**University of Arkansas**

**RFP 737087**

**Risk Insurance Consulting and Brokerage Services**

**Respondent Questionnaire and Weighted Scoring Factors**

1. Please provide a brief summary of the firm/consultant, highlighting the resources available to respond to the needs of the University.
2. Please provide information regarding the expertise of your firm in the following Risk Management areas.
3. General Property
4. Business Interruption/Time Values
5. Vehicle
6. Heavy Equipment and Agricultural Equipment
7. General Liability
8. Travel, Accident and related Group, Individual and Specialty Insurance
9. Experience and expertise evaluating program operations and in conducting training and educational programs for clients (vehicle safety management, risk reduction, program operations)
10. Special Events Coverage
11. Leased Premises Coverage
12. Fine Arts Schedules/Collections

##### Claims Consultation and Assistance

In addressing expertise, include examples of experience with the various types of coverage for clients with multiple work locations, diverse employee populations and decentralized operating structures.

1. Please provide information related to the qualifications in providing risk management and related services. Also furnish the names of individuals, and designate whether they are a partner or associate, who will provide the requested benefit services. For these individuals, furnish biographical and other data showing experience and qualifications. Also, please include the physical location of each individual.
2. Specifically, please describe the availability of your firm/consultant in the following areas:
3. Contacting providers to reconcile contract issues.
4. Access to the University for consultation and for answers to operational and plan design and coverage issues on day-to-day issues. Specifically address timeliness of availability and turnaround time for responses. Include the percent time to be allocated to this account by the individuals assigned and their current primary client assignments.
5. Direct access for/with all UAS campuses for on-campus meetings and training sessions, to assist with vehicle schedules and claims, property claims issues and specialty coverage needs. Specifically address timeliness of support and turnaround time for responses.
6. Describe the role and duties your firm will provide in dealing with the volume of vehicle claims, inventory updates, and vehicle- related campus support issues.
7. Please provide a list of at least three (3) similar non-profit clients for which the Firm and/or consultant has performed similar services being requested within the past three (3) years. The list shall include the company/consultant name, address, contact person with telephone and fax numbers and a brief description of the contractual relationship.
8. Please provide a description of any core competencies and other types of services offered that make your firm uniquely qualified.
9. The University will require that services be provided at an hourly rate and for reimbursable expenses and to provide full disclosure of any commissions, reimbursements, incentives or payments of any kind received as a result of placement or continuation of insurance coverage with the University. Please furnish the hourly rate for individuals you anticipate would provide services and the anticipated and maximum annual expenses to the University for the services. This hourly rate would remain firm through the initial term of the contract.
10. Please provide a statement showing current knowledge and expertise in areas related to Risk Management legislation and related insurance issues.
11. The University may require that any person or firm selected to provide these services may become a licensed agent of any insurance company providing coverages. This arrangement is designed to allow for commissions required by the insurance company’s practices or state laws and may be used to offset the consulting fees for these services. Please state whether your firm can meet requirements under Arkansas State law for licensing with various insurance companies doing business in this state. In response to this item also include:
12. A statement of your willingness to accept this arrangement for purposes of this contract.
13. A list of those major insurers whose requirements for broker or consulting status you currently meet. Please be specific regarding whether the person representing your organization has a current broker or consulting license, or both.
14. Please provide a list of all markets with whom your organization has contractual arrangements that would enable you to provide the scope and magnitude of the coverages required by the UA System. Be specific. Identify any unique arrangements your firm has with insurers (volume discounts or similar) which would result in reduced expenses to the University for coverage purchased.

**The University will evaluate proposals using the following weighted factors:**

Price/cost of services 35%

Scope of services offered 15%

Experience and history of vendor with clients similar to the University 15%

Experience of the service team to be assigned to the University 15%

Availability of service team to provide timely and ongoing support 10%

Risk reporting and modeling capabilities and services 10%