

CITY OF NEW BRAUNFELS



REQUEST FOR INFORMATION (RFI)

Solicitation RFI 24-010

Market Conditions and Opportunities for Property Casualty and Workers' Compensation

Issue Date: February 2, 2024

Responses are Due: March 8, 2024 at 3:00 p.m. CST

All inquiries and comments concerning this RFI should be provided in writing. Submit Responses and Questions to:

Barbara Coleman, Purchasing Manager
Bcoleman@NewBraunfels.gov

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Response Authorization

The undersigned respondent to this RFI, by his/her signature, acknowledges that he/she is authorized to represent the organization below. The Respondent, by submitting and signing below, acknowledges that this request is not a solicitation, will not result in a contract award, and the information provided may be utilized in possible future solicitations.

Signature: _____

Signature of Person Authorized to Sign Signer's Name and Title: (please print)

Company Name: _____

Address: _____

City, State, Zip Code: _____

Phone No. (_____) _____, Email Address: _____

DISCLAIMER

THIS REQUEST FOR INFORMATION (RFI) IS ISSUED SOLELY FOR INFORMATION AND PLANNING PURPOSES AND DOES NOT CONSTITUTE A SOLICITATION OR CONTRACT. THE RFI DOES NOT GUARANTEE OR COMMIT THE CITY OF NEW BRAUNFELS (CITY) TO ANY SOLICITATION OR CONTRACT OPPORTUNITIES.

ALL INFORMATION SUBMITTED TO THE CITY BECOMES PUBLIC INFORMATION AND IS SUBJECT TO THE NEW BRAUNFELS TEXAS OPEN RECORDS ACT UPON RECEIPT. ANY INFORMATION SUBMITTED IN RESPONSE TO THE RFI SHOULD NOT CONTAIN PROPRIETARY AND/OR CONFIDENTIAL INFORMATION. RESPONSES TO THE RFI WILL NOT BE RETURNED. ACCORDINGLY, RESPONSES TO THIS NOTICE ARE NOT OFFERS AND CANNOT BE ACCEPTED BY THE CITY AS SUCH OR TO FORM OR SUGGEST A CONTRACT OR COMMITMENT OF ANY NATURE. RESPONDENTS ARE SOLELY RESPONSIBLE FOR ALL EXPENSES ASSOCIATED WITH RESPONDING TO THIS RFI.

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GENERAL INTRODUCTION

The City of New Braunfels is requesting information for the purpose of market research and information on property, casualty and workers' compensation insurance providers and their coverages and services.

The City welcomes information from all interested respondents on each or all questions contained within this RFI. The City will use its findings to assist in better understanding the market availability and program support.

BACKGROUND

The city is currently insured with Texas Municipal League (TML) for the following coverages. The City has been with TML for 22 years.

The City of New Braunfels coverages are:

- Workers Comp
- Liability
 - General
 - Law Enforcement
 - Auto – Liability
 - Auto – Physical
 - Automobile Catastrophe
 - Aviation
 - Professional - Errors and Omissions
- Real and Personal Property
 - Building
 - Content
 - Boiler and Machinery
 - Crime
 - Mobile Equipment (May be referred to as inland marine)
 - Animal Mortality and Theft
 - Special Form
 - Flood/Earthquake
 - Fine Arts
 - Dams
- Cyber

CRITERIA

Prospective Vendors are requested to provide information regarding their ability to supply the commodities or services described. City seeks to understand market availability.

- What other vendors/companies provide the goods and comprehensive services.
- Market Knowledge:

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- What are the market conditions and how will they affect our coverage?
 - Represent your Market knowledge including local knowledge for similar entities (Cities, Counties). Describe challenges being faced in the market.
- What are the most common liability exposures for publicly funded entities?
- Is there a risk and/or impact to the City to change carries in current market?
- How does having Emergency Services Departments (Fire and Police) impact the coverage?
- What is your company's ability to support the City's lines of coverage and/or contribution to risk management.
 - Do the comprehensive services provide more coverage and/or support than currently maintained?
- What is the costing methodology. Explain how you charge/calculate payment for coverage. Identify all fees included or associated to support the services.

RFI INSTRUCTIONS

SUBMISSION

Please submit the requested information electronically to the City's Purchasing Department:

(a) The link to BidNet Direct website: <https://www.bidnetdirect.com/texas/city-of-new-braunfels>.

You must register on their site prior to your electronic submission. If you have any problems completing your vendor registration or submitting your electronic bid, please contact BidNet at (800) 835-4603, Option 2, to speak with live customer support.

OR

(b) Deliver your Response, in SEALED ENVELOPES OR PACKAGES identified on outside with Respondents name and address.

Proposal may be delivered in person to the New Braunfels City Hall, or by Express Mail or delivery service to:

**City of New Braunfels
City Secretary's Office/Front Lobby
ATTN: Purchasing
550 Landa Street
New Braunfels, TX 78130**

The outside of the Proposal envelope or package **must state**:

**“RFI 24-010 Market Conditions - Insurance”
Response Due Date: March 8, 2024, 3:00 PM CT**

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FORMAT INSTRUCTIONS

1. The deadline for submissions in response to this request for information is **March 8, 2024 by 3:00 p.m. CST**.
2. The City reserves the right to cancel, amend or extend the deadline for the RFI at its sole discretion.
3. All costs directly or indirectly related to the preparation of a response to this RFI shall be the sole responsibility of and shall be borne by the contractor or individual responding.
4. All questions and inquiries related to this RFI shall be addressed in writing to:
 - (a) Barbara Coleman, Purchasing Manager at: BColeman@NewBraunfels.gov
 - (b) Deadline to submit questions regarding this RFI is **February 23, 2024 by 5:00 p.m. CST**.

RESPONSE CONTENT

The Administration desires to minimize the submission of unnecessary RFI material.

Please include the identification number RFI 24-010 on any submissions.

Each response, completed and signed by person(s) authorized to bind individual or legal entity, shall include the following in one envelope/package:

- **TAB 1: Response Authorization:** Respondent must complete, and sign form located on Page 2.
- **TAB 2: Questionnaire**
- **TAB 3: Supporting Information to the Questionnaire**
- **TAB 4: Additional Supporting Documentation** the Respondent wants to provide.

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QUESTIONNAIRE

Include this questionnaire in TAB 2

Include any supporting information in TAB 3

SUPPLIER INFORMATION

| | |
|---------------|--|
| Company Name: | |
| Contact Name: | |
| Address: | |
| Phone: | |
| Email: | |

QUESTIONS

| Questions | Yes | No | Comment and Provide Additional Support in TAB 3 |
|---|-----|----|---|
| Where is your organization based? | | | |
| Describe your organization's structure? | | | |
| Are you for profit? | | | |
| Are you non-profit? | | | |
| What is your fee structure? | | | |
| Describe your compensation structure, include all fees and commissions. (Pertaining to all the lines of coverage/program) | | | |
| Do you utilize agents and brokers? If so, how are they paid/explain the methodology/ numerated on a structure | | | |
| How is your firm qualified to provide City's and other municipalities the described insurance products and services? | | | |

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|---|--|--|--|
| Can you describe your current and historical experience that is relevant. Include subcontractors' relations and support. | | | |
| City is looking for extensive experience and understanding in understanding the nature of services, coverages and support. | | | |
| Does your company cover the Fire Fighters cancer presumption law? | | | |
| What deductible and coverage limits on your lines of business? | | | |
| What exclusions are there toward the offered coverages? | | | |
| Do you have a maximum limit of coverage for Property? | | | |
| Are the coverages claims made or occurrence based? Note: for a claim to be considered for coverage, an occurrence-bases policy needs to be active when the act or incident occurs; claims made policies have to be active when the claim was made. | | | |
| What is your organization's experience insuring and providing support to Cities in Texas or entities of similar nature? | | | |
| Risk Management Approach: <ul style="list-style-type: none">• How will your organization engage in improving our policies and procedures related to incidents and accidents affecting property, employees?• Describe your firm's ability to assist the City with risk management such as claims, ongoing training. | | | |
| Does your organization provide legislative updates to its insureds? | | | |
| Provided any other support your organization provides Property Casualty lines that could benefit the City. | | | |
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| Do you have capabilities to provide "full" line of coverage as identified below? | | | | | |
|--|-----|----|------------|-----------------|---|
| Line of Coverage | Yes | No | Deductible | Coverage Limits | Exclusions and Other Limit explanations |
| Workers' Compensation | | | | | |
| Liability: | | | | | |
| General | | | | | |
| Law Enforcement | | | | | |
| Auto – Liability | | | | | |
| Auto – Physical Catastrophe | | | | | |
| Automobile | | | | | |
| Aviation | | | | | |
| Professional- Errors and Omissions | | | | | |
| Property: | | | | | |
| Building | | | | | |
| Content | | | | | |
| Flood/Earth/Wind | | | | | |
| Boiler and Machinery | | | | | |
| Crime | | | | | |
| Mobile Equipment (May be referred to as inland marine) | | | | | |
| Animal Mortality and Theft | | | | | |
| Special Form | | | | | |
| Flood/Earthquake | | | | | |
| Dams | | | | | |
| Cyber | | | | | |
| Other Coverages: | | | | | |
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