**ATTACHMENT L**

**RFP PROPOSAL SUBMISSION FORM**

1. **Organization Background and Experience**
2. Provide the Proposer’s name, address, telephone and fax numbers, and federal tax identification number. Note that if the Proposer is a sole proprietor using his or her social security number, the social security number will be required before finalizing a contract.
3. Provide the name, title, address, telephone number, and email address of the individual who will act as the Proposer’s designated representative for purposes of this RFP.
4. Is your organization independently owned or affiliated either as a subsidiary or division of some other organization?
5. List each affiliated internal division or subsidiary corporation that you intend to provide services in response to this RFP and the nature of each service to be provided?
6. If the organization primarily responding to this RFP is a subsidiary of another organization provide the name and the primary business of the parent organization?
7. How long has your organization operated in the State of California?
8. List the names, title, role and number of years experience in the administration of insurance programs for each person that will be assigned to this project. Designate a single person as the Account Manager, **who must be resident in California** responsible for the success of the services. Provide a resume for each individual. (Provide detailed Project Team Organizational Chart and details of the experience of each team member applicable to this project in an appendix to your response)

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| Name | Title | Primary Role | Years Experience |
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1. If this contract is awarded to your organization, do you intend to hire additional staff to provide the necessary services? If so, describe the number and type of staff, and clearly indicate these positions on the organization chart.
2. If the contract is awarded to your organization, do you intend to retain sub-contractors to provide necessary services? If so, describe the work that will be done by the responding organization, and what will be done by sub-contractors, and clearly indicate these positions of the organization chart.
3. Does your organization maintain the following insurance policies with the limits of liability indicated?
   1. Workers Compensation and Employers Liability

Limit of Liability:

Workers compensation: Statutory

Employer’s liability: $1 million per person

$1million per disease

$1 million disease aggregate

* 1. Commercial General Liability

Limit of Liability: $2 million per occurrence

$2 million annual aggregate

* 1. Professional Liability

Limit of Liability: $1 million annual aggregate

* 1. Automobile Liability;

Limit of Liability: $1 million per accident

1. Will your organization name the State of California, the Judicial Council of California, the Supreme Court, each Court of Appeal, each superior court and their respective elected and appointed officials, judges, subordinate judicial officers, directors, officers, employees and agents as additional insured on the commercial general liability and the automobile liability insurance policies?
2. Will your organization, and your insurers, waive any right of recovery either may have against the State of California, the Judicial Council of California, the Supreme Court, each Court of Appeal, and each superior court for loss or damage arising out of the services performed?

**B. Technical Proposal**

1. Describe how your organization will work with the Facilities Services/Risk Management Unit to review, analyze, and design insurance programs required by the Judicial Council and/or other Judicial Branch Entities to include the following:

* Insurance program specifications
* Insurance market identification and validation
* Insurance marketing process
* Insurance market financial security assessment
* Ongoing program administration
* Claims management program

1. List examples of other similar programs (no more than 5) that illustrate your organization’s qualifications for developing and administering an insurance program as indicated in this RFP.
2. Provide a description of your organization’s process to evaluate the efficacy of an operating insurance program, and to make recommendations for change in insurance policy and/or program terms and conditions during the course of the program.
3. Describe how your team will communicate with the Facilities Serives/Risk Management Unit.
4. Describe your organizations resources and process to provide claims assistance.

**END OF PROPOSAL SUBMISSION FORM**