RFQ SUBMISSION FORM FOR
PROPERTY/CASUALTY INSURANCE AGENT OF RECORD

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

***Insurance Agent***

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

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

1. Are you experienced with all the items listed in the Scope of Agent Services? If not, explain.
2. What is your commitment to customer service, including frequency of contact, availability for meetings with staff, committees, etc?
3. Will you commit to proactive and aggressive pursuit of negotiation of favorable policy terms, conditions, pricing, coverage and servicing of insurance?
4. Please include examples of such proactive and aggressive negotiations, etc.?

***Agency Experience***

1. What size is your agency’s revenue, and in number of professionals and non-professionals that will serve the Authority?
2. Which Florida office of your firm will provide the ongoing services to the Authority?
3. Will any other offices be involved; to what extent? (Be specific)
4. How many years has the firm been in business?
5. What is your firm’s total property/casualty insurance premium volume?
6. What is your firm’s Florida total property/casualty insurance premium volume?
7. What is your firm’s total property/casualty insurance revenue (including commission) volume?
8. What is your firm’s Florida total property/casualty insurance revenue (including commission) volume?
9. Approximately what percentage of the firms’ Florida business are public entities, in premium, and in revenue volume?
10. What is your agency’s experience with property/casualty insurance for customers of similar or greater size, complexity and magnitude?
11. What is your agency’s experience with property/casualty insurance for other sports related facilities and venues?
12. What is your agency’s experience with property/casualty insurance for other public entities of similar size, complexity and magnitude?
13. How many and what kind of public entities does your agency service?
14. Have you provided background information on the range of your firm’s services?
15. Are the key person designated to service the Authority’s account appropriately licensed by the State of Florida? Please list the following:

|  |  |  |  |
| --- | --- | --- | --- |
|  Name | Types of Licenses | Years ServingLarge Commercial Accounts | Years Serving Public Entities |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

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

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

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

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

Is this remuneration negotiable? Please explain:

Would your firm consider a flat fee? Please explain:

1. Will this remuneration be included within the premiums you propose, or in addition to net premiums submitted by the successful insurer(s)? Explain.
2. Are you willing to guarantee this level of remuneration for three (3) future years, regardless of premium changes? How many years? Explain.
3. Is your submitted remuneration inclusive of marketing activity and services to be provided throughout the year?
4. To what extent are there also fees for services, e. g. loss control, actuarial services? (Clearly explain any variables.)
5. To what extent will wind modeling services be provided, by whom, and for what additional cost?
6. Does your firm employ actuaries or other professionals capable of providing modeling services?
7. Will you provide the full Scope of Agent Services as outlined in the RFQ?
8. To what extent will you need a separate contract for services not related to the insurance being purchased?
9. Do you acknowledge that the Authority reserves the right at any time to remove the agent of record status for one or more types of coverage if believed to be in the Authority’s best interest to solicit such coverage from one or more parties involving other agents?
10. Do the submitting agency and agents agree to allow and pledge full cooperation to the Authority if it (at its option), desires an audit of the agency and related parties regarding the Authority’s expenditures for the property/casualty insurance program and all related remuneration to the agency and agents and others involved, including the tracking of funds to intermediaries, insurers, etc?
11. Do you agree to the substantive terms and conditions of the sample contract (included herein) that will be utilized if engaged, if not please provide specific comments? Keep in mind that the extent of such provisions and/or limitations will be taken into consideration in the evaluation of your submittal.

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

1. Reasons for the Authority qualifying you and your firm: describe below and/or by attachment the key reasons you and your firm should be qualified by the Authority to be its agent. Emphasize issues that make you and/or the firm unique, or give you/it special advantages over other Respondents and how these are of value to the Authority for its property/casualty insurance program. Attach any supplemental documentation you think is relevant to being selected.
2. Provide your comments on how many insurers are likely to have to be utilized, and why, if wind coverage on the stadium is desired.
3. Describe your ability to access, utilize and leverage key insurance markets.
4. Provide a list of your of your insurance markets.
5. If you represent unique and/or exclusive markets or specialty programs please explain and indicate if you think the Authority would be better off with these markets and program than with the current program.
6. Have you disclosed the name of any officer, director, agent or other key person who is also an official or employee of the Authority? If none, state “none”.
7. Have you disclosed the name of any official or employee of the Authority who owns, directly or indirectly, an interest of five percent or more in a submitting firm or any of its branches? If none, state “none”.

**Please include the following statement and acknowledgement in your response:**

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

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

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

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Date Authorized Signature, Title Firm Telephone

**Form continued on the next page.**

insurance MARKET preferences/clout

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

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

| # | Insurer NameAlso, include MGA/MGU,if Applicable | InsurerGroup or Fleet Name | Your Firm’sEstimated Annual FloridaPremium Volume | Direct AccessYes or No | Group/Fleet ExclusiveYes or No |
| --- | --- | --- | --- | --- | --- |
| BUILDINGS AND PERSONAL PROPERTY |
| 1. | Zurich - Incumbent |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |
| 5. |  |  |  |  |  |
| 6. |  |  |  |  |  |
| 7. |  |  |  |  |  |
| 8. |  |  |  |  |  |
| 9. |  |  |  |  |  |
| 10. |  |  |  |  |  |
| INLAND MARINE/EQUIPMENT/EDP |
| 1. | XL Specialty Insurance - Incumbent |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |
| 5. |  |  |  |  |  |
| BOILER AND MACHINERY(INCLUDED IN PROPERTY) |
| 1. | Zurich - Incumbent |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |
| 5. |  |  |  |  |  |
| CRIME AND OWNED EQUIPMENT FOR SUITE & FURNISHINGS |
| 1. | Arch Specialty Insurance - Incumbent |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |
| 5. |  |  |  |  |  |
| GENERAL LIABILITY |
| 1. | Arch Specialty Insurance - Incumbent |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |
| 5. |  |  |  |  |  |
| GENERAL LIABILITY EMPLOYEE BENEFITS |
| 1. | Arch Specialty Insurance - Incumbent |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |
| 5. |  |  |  |  |  |
| GENERAL LIABILITY LIQUOR LIABILITY |
| 1. | Arch Specialty Insurance - Incumbent |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |
| 5. |  |  |  |  |  |
| GENERAL LIABILITY- EXCESS LIABILITY |
| 1. | Arch Specialty Insurance - Incumbent |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |
| 5. |  |  |  |  |  |
| GENERAL LIABILITY D&O/PENSION FIDUCIARY/EPLI |
| 1. | Philadelphia - Incumbent |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |
| EXCESS D&O (over D&O & EPLI) |
| 1. | Ironshore Indemnity- Incumbant |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |
| FEDERAL FLOOD INSURANCE |
| 1. | Wright National- Incumbant |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |
| 5. |  |  |  |  |  |
| 5. |  |  |  |  |  |
| STORAGE TANK LIABILITY |  |  |  |  |
| 1. | AIG - Incumbent |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |
| 5. |  |  |  |  |  |
| AUTO/GARAGEKEEPERS |
| 1. | Arch Specialty Insurance- Incumbant |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |
| **CYBER & PRIVACY**  |
| 1. | Lloyd’s - Incumbant |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |
| **TERRORISM** |
| 1. | Lloyd’s- Incumbant |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |
| 5. |  |  |  |  |  |

CLIENT REFERENCES FORM

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

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

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

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

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

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

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

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

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

Date services last performed for

account (if current, so indicate): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Description of Property Insurance Program:

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

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

Other lines of insurance placed:

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

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Description of services provided.

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Additional Comments:

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