

Fort Lauderdale, FL 33301  
(954) 357-6065 FAX (954) 357-8535



FINANCE AND ADMINISTRATIVE SERVICES DEPARTMENT  
**PURCHASING DIVISION**

115 S. Andrews Avenue, Room 212 • Fort Lauderdale, Florida 33301 • 954-357-6065 • FAX 954-357-8535

## ATTENTION

Dear Vendor:

Thank you for your interest in doing business with Broward County. We look forward to a very successful procurement process.

Please take notice of the response submittal requirements outlined in this solicitation. Read and follow the instructions very carefully, as any misinterpretation or failure to comply with instructions could lead to your submittal being rejected. Any change(s) to this solicitation will be conveyed through the written addendum process. Notifications of addenda are sent electronically to vendors registered under the applicable commodity codes at the time the original solicitation was created. In addition, all addenda are posted on the Purchasing Division's website, [www.broward.org/purchasing](http://www.broward.org/purchasing) which can be accessed by selecting Current Solicitations. Please read carefully and follow all instructions provided on the addendum, as well as the instructions provided in the original solicitation. **It is the responsibility of all potential vendors to monitor the Purchasing Division's website for any changing information prior to submitting their reply.**

It is the intent of the Purchasing Division to provide quality services. If you have any questions, please visit our website to view the information provided on "How to Do Business with Broward County – A Vendor's Guide," or feel free to contact the agent of concern. Again, thank you for your continued interest in doing business with Broward County.

Sincerely,

A handwritten signature in blue ink that reads "Brenda J. Billingsley".

Brenda J. Billingsley, Director  
Broward County Purchasing Division

## Request for Letters of Interest (RLI)

RLI Number: R0862803R1

RLI Name: Agent/Broker Insurance Services

### ***Procurement Authority***

Unchecked boxes do not apply to this solicitation.

Pursuant to the Broward County Procurement Code, the Broward County Commission invites qualified firms to submit Letters of Interest for consideration to provide services on the following project:

**Standard** Request for Letters of Interest

**Construction General Contractor:** Two-Step Process - (Step 1) Issue RLI to Short list firms - (Step 2) Issue Invitation for Bids to Shortlisted firms to obtain bids

Establish **Library** of Firms for Services

Pursuant to the Broward County Procurement Code, the Broward County Commission invites qualified firms to submit Letters of Interest for consideration to provide **Construction Manager at Risk** Services on the following project.

Standard Construction Manager at Risk

Construction Manager at Risk (Modified): Two Step Process - (Step 1) Issue RLI to Short list firms (Step 2) Issue Invitation for Bids to Shortlisted firms to obtain bids

Pursuant to Florida Statutes, Chapter 287.055 (**Consultants Competitive Negotiations Act**), the Broward County Commission invites qualified firms to submit Letters of Interest for consideration to provide **Professional Consulting Services** on the following project.

**Non-Continuing Contract:** (Check only one box)

Professional services needed for a construction project where the construction costs exceed \$ 250,000

Professional services needed for a planning or study activity where the fee for the professional services exceed \$ 25,000

**Continuing Contract** :( Check only one box)

Professional services needed for projects in which construction costs do not to exceed \$2 million

Professional services needed for study activities when the fee for such professional service does not exceed \$ 200,000

Professional services needed for work of a specified nature

Fort Lauderdale, FL 33301  
(954) 357-6065 FAX (954) 357-8535

- Design-Build:** (Check only one box)
- Qualification - Based with a Guaranteed Maximum Price and a Guaranteed Completion Date
  - Two-Step process - (Step 1) Issue RLI to Short list firms - (Step 2) Issue Request for Proposals to Shortlisted firms to obtain proposals

**The scope of services shall include:**

Broward County Risk Management Division seeks an Agent/Broker to provide professional insurance brokerage services which include but are not limited to: risk and insurance consulting; analyzing exposures; procuring and maintaining the County's property/casualty program, excess property insurance, wind, flood, boiler and machinery, builder's risk, inland marine, airport liability, aircraft liability, miscellaneous liability, facilities use liability insurance, excess workers' compensation, port liability, terrorism, government crime including all needed miscellaneous bonds, pollution liability and all other property and casualty insurance coverage; evaluating adequacy of coverage and developing options on coverage; coordinate insurance carrier inspections; consult with County to formulate a marketing strategy that focuses on delivering a cost effective risk management strategy and structure based upon current market conditions; agree upon and meet the County's schedules for submissions and other work products; work with County to produce comprehensive underwriting data for insurance carrier negotiations including coordination of property insured values and procurement of underwriting data from various departments; represent County in negotiations with carriers; providing assessments of market conditions and outlook over the next 12 months and other intervals as requested; suggest and evaluate alternative risk financing options to reduce the County's cost of risk; designing specifications for property/casualty program and marketing the program for needed coverage; formally present coverage submissions to agreed upon insurance carriers including domestic, London, Bermuda and other international markets, and negotiate coverage and pricing terms on behalf of County; annually, coordinate and provide County with copies of catastrophe analysis studies to be used in the marketing and evaluation of property insurance program; summarize and analyze proposals and quotes received from various insurance carriers to ensure the highest level of coverage for the most cost-effective price; provide County with recommendations based upon these proposals; negotiating with insurers, underwriters and other parties in placing insurance coverage for the County; coordinating notice of claims and losses with carriers in a facilitator's role during the claims process; participate in claims review meetings to ensure accuracy of reserves and effective claims management; assist with claims and coverage disputes; monitor and advise County of status of carrier financial solvency; request change endorsements, when requested by County or when otherwise appropriate, ensuring accuracy and delivery in a timely manner; administer insurance program including binder and policy review and issuance, invoicing, coordination of required documentation including certificates of insurance; annually provide stewardship report summarizing program and services provided throughout the year; develop with County loss control programs and strategies; assist in the procurement of and act as liaison with vendors of various property and casualty insurance ancillary services such as appraisals, flood zoning studies, wind model secondary factor analysis, etc. as such services are requested;\_and

Fort Lauderdale, FL 33301  
(954) 357-6065 FAX (954) 357-8535

all other duties customarily performed or available through an Agent/Broker capable of providing full-range insurance services.

### ***Submittal Instructions***

Unchecked boxes do not apply to this solicitation.

- Only interested firms from the Sheltered Market may respond to this solicitation.
- This solicitation is open to the general marketplace.

Interested firms may supply requested information in the "Evaluation Criteria" section by typing right into the document using Microsoft Word. Firms may also prepare responses and any requested ancillary forms using other means but following the same order as presented herein.

**Submit Insert the word for the number of copies (0) CDs (each CD in a separate disc envelope and labeled with company name and RLI number) containing the following files:**

1. A single PDF file that contains your entire response with each page of the response in the order as presented in the RFP/RLI document, including any attachments.
2. Responses to the Evaluation Criteria questions are to be provided in the following formats:
  - a. Microsoft Word for any typed responses.
  - b. Microsoft Excel for any spreadsheets.

**Submit Insert the word for the number of copies (0) total printed copies (hard copies) of your response.**

Send all requested materials to:

Broward County Purchasing Division  
115 South Andrews Avenue, Room 212  
Fort Lauderdale, FL 33301  
RE: RLI Number: R0862803R1

The Purchasing Division must receive submittals no later than 5:00 pm on **insert due date**. Purchasing will not accept electronically transmitted, late, or misdirected submittals. If fewer than three interested firms respond to this solicitation, the Director of Purchasing may extend the deadline for submittal by up to four (4) weeks. Submittals will only be opened following the final submittal due date.

### **For Additional Project Information Contact:**

Project Manager: Danielle French  
Phone: 954-357-7219  
Email: dfrench@broward.org

## **Selection Process**

A Selection Committee (SC) will be responsible for recommending the most qualified firms and ranking them for negotiation. The process for this procurement may proceed in the following manner:

### **Review Responses**

The Purchasing Division delivers the submittals to agency staff for summarization for the Selection Committee members. The Office of Economic and Small Business Development staff evaluates submittals to determine responsiveness to the Office of Economic and Small Business Development Program requirements, if applicable. Agency staff will prepare an analysis report which includes a matrix of responses submitted by the firms.

Staff will also identify any incomplete responses. The Director of Purchasing will review the information provided in the matrix and will make a recommendation to the Selection Committee as to each firm's responsiveness to the requirements of the RLI. The final determination of responsiveness rests solely on the decision of the Selection Committee.

### **Short Listing**

The SC will meet to create a short list of the most qualified firms. The matrix and staff analysis report is a tool that the SC may use in its decision-making process. The County will not consider oral or written communications, prior to the conclusion of short-listing the firms, which may vary the terms of the submittals.

### **Cone of Silence**

At the time of first scheduled meeting of the Selection Committee (which is typically the Short list meeting) in this RLI process, a Cone of Silence will be imposed. Section 1-266, Broward County Code of Ordinances, provides that after Shortlisting, potential vendors and their representatives are substantially restricted from communicating regarding this RLI with any County Commissioner or Commissioner's staff, the County Administrator, Deputy and Assistants to the County Administrator and their respective support staff, or any person appointed by the county commission to evaluate or recommend selection in this RLI process. After the application of the Cone of Silence, inquiries regarding this RLI should be directed to the Director of Purchasing or designee.

Section 21.87.e, Broward County Administrative Code, provides that the Cone of Silence will be applied at the time of the first scheduled meeting of the Selection Committee.

The Cone of Silence terminates when the County Commission or other awarding authority takes action which ends the solicitation.

### **Demonstrations**

If this box is checked, then this project may lend itself to an additional step where short-listed firms demonstrate the nature of their offered solution. In those cases, staff, and sometimes members of the SC, may request a representative display or demonstration. If the

Fort Lauderdale, FL 33301  
(954) 357-6065 FAX (954) 357-8535

SC decides that demonstrations are necessary, short-listed firms will receive a description of, and arrangements for, the desired demonstration.

### **Pricing**

Unchecked boxes do not apply to this solicitation.

- Price may be considered in the final evaluation and ranking of the short-listed firms. If the SC will consider price, staff will provide each short-listed firm with a pricing submittal instrument and instructions for its preparation and delivery.
- Price will not be a factor in evaluating or ranking the interested firms.
- County staff and the top ranked firm will negotiate fees for pre-construction services during the Negotiation Phase of this process. Generally, the Parties negotiate a Guaranteed Maximum Price (GMP) for construction services during the course of pre-construction services.

### **Public Art and Design Program**

Unchecked boxes do not apply to this solicitation.

- Broward County has adopted Ordinance #95-20 establishing a Public Art and Design Program. It is the intent of Broward County to integrate art, when applicable, into capital projects and integrate artists' design concepts into this improvement project. The architect/engineer may be required to collaborate with the artist(s) on design development within the scope of this request. Artist(s) shall be selected by Broward County through an independent process. (For additional information contact Mary Becht at (954) 357-7456).

### **Presentations/Interviews/Ranking**

Each of the short-listed firms will have an opportunity to make an oral presentation to the SC on the firm's approach to this project and the firm's ability to perform. The SC may provide a list of subject matter for the discussion. The firms will have equal time to present but the question-and-answer time may vary. The SC will rank the firms and report its recommendations to the appointing authority.

### **Negotiation and Award**

The Purchasing Negotiator, assisted by County staff, will attempt to negotiate a contract with the first ranked firm. If an impasse occurs, the County ceases negotiation with the firm and begins negotiations with the next-ranked firm. The final negotiated contract will be forwarded by the Purchasing Negotiator to the Selection Committee for approval, if required by the committee, or to the awarding authority for approval.

### **Posting of Solicitation and Proposed Contract Awards**

The Broward County Purchasing Division's website is the official location for the County's posting of all solicitations and contract award results. It is the obligation of each vendor to monitor the website in order to obtain complete and timely information. The website is located at <http://www.broward.org/Purchasing/Pages/SolicitationResult.aspx>

## Vendor Protest

Sections 21.118 and 21.119 of the Broward County Procurement Code set forth procedural requirements that apply if a vendor intends to protest a solicitation or proposed award of a contract and state in part the following:

(a) Any protest concerning the bid or other solicitation specifications or requirements must be made and received by the County within seven (7) business days from the posting of the solicitation or addendum on the Purchasing Division's website. Such protest must be made in writing to the Director of Purchasing. Failure to timely protest bid specifications or requirements is a waiver of the ability to protest the specifications or requirements.

(b) Any protest concerning a solicitation or proposed award above the award authority of the Director of Purchasing, after the bid opening, shall be submitted in writing and received by the County within five (5) business days from the posting of the recommendation of award on the Purchasing Division's website.

(c) Any actual or prospective bidder or offeror who has a substantial interest in and is aggrieved in connection with the proposed award of a contract which does not exceed the amount of the award authority of the Director of Purchasing, may protest to the Director of Purchasing. The protest shall be submitted in writing and received within three (3) business days from the posting of the recommendation of award on the Purchasing Division's website.

(d) For purposes of this section, a business day is defined as Monday through Friday between 8:30 a.m. and 5:00 p.m. Failure to timely file a protest within the time prescribed for a solicitation or proposed contract award shall be a waiver of the vendor's right to protest.

(e) Protests arising from the decisions and votes of a Selection Committee or Evaluation Committee shall be limited to protests based upon the alleged deviations from established Committee procedures set forth in the Broward County Procurement Code and existing written Guidelines. Any allegations of misconduct or misrepresentation on the part of a competing vendor shall not be considered a protest.

(f) As a condition of initiating any RLI protest, the protestor shall present the Director of Purchasing a nonrefundable filing fee in accordance with the table below.

<b>Estimated Contract Amount</b>	<b>Filing Fee</b>
\$30,000 - \$250,000	\$ 500
\$250,001 - \$500,000	\$1,000
\$500,001 - \$5 million	\$3,000
Over \$5 million	\$5,000

If no contract bid amount was submitted, the estimated contract amount shall be the County's estimated contract price for the project. The County may accept cash, money order, certified check, or cashier's check, payable to Broward County Board of Commissioners.

### **Rejection of Responses**

The Selection Committee may recommend to the Director of Purchasing the rejection of all responses to this solicitation.

### **Public Records and Exemptions**

Upon receipt, all response submittals become "public records" and shall be subject to public disclosure consistent with Chapter 119, Florida Statutes.

Any firm that intends to assert any materials to be exempted from public disclosure under Chapter 119, Florida Statutes must submit the document(s) in a separate bound document labeled "Name of Firm, Attachment to Proposal Package, RLI# - Confidential Matter". The firm must identify the specific statute that authorizes the exemption from the Public Records Law.

Any claim of confidentiality on materials that the firm asserts to be exempt and placed elsewhere in the submittal will be considered waived by the firm upon submission, effective after opening.

Please be aware that submitting confidential material may impact full discussion of your submittal by the Selection/Evaluation Committee because the Selection/Evaluation Committee will be unable to talk about the details of the confidential material(s) at the public Selection/Evaluation Committee meeting.

### **Copyrighted Materials**

Copyrighted material will be accepted as part of a submittal only if accompanied by a waiver that will allow the County to make paper and electronic copies necessary for the use of County staff and agents. It is noted that copyrighted material is not exempt from the Public Records Law, Chapter 119, Florida Statutes. Therefore, such material will be subject to viewing by the public, but copies of the material will not be provided to the public.

**\*\*\*NOTICE TO PROPOSERS\*\*\***

**Proposers are invited to pay strict attention to the following requirements of this RLI. The information being requested in this section is going to be used by the Selection Committee during the selection/evaluation process and further consideration for contract award. Please be aware that proposers have a continuing obligation to provide the County with any material changes to the information being requested in this RLI.**

**A. Definition of a Responsive Bidder:**

In accordance with Broward County Procurement Code Section 21.8.b.66, a Responsive Bidder means a person who has submitted a bid which conforms in all material respects to a solicitation. A bid or proposal of a Responsive Bidder must be submitted on the required forms, which contain all required information, signatures, notarizations, insurance, bonding, security, or other mandated requirements required by the bid documents to be submitted at the time of bid opening.

**Responsiveness Criteria**

Failure to provide the information required below, at the time of submittal opening may result in a recommendation of non-responsive by the Director of Purchasing. The Selection Committee will determine whether the firm is responsive to the requirements specified herein. The County reserves the right to waive minor technicalities or irregularities as is in the best interest of the County in accordance with Section 21.30.f.1(c) of the Broward County Procurement Code.

- 1. Office of Economic and Small Business Development Program –** (See Office of Economic and Small Business Development Program requirements below).

***Office of Economic and Small Business Development Program Requirements***

The Broward County Business Opportunity Act of 2004 and the County Business Enterprise (CBE) Act of 2009 establish the County's policies for participation by small business enterprises, county business enterprises, and federal disadvantaged business enterprises in all County contracts and in other selected activities.

In accordance with the Acts, participation for this contract is as follows:

**There are no goals assigned to this project. Although no CBE goal has been set, the County encourages contractors to give full consideration to the use of CBE firms to perform work under the contract**

**B. Definition of Responsible Bidder:**

In accordance with Broward County Procurement Code Section 21.8.b.65, a Responsible Bidder or Offeror means an offeror who has the capability in all respects to perform the contract requirements, and the integrity and reliability which will assure good faith performance.

At any time prior to award, the awarding authority may find that an offeror is not responsible to receive a particular award.

The awarding authority may consider the following factors, without limitation: debarment or removal from the authorized vendors list or a final decree, declaration or order by a court or administrative hearing officer or tribunal of competent jurisdiction that the offeror has breached or failed to perform a contract, claims history of the offeror, performance history on a County contract(s), an unresolved concern, or any other cause under this code and Florida law for evaluating the responsibility of an offeror.

### **Right of Appeal**

Pursuant to Section 21.83 of the Broward County Procurement Code, any vendor that has a substantial interest in the matter and is dissatisfied or aggrieved in connection with the Selection Committee's determination of responsiveness may appeal the determination pursuant to Section 21.120 of the Code. The appeal must be in writing and sent to the Director of Purchasing within ten (10) calendar days of the determination by the Selection Committee to be deemed timely. As required by Section 21.120, the appeal must be accompanied by an appeal bond by a person having standing to protest and must comply with all other requirements of this section. The institution and filing of an appeal is an administrative remedy to be employed prior to the institution and filing of any civil action against the County concerning the subject matter of the appeal.

## Evaluation Criteria

### A. Qualifications and Experience of Proposing Firm

- Demonstrated experience placing large and complex insurance programs for Florida governments and/or government outside Florida with windstorm and flood risks;
- Demonstrated experience with large Florida property insurance programs. Specify any clients (private and public) with over \$500 Million total insured value since January 1, 2006;
- Demonstrated experience with layered property insurance programs;
- Demonstrated experience with airport liability insurance programs;
- Demonstrated experience with port liability insurance programs;
- Programs and actions taken to ensure adequate continuing professional education of the firm's staff; and
- References will be considered.

### B. Qualifications and Experience of Service Team Members

- Formal education, continuing professional education, experience with educational and public accounts;
- Team member experience with large and complex property insurance programs;
- Team member experience with airport liability and port liability programs;
- Team member experience with Florida Counties and other Florida governments, and or governments with windstorm and flood risks;
- Active role of each assigned staff member to the program; and
- References will be considered.

### C. Approach to Required Services

- Detail and quality of conceptual proposal submitted;
- Extent to which the Respondent is willing and able to provide all of the services sought;
- Extent to which proposal demonstrates understanding of all services sought and details creative and innovative solutions to required services; and
- Extent to which Respondent agrees to the terms of sample contract.

D. Interviews

E. Cost to Provide Required Services

- Cost Proposal – not to be included in original submission; and
- Expected use of intermediaries and intermediary compensation strategy will be considered.

With regard to the Evaluation criteria, each firm has a continuing obligation to provide the County with any material changes to the information requested. The County reserves the right to obtain additional information from interested firms.

<p><b>Evaluation Criteria – Project-Specific Criteria</b></p>	<p><b>Provide answers below. When an entire response cannot be entered, a summary, followed with a page number reference where a complete response can be found is acceptable.</b></p>
<p>1. Identify the Service Team which will be assigned to the County's account. Also, identify the primary lead agent/broker (Service Team Leader) and primary servicing office, and provide the number of years agent/broker has been in business. Include names, titles, and professional designations of all assigned team members. Service Team members should only include employees of proposing firm. (Include Resumes)</p>	
<p>2. What is the commercial client mix of the primary servicing office (based on # of clients, not premiums)?</p> <p>_____ % public entity            _____ # of clients            _____ % private entity            _____ # of clients</p>	
<p>3. Provide a list of the three (3) largest nationwide or statewide governmental entities (based on Total Insured Value) for which the Service Team has provided service in the last five (5) years.</p>	

Fort Lauderdale, FL 33301  
(954) 357-6065 FAX (954) 357-8535

<p>4. How many public entity accounts does the Service Team currently service based on the following total insured property insurance values?</p> <p>_____ up to \$99,000,000          _____ \$100,000,000 to \$499,999,999          _____ \$500,000,000 to \$999,999,999          _____ \$1,000,000,000 to \$4,999,999,999          _____ \$5,000,000,000 and Above</p>	
<p>5. Describe <u>specifically and briefly</u> if your firm and the Service Team provides and/or how it provides the scope of services listed previously: (Please limit response to three (3) pages)</p>	
<p>6. Provide the names of governmental entities for which the Service Team has placed All Risk Property coverage (including Wind and Flood) in the last five (5) years. If list exceeds ten (10), please provide the ten (10) which are most similar in size and location to the County. Please include the total insured values for placement, indicate which Service Team members worked on account, indicate if property program was layered, and indicate when your firm placed the coverage.</p>	
<p>7. Provide the names of governmental entities for which the Service Team has placed Airport General Liability coverage in the last five (5) years. If you have not done so, please include other coverages related to Aviation lines. Identify the location, when the Service Team placed the coverage, which Service Team members worked on account, and type(s) of coverage.</p>	
<p>8. Provide the names of governmental entities for which the Service Team has placed Port General Liability coverage in the last five (5) years. If you have not done so, please include other coverages related to Port lines. Identify the location, when the Service Team placed the coverage, which Service Team members worked on account, and type of coverage.</p>	
<p>9. Provide a copy of the Broker's Certificate of Authority to do business in the State of</p>	

Fort Lauderdale, FL 33301  
(954) 357-6065 FAX (954) 357-8535

Florida.	
10. Provide evidence that the Broker has and maintains an office in the State of Florida.	
11. Has your firm had prior experience in assisting clients with obtaining FEMA reimbursements?	
12. Is your firm wholly owned or partially owned by another corporation? If so, please provide the name, address, and telephone number of the parent corporation.	
13. Does your firm own any subsidiaries? If so, please provide the name, address, and telephone numbers of the subsidiary company.	
14. Are there any market intermediary entities which are affiliated with your firm or are economic members to your firm? If so, please provide the name(s), address and telephone number(s) of the intermediary entities.	
15. Provide a detailed insurance procurement model, including a listing of all the retailers, intermediaries/wholesalers or London, Bermuda or other international brokers that would be involved in the placement of the County's property/windstorm coverage.	
16. What are the methods and procedures by which your firm stays abreast of market changes?	
17. Provide the <u>single</u> most important reason the County should consider awarding this contract to your firm.	
18. Provide three (3) specific examples where you have achieved significant savings for your client.	
19. Please include at least three (3) references within the State of Florida. Please include at least one (1) airport and one (1) port reference. <i>The County reserves the right to contact any or all references before, during, and after the selection process.</i>	

Fort Lauderdale, FL 33301  
(954) 357-6065 FAX (954) 357-8535

<p>20. Does your firm have a formal commission rebate program authorized under F.S. 626.572?</p>	
<p>21. Does your firm accept contingent commissions? If so, does your firm have an opt-out process for the County's insurance placements to not be included in contingent calculations?</p>	
<p>22. Identify three (3) aspects of County's program which your firm will evaluate in the course of assessing the cost effectiveness of this program. For each aspect chosen, please provide your rationale. <i>In order to respond to this question, please refer to the attachment titled "Broward County's Property Program."</i></p>	

<p><b>Evaluation Criteria – Company Profile</b></p>	<p><b><i>Provide answers below. When an entire response cannot be entered, a summary, followed with a page number reference where a complete response can be found is acceptable.</i></b></p>
<p>1. Supply legal firm name, headquarters address, local office addresses, state of incorporation, and key firm contact names with their phone numbers and e-mail addresses.</p>	
<p>2. Supply the interested firm's federal ID number and Dun and Bradstreet number.</p>	
<p>3. Is the interested firm legally authorized, pursuant to the requirements of the Florida Statutes, to do business in the State of Florida?</p>	
<p>4. All firms are required to permit Broward County to inspect and examine their financial statements in order to demonstrate their financial capabilities. Each firm shall submit their most recent two (2) years of financial statements for review. If a firm is privately held and asserts that its financial statements are confidential trade secret information, the firm shall still make its financial statements which it</p>	

<p>asserts are confidential, available in Broward County, Florida, for inspection and examination by the appropriate County staff prior to evaluation rating. The financial statements are not required to be audited financial statements. An element of responsibility for purposes of disclosing the financial statements required by this RLI is that the firm act in good faith in making its disclosure. Therefore, with respect to the number of years of financial statements required by this RLI, the firm must fully disclose the information for all years available; provided, however, that if the firm has been in business for less than the required number of years, then the firm must disclose for all years of the required period that the firm has been in business, including any partial year-to-date financial statements. The County may consider the unavailability of the most recent year's financial statements in its evaluation.</p>	
<p>5. List and describe all bankruptcy petitions (voluntary or involuntary) which have been filed by or against the interested firm, its parent or subsidiaries, predecessor organization(s), or any wholly-owned subsidiary during the past three (3) years. Include in the description the disposition of each such petition.</p>	
<p>6. List all business related claims, arbitrations, administrative hearings, and lawsuits that are pending or were filed during the last three (3) years brought by or against the firm, its predecessor organization(s), or any wholly-owned subsidiary including but not limited to those claims, arbitrations, administrative hearings and lawsuits that allege negligence, error, or omission, or default, termination, suspension, failure to perform, or improper performance of an obligation of a contract or a legal duty related to a contract. The list should include all case names; case, arbitration, or hearing identification numbers; identification of the project involved in the dispute; a description of the subject matter of the dispute; and the final outcome or current status if the matter has not become final.</p>	
<p>7. List and describe all criminal proceedings or</p>	

Fort Lauderdale, FL 33301  
(954) 357-6065 FAX (954) 357-8535

hearings concerning business related offenses in which the interested firm, its principals, officers, predecessor organization(s), or wholly owned subsidiaries were defendants.	
8. Has the interested firm, its principals, officers, or predecessor organization(s) been debarred or suspended from bidding by any government during the last three (3) years? If yes, provide details.	
9. Has your company ever failed to complete any work awarded to you? If so, where and why?	
10. Has your company ever been terminated from a contract? If so, where and why?	
11. Insurance Requirements: Attached is a sample Certificate of Insurance. It reflects the insurance requirements deemed necessary for this project.  It is not necessary to have this level of insurance in effect at the time of submittal but it is necessary to submit certificates indicating that the firm currently carries the insurance or to submit a letter from the carrier indicating upgrade availability.	
12. Submit a copy of the Account Manager's State of Florida Insurance License and resume that, at a minimum, depicts the following: Educational background that includes specific steps taken to remain current with trends in the insurance industry; work experience that includes all past employment, number of years as an Account Manager in the insurance field and length of time in current position and the number and types of accounts that the Account Manager is currently responsible for. This information is to be placed in Section 2 of the submittal binder.	

<p><b>Evaluation Criteria – Legal Requirements</b></p>	<p><b>Provide answers below. When an entire response cannot be entered, a summary, followed with a page number reference where a complete response can be found is acceptable.</b></p>
<p>1. Standard Agreement Language: Identify any standard terms and conditions with which the interested firm cannot agree. The standard terms and conditions for the resulting contract can be located at: <a href="http://www.broward.org/Purchasing/Documents/caf101.pdf">http://www.broward.org/Purchasing/Documents/caf101.pdf</a>. If you do not have computer access to the internet, call the Project Manager for this RLI to arrange for mailing, pick up, or facsimile transmission.</p>	
<p>2. Cone of Silence: This County’s ordinance prohibits certain communications among vendors, county staff, and selection committee members. Identify any violations of this ordinance by any members of the responding firm or its joint venturers. The firm(s) submitting is expected to sign and notarize the Cone of Silence Certification included in this solicitation.</p>	
<p>3. Public Entity Crimes Statement: A person or affiliate who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit an offer to perform work as a consultant or contract with a public entity, and may not transact business with Broward County for a period of 36 months from the date of being placed on the convicted vendor list. Submit a statement fully describing any violations of this statute by members of the interested firm or its joint venturers.</p>	
<p>4. No Contingency Fees: By responding to this solicitation, each firm warrants that it has not and will not pay a contingency fee to any company or person, other than a bona fide employee working solely for the firm, to secure an agreement pursuant to this solicitation. For Breach or violation of this provision, County shall have the right to reject the firm’s response or terminate any agreement</p>	

Fort Lauderdale, FL 33301  
(954) 357-6065 FAX (954) 357-8535

<p>awarded without liability at its discretion, or to deduct from the agreement price or otherwise recover the full amount of such fee, commission, percentage, gift, or consideration.</p> <p>Submit an attesting statement warranting that the Responder has not and will not pay a contingency fee to any company or person, other than a bona fide employee working solely for the firm, to secure an agreement pursuant to this solicitation.</p>	
<p>5. <input type="checkbox"/> If this box is checked, then the provisions of the Broward County Living Wage Ordinance 2008-45, as amended, (<b>“Living Wage Ordinance”</b>) will apply to this agreement. in accordance with the living wage ordinance, certain employers who do business with the county shall pay a living wage to its employees who work on service contracts providing covered services identified under the living wage ordinance.</p>	
<p>6. Non-Collusion Statement: By responding to this solicitation, the vendor certifies that this offer is made independently and free from collusion. Vendor shall disclose on the attached Non-Collusion Statement Form to their best knowledge, any Broward County officer or employee, or any relative of any such officer or employee as defined in Section 112.3135(1) (c), Florida Statutes (1989), who is an officer or director of, or had a material interest in, the vendor’s business, who is in a position to influence this procurement. Any Broward County officer or employee who has any input into the writing of specifications or requirements, solicitation of offers, decision to award, evaluation of offers, or any other activity pertinent to this procurement is presumed, for purposes hereof, a person has a material interest if they directly or indirectly own more than 5 percent of the total assets or capital stock of any business entity, or if they otherwise stand to personally gain if the contract is awarded to this vendor. Failure of a vendor to disclose any relationship described herein shall be reason for debarment in accordance with the provisions of the Broward County Procurement Code.</p>	

<p><b>Evaluation Criteria – Tiebreaker Criteria</b></p>	<p><b>Provide answers below. When an entire response cannot be entered, a summary, followed with a page number reference where a complete response can be found is acceptable.</b></p>
<p><b>LOCATION in BROWARD COUNTY</b></p> <p>1. Is your firm located in Broward County? 2. Does your firm have a valid current Broward County Local Business Tax Receipt? 3. Has your firm (a) been in existence for at least one year prior to the proposal opening (b) providing services on a day to day basis (c) at a business address physically located within the limits of Broward County (d) in an area zoned for such business and (e) the services provided from this location are substantial component of the services offered in the firm's proposal? If so, please provide the interested firm's business address in Broward County, telephone number(s), email address, evidence of the Broward County Local Business Tax Receipt and complete the attached Local Vendor Certification Form (Tiebreaker Criteria Form 1). <b>Failure to provide a valid Broward County Local Business Tax Receipt and a notarized Certification Form in your proposal shall prevent your firm from receiving credit under Broward County's tiebreaker criteria of Section 21.31.d of the Broward County Procurement Code and, if applicable, shall prevent your firm from receiving any preference(s) allowed under Broward County's Local Preference Ordinance</b></p>	
<p><b>DOMESTIC PARTNER BENEFIT</b></p> <p>1. Do you have a domestic partnership benefit program? 2. If so, please provide a copy of your domestic partnership benefit program in your proposal and complete the attached Domestic Partnership Benefit Certification Form (Tiebreaker Criteria Form 2). <b>Failure to provide a notarized Certification Form indicating in your proposal shall prevent your firm from receiving credit for having such a program under Broward County's tiebreaker criteria of Section 21.31.d of the Broward County Procurement Code.</b></p>	

<p>3. Does your domestic partnership benefit program provide benefits which are the same or substantially equivalent to those benefits offered to other employees in compliance with the Broward County Domestic Partnership Act of 1999, Broward County Ordinance # 1999-03, as amended?</p> <p>4. If so, please complete the attached Domestic Partnership Benefit Certification Form.</p> <p><b>Failure to provide a notarized Certification Form in your proposal indicating that the company provides domestic partnership benefits which are the same or substantially equivalent to the requirements of the Broward County Domestic Partnership Act of 1999, Broward County Ordinance # 1999-03, as amended, shall prevent your firm from receiving any preference(s) allowed under the Act if applicable to this solicitation.</b></p>	
<p style="text-align: center;"><b>DRUG FREE WORKPLACE</b></p> <p>1. Do you have a drug free workplace policy?</p> <p>2. If so, please provide a copy of your drug free workplace policy in your proposal.</p> <p>3. Does your drug free workplace policy comply with Section 287.087 of the Florida Statutes?</p> <p>4. If your drug free workplace policy complies with Section 287.087 of the Florida Statutes, please complete the attached Drug Free Workplace Policy Certification Form (Tiebreaker Criteria Form 3).</p> <p><b>Failure to provide a notarized Certification Form in your proposal shall prevent your firm from receiving credit for having such a program under Broward County's tiebreaker criteria of Section 21.31.d of the Broward County Procurement Code.</b></p> <p>5. If your drug free workplace policy does not comply with Section 287.087 of the Florida Statutes, does it comply with the drug free workplace requirements pursuant to Section 21.31.a.2 of the Broward County Procurement Code?</p> <p>6. If so, please complete the attached Drug Free Workplace Policy Certification Form.</p> <p>7. If your drug free workplace policy does not comply with Section 21.31.a.2 of the Broward County Procurement Code, are you willing to</p>	

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<p>comply with the requirements Section 21.31.a.2 of the Broward County Procurement Code? 8. If so, please complete the attached Drug Free Workplace Policy Certification Form. <b>Failure to provide a notarized Certification Form in your proposal indicating your compliance or willingness to comply with Broward County's Drug Free Workplace requirements as stated in Section 21.31.a.2 of the Broward County Procurement Code may result in your firm being ineligible to be awarded a contract pursuant to Broward County's Drug Free Workplace Ordinance and Procurement Code.</b></p>	
<p><b>VENDOR DESCRIPTION</b> 1. Please provide a statement attesting to whether you are a supplier/distributor or a manufacturer of the offered solution. <b>Failure to provide a statement may prevent your firm from receiving credit under Broward County's tiebreaker criteria of Section 21.31.of the Broward County Procurement Code if applicable to this solicitation.</b></p>	

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**Vendor's List (Non-Certified Subcontractors and Suppliers Information)**

**THIS FORM SHOULD BE SUBMITTED WITH THE RLI/RFP; HOWEVER, IT MUST BE SUBMITTED WITHIN 5 CALENDAR DAYS OF COUNTY'S REQUEST.**

**Provide this information for any sub vendor(s) who will provide a service to the County for this solicitation. This includes major suppliers as well.**

- 
1. Firm's Name: \_\_\_\_\_
  2. Firm's Address: \_\_\_\_\_
  3. Firm's Telephone Number: \_\_\_\_\_ Firm Email Address: \_\_\_\_\_
  4. Contact Name and Position: \_\_\_\_\_
  5. Alternate Contact Name and Position: \_\_\_\_\_
  6. Alternate Contact Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_
  7. Bid/Proposal Number: \_\_\_\_\_ Contracted Amount: \_\_\_\_\_
  8. Type of Work/Supplies Bid: \_\_\_\_\_ Award Date: \_\_\_\_\_
- 

1. Firm's Name: \_\_\_\_\_
  2. Firm's Address: \_\_\_\_\_
  3. Firm's Telephone Number: \_\_\_\_\_ Firm Email Address: \_\_\_\_\_
  4. Contact Name and Position: \_\_\_\_\_
  5. Alternate Contact Name and Position: \_\_\_\_\_
  6. Alternate Contact Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_
  7. Bid/Proposal Number: \_\_\_\_\_ Contracted Amount: \_\_\_\_\_
  8. Type of Work/Supplies Bid: \_\_\_\_\_ Award Date: \_\_\_\_\_
- 

**I certify that the information submitted in this report is in fact true and correct to the best of my knowledge**

_____ Signature	_____ Title	_____ Date
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**Note: the information provided herein is subject to verification by the Purchasing Division. Use additional sheets for more subcontractors or suppliers as necessary.**

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**Insurance Requirements for Professional Services Agent/Broker RLI**

The following coverage is deemed appropriate for minimum insurance requirements for this project and will be required of the selected firm & identified in the negotiated agreement. Any deviation or change during the contract negotiation period shall be approved by Risk Mgt.

TYPE OF INSURANCE	Limits on Liability in Thousands of Dollars		
		Each Occurrence	Aggregate
<b>GENERAL LIABILITY /</b> <input checked="" type="checkbox"/> Commercial General Liability <input checked="" type="checkbox"/> Premises-Operations <input type="checkbox"/> Explosion & Collapse Hazard <input type="checkbox"/> Underground Hazard <input checked="" type="checkbox"/> Products/Completed Operations Hazard <input checked="" type="checkbox"/> Contractual Insurance <input checked="" type="checkbox"/> Broad Form Property Damage <input checked="" type="checkbox"/> Independent Contractors <input checked="" type="checkbox"/> Personal Injury	Bodily Injury	\$1,000K	\$1,000K
	Property Damage		
	Bodily Injury and Property Damage Combined		
	Personal Injury		
<b>AUTO LIABILITY</b> <input checked="" type="checkbox"/> Comprehensive Form <input checked="" type="checkbox"/> Owned if applicable <input checked="" type="checkbox"/> Hired if applicable <input checked="" type="checkbox"/> Non-owned if applicable <input checked="" type="checkbox"/> Any Auto if applicable	Bodily Injury (each person)		Broward County reserves the right to review and revise any insurance requirements at the time of contract renewal, not limited to the limits of coverage and endorsements based on insurance market conditions and/or changes in the scope of services.
	Bodily Injury (each accident)		
	Property Damage		
	Bodily Injury and Property Damage Combined	\$500k	
<input type="checkbox"/> <b>POLLUTION &amp; ENVIRONMENTAL LIABILITY</b>	Max Ded. \$		
<input checked="" type="checkbox"/> <b>WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY (NOTE *)</b>	<input checked="" type="checkbox"/> STATUTORY		
		(each accident)	\$100K MIN
<input checked="" type="checkbox"/> <b>PROFESSIONAL LIABILITY ~ E&amp;O</b>	Max. Ded. \$ 250,000		\$ 2,000K
	VENDOR RESPONSIBLE FOR DEDUCTIBLE		
<input type="checkbox"/> <b>PROPERTY COVERAGE / ALL RISK</b>	Max. Ded. \$		Agreed value
	VENDOR RESPONSIBLE FOR DEDUCTIBLE		Replacement Cost
<input type="checkbox"/> If project greater than \$50k – installation floater required for replacement of materials, equipment and installation. All risk, agreed value.	Max Deductible	\$ 10K	
	Each Claim	VENDOR RESPONSIBLE FOR DEDUCTIBLE	

Description of Operations/Locations/Vehicles Certificate must show on general liability and excess liability **Additional Insured: Broward County Board of County Commissioners, Broward County, Florida.** Also when applicable certificate should show **B.C.B.C.C as a named insured for property and builders risk and as a loss payee for installation floater when coverage's are required.** Certificate Must be Signed and All applicable Deductibles shown. **CONTRACTOR RESPONSIBLE FOR ALL DEDUCTIBLES UNLESS OTHERWISE STATED.** Indicate bid number, RLI,RFP, and project manager.

**NOTE \*** - If the Company is exempt from Workers' Compensation Coverage, please provide a letter on company letterhead or a copy of the State's exemption which documents this status and attaché to the Certificate of Insurance for approval. If any operations are to be undertaken on or about navigable waters, coverage must be included for U.S. Longshoremen & Harbor Workers' Act/ & Jones Act  
**CANCELLATION: Thirty (30) Day written notice of cancellation required to the Certificate Holder:**

**Name & Address of Certificate Holder**  
  
 Broward County Board of County Commissioners  
 Risk Management Division, RM 210  
 115 South Andrews Avenue  
 Fort Lauderdale, FL 33301

 Jacqueline Binns  
 2010.08.06 14:43:29  
 -04'00'  
 Risk Management Division

**Tiebreaker Criteria - Form 1:  
Local Vendor Certification**

THE UNDERSIGNED VENDOR HEREBY CERTIFIES THAT:

1. \_\_\_\_\_ THE VENDOR IS A LOCAL VENDOR IN BROWARD COUNTY AND HAS A VALID BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT WHICH IS ATTACHED TO THIS CERTIFICATION

AND

2. \_\_\_\_\_ THE VENDOR IS A LOCAL VENDOR IN BROWARD COUNTY AND:

- (a) Has been in existence for at least one year prior to the proposal opening;
- (b) Provides services on a day to day basis at a business address physically located within the limits of Broward County and in an area zoned for such business; and
- (c) The services provided from this location are a substantial component of the services offered in the vendor's proposal.

\_\_\_\_\_  
(VENDOR SIGNATURE)

\_\_\_\_\_  
(PRINT VENDOR NAME)

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by

\_\_\_\_\_ as \_\_\_\_\_ of  
(Name of person who's signature is being notarized) (Title)

\_\_\_\_\_ known to me to be the person described herein, or who produced  
(Name of Corporation/Company)

\_\_\_\_\_ as identification, and who did/did not take an oath.  
(Type of Identification)

NOTARY PUBLIC:

\_\_\_\_\_  
(Signature)

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

My commission expires: \_\_\_\_\_

**Tiebreaker Criteria - Form 2:  
Domestic Partnership Benefit Certification**

THE UNDERSIGNED VENDOR HEREBY CERTIFIES THAT:

1. \_\_\_\_\_ THE VENDOR HAS A DOMESTIC PARTNERSHIP PROGRAM AND THE DOMESTIC PARTNERSHIP BENEFITS ARE AS IDENTIFIED IN THE COMPANY POLICY ATTACHED TO THIS CERTIFICATION.

AND/OR

2. \_\_\_\_\_ THE VENDOR HAS A DOMESTIC PARTNERSHIP PROGRAM THAT IS IN COMPLIANCE WITH THE BROWARD COUNTY DOMESTIC PARTNERSHIP ACT OF 1999, BROWARD COUNTY ORDINANCE # 1999-03, AS AMENDED, AND OUTLINED AS FOLLOWS:

**A. VENDOR'S EMPLOYEE BENEFITS PROGRAM INCLUDES THE FOLLOWING MINIMUM STANDARDS:**

1. Any vendor's employee who is a party to a domestic partnership relationship is entitled to elect insurance coverage for his or her domestic partner or a dependent of such domestic partner on the same basis in which any other vendor's employee may elect insurance coverage for his or her spouse or dependents. A vendor's employee's right to elect insurance coverage for his or her domestic partner, or the partner's dependent, extends to all forms of insurance provided by the vendor to the spouses and dependents of vendor's employees.
2. Any vendor's employee who is a party to a domestic partnership relationship is entitled to use all forms of leave provided by the vendor including, but not limited to sick leave and annual leave to care for his or her domestic partner or the dependent of the domestic partner as applicable.
3. All other benefits available to the spouses and dependents of vendor's employees are made available on the same basis to the domestic partner, or dependent of such domestic partner, of a vendor's employee who is party to a domestic partnership relationship.
4. It is within the vendor's discretion as to what benefits are provided to its employees and whether vendor's employees who are party to a domestic partnership relationship must be registered in accordance with Broward County Ordinance No. 1999-03, as amended, in order to be eligible for access to employee benefits.

**B. VENDOR'S DOMESTIC PARTNERSHIP ELIGIBILITY CRITERIA ARE SUBSTANTIALLY EQUIVALENT TO THE FOLLOWING:**

1. Each domestic partner is at least 18 years old and competent to contract.
2. Neither domestic partner is married nor a partner to another domestic partnership relationship.
3. The domestic partners are not related by blood.
4. Consent of either domestic partner to the domestic partnership relationship has not been obtained by force, duress, or fraud.
5. Each domestic partner agrees to be jointly responsible for each other's basic food and shelter.

\_\_\_\_\_  
(VENDOR SIGNATURE)

\_\_\_\_\_  
(PRINT VENDOR NAME)

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by

\_\_\_\_\_ as \_\_\_\_\_ of  
(Name of person who's signature is being notarized) (Title)

\_\_\_\_\_ known to me to be the person described herein, or who produced  
(Name of Corporation/Company)

\_\_\_\_\_ as identification, and who did/did not take an oath.  
(Type of Identification)

NOTARY PUBLIC:

\_\_\_\_\_  
(Signature)

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

My commission expires: \_\_\_\_\_

**Tiebreaker Criteria - Form 3:  
Drug Free Workplace Policy Certification**

THE UNDERSIGNED VENDOR HEREBY CERTIFIES THAT:

1. \_\_\_\_\_ THE VENDOR HAS A DRUG FREE WORKPLACE POLICY AS IDENTIFIED IN THE COMPANY POLICY ATTACHED TO THIS CERTIFICATION.

AND/OR

2. \_\_\_\_\_ THE VENDOR HAS A DRUG FREE WORKPLACE POLICY THAT IS IN COMPLIANCE WITH SECTION 287.087 OF THE FLORIDA STATUTES.

AND/OR

3. \_\_\_\_\_ THE VENDOR HAS A DRUG FREE WORKPLACE POLICY THAT IS IN COMPLIANCE WITH THE BROWARD COUNTY DRUG FREE WORKPLACE ORDINANCE # 1992-08, AS AMENDED, AND OUTLINED AS FOLLOWS:

- (a) Publishing a statement notifying its employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the offeror's workplace, and specifying the actions that will be taken against employees for violations of such prohibition;
- (b) Establishing a continuing drug-free awareness program to inform its employees about:
  - (i) The dangers of drug abuse in the workplace;
  - (ii) The offeror's policy of maintaining a drug-free workplace;
  - (iii) Any available drug counseling, rehabilitation, and employee assistance programs; and
  - (iv) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- (c) Giving all employees engaged in performance of the contract a copy of the statement required by subparagraph (a);
- (d) Notifying all employees, in writing, of the statement required by subparagraph (a), that as a condition of employment on a covered contract, the employee shall:
  - (i) Abide by the terms of the statement; and
  - (ii) Notify the employer in writing of the employee's conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893, Florida Statutes, or of any controlled substance law of the United States or of any state, for a violation occurring in the workplace NO later than five (5) days after such conviction.
- (e) Notifying Broward County government in writing within 10 calendar days after receiving notice under subdivision (d) (ii) above, from an employee or otherwise receiving actual notice of such conviction. The notice shall include the position title of the employee;
- (f) Within 30 calendar days after receiving notice under subparagraph (d) of a conviction, taking one of the following actions with respect to an employee who is convicted of a drug abuse violation occurring in the workplace:
  - (i) Taking appropriate personnel action against such employee, up to and including termination; or
  - (ii) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a federal, state, or local health, law enforcement, or other appropriate agency;
- (g) Making a good faith effort to maintain a drug-free workplace program through implementation of subparagraphs (a) through (f).

OR

4. \_\_\_\_\_ THE VENDOR DOES NOT CURRENTLY HAVE A DRUG FREE WORKPLACE POLICY BUT IS WILLING TO COMPLY WITH THE REQUIREMENTS AS SPECIFIED IN NO. 3

\_\_\_\_\_  
(VENDOR SIGNATURE)

\_\_\_\_\_  
(PRINT VENDOR NAME)

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by

\_\_\_\_\_ as \_\_\_\_\_ of  
(Name of person who's signature is being notarized) (Title)

\_\_\_\_\_ known to me to be the person described herein, or who produced  
(Name of Corporation/Company)

\_\_\_\_\_ as identification, and who did/did not take an oath.  
(Type of Identification)

NOTARY PUBLIC:

\_\_\_\_\_  
(Signature)

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

My commission expires: \_\_\_\_\_

**Non-Collusion Statement Form**

By signing this offer, the vendor certifies that this offer is made independently and free from collusion. Vendor shall disclose below, to their best knowledge, any Broward County officer or employee, or any relative of any such officer or employee as defined in Section 112.3135 (1) (c), Fla. Stat. (1989), who is an officer or director of, or has a material interest in, the vendor's business, who is in a position to influence this procurement. Any Broward County officer or employee who has any input into the writing of specifications or requirements, solicitation of offers, decision to award, evaluation of offers, or any other activity pertinent to this procurement is presumed, for purposes hereof, to be in a position to influence this procurement. For purposes hereof, a person has a material interest if they directly or indirectly own more than 5 percent of the total assets or capital stock of any business entity, or if they otherwise stand to personally gain if the contract is awarded to this vendor.

**Failure of a vendor to disclose any relationship described herein shall be reason for debarment in accordance with the provisions of the Broward County Procurement Code.**

**NAME**

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**RELATIONSHIPS**

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**In the event the vendor does not indicate any names, the County shall interpret this to mean that the vendor has indicated that no such relationships exist.**

**CONE OF SILENCE CERTIFICATION**

The undersigned vendor hereby certifies that:

1. \_\_\_\_\_ the vendor has read Broward County's Cone of Silence Ordinance, Section 1-266, Article xiii, Chapter 1 of the Broward County Code; and
2. \_\_\_\_\_ the vendor understands that the Cone of Silence for this competitive solicitation shall be in effect beginning upon the first meeting of the Evaluation Committee (for Requests for Proposals - RFPs) or Selection Committee short listing (for Request for Letters of Interest - RLLs) or at the time of the opening of submissions in response to Invitations for Bids; and
3. \_\_\_\_\_ the vendor agrees to comply with the requirements of the Cone of Silence Ordinance.

\_\_\_\_\_  
(Vendor Signature)

\_\_\_\_\_  
(Print Vendor Name)

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by

\_\_\_\_\_ as \_\_\_\_\_ of  
(Name of person who's signature is being notarized) (Title)

\_\_\_\_\_ known to me to be the person described herein, or who produced  
(Name of Corporation/Company)

\_\_\_\_\_ as identification, and who did/did not take an oath.  
(Type of Identification)

NOTARY PUBLIC:

\_\_\_\_\_  
(Signature)

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

My commission expires: \_\_\_\_\_

**BROWARD COUNTY'S PROPERTY PROGRAM**

FEB 2010-2011  
FY 10

<b>TOTAL INSURED VALUES(TIV)</b>	<b>\$4,834,000,614</b>
<b>MAJOR PROGRAM LIMITS :</b> Maximum "Wind Storm" Limit (FM G + Excess carriers) \$ 295M per Occ/No Agg Maximum Boiler & Machinery Limit \$1B per Occ Maximum Flood Limit (Except Misc Loc # 2 - \$1M limit) \$ 130M per Occ/NO Agg + \$30M Excess per Occ&Agg  Maximum Earth Movement Limit(Except Misc Loc#2 -\$1M Limit) \$ 350M per Occ & Agg Maximum All Risk Limit excluding Flood, Wind & Earth \$1B  Terrorism Limit- Primary \$1M per occ & \$5M Agg Terrorism Limit - Stand Alone Program Physical Damage \$350M per occ & Agg Biological Chemical \$100M per occ & Agg Fine Arts \$25M per occ/No Agg	
<b>DEDUCTIBLES:</b> ALL COVERAGES EXCEPT FOR FOLLOWING: \$50,000 Port - Property \$50,000 Port - Collapse of Bulkheads \$250,000 Port - Impact damage to docks, piers & wharves \$250,000 Port - Port Blockage Four(4) Day Wait Period Builder's Risk \$100,000 Flood - Per Location (Excludes Port ) \$100,000 <b>WIND STORM</b> -Excluding Airport & Port \$35M Airport Wind (Separate deductible) \$20M Port Wind & Flood (Separate deductible) \$25M(Wind & Flood) <b>Total Max Wind Storm Deductible:</b> \$75M Fine Arts \$1,000 per occ/\$5,000 per occ vandalism/\$10,000 per occ Windstorm - Displays Outside	
<b>PREMIUM HISTORY:</b> FM GLOBAL PREMIUM (Includes Terrorism): \$17,500,000 NET PREMIUM PAID (FM Global):  TOTAL EXCESS "ALL RISK" CARRIER PREMIUMS: \$6,200,000 TOTAL EXCESS "TERRORISM" CARRIER PREMIUMS: \$778,494 TOTAL FINE ARTS PREMIUM: \$28,730 TOTAL PROGRAM ACTUAL PREMIUMS: \$24,507,224 CAT Fund & Citizens Assessments + other fees \$560,345 <b>TOTAL PROGRAM PREMIUMS PAID:</b> \$25,067,569	