

City of St. Clairsville, OH
Property, Casualty and Automobile Insurance Quote Specifications
Invitation to Quote
2022 – 2023

1. City of St. Clairsville will receive sealed proposals at 100 North Market Street, St. Clairsville, OH 43950 until 12:00 p.m. January 10, 2022 for the specified insurance:

- I. Comprehensive General Liability
- II. Employers Liability – Stop Gap
- III. Employee Benefits Liability
- IV. Law Enforcement Liability
- V. Public Officials Liability
- VI. Employment Practices Liability
- VII. Cyber Liability
- VIII. Automobile Liability and Physical Damage Coverage
- IX. Property Coverage
- X. Inland Marine Coverage
- XI. Electronic Data Processing Coverage
- XII. Crime/Employee Dishonesty Coverage
- XIII. Equipment Breakdown Coverage
- XIV. Excess Liability
- XV. Terrorism Coverage – Property
- XVI. Terrorism Coverage - Liability
- XVII. Public Official Bonds
- XVIII. Risk Management Services
- XIX. Claims Services

- 2. All proposals must be Sealed and Marked “**Quote for Property, Liability and Automobile Insurance**”.
- 3. Each proposal must be submitted on the enclosed Proposal Forms and must contain the full name or names of the parties making the proposal and all persons interested therein. Bidders shall state in their proposals the names of the Insurance Company or Companies and/or Program in which they propose to provide the coverage. **Bidders shall note any differences between Proposal Specifications and Proposal Response (in BOLD print and Red colored font).**
- 4. Failure to meet the Proposal Specifications contained herein may be cause for the rejection of a proposal.
- 5. Each prospective bidder shall furnish one (1) specimen policy of the Company for each form of insurance to be written, including all endorsements as constitute the entire contract. Each proposal must also contain a detailed listing of the proposed coverage. **Any exceptions to the Proposal Specifications must be noted in the proposal and explained in detail on an attachment thereto.** City of St. Clairsville reserves the right to consider such exceptions before awarding the contract. If an attachment is not received with the proposal forms, the copy of the specimen policy or policies submitted with the proposal will be assumed to be identical to the specifications with respect to coverage. Failure to comply with the terms of this paragraph may be cause for the rejection of a proposal.

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6. The effective date of the policy or policies must be 2/13/22 to 2/13/2023 unless otherwise directed by City of St. Clairsville or its' designate. Each bidder is requested to quote on the entire proposal package. The bidder shall indicate whether premium audits will be required.
7. The policy or policies contained therein must provide that if City of St. Clairsville should cancel such policy or policies, the cancellation provision and any pro-rate premium shall apply only to the current policy year and not to additional years remaining under the policy.
8. All insurance shall be written with a responsible company or companies, each of which is qualified and/or licensed in the State of Ohio. Surplus lines companies are not desired but should be on the Ohio Department of Insurance's "approved list". The company or companies must be listed in the latest edition of *Best's Insurance Guide and Key Ratings* and a copy of the page with the proposed insurer must be included. All carriers must carry a current AM Best rating of "A-" or better. The financial condition of the company or companies must carry an AM Best rating of "VII" or better. Bidders must include a list of all Ohio Public Entity Names insured by the proposing agent.
9. Programs organized under Chapter 2744 of the Ohio Revised Code (ORC) with assessment features will not be considered. A current audited financial statement must be provided or a link to access the audited financial statement from the program's website. All reinsurance information must be identified including either audited financial statements or AM Best ratings. Bidders must include a copy of the program's membership agreement and governing documents. Bidders must include the number of members of the "ORC Chapter 2744" program.
10. The agency submitting a proposal must provide evidence of the ability to provide effective local claim administration and services to City of St. Clairsville. The proposal shall include a synopsis of agency operations, a list of public entity accounts written by the quoting agency, and a Certificate of Insurance verifying errors and omissions insurance coverage for the agency in the minimum amount of \$2,000,000.
11. Successful bidders are required to disclose the commission received. Describe any contingent commission arrangements or other compensation plans that you or your agency receives in addition to your standard agency commission.
12. The following standard provisions are required for all policies:
 - a. **Amended Notice of Cancellation and/or Non-renewal**
"It is hereby understood and agreed all policy terms and conditions relating to cancellation and non-renewal of coverage are amended to provide: Sixty (60) days prior written notice of cancellation or non-renewal of coverage to the insured. Non-payment of premium excepted."

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b. Knowledge of Occurrence Endorsement

“It is hereby understood and agreed that knowledge of a loss or accidents, servants, or employees of the insured shall not in itself constitute knowledge by the insured unless the insured shall have received notice of the loss or accident from its agents, servants, or employees.”

c. Unintentional Errors and Omissions Endorsement

“It is agreed the failure of the Named Insured to disclose all hazards or occurrences as of the inception of this policy will not prejudice the insured’s rights of coverage under this policy provided the error or omission was not intentional.

13. Proposals submitted to or received by City of St. Clairsville shall impose no liability or obligation upon City of St. Clairsville and City of St. Clairsville reserves the right to request future quote proposals at its discretion.
14. City of St. Clairsville reserves the right to reject any or all proposals; to waive any and all irregularities in a proposal; and to accept that the proposal or combination of proposals which, in its judgment, is/are the most favorable to City of St. Clairsville.
15. In reviewing the proposals and awarding the contract, City of St. Clairsville reserves the right to consider all elements related to the proposal, including, but not limited to, the rating and financial condition of the prospective insurance company or program; the responsibility and experience of the bidder, its agents, and representatives; and the services to be provided by the insurance company, the bidder, and its agents or representatives.
16. Every proposal should be made on the blank proposal forms attached hereto.
17. The successful bidder shall deliver the policy or policies of insurance or binders and a searchable pdf file for such policy or policies of insurance covering the hazards named herein to City of St. Clairsville within sixty (60) days following the notice of the award of the contract or the effective date of coverage, whichever comes first.
18. City of St. Clairsville will make every attempt to reply to reasonable information requests. All such requests are to be directed in writing to:

Jeremy Greenwood
City of St. Clairsville
100 North Market Street, Box 537
St. Clairsville, OH 43950
jgreenwood@stclairsville.com

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19. Should a bidder find discrepancies in or omissions from these Proposal Specifications or should a bidder have questions concerning their meaning, he/she may submit comments or questions to City of St. Clairsville. City of St. Clairsville will attempt to answer such questions or comments within a reasonable period of time and will send a copy of any such response to all prospective bidders on record.
20. Proposals may be withdrawn up to the time of the proposal opening upon written notice to City of St. Clairsville.
21. Each bidder must comply with all requirements of law pertaining to contracts with City of St. Clairsville.
22. "ORC Chapter 2744" programs must provide (or post on their website) financial statements audited in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in Government Auditing Standards. Financial statements should include formal actuarially determined Loss and Loss Adjustment Expense Reserves (including IBNR).
23. "ORC Chapter 2744" program must confirm that an independent actuarial opinion is performed, the name of the actuarial firm, and the date of the most recent report.
24. "ORC Chapter 2744" programs must complete the chart provided on the Bid Checklist to demonstrate financial stability and adherence to financial benchmarks established by the National Association of Insurance Commissioners (NAIC).
25. It is the desire of City of St. Clairsville to award the entire package to one bidder.

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Proposal Checklist

Please complete the following information per the requirements on the Invitation to Submit a Proposal. This Proposal Checklist is required as part of the Proposal Submission.

- Item #3** – Completed Proposal Forms:
 - General Information
 - Proposal – Summary Sheet
 - Proposal Form (I through XVI)

- Item #5** - Specimen Policies including endorsements for all coverage’s quoted
 - Exceptions to Proposal Specifications are clearly noted

- Item #8** – Documentation of AM Best’s Rating of proposed company(ies) proposed

- Item #8** – A list of Ohio Entity Names insured by proposing agent

- Item #9** – “ORC Chapter 2744” Program Requirements
 - Assessments or Dividend schedule, if applicable
 - Current Audited Financial Statement or link to access on program’s website
 - All Reinsurers and their AM Best Rating or Current Audited Financials
 - Program Membership Agreement
 - Members of the “ORC Chapter 2744” program

- Item #10** – Agent’s Errors & Omissions Certificate of Insurance - \$2,000,000 Limit

- Item #12** – Standard Policy Provisions include:
 - Amended Notice of Cancellation and/or Nonrenewal
 - Knowledge of Occurrence Endorsement
 - Unintentional Errors and Omissions Endorsement

- Item #23** – “ORC Chapter 2744” program – Independent Actuarial Report Performed
 - Name of Actuarial Firm; _____
 - Date of most recent report: _____

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Item #24 – “ORC Chapter 2744” programs must complete the following chart to demonstrate financial stability and adherence to financial benchmark established by the National Association of Insurance Commissioners (NAIC).

Year	Self insured Retention	Audited Surplus*	Current Assets	Liabilities	Stop Loss Aggregates
2017					
2018					
2019					
2020					

- Agent Commission Disclosure**
- Executive Summary**
- Program Structure & Recommendation(s)**
- Agency Scope of Services**
- Agency Service Enhancements – Description**
- Agency Service Team (Including Bios)**
- References (Agency service to public entities)**
- Risk Management Services Questionnaire (1 through 9)**
- Claim Service Questionnaire (1 through 14)**
- Exhibit I**
- Exhibit II**
- Exhibit III**
- Exhibit IV**

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General Information

Please complete a copy of this form for EACH insurance carrier that is being proposed.

Insuring Company: Number of Public Entities currently insured: _____

Insurer: _____ Phone: _____
Address: _____ Fax: _____
Address: _____
City: _____ State _____ Zip: _____

Agency/Broker Submitting Quote: Number of Public Entities currently serviced: _____

Agency: _____ Phone: _____
Address: _____ Fax: _____
Address: _____
City: _____ State: _____ Zip: _____
Email Address: _____

Coverages provided by this carrier. (Insert an "X" as applicable)

- | | |
|---------------------------------------|---|
| _____ Comprehensive General Liability | _____ Umbrella Liability |
| _____ Employee Benefits Liability | _____ Property Coverage |
| _____ Employers Liability | _____ Inland Marine Coverage |
| _____ Cyber Liability | _____ Electronic Data Processing Coverage |
| _____ Law Enforcement Liability | _____ Crime Coverage |
| _____ Public Officials Liability | _____ Employee Dishonesty Coverage |
| _____ Employment Practices Liability | _____ Equipment Breakdown Coverage |
| _____ Automobile Coverage | _____ Terrorism Coverage |
| _____ Excess Liability | _____ Sexual Abuse & Molestation |
| | _____ Public Official Bonds |

Agreement

I agree to provide all insurance policies proposed in the attached proposal. I agree to provide a complete set of policies and endorsements to the insured within ninety (90) days from contract award. I have attached requested carrier competency statements as requested.

Signed by: _____
Title: _____

Print Name: _____
Date: _____

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Proposal-Summary Sheet

These sheets must be completed and returned with each Proposal. Place this form on top of your quote submission.

Agency: _____ Insurer: _____

Please summarize your proposal according to the following form. If you submit proposals from more than one insurer, a copy of this form must be submitted for each insurer. If you quote items that are not covered in the Proposal Specifications, summarize them in the comments section below.

Minimum Coverage Requested:

	Limits	Premium
I. Comprehensive General Liability	\$ _____	\$ _____
II. Employers Liability – Stop Gap	\$ _____	\$ _____
III. Employee Benefits Liability	\$ _____	\$ _____
IV. Law Enforcement Liability	\$ _____	\$ _____
V. Public Officials Liability	\$ _____	\$ _____
VI. Employment Practice Liability	\$ _____	\$ _____
VII. Cyber Liability		
VIII. Automobile Coverage	\$ _____	\$ _____
IX. Property 100% Values =	\$ _____	\$ _____
X. Inland Marine Total Values =	\$ _____	\$ _____
XI. EDP Total Values =	\$ _____	\$ _____
XII. Crime/Employee Dishonesty	\$ _____	\$ _____
XIII. Equipment Breakdown 100% Values =	\$ _____	\$ _____
XIV. Excess Liability	\$ _____	\$ _____
XV. Terrorism Coverage	\$ _____	\$ _____
XVI. Sexual Abuse & Molestation	\$ _____	\$ _____
XVII. Public Official Bonds - Estimate	\$ _____	\$ _____

Total Premium (One (1) Year) \$ _____

Comments and Variations pertaining to the above:

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Proposal Form

Proposal Form Instructions: Complete a Proposal Form for each carrier for which you are submitting a proposal. Answer Yes or No to each coverage topic or enter your coverage limit or deductible where different. Attach explanations where necessary.

	Premium
I. Commercial General Liability	\$ _____
A. Liability Limits (<i>Occurrence Limit</i>)	
\$1,000,000 Limit _____	
B. Liability Limit (<i>No Aggregate Limit Preferred</i>)	
\$3,000,000 Limit _____	
C. Other Coverage Terms:	
Governmental Medical Liability Included _____	
Drone Liability	
\$1,000,000 Limit _____	
Defense Costs - Paid outside of Liability Limits _____	
Unaudited Policy _____	
Moral Obligation to Pay \$2,500 Limit _____	
Personal & Advertising Injury	
(<i>Occurrence Limit</i>) \$1,000,000 Limit _____	
Product & Completed Operations	
\$1,000,000 Limit _____	
Good Samaritan Coverage \$1,000,000 _____	
Sewer Backup (no Sublimit) _____	
Special Events Liability _____	
Fireworks Coverage Included _____	
Pesticide or Herbicide Application _____	
Water Treatment Chemical Application _____	
Police K9 _____	
Streets & Roads Chemical Application _____	
D. Additional Insureds:	

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TBD

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Premium

II. Employers Liability – Stop Gap (Coverage Form – Occurrence) \$ _____

- A. Bodily Injury by Accident - Each Accident
 \$1,000,000 Limit _____
- B. Bodily Injury by Disease – Each Employee
 \$1,000,000 Limit _____
- C. Bodily Injury by Accident - Aggregate
 \$3,000,000 Limit _____
- D. Deductible: \$0 _____
- E. Defense Costs - Paid outside of Liability
 Limits _____
- F. Is Employers Liability a sublimit
 of the Commercial General Liability? _____

III. Employee Benefits Liability (Coverage Form – Occurrence) \$ _____

- A. Liability Limits (*Occurrence Limit*)
 \$1,000,000 Limit _____
- B. Liability Limit (*No Aggregate Limit Preferred*)
 \$3,000,000 Limit _____
- C. Deductible: \$1,000 _____
- D. Defense Costs - Paid outside of Liability
 Limits _____
- E. Is coverage included as part of
 Commercial General Liability _____
- F. Form of Coverage provided:
 (Occurrence or Claims Made) _____
- G. Prior Acts - Retro Dates _____

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		Premium
IV. Law Enforcement Liability		\$ _____
A. Wrongful Act (<i>Occurrence Limit</i>)		
\$1,000,000 Limit	_____	
B. Wrongful Act (<i>No Aggregate Limit Preferred</i>)		
\$3,000,000 Limit	_____	
C. Deductible: \$5,000	_____	
D. Defense Costs - Paid outside of Liability Limits	_____	
E. Form of Coverage provided: (Occurrence or Claims Made)	_____	
F. Is coverage included as part of Commercial General Liability	_____	
H. Moonlighting Liability Included	_____	
V. Public Officials Liability		\$ _____
A. Wrongful Act (<i>Occurrence Limit</i>)		
\$1,000,000 Limit	_____	
B. Wrongful Act (<i>No Aggregate Limit Preferred</i>)		
\$3,000,000 Limit	_____	
C. Declaratory, Equitable & Injunctive Relief		
\$25,000 Limit	_____	
D. Deductible: \$5,000 Limit	_____	
E. Defense Costs paid outside Liability Limit	_____	
F. Form of Coverage provided: (Occurrence or Claims Made)	_____	
G. Prior Acts - Retro Date – Retro Dates	<u>2/13/2002</u>	

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VI. Employment Practices Liability \$ _____

- A. Wrongful Act (*Occurrence Limit*)
 \$1,000,000 Limit _____
- B. Wrongful Act (*No Aggregate Limit Preferred*)
 \$3,000,000 Limit _____
- C. Employment Compensation
 \$1,000,000 Limit _____
- F. Deductible: \$5,000 Limit _____
- G. Defense Costs paid outside Liability Limit _____
- H. Form of Coverage provided:
 (Occurrence or Claims Made) _____
- I. Prior Acts - Retro Date – Retro Dates 2/13/2002

VII. Cyber Liability \$ _____

- A. Third Party Liability
 \$1,000,000 Limit _____
- B. Third Party Liability (*No Aggregate Limit Preferred*)
 \$2,000,000 Limit _____
- C. First Party Liability \$250,000 Limit _____
- D. First Party Liability (*Aggregate Limit*)
 \$250,000 Limit _____
- E. Social Engineering \$250,000 Limit _____
- F. Telecommunications Fraud
 \$25,000 Limit _____
- G. Telecommunications Fraud (*Aggregate Limit*)
 \$50,000 Limit _____
- H. Cyber Extortion \$250,000 Limit _____
- I. Network Business Interruption and Extra Expense
 \$250,000 Limit _____
- J. Deductible: 1st & 3rd Party - \$0 Deductible _____
- K. Prior Acts - Retro Date 04/28/2017

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VIII. **Automobile Coverage (See Attached Schedule)** \$ _____

A. Automobile Liability Limit (Symbol 1)
 \$1,000,000 Each Accident _____

B. Auto Physical Damage – *Actual Cash Value*
 \$1,000 Comp Deductible _____
 \$1,000 Collision Deductible _____

C. Emergency Auto Physical Damage – Replacement Cost
 \$1,000 Comp Deductible _____
 \$1,000 Collision Deductible _____

D. Other Coverage's

 Unaudited Policy _____

 Non-Owned & Hired Automobile Liability _____

 Hired Auto Physical Damage
 \$50,000 Limit _____

 Uninsured/Underinsured Motorist
 \$100,000 Limit _____

 Lease Gap Coverage
 \$10,000 Limit _____

 Freezing or Extreme Temperatures _____

 Rental Reimbursement
 \$500 per day/\$25,000 Annual _____

E. Garage Keepers Liability \$ _____

 Comprehensive Limit - \$30,000 _____

 Per Vehicle Deductible - \$250 _____

 Maximum Deductible Per Event _____

 Collision Limit - \$30,000 _____

 Per Vehicle Deductible - \$250 _____

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	Premium
IX. Property (See Attached Schedule)	\$ _____
A. Building & Personal Property Blanket Limit - \$31,611,197	_____
B. Deductible - \$5,000	_____
C. Coinsurance – 100%	_____
D. Agreed Amount Included	_____
E. Causes of Loss – Special Form	_____
F. Valuation – Replacement Cost	_____
G. Additional Coverage's/Extensions	
Animal Mortality \$10,000	_____
Accounts Receivables \$250,000	_____
Backup of Sewer & Drains Included	_____
Business Income/ Extra Expense \$250,000	_____
Foundations Included	_____
Ground Maintenance Equip \$50,000	_____
Newly Acquired/Constructed Building	
Buildings \$2,000,000/180 days	_____
Personal Property \$1,000,000/180 days	_____
Outdoor Property \$50,000	_____
Ordinance or Law \$250,000	_____
Preservation of Property Included	_____
Underground Pipes, Flues or Drains \$1,000,000	_____
Unnamed Location \$250,000	_____

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X. Inland Marine (See Attached Schedule)	\$ _____
A. Scheduled Equipment Limit - \$1,257,494 _____	
B. Miscellaneous Equipment - \$100,000 <i>(Any one item \$5,000 or less)</i> _____	
C. Deductible - \$500 _____	
D. Valuation – Replacement Cost _____	
E. Additional Coverage's/Extensions	
Hired/Leased Equipment - \$100,000 _____	
Newly Acquired Equipment Up to \$100,000/30 days _____	
F. Police K9: Name: Odin Breed: Belgium Malinois Sex: Male Weight: 90 lbs.; Age: 3 years Replacement cost: \$25,000 _____	
 XI. Electronic Data Processing (EDP)	 \$ _____
A. Blanket Hardware Limit - \$215,000 _____	
B. Electronic Media Limit - \$50,000 _____	
C. Extra Expense Limit - \$50,000 _____	
D. Deductible - \$500 _____	
E. Valuation –	
Hardware – Replacement Cost _____	
Media – Reconstruction Cost _____	
F. Other Coverage's	
Systems Breakdown – Included _____	
Transit – Included _____	

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XII. Crime/Employee Dishonesty \$ _____

- A. Blanket Employee Dishonesty
\$100,000 Limit _____
Including "Faithful Performance" _____
- B. Forgery or Alteration Coverage
\$50,000 Limit _____
- C. Monies & Securities
\$50,000 Limit – Inside/Outside Premises _____
- D. Computer Fraud Coverage
\$50,000 Limit _____
- E. F100ds Transfer Fraud
\$50,000 Limit _____
- F. Deductible - \$500 _____

XIII. Equipment Breakdown (Boiler & Machinery) \$ _____

- A. Limit per Any One Accident
\$31,611,197 _____
- B. Covered Locations
Includes All Scheduled Locations _____
- C. Deductibles - \$5,000 _____
Deep Well Pumps - \$5,000 _____
- D. Coverage – Comprehensive Form _____
- E. Jurisdictional Inspections Included _____
- F. Recovery: Repair or Replacement Cost _____
- G. Joint Loss Agreement Included _____
- H. Other Coverage's
Expediting Expense - \$250,000 _____
Ammonia Contamination - \$250,000 _____
Hazardous Substances - \$250,000 _____
Utility Services Interruption - \$250,000 _____
Consequential Damage - \$250,000 _____

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XIV. Excess/Umbrella Liability - \$5,000,000 Limit	\$ _____
A. Coverage Type - Follow Form Excess or Umbrella Coverage _____	
B. Liability Limits (<i>Occurrence Limit</i>) _____	
C. Liability Limit (<i>Aggregate Limit</i>) _____	
D. Self Insured Retention _____	
E. Please indicate if the Umbrella/Excess Liability Coverage will apply over the following Coverage's:	
Commercial General Liability, _____	
Employee Benefits Liability _____	
Employers Liability _____	
Law Enforcement Liability Included _____	
Public Officials Liability, including _____	
Employment Practices Liability _____	
Automobile Liability _____	
Cyber Liability _____	
G. Form of Coverage provided: _____	
(Occurrence or Claims Made)	
F. Defense Costs paid outside Liability Limit _____	

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XV. Terrorism Coverage	\$ _____
A. Building and Personal Property Limit - \$3	_____
B. Deductible – \$25,000	_____
C. Valuation – Replacement Cost	_____
D. Additional Coverage's	
Debris Removal	_____
Extra Expense	_____
Business Interruption	_____

XVI. Public Official Bonds	\$ _____
A. Bond Limit: Finance Director \$ 50,000	_____

Note: All others to be covered under

XVII. Risk Managements Services	
A. Is Risk Management Service included or is there a separate fee? If separate fee, please provide cost of such service.	\$ _____
B. Please provide description of services provided in the Risk Management Services questionnaire section of this RFP.	

XVIII. Claim Service	
A. Is Claim Service included or is there a separate fee? If separate fee, please provide cost of such service.	\$ _____
B. Please provide description of services provided in Claim Service questionnaire section of this RFP.	

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Total Annual Premium \$ _____

Agency Commission or Fee (% or \$) _____

Describe all commission, fees, contingent commission and other compensation that you or your agency receives as part our placing our insurance with you.

Agency Compensation

I have disclosed all compensation this agency will receive for placing the insurance policies in the attached proposal for City of St. Clairsville.

Signed by: _____
Title: _____

Print Name: _____
Date: _____

Options/Additional Coverage's:

- 1) Flood - \$5,000,000 with a \$25,000 deductible
- 2) Earthquake - \$5,000,000 with a \$25,000 deductible

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Agency/Broker to Provide:

Executive Summary

Program Structure & Recommendation(s)

Agency Scope of Services

Agency Service Enhancements – Description

Agency Service Team (including Bios)

References (Agency Service to Ohio public schools and public entities)

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Services questionnaire provided by insurance program or agency:

Risk Management or Loss Control Services

1. Please specify the location of the office providing services to the public entity and specify whether these are carrier or agency service personnel?
2. How much lead time is typically needed to set up a risk management visit?
3. Please specify the discipline specific certifications maintained by the staff that will be providing risk management services to the public entity.
4. Please describe the type of risk management resource material provided to public entities. Are they industry specific?
5. What type of risk management training is provided and/or available to the public entity? Where are the training sessions held? Please provide examples of training sessions you provided in the past to an Ohio public entity.
6. What is your risk management fee structure? What are the fee tiers of risk management services? How much is included in the quoted premium for this request for proposal? Risk Management is included in the total premium.
7. Please describe your overall approach to risk management. What do you intend to accomplish?
8. What can the public entity expect to receive at the conclusion of your risk management visit? What is your follow up mechanism?
9. Please list below a minimum of three public entity risk management references. These references should be serviced by the same individuals who would be servicing us.

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Claim Service

1. Will the cost of servicing claims be included in the quoted premium? If not, describe how claim servicing fees will be determined and charged. Included in premium
2. Who will service our claims, the insurance company, a third party administrator (TPA) or your agency? If insurance company adjusters service the claims, please skip to question #3. If a TPA will service claims:
 - a. Does quoted premium reflect a discount since claim servicing is separate?
 - b. What is the approximate cost per year the TPA will charge based on our claim history?

Answers to the following questions should apply to the adjusters and the specific claim processing location that would actually handle our claims.

3. How many claims processing locations do you operate in Ohio?
4. Address of location that would process our claims?
5. How many people are employed full-time in the above office?
6. Please indicate the size of this location in the following terms:
 - # Ohio Public Entities this office services:
 - # Contracted accounts served:
 - # Accounts served:
 - # Claims opened each month:
 - # Claims processed each month:
7. Please furnish the following information regarding the claims manager at this claims adjusting location from which claims will be processed.
 - Name:
 - Years of employment with your firm:
 - Years of experience in the insurance industry:
 - Years of experience with public entity claims handling for auto, general, public officials and employment practices liability:
 - Professional designations and/or degrees earned:

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8. Please furnish the following information regarding the claim representative(s) at this claim adjusting location who would handle our claims.
 - Name:
 - Years of employment with your firm:
 - Years of experience in the insurance industry:
 - Years of experience in claims administration for auto, general, public officials and employment practices liability:
 - Years of experience in public entity claims administration for auto, general, public officials and employment practices liability:
 - Professional designations and/or degrees earned:
9. Please provide an organization chart for the specified claims processing location. Please include a block for each separate function included in the operation including any special units that exist. Label each unit with its function, number of employees, and name of unit if it has one. If there are several claims processing units, please indicate the unit that would process our claims.
10. Describe this office's expertise servicing Ohio public entities.
11. List all Ohio public entity clients which this office handles.
12. Describe any additional special programs or areas of emphasis that you think would be beneficial in helping us to understand your adjusters' level of public entity claim expertise.
13. Please attach copies of all standard forms or claim handling requirement used in your handling process.
14. Please list below a minimum of three Ohio public entity claim references. These should be public employers with contracted/self funded plans for which this claim processing location pays claims.

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Exhibit I

Building – Replacement Values
Contents – Replacement Values
Property in the Open (park equipment, etc) – Replacement Values
Computer Equipment – Replacement Values

(Available upon written request)

Exhibit II

Automobile Schedule and Driver Summary

(Available upon written request)

Exhibit III

Liability Exposures – follows this page

Exhibit IV

10-Years Loss Runs

(Available upon written request)

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Exhibit III

Liability Exposures

	<u>Services City Performs</u>	<u>Service Performed by Contract or Others</u>
Automatic Defibrillators carried by Police	<u>Yes</u>	<u>6</u>
Automatic Defibrillators carried by Utility Superintendents	<u>Yes</u>	<u>4</u>
Concession Stands	<u>Yes</u>	<u>Others</u>
St C JR Sports runs the stand		
Hiring Guidelines in Force	<u>Yes</u>	<u> </u>
Director of Public Services developed hiring procedures		
Moonlight of Officers	<u>Yes</u>	<u> </u>
Mowing Operations	<u>Yes</u>	<u> </u>
Paint/Chemical Spray	<u>Yes</u>	<u> </u>
Parks/Playgrounds/Picnic	<u>Yes</u>	<u>3</u>
Police Department	<u>Yes</u>	<u>Contract</u>
No. of Full-Time Officers with arrest powers:		<u>9</u>
No. of Part-Time auxiliary officers with arrest powers:		<u>3</u>
Number of police personnel without arrest powers		
Full-time:		<u>1</u>
Part-time:		<u>0</u>
K9 Unit:		<u>1</u>
Who provides dispatch for your department?		<u>911 (Belmont County)</u>
Take Home Vehicle Program – Police	<u>Yes</u>	<u>1</u>
K-9 Unit only		
Sanitary or Storm Sewers	<u>Yes</u>	<u> </u>
Street/Road Maintenance	<u>Yes</u>	<u> </u>
Water Plants/Tanks	<u>Yes</u>	<u>1/3</u>
1 – plant – to be decommissioned in 2022		
1 - 200,000 gal; 2 - 500,000 gal		
Amphitheater	<u>Yes</u>	Sq. Ft.: <u> </u>
Dams	<u>Yes</u>	Each: <u>2</u>
One will be sold off during 2022		

Note: Services not marked are performed by in-house staff

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Exposures

of Units

Fireworks	<u>Yes</u>	Each:	<u>1 event</u>
Bleachers	<u>Yes</u>	Each:	<u>4</u>
3 - 50 Person Units (3 tier); 1 - 20 Person Unit (2 tier)			
Total seating: +/- 100			
Reservoirs	<u>Yes</u>	Each:	<u>2</u>
One will be decommissioned and sold off during 2022			
Electric Utilities	<u>Yes</u>	#Connect:	<u>3,035</u>
Sewer Utilities	<u>Yes</u>	#Connect:	<u>2,490</u>
Water Utilities	<u>Yes</u>	#Connect:	<u>2,488</u>
Parades	<u>Yes</u>	Each:	<u>!</u>
Special Events/Other (Community Days)	<u>Yes</u>	Each:	<u>1</u>
Streets and Roads / Alleys	<u>Yes</u>	Miles:	<u>+/- 70</u>
Bike Trail	<u>Yes</u>	Miles:	<u>+/- 2</u>
Vacant Land	<u>Yes</u>	Acres:	<u>+/- 30</u>
Watercraft (less than 26ft.)	<u>Yes</u>	Each:	<u>1</u>