

**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.

Policy Year	Workers' Compensation		Police Professionals	Auto Liability	General Liability	Public Officials	Total
	Lost Time	Medical Only					
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. The deadline for the submission of all proposals is 3:30 PM, August 25, 2009. 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

Proposers must submit their proposals on the forms included in this Request. 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 not 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 banking arrangements

Does the proposer have an approved safety program filed with the State of Florida?

Yes _____ No _____

Quoted Price:

	Cost Per Claim	Cost Per Run-Off Claim
General Liability		
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 structure proposed?

Yes _____ No _____

If so, please specify

Will a minimum fee apply to the contract?

Yes _____ No _____

If so, please specify

Are there any exceptions to the specifications?

Yes _____ No _____

If so, please specify

The Proposer stated below is the authorized agent of the company or companies proposed, and is authorized to commit the proposing company to the terms and conditions stated above.

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 OPERATIONS AND DRIVERS	221,246
7590	GARBAGE WORKS	197,132
7704	FIREFIGHTERS & DRIVERS	4,166,694
7720	POLICE OFFICERS & DRIVERS	5,628,140
8380	AUTOMOBILE SERVICE OR REPAIR CENTERS & DRIVERS	314,130
8392	AUTOMOBILE STORAGE GARAGE/ PARKING LOT	422,326
8810	CLERICAL	5,737,821
8820	ATTORNEY	392,510
9015	BUILDINGS – OPERATIONS BY OWNER	341,940
9102	PARK – NOC	1,549,901
9410	MUNICIPAL EMPLOYEES	1,288,684
TOTAL		\$22,197,469

**EXPERIENCE MODIFICATION
WORK SHEETS**

STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS COMPENSATION

SELF INSURER EXPERIENCE RATING

EFFECTIVE DATE	EMPLOYER NAME	FUND	ACCOUNT	EMPLOYER NO.	
10/01/2008	KEY WEST, CITY OF	999	08300	010444	
ACTUAL LOSSES	PROMULGATION DATE	08/05/2008			
ACCIDENT DATE	CASE NUMBER	TOTAL CASES	ACTUAL LOSSES	PRIMARY	ACTUAL EXCESS
09/30/2008	291 55 1855 FINAL		48,785	5,000	41,785
11/10/2008	117 42 7888 FINAL		10,255	5,000	5,255
09/02/2008	558 48 5884 FINAL		16,498	5,000	11,498
06/13/2008	283 35 4422 FINAL		5,254	5,000	254
08/31/2008	218 68 8894 FINAL		6,708	5,000	1,708
08/13/2008	257 87 7436 FINAL		9,310	5,000	4,310
01/12/2008	198 55 8842 FINAL		12,739	5,000	7,739
03/07/2008	339 72 8546 FINAL		18,019	5,000	13,019
07/25/2005	588 41 8538 FINAL		15,369	5,000	10,369
01/21/2008	869 95 7971 OPEN		20,000	5,000	15,000
12/28/2008	041 32 4181 FINAL		78,848	5,000	71,848
08/02/2008	266 70 7118 FINAL		13,048	5,000	8,048
07/11/2008	251 71 3879 FINAL		35,120	5,000	30,120
08/19/2008	263 65 2955 OPEN		206,370	5,000	177,500
	EXCESS CASES	14	463,331	A 70,000	393,331
	NON-EXCESS CASES	81	95,049	25,049	0
	10/01/2004 - 09/30/2005	95	488,380	+ 105,049	393,331
08/30/2008	286 38 8080 FINAL		18,768	5,000	11,768
08/02/2008	593 62 5143 FINAL		19,729	5,000	14,729
08/16/2008	217 44 0288 OPEN		59,283	5,000	54,283
04/25/2008	257 48 2523 FINAL		7,592	5,000	2,592

LOSS EXCEEDS STATE ACCIDENT LIMITATION OF \$ 182,500.00. PRIMARY VALUE BASED ON ACTUAL LOSS, ACTUAL EXCESS BASED ON LIMITED LOSS, LIMITED LOSS USED IN TOTALS

LOSS	MANUAL RATE	PAYROLL	EL RATE	EMPLOYED LOSSES	RATIO	PRIMARY	EXCESS
8908	0.1184	54,828	0.0815	2,052	.18	369	1,683
8826	0.0974	434,589	0.0188	7,301	.20	1,460	5,841
7382	0.1182	515,890	0.0287	14,834	.20	2,867	11,867
7586	0.0470	247,836	0.0148	3,815	.18	691	2,984
7890	0.1270	43,409	0.0250	1,055	.20	217	868
7704	0.1118	4,203,024	0.0159	66,828	.18	12,029	54,798
7220	0.0641	8,772,871	0.0128	73,894	.20	14,779	59,115
8980	0.0717	312,376	0.0141	4,404	.19	837	3,567
3592	0.0488	388,785	0.0133	5,277	.22	1,181	4,115
8810	0.0082	4,749,555	0.0014	8,845	.20	1,329	5,318
8820	0.0053	253,839	0.0010	299	.20	57	227
9015	0.1007	345,148	0.0181	8,247	.20	1,248	4,988
9102	0.1037	1,547,778	0.0188	26,789	.20	5,756	23,031
8410	0.1021	1,393,548	0.0152	21,182	.20	4,338	16,848
10/01/2004 - 09/30/2005		20,309,498		242,437		47,099	185,338
5508	0.1151	188,358	0.0318	5,851	.18	1,071	4,880
8217	0.1272	51,307	0.0278	1,415	.18	255	1,161
8836	0.0802	519,419	0.0188	8,625	.20	1,725	6,900
7382	0.1147	937,776	0.0287	28,914	.20	5,383	21,531
7580	0.0477	286,712	0.0140	4,392	.18	780	3,552
7590	0.1048		0.0250	0	.20	0	0
7704	0.0880	4,506,108	0.0159	71,647	.18	12,828	58,751
7720	0.0801	7,128,577	0.0128	81,247	.20	18,248	72,898

EXPERIENCE MODIFICATION			
PRIMARY ACTUAL LOSS	TOTAL EXPECTED LOSS	INELIGIBLE FOR RATING**	TOTAL PREMIUMS
VALUE	B VALUE		PREMIUMS
EXCESS	TOTAL B		PREMIUMS
EXCESS			
TOTAL A			

TOTAL "A" DIVIDED BY TOTAL "B"

STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS COMPENSATION

SELF INSURER EXPERIENCE RATING

EFFECTIVE DATE	EMPLOYER NAME		FUND	ACCTNT	EMPLOYER A/L
10/01/2008	KEY WEST, CITY OF		990	09300	010444
ANNUAL LOSSES		FORMULATION DATE		08/05/2008	
ACCIDENT DATE	CASE NUMBER	TOTAL CASES	ANNUAL LOSSES	PRIMARY	ANNUAL EXCESS
06/11/2008	880 08 0083	FINAL	8,211	5,000	3,211
06/09/2008	816 08 8789	FINAL	5,823	5,000	823
12/28/2005	373 58 5043	FINAL	4,658	5,000	3,853
03/10/2008	929 72 8546	OPEN	87,005	5,000	92,005
12/02/2005	287 17 0078	OPEN	52,900	5,000	47,900
08/24/2008	894 38 0795	OPEN	11,288	5,000	6,288
06/03/2005	516 88 8822	FINAL	25,730	5,000	21,730
10/18/2008	522 98 4244	FINAL	74,787	5,000	69,787
08/28/2008	583 76 8800	FINAL	28,302	5,000	23,302
10/21/2008	102 54 5091	FINAL	5,608	5,000	608
03/21/2006	102 58 5091	FINAL	5,804	5,000	804
01/20/2008	299 88 0853	FINAL	5,864	5,000	864
01/22/2006	011 80 4151	OPEN	150,788	5,000	145,788
08/24/2008	002 48 9338	OPEN	78,087	5,000	73,087
04/00/2006	588 22 4017	OPEN	47,000	5,000	42,000
02/01/2008	002 48 9338	OPEN	31,549	5,000	26,549
05/19/2008	283 55 0745	OPEN	17,328	5,000	12,328
04/19/2008	284 11 7181	OPEN	53,701	5,000	48,701
01/28/2006	212 52 4165	FINAL	28,657	5,000	18,657
07/12/2008	480 04 8321	FINAL	7,248	5,000	2,248
07/01/2006	112 80 9432	FINAL	11,187	5,000	6,187
01/23/2006	595 05 5845	FINAL	18,289	5,000	11,289

C. TD LOSSES							
LOSS	MANUAL RATE	PAYROLL	CL. RATE	EXPECTED LOSSES	D. RATIO	PRIMARY	EXPERIENCE EXCESS
8350	0.0873	408,199	0.0141	5,758	.19	1,084	4,674
8392	0.0795	589,249	0.0139	7,858	.22	1,883	5,975
8810	0.0084	8,408,243	0.0014	7,587	.20	1,512	6,075
8820	0.0049	299,349	0.0010	289	.20	88	201
9016	0.0864	341,617	0.0181	6,189	.20	1,207	4,982
9102	0.0876	1,843,777	0.0186	30,574	.20	6,115	24,459
9410	0.1188	1,900,511	0.0152	24,328	.20	4,886	19,442
10/01/2005 - 08/30/2007	08/30/2007	28,878,282		292,387		58,905	233,482
5588	0.1123	243,687	0.0815	7,761	.19	1,388	6,373
8217	0.1112	82,144	0.0275	1,439	.18	258	1,181
8838	0.0641	881,289	0.0168	11,446	.20	2,289	9,157
7382	0.0874	881,409	0.0287	24,436	.20	4,887	19,549
7660	0.0440	311,883	0.0148	4,850	.18	818	3,932
7704	0.0718	4,758,831	0.0158	68,278	.18	12,470	55,808
7720	0.0598	7,036,602	0.0128	90,069	.20	18,014	72,055
8380	0.0588	387,970	0.0141	5,470	.18	1,038	4,432
8392	0.0823	584,263	0.0193	7,804	.22	1,729	6,075
8810	0.0058	5,489,330	0.0014	7,898	.20	1,540	6,358
8820	0.0042	414,967	0.0010	415	.20	82	333
8016	0.0770	483,984	0.0181	7,855	.20	1,571	6,284
9102	0.0876	1,743,701	0.0188	32,433	.20	6,487	25,946
9410	0.0823	1,825,968	0.0152	27,755	.20	5,551	22,204
10/01/2005 - 08/30/2007	08/30/2007	24,433,888		285,448		58,134	227,314

EXPERIENCE MODIFICATION			
PRIMARY ADJUST. LOSS	TOTAL EXPECTED LOSS	INELIGIBLE FOR RATING**	
LE	D VALUE	TOTAL PREMIUMS	AVERAGE PREMIUMS
ANNUAL EXCESS	TOTAL B		
EXPERIENCE EXCESS			
TOTAL A			

TOTAL "A" DIVIDED BY TOTAL "B"

STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS COMPENSATION
SELF INSURER EXPERIENCE RATING

EFFECTIVE DATE	EMPLOYER NAME	FLND	ACCOUNT	EMPLOYER NO.	
10/01/2008	KEY WEST, CITY OF	999	09300	010444	
ACTUAL LOSS\$	PROMULGATION DATE	08/08/2008			
ACCIDENT DATE	CASE NJMDCP	TOTAL CASES	ACTUAL LOSSES	PRIMARY	PAGE 3
01/24/2008 2	264 27 8838 OPEN		34,795	5,000	29,795
03/18/2008 2	595 14 0599 FINAL		5,882	5,000	882
01/18/2008 2	582 07 5827 OPEN		154,275	5,000	149,275
11/25/2005 2	254 77 4552 FINAL		45,552	5,000	40,552
11/12/2005 2	257 78 0948 OPEN		32,284	5,000	27,284
05/25/2008 2	251 55 1855 OPEN		10,482	5,000	5,482
02/28/2000 2	594 44 8171 OPEN		118,524	5,000	113,524
	EXCESS CASES	29	1,272,312	165,000	1,107,312
	NON-EXCESS CASES	85	38,819	38,818	0
	10/01/2008 - 09/30/2008	116	1,310,931	203,818	1,107,113
03/02/2007 1	117 42 7888 FINAL		27,403	5,000	22,403
12/18/2008 1	568 13 4518 OPEN		79,888	5,000	74,888
12/12/2008 1	284 11 8783 FINAL		9,048	5,000	4,048
12/14/2008 1	288 85 7800 OPEN		28,820	5,000	23,820
05/08/2007 1	282 82 8885 OPEN		156,121	5,000	151,121
12/12/2008 1	888 17 4282 OPEN		92,822	5,000	87,822
03/01/2007 1	254 87 1020 OPEN		42,438	5,000	37,438
12/22/2008 1	288 39 8389 OPEN		14,486	5,000	9,486
07/03/2007 1	005 04 7355 FINAL		8,875	5,000	3,875
01/30/2007 1	403 17 8080 FINAL		5,844	5,000	844
01/17/2007 1	518 98 8822 FINAL		7,075	5,000	2,075

CLASS	MANUAL RATE	PAYROLL	EL RATE	EMPH ED LOSSES	U RATIO	PRIMARY	EXPECTED EXCESS

EXPERIENCE MODIFICATION			
PRIMARY ACTUAL LOSSES	TOTAL EXPECTED LOSS	INELIGIBLE FOR RATING**	
VALUE	B VALUE	TOTAL PREMIUMS	
ACTUAL EXCESS	TOTAL B	AVERAGE PREMIUMS	
EXPECTED EXCESS			
TOTAL A			

TOTAL "A" DIVIDED BY TOTAL "B"

STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS COMPENSATION

SELF INSURER EXPERIENCE RATING

EFFECTIVE DATE		EMPLOYER NAME		PUND	ACCOUNT	EMPLOYER NO.
10/01/2008		KEY WEST, CITY OF		888	09900	010844
ACTUAL LOSSES		PROMULGATION DATE		08/05/2008		PAGE 4
LOSS DATE	CASE NUMBER	TOTAL CASES	ACTUAL LOSSES	PRIMARY	ACTUAL EXCESS	
07/10/2007	1 237 12 6964 FINAL		43,186	5,000	38,186	
08/13/2007	1 252 76 3214 OPEN		13,584	5,000	8,584	
12/18/2006	1 551 34 9095 OPEN		168,527	5,000	163,527	
09/13/2007	1 286 58 3775 OPEN		7,504	5,000	2,504	
12/31/2006	1 282 75 3214 OPEN		30,000	5,000	25,000	
02/01/2007	1 418 98 0482 OPEN		76,251	5,000	71,251	
05/18/2007	1 551 75 7594 OPEN		20,482	5,000	15,482	
10/08/2006	1 138 75 6485 OPEN		62,138	5,000	47,138	
10/05/2006	1 254 11 8833 OPEN		47,362	5,000	42,362	
03/18/2007	1 257 81 7645 OPEN		59,889	5,000	54,889	
04/12/2007	1 288 70 4221 OPEN		28,237	5,000	21,237	
04/18/2007	1 288 95 8325 OPEN		15,000	5,000	10,000	
05/01/2007	1 257 81 7545 OPEN		43,151	5,000	38,151	
	1 EXCESS CASES	39	1,072,412	120,000	952,412	
	1 NON-EXCESS CASES	107	44,417	44,417	0	
	1 10/01/2006 - 09/30/2007	131	1,117,829	164,417	953,412	
	1 EMPLOYER TOTALS	344	2,927,140	473,085	2,454,055	

TOTAL LOSSES							
CLASS	MANUAL RATE	PAYROLL	EL RATE	EXPECTED LOSSES	U RATIO	PRIMARY	EXPECTED EXCESS
EMPLOYER	TOTALS...	88,822,678		893,270		162,198	671,192

EXPERIENCE MODIFICATION					
PRIMARY ACTUAL LOSS	473,088	TOTAL EXPECTED LOSS	893,270	INELIGIBLE FOR RATING**	
VALUE	102,200	B VALUE	102,200	TOTAL PREMIUMS	4,204,284
ACTUAL EXCESS	42	TOTAL B	893,470	AVERAGE PREMIUMS	1,410,427
EXPERIENCE EXCESS	188				
TOTAL A	1,995,245		2.13		

TOTAL "A" DIVIDED BY TOTAL "B"

**REQUIRED FORMS TO BE COMPLETED BY
ALL PROPOSERS**

ANTI-KICKBACK AFFIDAVIT

STATE OF FLORIDA

SS

COUNTY OF MONROE

I, the undersigned, hereby duly sworn, depose and say that no portion of the sum herein bid will be paid to any employee of the City of Key West as a commission, kickback, reward or gift, directly or indirectly by me or any member of my firm or by an officer of the corporation.

BY: _____

sworn and prescribed before me this _____ day of _____, 2009

NOTARY PUBLIC, State of 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,

1. This sworn statement is submitted to _____
by _____
(Print individual's name and title)
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: _____)

2. I understand that a "public entity crime" as defined in Paragraph 287.133(1)(g), Florida Statutes, 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.
3. I understand that "conviction" as defined in Paragraph 287.133(1)(g), Florida Statutes, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, 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. I understand that an "affiliate" as defined in Paragraph 287.133(1)(a), Florida Statutes, means:
1. A predecessor or successor of a person convicted of a public entity crime;
- or

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 _____

PERSONALLY APPEARED BEFORE ME, the undersigned authority _____ who, after first being sworn by me, (name of individual) affixed his/her signature in the space provided above of this _____ day of _____, 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.