | \$ | |
| | | | | | | Claim F | Repor | ting | | | | | | | | | | | \$ | |
| | | | | | | Set L | | | | | | | | | | | | | \$ | |
| | | | | | Cla | aim Assı | | | e - | | | | | | | | | | -Ψ | 46,600 |
| | Bi | ll Redu | uctio | n Fee | | erage of | | | | cessed a | anr | nually) | | | | | | | -Ψ -\$ | 9,317 |
| | | | | | | | otal | | - | | | | | | ······ | | | | \$ | 140.267 |

| | | | | | | Projecte | ed C | laim As | sum | nption Fe | е | | | | | | | | | |
|-----------------------------|----|--------|----|-------|----|----------|------|---------|-----|-----------|----|----------|----|--------|------|-------|----|---------|----|--------|
| | | | _ | | | | | | | en. Liab. | Ge | n. Liab. | F | Police | ٧ | V/C | | W/C | | |
| | A | uto BI | Au | to PD | D | amage | Or | nissons | | BI | | PD | ļ | Prof. | Lost | Time | Μe | ed Only | 1 | Total |
| Average Annual Claim Count | | 3 | | 2 | | 18 | | 4 | | 17 | | 1 | | 2 | | 58 | | 14 | Γ | 119 |
| Claim Fee | \$ | 350 | \$ | 350 | \$ | 350 | \$ | 400 | \$ | 400 | \$ | 400 | \$ | 400 | \$ | 475 | \$ | 100 | | |
| Estimated Annual Claim Fees | \$ | 1,050 | \$ | 700 | \$ | 6,300 | \$ | 1,600 | \$ | 6,800 | | 400 | | 800 | \$ 2 | 7.550 | \$ | 1,400 | \$ | 46,600 |

Comments

1. Proposed a bill reduciton fee of \$5.50 per bill or \$1.50 per line with no minimum

Interoffice Memorandum

To: Sandy Barroso, Risk Manager

CC: Mark Finigan, Assistant City Manager

Sue Snider, Purchasing

From: Cheri Smith, City Clerk

Date: August 25, 2009

Subject: THIRD PARTY CLAIM ADMINISTRATION

RFP 09-011

Attached for your review are copies of the proposals opened Tuesday, August 25, 2009 at 3:30 p.m. in response to the above referenced project.

 Alternative Service Concepts, LLC 6010 Cattleridge Drive Suite 103 Sarasota, FL 34232

Cannon Cohran Management Services, Inc. (CCMSI)
 2600 Lake Lucien Drive
 Suite 225
 Maitland, FL 32751

- Corvel Enterprises Comp, Inc.
 210 North University Drive, #501
 Coral Springs, FL 33071
- EMCAS
 12466 West Atlantic Blvd.
 Coral Springs, FL 33071
- 5. Employers Mutual, Inc. (EMI) 700 Central Parkway Stuart, FL 34994
- Gallagher Bassett Services, Inc.
 Pierce Place, 5th Floor
 Itasca, IL 60143

Interoffice Memorandum

To: Sandy Barroso, Risk Manager

CC: Mark Finigan, Assistant City Manager

Sue Snider, Purchasing

From: Cheri Smith, City Clerk

Date: August 25, 2009

Subject: THIRD PARTY CLAIM ADMINISTRATION

RFP 09-011

 Intergrated Claim Solutions, Inc. 668 Maitland Avenue Altamonte Springs, FL 32701

8. Johns Eastern Company, Inc. P.O. Box 110259

Lakewood Ranch, FL 34211-0004

Preferred Governmental Claim Solutions, Inc.(PGCS)
 P.O. Box 958456
 Lake Mary, FL 32795-8456

10. PMA Management Corp. (PMAMC)2701 North Rocky Point DriveSuite 250Tampa, FL 33607

11. York Claims Services, Inc.1117 Perimeter Center WestAtlanta, GA 30338

CS/amb

THE CITY OF KEY WEST, FLORIDA REQUEST FOR PROPOSALS RFP #09-011



THIRD PARTY CLAIM ADMINISTRATION EFFECTIVE DATE OCTOBER 1, 2009

Proposal Return Date August 25, 2009

I. BACKGROUND INFORMATION

Key West lies near the end of the chain of islands known as the Florida Keys, and is the southern-most city in the continental United States. The island-community is located about 90 miles north of Cuba and 150 miles southwest of Miami at a latitude of 24 degrees, 33 minutes, 5 seconds North and at a longitude of 81 degrees, 48 minutes, 14 seconds West. The island has an area of 4.2 square miles, while the City-incorporating the northern part of neighboring Stock Island-has an area of 5.79 square miles. The City initially developed because of its proximity to the Florida Straits, the abutting Florida Reef, strong offshore ocean currents (the Gulf Stream), and the area's unpredictable winds, combined with a large natural deep-water harbor and deep channels into the harbor. The Florida Straits are the northern-most sea passage from the Gulf of Mexico to the Atlantic Ocean. For three centuries this passage formed part of the great nautical trade route that carried ships from Caribbean and South American ports to their European homelands. The location of Key West serves as a gateway both to the Caribbean and between the Atlantic Ocean and the Gulf of Mexico was recognized by the military at an early date. Another important regional factor in the development of the City has been its proximity to Cuba, 90 miles to the south.

Key West's long and colorful past begins with its European discovery in 1513 by Ponce de Leon. The island was first known as Cayo Hueso (Isle of Bones) because it was littered with remains from an Indian battlefield or burial ground. The name "Key West" is the English version of the Spanish term. The first permanent occupancy in the City occurred in 1822, complete with a small naval depot, whose purpose was to rid the area of pirates. The presence of the U.S. Navy has been a major factor in the growth and development of Key West ever since. The settlement was incorporated in 1828, four years after becoming the county seat of Monroe County. The City grew and prospered, based first on fishing and salvaging ships wrecked on the nearby reefs, and later on cigar manufacturing with Cuban refugees and imported Cuban tobacco. Other economic activities included sponging and related commercial functions. By 1890, Key West was the largest and richest city in Florida. However, after the turn of the century its major industries were in decline. Little construction was undertaken between the First and Second World Wars and the City saw a steady decline in population between 1919 and 1935. World War II brought prosperity back to Key West. Population more than doubled between 1940 and 1960. Nation-wide military base closings and personnel reductions beginning in the 1960s were major contributors to the City's second major cycle of population decline. After recording the highest number of residents in its history in 1960, Key West experienced over a 25 percent loss in population by 1980. The 1990 Census showed a slight increase.

Further information may be obtained from the City's website at: http://www.keywestcity.com

THE CITY OF KEY WEST, FLORIDA REQUEST FOR PROPOSALS FOR THIRD PARTY CLAIMS ADMINISTRATION

GENERAL INFORMATION AND COVERAGES REQUESTED

The City of Key West, Florida is requesting proposals for the following:

Third Party Claims Administration

The City's current insurance program is structured on a "Multi-Peril" basis that contains various self-insured retentions. It is the desire of the City for the selected administrator to adjust all claims that fall within its retentions. Following displays the City's current retention levels.

| Property | \$50,000 except 5% for wind related losses and \$1.5 million for flood related losses | | | | | |
|----------------------------|---|--|--|--|--|--|
| General Liability | \$100,000 | | | | | |
| Automobile Liability | \$100,000 | | | | | |
| Public Officials Liability | \$100,000 | | | | | |
| Workers' Compensation | \$325,000 | | | | | |
| Police Professional | \$100,000 | | | | | |

The target effective date of the programs will be October 1, 2009 however, may be delayed depending on the amount of time a new claims administrator may require to convert the City's historical claim information so it is compatible with their claim system. It is the intent of the City to agree to a one (1) year term with rights to renew with the successful proposer(s) for four (4) additional one-year terms at the sole option of the City. Consideration may be given to longer-term agreements based on price, terms and conditions.

In conjunction with this RFP, the City is seeking proposals for its Property and Casualty Insurance Program. Based on the proposals received, it is possible that a Large Deductible or Fully Insured program will be selected. The selection of a third party claims administrator will be contingent upon the City maintaining a Self Insured program.

As a prerequisite of being selected, the Third Party Administrator must be acceptable to the Insurers selected by the City.

Items contained in this Request For Proposals (RFP) are considered to be an integral part of the proposed programs. Adherence to the items listed here is intended by the City unless specifically otherwise accepted by both the Proposer and the City. Acceptance of modification of any portion of the items contained herein will not serve to waive or modify any other portion of the proposed program.

CURRENT PROGRAM

Gallagher Bassett Services Inc. currently administers all claims that fall within the City's self-insured retention. The agreement with Gallagher Bassett requires them to administer the claims for a single fee as long as a contractual relation exists between the two organizations. Depending on the cost, the successful proposer may be requested to assume the administration of all open claims. Proposers will be requested to provide separate pricing for the assumption of all open claims.

As of May 31, 2009 the City has the following number of claims currently active.

| | 4 | rkers' ensation | | | | | |
|----------------|--------------|--------------------|----------------------------|-------------------|----------------------|---------------------|-------|
| Policy Year | Lost Time | Medical Only | Police Professiona I | Auto Liability | General Liability | Public Officials | Total |
| 1981/83 | 1 | | | | | | 1 |
| 1983/85 | 1 | | | | | | 1 |
| 1988/89 | 1 | | | | | | 1 |
| 1989/90 | 1 | | | | | | 1 |
| 1990/91 | 1 | | | | | | 1 |
| 1991/92 | 1 | | | | | | 1 |
| 1998/99 | 2 | | | | | | 2 |
| 1999/00 | 2 | | | | | | 2 |
| 2000/01 | 4 | | | | | | 4 |
| 2001/02 | 7 | | | | | | 7 |
| 2002/03 | 9 | | 1 | | | | 10 |
| 2003/04 | 7 | | 1 | 1 | 1 | | 10 |
| 2004/05 | 1 | | | | 1 | 1 | 3 |
| 2005/06 | 9 | | | | 4 | | 13 |
| 2006/07 | 14 | | 1 | | 2 | 1 | 18 |
| 2007/08 | 17 | 1 | 1 | 1 | 5 | 1 | 26 |
| 2008/09 | 17 | 13 | | 5 | 7 | 1 | 43 |
| Total | 95 | 14 | 4 | 7 | 20 | 4 | 144 |

DESIRED PROGRAM

The City prefers the successful Proposer to provide its services on a "Life of Contract" basis and to agree to administer all claims until they are concluded as long as a contractual relationship exists between the City and the Proposer. Alternatives, such as "Cradle to Grave" will be considered.

The City utilizes the current claims administrator to reduce all medical bills to the State Fee Schedule. Proposers are therefore requested to include this service in their pricing structure. If a separate charge is required for this service, it should be clearly stated within the proposal.

It is anticipated that the successful proposer will assume the administration for all prior year claims. All proposals should clearly state the cost associated with the assumption of all claims.

RATING DATA

The following information has been included as attachments to assist in the underwriting of the account:

- > Projected payrolls by workers' compensation classification codes:
- The City's most recent Experience Modification worksheets.

Currently valued loss runs and narrative description of losses in excess of \$50,000 will be provided upon request. Please direct your requests to:

Mr. Sid Webber Interisk Corporation 1111 N. Westshore Blvd. Suite 208 Tampa, Florida 33607 Ph: (813) 287-1040 Fax: (813) 287-1041

All interested proposers are solely responsible to ensure requests for loss runs and narrative description of major are properly received. The City of Key West nor Interisk assumes responsibility for the timely receipt of such requests.

EFFECTIVE DATE OF AGREEMENT

The effective date of the Agreement will be October 1, 2009 to October 1, 2010. It is anticipated that the agreement will be renewed with the successful proposer for a minimum of four (4) additional years, however City maintains the right to terminate the agreement upon each anniversary date without penalty.

REQUEST FOR PROPOSALS SCHEDULE

The following schedule will be strictly adhered to. No extension of deadlines will be granted.

| Activity | Deadline | | |
|---|----------|--|--|
| Distribution of RFP | 6/23/09 | | |
| Deadline for Agents to Submit Requests for Additional Information | 7/29/09 | | |
| Issue Addendum to RFP | 8/4/09 | | |
| Proposal Return Date | 8/25/09 | | |
| Finalize Recommendation Report | 9/8/09 | | |
| Presentation of Recommendations to City Commission | 9/15/09 | | |
| Effective Date of Coverage | 10/1/09 | | |

SUBMISSION OF PROPOSALS

All proposal forms must be executed and submitted in a sealed envelope. The face of the envelope shall contain, in addition to the below address, the date and time of the bid opening. Bids not submitted on attached bid forms may be rejected. All bids are subject to the conditions specified herein and on the attached sheets.

Sealed Proposals should be submitted with two (2) signed originals and four (4) complete copies of the originals clearly marked on the outside of the sealed envelope with:

The City of Key West, Florida Proposal for 2009/2010 Claims Administration Program

Hand delivered Proposals may request a receipt. Proposals received after the deadline will be returned unopened. <u>The deadline for the submission of all proposals is 3:30 PM, August 25, 2009.</u> Proposers should be aware that certain "express mail" services do not guarantee specific time delivery to Key West, Florida. It is the sole responsibility of each proposer to ensure its proposal is received in a timely fashion.

All proposers are required to complete the following forms that are attached to this RFP.

REQUIRED FORMS TO BE COMPLETED BY ALL PROPOSERS

All proposers shall complete the "Anti-Kickback Affidavit and the Public Entity Crime Form that is attached and made part of this RFP.

PROPOSAL RETURN ADDRESS

Proposals should be returned to:

City Clerk City of Key West 525 Angela St. Key West, FL 33040 (305) 809-3831

VALID DATE OF PROPOSALS

Proposals shall remain valid until November 1, 2009 to provide additional time for clarification in the event that an extension of the current program(s) is undertaken.

RIGHT TO REJECT PROPOSALS

The City reserves the right to reject any or all proposals, to waive irregularities and informalities in any or all proposals, and to re-advertise for proposals.

The City specifically reserves the right to separately accept or reject any item and/or items of a proposal and to award and/or negotiate a contract in the best interest of the City.

ADHERENCE TO INFORMATION AND PROPOSAL

Information presented in this Request for Proposal and all statements contained in the written proposals received are intended to be relied upon by the City. All coverages and services must be issued as proposed unless the City authorizes individual changes. Any changes authorized by the City will not alter any other items contained in this Request for Proposal.

ADMINISTRATOR'S QUALIFICATIONS

All Proposers must be currently licensed in Florida as a Third Party Administrator in accordance with Florida Statute §626.88 – 626.894.

AUTHORITY OF PROPOSER

Proposals should be signed by an authorized representative of the Third Party Administrator providing the service.

ADDITIONAL INFORMATION/INSPECTION

Every attempt has been made to furnish complete and accurate information to the best of City's knowledge. Proposers are encouraged to determine, at their sole expense, additional information required to develop their proposals including any inspections and loss control surveys.

If additional information is required, requests must be submitted in writing to:

Mr. Sid Webber Interisk Corporation 1111 N. Westshore Blvd. Suite 208 Tampa, Florida 33607 Ph: (813) 287-1040

Fax: (813) 287-1041

All requests for additional information must be received no later than **3:00 PM**, **July 29**, **2009** Based on the requests received, an addendum to the specifications will be issued to all Proposers.

SAMPLE POLICIES AND CONTRACTS

All proposals must contain a sample contract for review.

RATE CHANGE

All proposers must ensure that the rates proposed will apply for a minimum of 1 year. Proposers will be required to provide Ninety (90) days written notice of the rates that will be charged for subsequent contract years.

TERMINATION/NON-RENEWAL NOTICE

Proposer will be required to provide a ninety (90) days written notice prior to the termination or non-renewal of the agreement.

CLAIM REPORTS

Claim reports shall be furnished monthly. Reports should be completed in plain English and received by the City within twenty (20) days following the end of each month. The reports should include a detailed description of individual claims and the amount paid for each claim and any open reserves that are assigned. Individual allocations by operating location may be necessary.

Claim reports must continue to be furnished without charge until the last open claim is closed, or until the Proposer is no longer providing a service to the City.

COORDINATION WITH EXCESS INSURER

The Proposer will adhere to any and all reporting requirements of the City's Insurers and to coordinate all specific and aggregate recoveries.

SUBROGATION AND SECOND DISABILITY FUND RECOVERIES

The Proposer will coordinate all subrogation and Second Disability Fund recoveries for all claims being administered by the Administrator even if such a claims are no longer active.

USE OF PROPOSAL FORMS

<u>Proposers must submit their proposals on the forms included in this Request</u>. Additional information regarding the Proposer's organization may be submitted in addition to the Proposal Forms.

In addition, if an addendum to this request is issued, the Proposer must acknowledge receipt of such addendum by completing and returning with their proposals the acknowledgment form, which will accompany the addendum.

THE CITY OF KEY WEST, FLORIDA REQUEST FOR PROPOSALS FOR THIRD PARTY CLAIMS ADMINISTRATION

GENERAL

The City is seeking competitive proposals from organizations that have the ability to administer the claims that are within the self-insured retentions of the City's insurance programs. Concurrent with this effort, the City is seeking competitive proposals for its Property and Casualty insurance. Proposers participating in the RFP for the City's insurance programs are being encouraged to submit alternative programs to include "Large Deductibles" and other more traditional programs. This may result in the successful insurer being unwilling to unbundle the claims service. In addition, the Proposer must be acceptable to the insurers if such a program is maintained.

Allocated and Unallocated Fees

All proposals must clearly and completely explain all charges that are not included in the Proposer's base fee. The amount of such fees should be clearly presented.

Insurance Requirements

The successful proposer will be required to maintain throughout the life of the contract, insurance protection as specified in the attached forms.

THE CITY OF KEY WEST, FLORIDA REQUEST FOR PROPOSALS FOR THIRD PARTY CLAIMS ADMINISTRATION

PROPOSAL FORMS

GENERAL INFORMATION

Use of the proposal forms will enable a faster more complete analysis of the Proposal(s) submitted. Please complete this general proposal form in addition to a separate proposal for each coverage proposed. Additional information can be attached to the forms.

| Name of Third Party Administrator? | | |
|---|-----|----|
| Address: | | |
| | | |
| Telephone Number: | | |
| Are the following services included within the price? Quoted? | | |
| Initial contact with claimant within 24 hours? | Yes | No |
| Recorded statements of the claimant? | Yes | No |
| Contact with the treating physician within 24 hours? | Yes | No |
| Narrative summaries on major claims? | Yes | No |
| Medical bills reduced to State fee schedule? | Yes | No |
| Subrogation and Second Injury Fund activities? | Yes | No |
| Preparation of all State mandated reports? | Yes | No |

| Notification of all potential excess claims to insurer? | | | |
|---|-----|----|-------------|
| | Yes | No | |
| Quarterly meetings with the City? | Yes | No | |
| Provide monthly loss reports to the City? | Yes | No | |
| If any of the above responses are no, please explain | | | |
| | | | |
| Are Curriculum Vitae's of adjusters attached? | Yes | No | |
| What is the current caseload for the adjusters who will be assigned to the City's account? | | | |
| Are services being proposed on: | | | |
| a Life of Contract Basis? | Yes | No | |
| Cradle to Grave Basis? | Yes | No | |
| Other Basis? | Yes | No | |
| If services being proposed is <u>not</u> on either a Life of Contract Basis or Cradle to Grave Basis provide full explanation on how the fee will be applied. | | | |
| | | | |
| Will the proposer charge any initial or maintenance fees? | Yes | No | |
| If so, please explain | | | |
| | | | |

| Please explain required bank | | | |
|---|--------------------|----------|-----------------|
| Does the proposer have an a filed with the State of Florida | | Yes | No |
| Quoted Price: | | | |
| | Cost Per Claim | Cost Per | Run-Off Claim |
| General Liability | 000(1 01 0101111 | 003(10) | Tidir Oir Olaim |
| Bodily Injury | | | |
| Property Damage | | | |
| Automobile Liability | | | |
| Bodily Injury | | | ···· |
| Property Damage | | | |
| Public Officials Liability | | | |
| Police Professional | | | |
| Liability | | | |
| Workers Compensation | | | |
| Medical Only Claims | | | |
| Indemnity Claims | | | |
| Is an alternative pricing struc | ture proposed? | Yes | No |
| | | | |
| Will a minimum fee apply to t | the contract? | Yes | No |
| Are there any exceptions to t | he specifications? | Yes | No |

| The Proposer stated below is the authorized agen and is authorized to commit the proposing company | |
|--|------|
| Signature of Authorized Representative | Date |

PROJECTED PAYROLLS

CITY OF KEY WEST, FLORIDA PROJECTION OF PAYROLLS BY

WORKERS' COMPENSATION CLASSIFICATION

| | PROJECTED PAYROLLS | |
|------------|---------------------------|-------------------|
| CLASS CODE | DESCRIPTION | PROJECTED PAYROLL |
| 5508 | STREET OR ROAD PAVING | \$263,286 |
| 6836 | Marina & Drivers | 681,399 |
| 7382 | Bus Company & Drivers | 992,260 |
| 7580 | SEWAGE DISPOSAL PLANT | 221,246 |
| | OPERATIONS AND DRIVERS | |
| 7590 | GARBAGE WORKS | 197,132 |
| 7704 | FIREFIGHTERS & DRIVERS | 4,166,694 |
| 7720 | POLICE OFFICERS & DRIVERS | 5,628,140 |
| 8380 | AUTOMOBILE SERVICE OR | 314,130 |
| | REPAIR CENTERS & DRIVERS | |
| 8392 | AUTOMOBILE STORAGE | 422,326 |
| | GARAGE/ PARKING LOT | |
| 8810 | CLERICAL | 5,737,821 |
| 8820 | ATTORNEY | 392,510 |
| 9015 | BUILDINGS – OPERATIONS BY | 341,940 |
| | OWNER | |
| 9102 | PARK – NOC | 1,549,901 |
| 9410 | MUNICIPAL EMPLOYEES | 1,288,684 |
| Total | | \$22,197,469 |

EXPERIENCE MODIFICATION WORK SHEETS

STATE OF MORITA DEPARTMENT OF SHANDIA, SERVICES DIVISION OF WISKIES COMMENSATION

SELF INSURER EXPERIENCE PATINE

| | ERVE RATE 10/01/2008 | KEY WEST, CITY O | EWPLOYER NAME | ERICINE PARIS | | THUCOUNT ONL | EMPLOY-3 VO. 050444 |
|---|--|---|--|---|--|---|---|
| ACTI | LAL LOSSES | PROMULGATION DATE | · · · · · · · · · · · · · · · · · · · | | | | |
| LATE DEN | | CASE NUMBER | Misi | ACTUAL LOSSES | | DB/05/2004 PRMARY | AUIUA_ |
| 09/30/200 11/10/200 09/02/200 09/02/200 09/13/200 09/13/200 01/12/200 01/23/200 01/31/200 01/31/200 01/31/200 01/31/200 01/31/200 | M. 2 117 4 6 3 986 4 6 3 260 8 6 6 3 260 8 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 | ## 1856 FINAL 12 7888 FINAL 12 7888 FINAL 15 85834 FINAL 15 4432 FINAL 16 4432 FINAL 16 8432 FINAL 18 8542 FINAL 18 8542 FINAL 18 8542 FINAL 18 8548 FINAL 18 7971 OPEN 12 4181 FINAL 10 7118 FINAL 10 7118 FINAL 11 38879 FINAL 15 2055 OPEN 15 2055 CASES | 1.4 B.1 915 | 48,786 10,255 16,498 5,254 6,708 9,701 12,728 13,048 15,365 20,000 76,845 13,048 35,180 306,270 463,331 36,049 | 1 | 5, 806 5, 000 6, 000 5, 000 5, 000 5, 000 5, 000 5, 000 5, 000 6, 000 6, 000 6, 000 6, 000 70, 000 20, 049 01, 049 | EXCESS 41,736 5,255 11,438 254 1,703 4,310 2,728 6,013 10,366 15,000 71,845 8,048 30,120 177,500 393,331 |
| 00/30/200 05/30/200 06/16/200 04/25/200 | 8 2 993 6 6 2 217 4 6 2 257 4 | 9 8080 FIMAL 2 5143 FIMAL 4 DZB4 DPCM 6 2923 FIMAL - EXCEEDS STATE ACCIDE L LOSS, ACTUAL EXCESS | NT LIMITATION BASED ON LIN | 18,756 18,723 58,243 7,962 107 s 182,50 MITED LOSS, LIWI | | 5,000 E,000 5,000 B,000 IMARY YALUE BAI USED IN TOTALS | |
| F TED LI | SSES MANUAL PATE | PAYACI I | - Late | E NECOTIO L SSES | HOTIO ! | РК МАНУ | (Digitalia) |
| 650 8 | RATE | 54.825 | 0.0915 | 135555 2,052 | , 18 | 369 | AZESA CBB.1 |
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| ar 116 | | ryer 101 | Lines | ······································ | MELIC | IELE PUN RATIRAS++ | |
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| TOTAL 4 | | | | | - | | |

ROTAL "A" DAY-DED BY TOTAL "B"

STATE OF TERMINA DEPARTMENT OF FRANCIAL SERVICES DIVISION OF WORKERS COMPOUNTAININ

SELF INSURER EXPERIENCE RATING

| 10/01/2008 | IMPLOYER NAME | | F | TANDOCOUT DOOR | 9MALDYER NA. 040444 | |
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| ADDELEN | CASE NUMBER | TOTAL | 18.781 18.781 | | (Minany | ACMIAI EXCESS |
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| 11.6 L35SES MARILAL 8350 | PAYRO.I. 409, 199 569, 249 8, 405, 243 269, 348 341, 517 1, 843, 777 1, 800, 511 | SATE C.0141 C.0193 C.0014 C.0010 C.0181 C.0185 C.0185 | -MPLCTFO 105565 5,7508 7,856 7,567 249 6,123 90,574 | 10 8600 - 19 - 12 - 20 - 10 - 20 - 20 - 20 | FRIMARY 1, 084 1, 883 1, 512 84 1, 927 6, 113 4, 886 | FXFF(1:1) FXCFS2 4, BG2 6, 866 6, 054 2, 346 24, 482 19, 462 |
| 701/2065 08/30/20 5509 0.1123 \$217 0.1112 \$8288 0.0041 7382 0.0674 7580 0.0674 7700 0.0718 7720 0.0508 8380 0.0588 8380 0.0588 8380 0.0588 8380 0.0623 8381 0.0058 8380 0.0068 8380 0.0068 8380 0.0068 8380 0.0068 8380 0.0068 | 22, 978, 282 243, 667 52, 144 681, 289 881, 409 211, 962 4, 375, 931 7, 036, 602 387, 275 584, 269 5, 499, 235 414, 967 633, 984 1, 741, 701 1, 625, 968 | 0.0915 0.0275 0.0469 0.0287 0.0158 0.0158 0.0128 0.0141 0.0194 0.0014 0.0014 0.0010 0.0188 0.0152 | 292, 387 7, 761 1, 439 11, 446 24, 426 4, 426 68, 269 5, 470 7, 894 415 7, 853 227, 756 286, 446 | 18 -20 -18 -20 -18 -20 -20 -20 -20 -20 -20 -20 -20 -20 -20 | 58, 905 1, 968 268 2, 968 4, 967 818 12, 470 18, 014 1, 036 1, 739 1, 571 6, 427 5, 551 58, 134 | 235,492 9,315 1,130 9,157 19,58 3,731 56,605 72,055 4,431 6,156 6,156 232 5,284 29,946 22,204 240,312 |
| EPRENCE MODIFICATION PRIMARY ACTUME TIES LEE | TDV. | | | | SIBLE FOR RATING ** | |

"OTAL "A" DIVIDED BY TOTAL "B"

STATE OF LUMBBA DIPARTMENT OF PINANCIAL SPRUCES DIVISION OF WORKERS COMPENSATION

SALE INSURER EXPERIENCE PATING

| | EFFECTIVE MAIE FMM OVER NAME 10/01/2008 KEY WEST, CITY OF | | | FUND ACCOUNT EMP_DYER NO. | | | | | |
|---|---|--|----------|---|----------|---|--|--|--|
| | | KEY WEST, CITY OF | | | 9 | NA 00301 | 010444 | | |
| AGYLA, 119 ACCHENT | RZER. | PROMULUATION DATE | TOTAL | 1 ACTOLA | 1 | 08/05/2001 | PAGE | | |
| 03/18/2006 2 595 01/18/2006 2 2582 11/25/2005 2 257 05/25/2005 2 257 02/28/2005 2 251 02/28/2005 2 251 02/28/2005 2 251 02/28/2005 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | | 2 505 14 0589 FINAL 2 632 07 5827 UPEN 2 254 77 4552 FINAL 2 257 78 0343 UPEN 2 251 55 1355 UPEN 2 634 44 8171 UPEN 2 EXCESS CASES | | 2 264 27 8838 OPEN 34.795 2 595 14 0588 FINAL E.883 2 282 07 5827 OPEN 154.278 2 264 77 4852 FINAL 45.688 2 257 78 0343 OPEN 32.284 2 257 78 0343 OPEN 32.284 2 261 55 1855 OPEN 10.482 2 284 44 8171 OPEN 116.524 2 EMCESS CASES | | FRIMARY 5.000 8.000 5.000 6.000 5.000 5.000 166,000 38.615 200.618 5.000 5.000 5.000 5.000 | | 29,796 808 149,275 40,559 27,269 5,463 11,524 1,102,312 0 1,107,312 22,409 74,938 | |
| 2/14/2008 1 5/08/2007 1 2/12/2008 1 3/01/2007 1 3/22/2008 1 7/03/2007 1 1/30/2007 1 1/30/2007 1 | 268 8 262 8 856 1 264 & 265 3 005 0 403 1 | 5 7800 OPEN 2 8585 OPEN 7 4282 OPEN 8 1020 OPEN 8 8358 OPEN 4 7365 FINAL 7 8060 FINAL 9 8822 FINAL | | 78, 525 195, 121 92, 822 42, 436 14, 486 9,675 5, 844 7,075 | | 5,000 5,000 5,000 5,000 5,000 5,000 5,000 | 4,045 23,820 151,121 87,822 37,436 9,466 1,675 544 2,075 | | |
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| TOTAL A LATOT | DV TREM "G" | | | | | | | | |

TOTAL "A" DIVISED BY TOTAL "B"

STALE OF FINANCIAL SERVICES DEPARTMENT OF FINANCIAL SERVICES DIVISION OF WORKERS COMPENSATION

SELF INSUREP EXPERIENCE PATING

| | LCTIVE C | DAT. | | | CYER NAME | CHEMOR PATIENTS | | PUNC | ACCOUNT | BMPLOYER NO. |
|---|------------------|---|---------------|---|----------------|-------------------------------|---|----------|------------|-------------------------|
| | 10/01/ | 2008 | KEY NES | T. CITY OF | | | | 888 | 09800 | 010444 |
| | UAL .00 | 1515 | PROMULI | GATHON CATE | | | | 06 | /05/2004 | PAGE. |
| -ACC IC | МГ | | CASE NUMBER | | TOTAL CASES | CELTED. | | PRIMAR | lu. | AC TIAI Excess |
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| TED L | | Annai Raite | PAN 68,622 | | | EKPETED LUSSES | BATIO_ | | A MARY | EXPLAINT FACES 671, 192 |
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| EVIENCE I | 7 7 8 8 | ATION | 102,200 | ENTICE LES | S | 893,270 102,200 #35,470 | INE. | GIB.E FI | as . | 4,231,281 1,410,422 |
| ATTE | 255 | NTION 4 | 102,200 | 8 AVTRE | S | 102,200 | INE | , NA | as . | 4,231,281 |

TOTAL "A" DIVIDED BY TOTAL "D"

REQUIRED FORMS TO BE COMPLETED BY ALL PROPOSERS

ANTI-KICKBACK AFFIDAVIT

STATE OF FLORIDA

| SS | | | |
|--|----------------------|----------------------|------------------------|
| COUNTY OF MONROE | | | |
| I, the undersigned, hereby duly be paid to any employee of the directly or indirectly by me or | e City of Key West a | as a commission, kic | kback, reward or gift, |
| | BY: | | _ |
| sworn and prescribed before n | ne this | | , 2009 |
| NOTARY PUBLIC, State of I | Florida | | |
| My commission expires: | | | |

SWORN STATEMENT PURSUANT TO SECTION 287.133(3)(A) FLORIDA STATUTES, ON PUBLIC ENTITY CRIMES

THIS FORM MUST BE SIGNED AND SWORN TO IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICIAL AUTHORIZED TO ADMINISTER OATHS,

| (Print individual's name and title) for |
|--|
| for(print name of entity submitting sworn 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: |
| I understand that a "public entity crime" as defined in Paragraph 287.133(1)(g), <u>Florida Statutes</u> , means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or of the United States, including, but not limited to, any bid or contract for goods or services to be provided to any public entity or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation. |
| I understand that "conviction" as defined in Paragraph 287.133(1)(g), <u>Florida Statutes</u> , means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guild, in any federal or state trial court of record relating to charges brought by indictment of information after July 01, 1989, as a result of a jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere. |

4.

means:

1. or

I understand that an "affiliate" as defined in Paragraph 287.133(1)(a), Florida Statutes,

A predecessor or successor of a person convicted of a public entity crime;

- 2. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. the term "affiliate' includes those officers, directors, executives, partners, shareholders, employees, members and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment of income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.
- 5. I understand that a "person" as defined in Paragraph 287.133(1)(e), Florida Statutes, means any natural person or entity organized under the laws of any state of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.
- 6. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement (indicate which statement applies).

____Neither the entity submitting this sworn statement, or any of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, nor any affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July, 1989.

The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 01, 1989.

The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 01, 1989. However, there has been a subsequent proceeding before a Hearing Officer of the State of Florida, Division of Administrative Hearings and the Final Order entered by the Hearing Officer determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list. (attach a copy of the final order).

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH ONE (1) ABOVE IS FOR THAT PUBLIC ENTITY ONLY AND, THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, FLORIDA STATUTES, FOR THE CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.

| | (SIGNATURE) |
|--|--|
| | |
| | (DATE) |
| STATE OF | |
| COUNTY OF | |
| authorityv (name of individual) affixed his/her signature in the | D BEFORE ME, the undersigned who, after first being sworn by me, ne space provided above of this, 2009 |
| | |
| | NOTARY PUBLIC |
| My commission expires: | |

REQUIRED INSURANCE TO BE MAINTAINED BY SUCCESSFUL PROPOSER

Prior to execution of the final contract, the successful proposer will be required to provide evidence that the following insurance is in place.

| Type of Insurance | Limits |
|------------------------|-------------|
| Workers' Compensation | Statutory |
| Employers' Liability | \$500,000 |
| General Liability | \$1 million |
| Vehicle Liability | \$1 million |
| Professional Liability | \$1 million |

The successful proposer will be required to maintain the above insurance during the entire term and any extensions of the contract. All coverages must be provided by insurers licensed to conduct business within the State of Florida and acceptable to the City.

INTERISK CORPORATION

Consultants

Risk Management Employee Benefits 1111 North Westshore Boulevard Suite 208 Tampa, FL 33607-4711 Phone (813) 287-1040 Facsimile (813) 287-1041

June 2, 2009

Mr. Mark Finigan Assistant City Manager - Administrator City of Key West 525 Angela St. Key West, Florida 33040

Subject: Remarketing of the City's Property and Casualty Insurance Program

Dear Mark:

The City's current Property and Casualty Insurance Program is scheduled to expire on September 30, 2009. It is believed that the City has not formally remarketed its program in a number of years. If the City desires to receive competitive proposals for its 2009/10 Property and Casualty Insurance program, Interisk is available to assist the City in the re-marketing of its program. It is believed that Interisk is the most qualified firm to assist the City with such a project for the following reasons:

- Interisk is an independent consulting firm that has no financial or managerial relationship with any
 aspect of the insurance industry. This will ensure that the City will receive unbiased opinions
 regarding which proposal(s) will offer the City with the most comprehensive program at the most
 cost effective price.
- 2) Interisk has had the pleasure of working with the City in the past which has allowed us to have a working understanding of the City's operations, the exposures they face and a broad understanding of the insurance they are currently purchasing.
- Interisk has developed a highly professional relationship with the major agents/brokers and insurers within the State. Such relationship will directly benefit the City.
- 4) It is understood that the City is partially self-insured and utilizes the services of a third party claim administrator to administrate the claims that are within the City's self-insured retention. Interisk is extremely familiar with most, if not all, of the claim administrators in the State. This will enable Interisk to recommend a claims administrator that can satisfy the needs of the City.
- 5) All of the consultants at Interisk have obtained the highest professional designations available in the insurance industry and remain current with the insurers that have the ability and desire to offer the types and amounts of insurance required by the City.

If the City elects to engage the services of Interisk to assist in the remarketing of its insurance program, the following services are proposed.

- Perform a detail review of all insurance policies currently being purchased by the City.
- Prepare detailed bid specifications that can be incorporated in the City's RFP that will ensure the City will receive insurance proposals that will respond to the exposures created by their operations.

- Coordinate the RFP process to include, but not limited to:
 - Market Assignments Since insurance companies will normally work with only one agent at a time on any given account, assigning of markets is a critical activity to ensure the City receives proposals from those insurers with the ability and desire to provide the insurance coverages desired by the City.
 - Prepare an addendum to the RFP that responds to questions raised by the agents/brokers participating in the RFP process.
 - Respond to other questions and issues that arise during the RFP process.
- > Review and evaluate all proposals received in response to the RFP.
- > Prepare a side-by-side comparison of the major features contained in each proposal
- > Review the side-by-side comparison with the City.
- Prepare a narrative report with specific recommendations on which proposal(s) offer the City with the most comprehensive program at the most cost effective price.
- > If desired, make a formal presentation to the City Council regarding which proposal(s) best serves the City and the reasons why.
- Assist the City in notifying the successful proposers to ensure the coverages approved by the City Council are properly communicated to the proposer.
- Perform a detailed review of the actual policies, when issued, to ensure they comply with the proposals submitted.

It is anticipated that the services will incorporate the following insurance coverages;

- a) All Risk Property
- b) General Liability
- c) Vehicle Liability
- d) Workers' Compensation
- e) Crime
- f) Public Officials
- g) Marine Coverages associated with the City's sea port operations

In addition, the RFP will contain a section for third party claims administration or at the City's desire a separate RFP will be produced for such services. All third party claims administration services will be evaluated and Interisk will provide the City with a recommendation of which proposal best serves the City.

Based on our long term relationship with the City, Interisk is able to offer the above services at our preferred client rate of \$150.00 per consulting hour. All clerical costs are included in the consulting rate. Out of Pocket expenses, such as travel, will be billed at cost with no markup. All such expenses will be approved by the City before they are incurred. To assist the City with their budgetary process, Interisk is agreeable to establishing a maximum not to exceed cost of \$19,500 for the project.

The above proposal applies to the remarketing of the City's Property and Casualty insurance program and does not include assisting the City in the remarketing of its Employee Benefit insurance program.

Cordially,

INTERISK CORPORATION

SS Willer

Sidney G. Webber CPCU, ARM

Accepted by the City of Key West, Florida as outlined above.

MarkPinigan

Assistant City Manager