



South Texas Academy for Medical Professions  
South Texas Business, Education & Technology Academy  
South Texas High School for Health Professions  
South Texas Preparatory Academy  
The Science Academy of South Texas

100 Med High Dr. Mercedes, TX 78570  
Phone: (956) 565-2454 – (956) 565-4639

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Dear Prospective Vendors:

Sealed proposals will be received by the South Texas Independent School District for:

**ITEM: Property and Liability Insurance**

**BID NUMBER: RFP 13-031**

**EFFECTIVE DATES: 2013-2014 SCHOOL YEAR**

Sealed proposals will be received no later than **2:00 PM, Tuesday, July 16, 2013.** Bids must be plainly marked on the outside of envelope **SEALED Proposal: RFP 13-031, Property and General Liability.** STISD, Business Office, 100 Med High Drive, Mercedes, Texas, 78570 or delivered to the STISD, Business Office, at the same address. **Bids must be made on the enclosed bid document. Faxed bids will not be accepted.**

Only proposals received by the date and time specified will be considered. Bidders are invited to be present at the opening of the bids at the above address, on the above date and time.

The STISD reserves the right to accept or reject any or all proposals, to award contracts for individual items as they may appear advantageous to the District, and waive any or all formalities.

All contracts will be made through STISD Purchase Orders.

Proposals received without proper signature will not be accepted.

Your proposal will be appreciated.

Sincerely,

Marla R. Knaub,  
Assistant Superintendent for Finance

**SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT  
RFP 13-031 PROPERTY AND LIABILITY INSURANCE**

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**SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT  
RFP 13-031 PROPERTY AND LIABILITY INSURANCE**

**ACKNOWLEDGEMENT OF RECEIPT**

**THIS FORM MUST BE COMPLETED AND FAXED  
UPON RECEIVING THE REQUEST FOR QUALIFICATIONS**

Please fill in the requested information below as acknowledgement that you have received the Request for Proposal noted above. If your firm is interested in participating, it is highly recommended that this sheet be completed and returned or e-mailed to:

[jesse.salazar@stisd.net](mailto:jesse.salazar@stisd.net)

SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT  
BUSINESS OFFICE  
100 MED HIGH DRIVE, MERCEDES, TX 78570  
PHONE (956) 565-2454 FAX (956)565-4639

By doing this, we will be able to provide notification of any addenda to the R.F.P.

Name of Firm: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Name: (Print) \_\_\_\_\_

Title: \_\_\_\_\_

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

\_\_\_\_\_ Yes, our company does have an interest in responding.

\_\_\_\_\_ No, our company does not have an interest in responding.

**SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT  
RFP 13-031 PROPERTY AND LIABILITY INSURANCE**

**GENERAL REQUIREMENTS AND INSTRUCTIONS**

**A. INFORMATION**

1. The information contained in these specifications is confidential and is to be used only in connection with preparing a proposal for the following insurance services or insurance coverage's:

**Commercial Property – Fire & Extended Coverage  
Commercial General Liability  
School Professional Liability  
Auto Liability & Physical Damage  
Commercial Umbrella Liability  
Crime**

2. South Texas ISD reserves the right to accept or reject all or any part of the proposals, waive minor technicalities, and award the proposal to best serve the interest of the District. The District also reserves the right to waive or dispense with any of the formalities contained herein.
3. Proposals are to be submitted on the basis of the specifications contained herein. Alternate proposals will also be considered, provided the alternatives are clearly explained. All deviations from the specifications must be clearly identified and explained.
4. The information contained in these specifications is to be basis for proposal responses. After receipt of proposal, additional information needed may be requested via e-mail at: jesse.salazar@stisd.net or in writing via fax at 956-565-4639.
5. The information contained herein is believed to be accurate and up-to-date, but is not intended to be an express or implied warranty.
6. No telephone or fax proposals will be accepted. Proposals may only be accepted if delivered by U.S. Postal Services, Federal Express, UPS, other courier services or personally delivered by proposer. The District will not be responsible for missing, lost, or late mail. Any proposals received after the time set for opening will be returned to the proposer unopened.
7. Vendors are cordially invited to the proposal opening, but are not required to attend.

**B. LEGAL**

1. All parties submitting proposals are expected to comply with federal, state and local insurance laws and regulations relative to the preparation and submissions of insurance proposals. Specifically, the services to be provided are expected to be in compliance with the Americans with Disabilities Act (ADA), insurance laws and insurance regulations. All proposals that are submitted will be presumed to be in compliance with all applicable laws.

**C. COMMUNICATION**

1. Proposals are to be sealed in an envelope clearly labeled ***“RFP 13-031 – Property & Liability Insurance”***. Proposer is required to provide one (1) original and (2) copies of proposal and submitted to:

Ms. Marla R. Knaub  
Assistant Superintendent for Finance  
South Texas Independent School District  
100 Med High Drive  
Mercedes, TX 78570  
TEL: 956-565-2454

**SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT  
RFP 13-031 PROPERTY AND LIABILITY INSURANCE**

2. Requests for information, must be in writing and must be faxed or e-mailed to:

Jesse Salazar  
Purchasing Agent  
South Texas Independent School District  
100 Med High Drive  
Mercedes, TX 78570  
TEL: 956-565-2454

**D. COMMUNICATION WITH DISTRICT MEMBERS**

1. Company submitting proposals shall not discuss this RFP with employees of STISD or members of the Board of Trustees. If discussion is necessary, your company will be notified in writing. **Failure to abide by this requirement may result in automatic disqualification.**

**E. TIME FRAME**

1. The Request For Proposal package will be available for download from our website at [http://www.stisd.net/departments/business\\_office/purchasing](http://www.stisd.net/departments/business_office/purchasing). Vendors **WILL NOT** be notified of additional information/addenda postings. It is the vendor's responsibility to view the web page regularly, or prior to submitting a proposal response, to ensure that no addenda or additional information have been issued for the solicitation.
2. Proposals **one (1) original and two (2) copies** must be delivered to South Texas ISD, Business Office, 100 Med High Drive, Mercedes, TX 78570, no later than 2:00 PM, Tuesday, July 16, 2013 in a sealed envelopes, clearly marked:

**RFP 13-031 – Property & Liability Insurance**

3. The proposals will be opened in public at 2:00 PM, Tuesday, July 16, 2013. The proposals shall be opened in a manner to avoid disclosure of contents to competing vendors and the contents shall be kept secret during the process of proposal negotiations.
4. The parties submitting the selected proposals will be notified on or about August 5, 2013 of the District's decision.
5. The contract effective date is September 1, 2013.
6. Insurance Binders are to be delivered no later than August 31, 2013.
7. Policies or coverage documents are to be provided to the District by October 1, 2013. The District reserves the right to not pay any premium until valid policies or coverage documents are received by District.

**F. PROPOSALS**

1. Proposals must be clearly explained and identified. All costs, including optional programs, must be clearly stated and summarized. Exceptions to or deviations from the specifications **must** be explicitly identified.
2. Each party submitting a proposal is asked to screen their designated proposals for correctness and compliance with the specifications.
3. The contents of the proposals shall be kept confidential during the process of negotiations. After the insurance agreement is awarded, all proposals will be available for public inspection.

**SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT  
RFP 13-031 PROPERTY AND LIABILITY INSURANCE**

**G. DISQUALIFICATION AND REJECTION OF PROPOSALS**

1. Failure to comply with the requirements or the procedures set forth herein, or to satisfy the insurance and servicing criteria as set forth in the specifications, may result in disqualification. It is not intended that exceptions to the specifications will, in and of themselves, result in disqualification.

**H. SELECTION OF VENDOR**

1. South Texas ISD reserves the right to reject any or all of the proposals, in whole or in part; to waive any informality in any proposal, and to accept the proposal which, in its discretion, is in the best interest of the District. A District insurance consultant may review Proposals for completeness and for compliance with bid specifications. Proposals will be carefully evaluated for cost effectiveness, for coverage provisions, and for compliance with the coverage and servicing criteria contained in the specifications and in accordance with Texas Education Code 44.031.

The contract will be awarded to the responsible vendor who submits a superior but economical proposal based on the relative importance of the following selection criteria:

<u>Selection Criteria</u>	<u>Maximum Points</u>
Coverage	35
Cost	30
Service	20
Professional/Financial Qualifications	<u>15</u>
Total	100

The South Texas ISD Board of Trustees will make the final decision of agreement award.

**I. TERMS OF AGREEMENTS**

1. South Texas ISD desires to receive proposals for a three (3) year period on one of the following basis:
  - Fixed price for the three (3) year period, or
  - Two annual renewal adjustments determined by formula at the time the contract is awarded, or
  - One (1) year contract with two annual renewal options for rate and premiums deemed to be favorable to the District. Renewal rates are to be provided to the District 90 days prior to anniversary date.
2. South Texas ISD reserves the right to terminate the agreement at the expiration of the budget period, during the term of the agreement or at the end of the anniversary date on a thirty (60) days notice. The agreement will be for current revenues only in accordance with Local Government Code Section 271.903 to terminate the agreement.
3. The agreement is to contain a cancellation provision that provides for thirty (60) days notice of cancellation (except for non-payment) and thirty (30) days notice for non-renewal or material change.

**SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT  
RFP 13-031 PROPERTY AND LIABILITY INSURANCE**

**J. QUALIFICATION OF INSURERS**

1. Insurance companies must have a general policyholder's rating of A- or better as published by A.M. Best Company in the latest edition of its Key Rating Guide. Insurers shall be duly licensed and comply with all applicable insurance laws and requirements of the Texas State Board of Insurance.
2. Proposals will be accepted for intergovernmental risk sharing pools organized in accordance with article 4413(32c), Texas Interlocal Cooperation Act. Self-insured pools must include a current audited **financial statement** (Balance Sheet and Statement of Operations, including the auditor's opinion, and Reinsurance Provisions.)

**K. AGENT MINIMUM QUALIFICATIONS**

All agents submitting proposals for this insurance must meet the following minimum qualifications:

1. The agency must be licensed in Texas.
2. The agency must have insurance for agent's errors and omissions liability with a limit of at least \$1 million per occurrence. A certificate of the agent's E & O insurance must be included with the proposal.
3. The agency must have been in business for at least five (5) years.
4. The agency must assign a minimum of one qualified account representative to service the District. This representative must have a minimum of five (5) years experience in commercial property and liability insurance lines, or hold the C.P.C.U. or A.R.M. designation.
5. The agency must provide a description of your agency and resumes on the personnel who would be assigned to service South Texas ISD.

**L. COPIES OF POLICIES**

1. It is required that a complete specimen policy (including all forms, endorsements, exclusions and policy jackets) and appropriate contractual documents be furnished with proposal.

**M. AUTHORIZED SIGNATURE**

1. All proposal forms must be signed by persons who have legal authority to bind the insurer and administrator to the services that are proposed.

**SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT  
RFP 13-031 PROPERTY AND LIABILITY INSURANCE**

**QUESTIONNAIRE**

1. Who will have primary responsibility for the District's account? \_\_\_\_\_
  - a. Number of years in the insurance business: \_\_\_\_\_
  - b. Insurance background: \_\_\_\_\_
  - c. Educational background: \_\_\_\_\_
  - d. Number of school districts serviced: \_\_\_\_\_
2. Who will be the back-up person for the District's account? \_\_\_\_\_
  - a. Number of years in the insurance business: \_\_\_\_\_
  - b. Insurance background: \_\_\_\_\_
  - c. Educational background: \_\_\_\_\_
  - d. Number of school districts serviced: \_\_\_\_\_
3. How many Texas school districts does your agency (this office, if a national broker) provide coverage on behalf of:  
\_\_\_\_\_
4. What is your (this office, if a national broker) estimated premium volume with Texas school districts?  
\_\_\_\_\_  
Other public entities? \_\_\_\_\_
5. The District will expect the following annual reports from its agents:
  - a) Summary of premiums and losses by coverage.
  - b) Forecast of insurance market status prior to renewal.
  - c) Insurance policy abstracts (summaries).
  - d) Prior to future renewals, report containing suggested coverage or rating enhancements for the upcoming year.
  - e) Following future renewals, a report detailing all material policy changes.
6. Please attach a copy of the following documents:
  - a) A copy of the current license.
  - b) A certificate for agent's error and omission coverage insured for at least \$1 million limit.
6. Has your agency produced a minimum annual gross fire/casualty premiums income of at least \$1 million average for each of the past five years?

By: \_\_\_\_\_

Address: \_\_\_\_\_

Agent: \_\_\_\_\_

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

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

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





**SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT  
RFP 13-031 PROPERTY AND LIABILITY INSURANCE**

**PROPERTY INSURANCE, FIRE AND EXTENDED EQUIPMENT COVERAGE**

**A. BACKGROUND INFORMATION**

1. Copy of claims experience is attached
2. Copy of current policy declaration schedule is attached.
3. Current list of Building and Contents is attached.
4. Summarized property schedule on replacement cost basis with valuation date of September 1, 2013 is attached. Total replacement cost value is the following:

Building Physical Property	<b>\$ 65,639,196</b>
Building Personal Property	<b>\$ 9,425,856</b>
	<b>\$ 75,065,052</b>

Property Values have been adjusted to reflect current estimated replacement cost.

5. Insurance coverage is to include the following:
  1. Blanket coverage on buildings, contents and auxiliary structures at all locations including on-site improvements such as fences, light poles, bleachers at all locations.
  2. Basis of Recovery is to be full replacement cost.
  3. Automatic coverage on newly acquired property is to be included.
  4. Coverage is to include extra expense and loss of revenue related to loss.
  5. Coverage is to be all risk including theft of contents.
  6. If coinsurance is quoted, maximum coinsurance is to be 90%.

**B. INSURANCE COMPANY/RISK POOL INFORMATION**

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

Address of Company: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Insurance Company:    Yes   No    A. M. Best Rating/Size: \_\_\_\_\_

Risk Pool:            Yes   No            Financial Information:   Yes   No

**SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT  
RFP 13-031 PROPERTY AND LIABILITY INSURANCE**

**C. COVERAGE PROVISIONS**

1. Policy Limits
  - a) Overall Limits \$ \_\_\_\_\_
  - b) Coinsurance Limit \_\_\_\_\_ %
  - c) Extra Expense \$ \_\_\_\_\_
  - d) Loss of Revenue \$ \_\_\_\_\_
  - e) Theft \$ \_\_\_\_\_
2. Is automatic coverage for newly acquired property provided:  Yes  No  
If yes, please attach description.
3. Does coverage include equipment breakdown?  Yes  No  
If yes, please attach description.
4. Is there additional deductible or exclusion for "named storms"?  Yes  No  
If yes, please attach description. Also, please provide additional proposal to cover this risk.

**D. QUOTATION – ASSUME CONSTANT PROPERTY VALUE FOR 3 YEARS.**

<u>Description</u>	<u>Premium</u>
1. Building and Personal Property	
a. Duplicate Current Coverage	
(Attach complete coverage information)	
First Year Premium	\$ _____
Period 09/01/2013 to 09/01/2014	
Second Year Premium	\$ _____
Period 09/01/2014 to 09/01/2015	
Third Year Premium	\$ _____
Period 09/01/2015 to 09/01/2016	
b. Alternate Coverage	
(Attach complete coverage information)	
First Year Premium	\$ _____
Period 09/01/2013 to 09/01/2014	
Second Year Premium	\$ _____
Period 09/01/2014 to 09/01/2015	
Third Year Premium	\$ _____
Period 09/01/2015 to 09/01/2016	

**SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT  
RFP 13-031 PROPERTY AND LIABILITY INSURANCE**

**E. LIST ANY DEVIATIONS OR ADDITIONAL INFORMATION:**

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

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Type Signatory's Name and Title

\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Fax Number

**SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT  
RFP 13-031 PROPERTY AND LIABILITY INSURANCE**

**GENERAL LIABILITY INSURANCE**

**A. BACKGROUND INFORMATION**

1. Claim experience Information is attached.
2. Copy of current policy declaration schedule is attached.
3. Current budget information is attached.
4. Minimum Liability Limits & Coverage Desired:
  - a) General Liability \$1,000,000
  - b) Personal & Advertising Injury \$1,000,000
  - c) Employee Benefits \$1,000,000
  - d) Each Occurrence \$1,000,000
  - e) Incidental medical malpractice coverage for registered nurses shoes duties are to administer first aid only and maintain students' health immunization records.
  - f) Coverage for the negligent act, error or omission of the District and/or its employees relative to the administration of employee benefit programs.
  - g) Coverage is to include premises liability.
  - h) Persons to be covered are to include the District, school board members, District employees, student teacher and school volunteer.

**B. INSURANCE COMPANY/RISK POOL INFORMATION**

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

Address of Company: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Insurance Company: Yes No      A. M. Best Rating/Size: \_\_\_\_\_

Risk Pool: Yes No      Financial Information: Yes No

**SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT  
RFP 13-031 PROPERTY AND LIABILITY INSURANCE**

**C. COVERAGE PROVISIONS**

1. Policy Limits	Per Occurrence	Aggregate
a) Overall Policy Limits	\$ _____	\$ _____
b) General Liability	\$ _____	\$ _____
c) Personal & Advertising Injury	\$ _____	\$ _____
d) Employee Benefits	\$ _____	\$ _____

2. Is Corporal Punishment covered?  Yes  No  
 If yes, please describe: \_\_\_\_\_

3. Does coverage include libel, slander and defamation of character?  Yes  No  
 If yes, please describe: \_\_\_\_\_

4. Describe basis for payment of judgment & defense costs: \_\_\_\_\_

**D. QUOTATION**

<u>Description</u>	<u>Premium</u>
1. Duplicate Current Coverage	
a. Duplicate Current Coverage (Attach complete coverage information)	
First Year Premium	\$ _____
Period 09/01/2013 to 09/01/2014	
Second Year Premium	\$ _____
Period 09/01/2015 to 09/01/2016	
Third Year Premium	\$ _____
Period 09/01/2016 to 09/01/2017	
b. Alternate Coverage (Attach complete coverage information)	
First Year Premium	\$ _____
Period 09/01/2013 to 09/01/2014	
Second Year Premium	\$ _____
Period 09/01/2014 to 09/01/2015	
Third Year Premium	\$ _____
Period 09/01/2015 to 09/01/2016	

**SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT  
RFP 13-031 PROPERTY AND LIABILITY INSURANCE**

**E. LIST ANY VARIATIONS TO RFP SPECIFICATIONS:**

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

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Type Signatory's Name and Title

\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Fax Number

**SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT  
RFP 13-031 PROPERTY AND LIABILITY INSURANCE**

**EDUCATORS & SCHOOL LEADERS LIABILITY INSURANCE**

**A. BACK GROUND INFORMATION**

1. Copy of claim experience is attached.
2. Copy of current policy declarations schedule & applications is attached.
3. Copy of renewal application is attached.
4. Insurance coverage is to include the following:
  - a. Minimum limit of liability is to be \$1,000,000 per occurrence and \$1,000,000 aggregate.
  - b. Protection for elected officials, appointed board members, administrators, teachers, substitute teachers, student teachers, and all other District employee.
  - c. Insurance company will pay all sums which the insured shall become legally obligated to pay on any claim first made against them during the policy period on a "Claims Made Basis".
  - d. Insurance company shall defend civil suits against the insured alleging a Wrongful Act, including but not limited to civil rights, discrimination, and sexual abuse, sexual harassment and sexual molestation claims.
  - e. Claim expenses shall include lawyers' fees and all other fees, costs and expense arising from defense of any claims.

**B. INSURANCE COMPANY/RISK POOL INFORMATION**

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

Address of Company: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Insurance Company:    Yes   No    A. M. Best Rating/Size: \_\_\_\_\_

Risk Pool:            Yes   No            Financial Information:    Yes   No



**SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT  
RFP 13-031 PROPERTY AND LIABILITY INSURANCE**

**C. COVERAGE PROVISIONS**

1. Policy Limits	Per Occurrence	Aggregate
a. Overall Policy	\$ _____	\$ _____
b. Sexual Abuse or Molestation	\$ _____	\$ _____
c. Sexual Harassment	\$ _____	\$ _____
d. Corporate Punishment	\$ _____	\$ _____
e. Other limits-Describe	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

2. Is Corporal Punishment Covered? Yes  No

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

3. Are claims alleging discrimination covered? Yes  No

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

4. Is sexual harassment, sexual abuse and molestation covered: Yes  No

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

5. Describe extended discovery period: \_\_\_\_\_  
\_\_\_\_\_

6. Describe prior acts coverage: \_\_\_\_\_  
\_\_\_\_\_

**SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT  
RFP 13-031 PROPERTY AND LIABILITY INSURANCE**

**D. QUOTATION**

Description	Premium
1. Duplicate Current Coverage (Attach complete coverage Information)	
First Year Premium (Period 09/01/2013 to 09/01/2014)	\$ _____
Second Year Premium (Period 09/01/2014 to 09/01/2015)	\$ _____
Third Year Premium (Period 09/01/2015 to 09/01/2016)	\$ _____
2. Alternate Coverage (Attach complete coverage Information)	
First Year Premium (Period 09/01/2013 to 09/01/2014)	\$ _____
Second Year Premium (Period 09/01/2014 to 09/01/2015)	\$ _____
Third Year Premium (Period 09/01/2015 to 09/01/2016)	\$ _____

**E. LIST ANY VARIATIONS TO RFP SPECIFICATIONS:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Type Signatory's Name and Title

\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Fax Number

**SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT  
RFP 13-031 PROPERTY AND LIABILITY INSURANCE**

**AUTOMOBILE LIABILITY & PHYSICAL DAMAGE**

**A. BACKGROUND INFORMATION**

1. Claim experience information is attached.
2. Copy of current policy declaration schedule is attached.
3. List of vehicles to be insured is attached.
4. The District has a full-time safety person that conducts formal safety meeting. All transportation workers attend annual Defensive Driving Course.
5. Insurance coverage is to include the following:
  - a. Minimum Liability Limits & Coverage Desired
    1. Bodily Injury \$100,000 per person  
\$300,000 per occurrence
    2. Property Damage \$100,000 per occurrence  
Uninsured/underinsured motorists – same limits as liability.
  - b. Physical Damage – Mischief or vandalism loss for actual cash value or cost of repair, whichever is less.
  - c. Physical Damage – Collision loss for cash value or cost or repair, whichever is less.
  - d. Automobile coverage is to be provided for substitute and newly acquired vehicles (cars, truck, trailers, and buses) for the same coverage provided for similar type of vehicles, subject to audit.
  - e. Coverage is to include hired an non-owned vehicles with physical damage limit of \$55,000.
  - f. Coverage is to include uninsured motorist, underinsured motorist and auto medical payments.

**B. INSURANCE COMPANY/RISK POOL INFORMATION**

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

Address of Company: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Insurance Company:    Yes   No    A. M. Best Rating/Size: \_\_\_\_\_

Risk Pool:            Yes   No            Financial Information:   Yes   No

**SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT  
RFP 13-031 PROPERTY AND LIABILITY INSURANCE**

**C. COVERAGE PROVISIONS**

1. Policy Limits	Per Occurrence	Aggregate
a. Bodily Injury & Property Damage	\$ _____	\$ _____
b. Physical Damage	\$ _____	\$ _____
c. Auto Medical Payments	\$ _____	\$ _____
d. Uninsured & Underinsured Motorist	\$ _____	\$ _____

2. Does coverage include automatic coverage for substitute or newly acquired vehicles?  
Yes       No

If yes, please describe: \_\_\_\_\_  
 \_\_\_\_\_

3. Does coverage include employees as covered parties for rental vehicles?  
Yes       No

If yes, please describe: \_\_\_\_\_  
 \_\_\_\_\_

**D. QUOTATION – ASSUME CONSTANT PROPERTY VALUES FOR 3 YEARS**

Description	Premium
3. Duplicate Current Coverage (Attach complete coverage Information)	
First Year Premium (Period 09/01/2013 to 09/01/2014)	\$ _____
Second Year Premium (Period 09/01/2014 to 09/01/2015)	\$ _____
Third Year Premium (Period 09/01/2015 to 09/01/2016)	\$ _____
4. Alternate Coverage (Attach complete coverage Information)	
First Year Premium (Period 09/01/2013 to 09/01/2014)	\$ _____
Second Year Premium (Period 09/01/2014 to 09/01/2015)	\$ _____
Third Year Premium (Period 09/01/2015 to 09/01/2016)	\$ _____

**SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT  
RFP 13-031 PROPERTY AND LIABILITY INSURANCE**

**E. LIST ANY VARIATIONS TO RFP SPECIFICATIONS:**

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

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Type Signatory's Name and Title

\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Fax Number

**SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT  
RFP 13-031 PROPERTY AND LIABILITY INSURANCE**

**UMBRELLA LIABILITY INSURANCE**

**A. BACKGROUND INFORMATION**

1. No claims incurred since inception of coverage in 1996. Purpose of coverage is to comply with bond covenant provisions. Bond proceeds of \$8,940,000 in June, 1996 were used to build Edinburg High School & Library. Annual bond payments are approximately \$907,000.
2. Copy of current policy declarations schedule is attached.
3. Coverage is to be excess of \$1,000,000 General Liability policy.
4. Minimum Excess Liability Limits & Coverage Desired:
  - a. General Liability – Aggregate \$5,000,000
  - b. General Liability – Per Occurrence \$5,000,000

**B. INSURANCE COMPANY/RISK POOL INFORMATION**

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

Address of Company: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Insurance Company:    Yes   No    A. M. Best Rating/Size: \_\_\_\_\_

Risk Pool:            Yes   No            Financial Information:   Yes   No

**C. COVERAGE PROVISIONS**

1. Policy Limits	Per Occurrence	Aggregate
a) General Liability	\$ _____	\$ _____
b) Personal & Advertising Injury	\$ _____	\$ _____
c) Auto Liability	\$ _____	\$ _____
d) Employers' Liability	\$ _____	\$ _____

**SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT  
RFP 13-031 PROPERTY AND LIABILITY INSURANCE**

**D. QUOTATION**

Description	Premium
1. Duplicate Current Coverage (Attach complete coverage Information)	
First Year Premium (Period 09/01/2013 to 09/01/2014)	\$ _____
Second Year Premium (Period 09/01/2014 to 09/01/2015)	\$ _____
Third Year Premium (Period 09/01/2015 to 09/01/2016)	\$ _____
2. Alternate Coverage (Attach complete coverage Information)	
First Year Premium (Period 09/01/2013 to 09/01/2014)	\$ _____
Second Year Premium (Period 09/01/2014 to 09/01/2015)	\$ _____
Third Year Premium (Period 09/01/2015 to 09/01/2016)	\$ _____

**E. LIST ANY VARIATIONS TO RFP SPECIFICATIONS:**

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

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Type Signatory's Name and Title

\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Fax Number

**SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT  
RFP 13-031 PROPERTY AND LIABILITY INSURANCE**

**CRIME INSURANCE**

**A. BACKGROUND INFORMATION**

1. No claims incurred within the last five years.
2. Copy of current policy declarations page is attached.
3. Minimum Liability Limits & Coverage Desired:
  - a. Employee Dishonesty \$100,000
  - b. Forgery / Alterations \$ 25,000
  - c. Theft, Disappearance & Destruction \$ 25,000
  - d. Deductible \$ 1,000

**B. INSURANCE COMPANY/RISK POOL INFORMATION**

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

Address of Company: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Insurance Company:    Yes   No    A. M. Best Rating/Size: \_\_\_\_\_

Risk Pool:            Yes   No            Financial Information:   Yes   No

**C. COVERAGE PROVISIONS**

1. Policy Limits	Per Occurrence	Aggregate	Deductible
a) Employee Dishonesty	\$ _____	\$ _____	\$ _____
b) Forgery / Alteration	\$ _____	\$ _____	\$ _____
c) Theft, Disappearance & Destruction	\$ _____	\$ _____	\$ _____



**SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT  
RFP 13-031 PROPERTY AND LIABILITY INSURANCE**

**D. QUOTATION**

Description	Premium
3. Duplicate Current Coverage (Attach complete coverage Information)	
First Year Premium (Period 09/01/2013 to 09/01/2014)	\$ _____
Second Year Premium (Period 09/01/2014 to 09/01/2015)	\$ _____
Third Year Premium (Period 09/01/20115 to 09/01/2016)	_____ \$ _____
4. Alternate Coverage (Attach complete coverage Information)	
First Year Premium (Period 09/01/2013 to 09/01/2014)	\$ _____
Second Year Premium (Period 09/01/2014 to 09/01/2015)	\$ _____
Third Year Premium (Period 09/01/2015 to 09/01/2016)	\$ _____

**E. LIST ANY VARIATIONS TO RFP SPECIFICATIONS:**

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

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Type Signatory's Name and Title

\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Fax Number

**SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT  
RFP 13-031 PROPERTY AND LIABILITY INSURANCE**

**PROPOSAL SUBMITTAL FORMAT**

Description of Plan **must** be in the labeled format below and include the following:

- Section 1 - Questionnaire
- Section 2 - Agent's Statement
- Section 3 - Property Insurance, Fire and Extended Equipment Coverage Quotation Forms
- Section 4 - General Liability Quotation Form
- Section 5 - Educators & School Leaders Liability Insurance Quote Form
- Section 6 - Automobile Liability & Physical Damage Quote Form
- Section 7 - Umbrella Liability Insurance Quote Form
- Section 8 - Crime Insurance Quote Form
- Section 9 - Agent's Current License  
Copy of Agents E & O Insurance Certificate  
References (Minimum 3 ISD's currently insured by proposed carrier(s))
- Section 10 - Complete Specimen Policy(ies)
- Section 11 - Completed and signed Felony Conviction Form
- Section 12 - Completed and signed Anti-Collusion Certification Form
- Section 13 - Completed and signed W-9 Form
- Section 14 - Completed and signed Conflict of Interest Questionnaire Form

**SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT  
RFP 13-031 PROPERTY AND LIABILITY INSURANCE**

**FELONY CONVICTION NOTICE FORM**

**THIS FORM MUST BE COMPLETED, SIGNED, AND RETURNED WITH BID**

State of Texas legislative Bill No. 1 Section 4.034, Notification of Criminal History, Subsection (a) states "a person or business entity that enters into a contract with a school district must give advance notice to the district if the person or an owner or operator of the business entity has been convicted of a felony. The notice must include a general description of the conduct resulting in the conviction of a felony."

Subsection (b) states "a school district may terminate a contract with a person or business entity if the district determines that the person or business entity failed to give notice as required by Subsection (a) or misrepresented the conduct resulting in the conviction. The district must compensate the person or business entity for services performed before the termination of the contract."

THIS NOTICE IS NOT REQUIRED OF A PUBLICLY-HELD CORPORATION

Please check off one box and sign the form in the appropriate space

I, the undersigned agent for the firm named below, certify; that the information concerning notification of felony convictions has been reviewed by me and the information furnished is true to the best of my knowledge.

VENDOR'S NAME: \_\_\_\_\_

AUTHORIZED COMPANY OFFICIAL'S NAME (PRINTED): \_\_\_\_\_

A. My firm is a publicly held corporation; therefore, this reporting requirement is not applicable.

SIGNATURE OF COMPANY OFFICIAL \_\_\_\_\_

B. My firm is not owned nor operated by anyone who has been convicted of a felony.

SIGNATURE OF COMPANY OFFICIAL \_\_\_\_\_

C. My firm is owned and/or operated by the following individual(s) who has/have been convicted of a felony:

Name of Felon(s) \_\_\_\_\_

Details of Conviction(s) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SIGNATURE OF COMPANY OFFICIAL \_\_\_\_\_

**SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT  
RFP 13-031 PROPERTY AND LIABILITY INSURANCE**

**NON-COLLUSION STATEMENT**

The undersigned Proposer, by signing and executing this proposal, certifies and represents to the South Texas Independent School District that Proposer has not offered, conferred or agreed to confer any pecuniary benefit, as defined by Section 1.07 (a)(6) of the Texas Penal Code, or any other thing of value, as consideration for the receipt of information or any special treatment or advantage relating to this proposal; the Proposer also certifies and represents that Proposer has not offered, conferred or agreed to confer any pecuniary benefit or other things of value as consideration for the recipient's decision, opinion, recommendation, vote or other exercise of discretion concerning this proposal; the Proposer certifies and represents that Proposer has neither coerced nor attempted to influence the exercise of discretion by any officer, trustee, agent or employee of the South Texas Independent School District concerning this proposal on the basis of any consideration not authorized by law; the Proposer also certifies and represents that Proposer has not received any information not available to other proposers so as to give the undersigned a preferential advantage with respect to this proposal; the Proposer further certifies and represents that Proposer has not violated any state, federal or local law, regulation or ordinance relating to bribery, improper influence, collusion or the like and that Proposer will not in the future, offer, confer, or agree to confer any pecuniary benefit or other thing of value of any officer, trustee, agent or employee of the South Texas Independent School District in return for the person having exercised the person's official discretion, power or duty with respect to this proposal; the Proposer certifies and represents that it has not now and will not in the future offer, confer, or agree to confer a pecuniary benefit or other thing of value to any office, trustee, agent or employee of the South Texas Independent School District in connection with information regarding this proposal, the submission of this proposal, the award of this proposal or the performance, delivery or sale pursuant to this proposal.

\_\_\_\_\_  
FIRM NAME

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY/STATE/ZIP

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

\_\_\_\_\_  
FAX NUMBER

\_\_\_\_\_  
TYPED NAME OF REPRESENTATIVE(S)

\_\_\_\_\_  
SIGNATURE OF REPRESENTATIVE(S)

\_\_\_\_\_  
DATE

**SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT  
RFP 13-031 PROPERTY AND LIABILITY INSURANCE**

**W – 9 FORM**

Form **W-9**  
(Rev. January 2005)  
Department of the Treasury  
Internal Revenue Service

**Request for Taxpayer  
Identification Number and Certification**

**Give form to the  
requester. Do not  
send to the IRS.**

Print or type  
See Specific Instructions on page 2:

Name (as shown on your income tax return)	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶ .....	
<input type="checkbox"/> Exempt from backup withholding	
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code	
List account number(s) here (optional)	

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number								
			+					

**OR**

Employer identification number								
			+					

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

**Part II Certification**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

**Sign Here**

Signature of U.S. person ▶

Date ▶

**SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT  
RFP 13-031 PROPERTY AND LIABILITY INSURANCE**

**CONFLICT OF INTEREST QUESTIONNAIRE**

<b>Form CIQ</b>	
<b>CONFLICT OF INTEREST QUESTIONNAIRE</b> For vendor or other person doing business with local governmental entity	
<p>This questionnaire is being filed in accordance with chapter 176 of the Local Government Code by a person doing business with the governmental entity.</p> <p>By law this questionnaire must be filed with the records administrator of the local government not later than the 7th business day after the date the person becomes aware of facts that require the statement to be filed. See Section 176.006, Local Government Code.</p> <p>A person commits an offense if the person violates Section 176.006, Local Government Code. An offense under this section is a Class C misdemeanor.</p>	<b>OFFICE USE ONLY</b>
<b>1</b> Name of person doing business with local governmental entity.	Date Received
<b>2</b> <input type="checkbox"/> Check this box if you are filing an update to a previously filed questionnaire.  (The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than September 1 of the year for which an activity described in Section 176.006(a), Local Government Code, is pending and not later than the 7th business day after the date the originally filed questionnaire becomes incomplete or inaccurate.)	
<b>3</b> Describe each affiliation or business relationship with an employee or contractor of the local governmental entity who makes recommendations to a local government officer of the local governmental entity with respect to expenditure of money.	
<b>4</b> Describe each affiliation or business relationship with a person who is a local government officer and who appoints or employs a local government officer of the local governmental entity that is the subject of this questionnaire.	

**SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT  
RFP 13-031 PROPERTY AND LIABILITY INSURANCE**

**Form CIQ  
Page 2**

**CONFLICT OF INTEREST QUESTIONNAIRE**

For vendor or other person doing business with local governmental entity

**5**

**Name of local government officer with whom filer has affiliation or business relationship.  
(Complete this section only if the answer to A, B, or C is YES.)**

This section, item 5 including subparts A, B, C & D, must be completed for each officer with whom the filer has affiliation or other relationship. Attach additional pages to this Form CIQ as necessary.

A. Is the local government officer named in this section receiving or likely to receive taxable income from the filer of the questionnaire?

Yes       No

B. Is the filer of the questionnaire receiving or likely to receive taxable income from or at the direction of the local government officer named in this section AND the taxable income is not from the local governmental entity?

Yes       No

C. Is the filer of this questionnaire affiliated with a corporation or other business entity that the local government officer serves as an officer or director, or holds an ownership of 10 percent or more?

Yes       No

D. Describe each affiliation or business relationship.

**6**

**Describe any other affiliation or business relationship that might cause a conflict of interest.**

**7**

\_\_\_\_\_  
Signature of person doing business with the governmental entity

\_\_\_\_\_  
Date

**SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT  
RFP 13-031 PROPERTY AND LIABILITY INSURANCE**

**EXHIBIT A**



**SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT  
RFP 13-031 PROPERTY AND LIABILITY INSURANCE**

**EXHIBIT B**

**SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT  
RFP 13-031 PROPERTY AND LIABILITY INSURANCE**

**EXHIBIT B**

**SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT  
RFP 13-031 PROPERTY AND LIABILITY INSURANCE**

**EXHIBIT B**

**SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT  
RFP 13-031 PROPERTY AND LIABILITY INSURANCE**

**EXHIBIT C**

**SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT  
RFP 13-031 PROPERTY AND LIABILITY INSURANCE**

**EXHIBIT D**

**SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT  
RFP 13-031 PROPERTY AND LIABILITY INSURANCE**

**EXHIBIT D**

**SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT  
RFP 13-031 PROPERTY AND LIABILITY INSURANCE**

**EXHIBIT E**