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# ***Anywhere ISD***

**Request for Proposal (RFP)**

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## **Property, Liability, and Automobile Coverage**

**Package includes:**

- Bid Specifications
- Underwriting Data
- Proposal Response Forms

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# SECTION 1

## General Information

### General Conditions

- A. (School District, Appraisal District, Regional Education Service Center, Community College, Shared Service Arrangement {SSA}) (hereafter referred to as Entity) is requesting proposals for the following Property, Liability and Automobile coverage.

**Property**

Building & Contents  
Equipment Breakdown  
Flood  
Earthquake  
Scheduled Property (Floaters)/Inland Marine  
Electronic Data Media/Equipment Protection  
Extra Expense  
Crime (Includes Employee Dishonesty, Faithful  
Performance, and Money & Securities)

**Liability**

General Liability  
Personal Injury Liability  
Employee Benefits Liability  
Professional Legal Liability

**Automobile &  
Mobile Equipment  
Physical Damage**

Automobile Liability  
Vehicles  
Mobile Equipment

- B. Proposers may quote several plan options as long as each option is fully explained. All relationships between your company and any company offering coverage must be revealed, as well as any commission payments or fees that will be paid to the Proposer as a result of this bid award.
- C. Proposers are expected to examine the complete RFP document. Failure to do so will be at the Proposer's risk. Written questions about this RFP and requests for additional information shall be provided no later than \_\_\_\_\_ (5:00 p.m.) to the Purchasing Department, Attn: \_\_\_\_\_  
(address) \_\_\_\_\_, Texas, (zip code) \_\_\_\_\_ or you may fax your request to (\_\_\_\_) \_\_\_\_/\_\_\_\_. The Entity will not respond to verbal inquiries.
- D. Proposers must submit one original and \_\_\_\_\_ copies (\_\_\_\_ complete sets) of the proposal

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- E. Proposals will be received until \_\_\_\_\_ PM on \_\_\_\_\_, at the (Entity office. The mailing address of this office is \_\_\_\_\_.  
The physical location of this office is \_\_\_\_\_.
- F. Proposals must be plainly marked on the outside of the envelope: "SEALED PROPOSAL FOR PROPERTY, LIABILITY AND AUTOMOBILE COVERAGE."
- G. The Entity reserves the right to accept or reject any or all proposals, waive any formalities and/or technicalities in the proposal and award the contract to best serve the interests of the Entity. The Entity may negotiate with Proposers as deemed advisable or necessary.
- H. All Proposals must be submitted on the **Proposal Forms** attached hereto, in accordance with all specified conditions. Coverage shall be for one year beginning \_\_\_\_\_.
- I. Any restrictions, deviations or other modifications which alter or reduce coverage as specified in this RFP must be shown separately and explained in writing. Failure to attach an explanation of deviations to this proposal will indicate your acceptance of the specifications as written.
- J. Proposers are required to submit specimen coverage documents, agreements, and/or contracts the Entity will be required to sign in order to purchase the coverage quoted.
- K. Please indicate the method for payment and any optional methods that may be available.
- L. It is the intent of the Entity to award the proposal to one carrier who can provide all lines of coverage as a package. Preference may be given to packaged proposals; however, final purchasing decisions will be made based on the options that are most advantageous to the Entity. In addition to package pricing, please indicate if monoline pricing is available.
- M. Due care and diligence have been used in the preparation of these specifications and the information contained herein is believed to be substantially correct. However, the responsibility for determining the full extent of the exposure and the verification of all information presented herein shall rest solely on the Proposer. The Entity and its representatives will not be responsible for any errors and omissions in the specifications nor for the failure on the part of the Proposer to determine the full extent of the exposures.
- N. Quotations shall be based on the underwriting information furnished by the Entity. Loss data is believed to be correct but is not warranted. If inspections are required, please coordinate them through the Business Office by contacting \_\_\_\_\_.

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## **Minimum Qualifications**

- A. Proposers responding to this RFP must be licensed and/or authorized to do business in Texas and have at least 5 years experience writing Property, Liability and Automobile coverage in Texas. Proposer qualifications must be included as an exhibit to your proposal.
- B. Proposers must attach a brief biography describing the experience of the person assigned to handle this account.
- C. Submit a summary of all Property, Liability and Automobile services available to the Entity. Indicate charges for services that are in addition to the quoted contributions/premiums.
- D. Proposers must have an Errors and Omissions policy with a minimum limit of \$1,000,000 per occurrence. Attach current certificate of coverage.
- E. Self-funded programs or plans organized under the terms of the Interlocal Cooperation Act (Chapter 791, Title 7, Government Code) shall be accepted provided the program offers coverage that are equivalent to a fully insured program.
- F. The Proposer's most recently audited financial statement must be included with the proposal.

## SECTION 2

### Underwriting Information

#### General Underwriting Questions / Answers

Has the board implemented specific loss prevention policies?	Y	<input type="checkbox"/>	N	<input type="checkbox"/>
Is there a swimming pool at any location?	Y	<input type="checkbox"/>	N	<input type="checkbox"/>
- If yes, please attach.		<input type="checkbox"/>		<input type="checkbox"/>
Do you operate a daycare center?	Y	<input type="checkbox"/>	N	<input type="checkbox"/>
- If yes, can the general public utilize the center?	Y	<input type="checkbox"/>	N	<input type="checkbox"/>
- Is the center operated by Entity employees?	Y	<input type="checkbox"/>	N	<input type="checkbox"/>
Does the applicant own or lease any watercraft?	Y	<input type="checkbox"/>	N	<input type="checkbox"/>
Does the applicant own or charter any aircraft?	Y	<input type="checkbox"/>	N	<input type="checkbox"/>
Does the applicant engage in any activities, other than school activities, including the loaning or leasing of property?	Y	<input type="checkbox"/>	N	<input type="checkbox"/>
- If yes, please list and explain in detail		<input type="checkbox"/>		<input type="checkbox"/>
- Are certificates of insurance required from lessee?	Y	<input type="checkbox"/>	N	<input type="checkbox"/>
Is the applicant engaged in any joint ventures, cooperatives or SSA's?	Y	<input type="checkbox"/>	N	<input type="checkbox"/>
- If yes, please list and explain in detail		<input type="checkbox"/>		<input type="checkbox"/>
Does the applicant employ police or security guards in any capacity?	Y	<input type="checkbox"/>	N	<input type="checkbox"/>
- If yes, are they certified by Texas Commission of Law Enforcement Officer Standards & Education (TCLEOSE)?	Y	<input type="checkbox"/>	N	<input type="checkbox"/>
- If yes, how many?		<input type="checkbox"/>		<input type="checkbox"/>
Does the applicant have an on-site physician(s), medical/dental clinics or a pharmacy?	Y	<input type="checkbox"/>	N	<input type="checkbox"/>
If yes, is it operated by the Entity?	Y	<input type="checkbox"/>	N	<input type="checkbox"/>
If yes, are they employees of the Entity?	Y	<input type="checkbox"/>	N	<input type="checkbox"/>

#### Loss History for Past Five Years

A five-year loss history report for all lines of business requested in this RFP is attached. See Exhibit I.

# SECTION 3

## Coverage Specifications

### Property and Contents

1. **Property covered** See attached Exhibit II.
2. **Policy Limits** \$\_\_\_\_\_
3. Blanket coverage on buildings, contents and auxiliary structures at all locations including on-site improvements such as fences, light poles, and bleachers.
4. **Basis of Recovery** Full Replacement Cost
5.

Peril	Deductible	Deductible Options
<b>All Other Perils</b>	\$ _____	\$ _____
<b>Wind Hail and Hurricane</b>	\$ _____	\$ _____
<b>Named Windstorm</b>	\$ _____	\$ _____
6. **Extra Expense** \$\_\_\_\_\_ per occurrence
7. **Automatic Coverage on newly acquired Property:** \$1,000,000 limits for up to 90 days
8. **Scheduled Property Floater** (Classifications of Property: band equipment, computer equipment, office equipment, electronic and audio/visual equipment, agricultural equipment, valuable papers, etc)
  - a. **Type of Coverage** All Risk
  - b. **Basis of Recovery** Full Replacement Cost

Classification	Limit	Deductible(s)	
_____	\$ _____	\$ _____	per occurrence
_____	\$ _____	\$ _____	per occurrence
_____	\$ _____	\$ _____	per occurrence

9. **Electronic Data Protection for owned computer equipment**
  - a. **Type of Coverage** All Risk coverage
  - b. **Basis of Recovery** Full Replacement Cost
  - c. **Single Blanket Limit (all locations)** \$\_\_\_\_\_ **OR**  
Limit per location:

\$ _____	Location _____
\$ _____	Location _____
\$ _____	Location _____
\$ _____	Location _____
\$ _____	Location _____
  - d. **Deductible(s)** \_\_\_\_\_ per occurrence
  - e. **Property-In-Transit** Blanket Limits
  - f. **Property at Unscheduled Locations** Blanket Limits
  - g. **Automatic Coverage for Storage of Duplicates**  
Up to 20% at each location not to exceed \$50,000
  - h. **Reproduction of Data** Blanket Limits
  - i. **Repair or Replace Media** Blanket Limits

## Underwriting Information – Fire Protection

Are fire hydrants located on or across the street from each campus?	Y	<input type="checkbox"/>	N	<input type="checkbox"/>
Are fire alarm systems located in all buildings?	Y	<input type="checkbox"/>	N	<input type="checkbox"/>
Is the fire department paid or voluntary?	Y	<input type="checkbox"/>	N	<input type="checkbox"/>
Is the applicant located in a town of less than 15,000 population?	Y	<input type="checkbox"/>	N	<input type="checkbox"/>
- If yes, is the applicant within five miles of a town with a population of more than 15,000?	Y	<input type="checkbox"/>	N	<input type="checkbox"/>
- If yes, will that city's fire department respond to a fire at all your locations?	Y	<input type="checkbox"/>	N	<input type="checkbox"/>
Does the applicant have a hooded ventilating system in the kitchen?	Y	<input type="checkbox"/>	N	<input type="checkbox"/>
Does the applicant have a contract for hood-cleaning services?	Y	<input type="checkbox"/>	N	<input type="checkbox"/>
- If yes, how often does the contractor clean the hood?				

## Underwriting Information – Building Maintenance / Occupancy

List any security measures such as burglar alarms, security lighting, etc.:				
Does the applicant have any buildings 30 years or older?	Y	<input type="checkbox"/>	N	<input type="checkbox"/>
- If yes, has the wiring been updated to meet code specifications?	Y	<input type="checkbox"/>	N	<input type="checkbox"/>
Are any owned or leased buildings being used for purposes other than their intended use?	Y	<input type="checkbox"/>	N	<input type="checkbox"/>
Are any owned or leased buildings controlled by the applicant currently vacant or unoccupied?	Y	<input type="checkbox"/>	N	<input type="checkbox"/>

## Equipment Breakdown Coverage

**Covered equipment** unless otherwise indicated, includes electrical, mechanical and pressure equipment. It includes both Real Property, such as heating, cooking and electrical systems, and Personal Property, such as office and process equipment.

1.	Total number of locations occupied by the Entity:	See attached Exhibit VIII.
2.	Type of Coverage	Comprehensive
3.	Policy Limits	Equal to property limits, not to exceed \$100,000,000
4.	Deductible	\$1,000 or property deductible per occurrence
5.	Basis of Recovery	Repair or Replacement
6.	Stipulated Time for Repair or Replacement:	24 months
7.	Automatic Coverage for new locations	90 days
8.	Expediting Expense	\$250,000 per occurrence
9.	Hazardous Substance Cleanup	\$250,000 per occurrence
10.	Property Damage	Included in Coverage Limit
11.	Ammonia Contamination	Included in Coverage Limit
12.	Consequential/ Perishable Goods Damage	\$100,000 per occurrence
13.	Extra Expense (24 hours)	Included in Coverage Limit
14.	Excavation Costs	\$25,000 per occurrence



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## **Blanket Crime Coverage (Public Employee Blanket Bond)**

1. Coverage will include employee dishonesty, loss inside and outside the premises for money and securities and faithful performance on a blanket basis.
  
2. Blanket Limit                   \$ \_\_\_\_\_  
     Deductible                    \$ \_\_\_\_\_

### **Underwriting Information – Blanket Crime Coverage (Public Employee Blanket Bond)**

Total number of locations occupied by the Entity:				
Total number of locations at which money or securities are handled:				
How frequently are audits made?				
Are they made by an independent auditor or CPA?	Y	<input type="checkbox"/>	N	<input type="checkbox"/>
Are countersignatures required?	Y	<input type="checkbox"/>	N	<input type="checkbox"/>
Are securities subject to joint control of two or more responsible employees?	Y	<input type="checkbox"/>	N	<input type="checkbox"/>
Number of employees and board members who handle money or securities, sign checks, authorize drafts, or audit accounts on a regular basis:				
Number of clerical personnel not listed above:				
Number of all other employees:				
What is the Average Daily Attendance (ADA) reported to TEA?				

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## **General Liability, Personal Injury Liability and Employee Benefits Liability Coverage**

1. Limits of Liability: \$1,000,000 per occurrence, no annual aggregate  
Deductible: \$ \_\_\_\_\_
2. Pays expenses, including judgments and defense costs.
3. Provides coverage for care, custody, and control.
4. Includes incidental medical malpractice.
5. Provides coverage for libel, slander and defamation of character.
6. Covers premises liability, advertising liability, and products liability on a per occurrence form.
7. Persons Covered/Insured **must** include named Entity, any trustees / board members, employees, student teachers, and volunteers.
8. Claims arising out of the negligent act, error, or omission of the Entity and/or its employees relative to the administration of employee benefit programs must be included.

## **Professional Legal Liability**

1. Provides protection for named Entity, any trustees / board members, employees, student teachers, and volunteers while acting in the course and scope of their duties.
2. Limits of Liability: \$1,000,000 per occurrence, \$1,000,000 annual aggregate  
Deductible: \$ \_\_\_\_\_
3. Coverage Form: Claims - Made
4. The Proposer will pay all sums to which the Entity shall become legally obligated to pay on any claim first made against them during the policy period.
5. The Proposer shall defend civil suits against the Entity alleging a Wrongful Act including but not limited to civil rights - Section 1983, discrimination, sexual abuse, sexual harassment and sexual molestation claims.
6. A claim shall include demand received by the Entity for money, services or nonpecuniary relief. This shall include the service of suit or institution of arbitration proceedings against the Insured.
7. Claims expenses shall include attorney fees and all other fees, costs and expenses arising from defense of any claim.
8. The Proposer will pay all premiums on bonds to release attachments for an amount not in excess of the applicable limit of liability of the policy.
9. Either Professional Legal Liability or General Liability coverage must cover claims arising out of corporal punishment or student discipline.
10. Limits of coverage will not be reduced by the payment of defense costs (defense in addition to limits).
11. Cancellation by either the Proposer or the Entity will be subject to the terms and conditions of the contractual agreement or ten (10) days in the case of nonpayment.
12. Please provide an explanation of any **Prior Acts** coverage that will be quoted.
13. **Extended Reporting/Discovery Period** must be offered.

## **Automobile Liability and Physical Damage Coverage**

1. Schedule of Vehicles, including Mobile Equipment, Bus Seating Capacities, & Values: See attached Exhibit III.
2. **Minimum Liability Limits & Coverage desired:**  
 \$100,000 per person Bodily Injury limits,  
 \$300,000 per occurrence Bodily Injury limits,  
 \$100,000 per occurrence Property Damage limits  
  
 Optional Liability Limits - \$1,000,000 Combined Single Limits
3. Hired and Non-Owned Vehicle coverage shall be excess over any other valid and collectible insurance.
4. Physical Damage coverage for Vehicles (list deductible options desired):

a) Collision	\$	and		deductible
b) Other Than Collision*				
1) Comprehensive	\$	and		deductible
2) Specified Perils	\$	and		deductible

\*When purchasing Other Than Collision coverage, Entity must choose either comprehensive or specified perils coverage.

Physical Damage coverage for Mobile Equipment (list deductible options desired):

a) Collision	\$	and		deductible
b) Other Than Collision*				
1) Comprehensive	\$	and		deductible
2) Specified Perils	\$	and		deductible

\*When purchasing Other Than Collision coverage, Entity must choose either comprehensive or specified perils coverage.

5. Fleet Automatic Coverage: Subject to audit (must be requested by member), it is agreed that automatic coverage is provided for substitute and newly acquired automobiles (cars, trucks, trailers and buses) for the same coverage provided for all similar type automobiles.

### **Underwriting Information – Automobile Liability & Physical Damage**

Are any transportation operations contracted to another? If yes, include name of contractor:	Y		N	
Are owned vehicles used by security personnel?	Y		N	
How often do you run Motor Vehicle Reports on Entity drivers?				
Where are the vehicles housed and what is the total value of vehicles at each location?				

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## **SECTION 4**

### **Loss Prevention**

1. Attach a description of Loss Prevention services provided. Include a recent example of a loss prevention service completed by the Proposer's firm.
2. Provide the Proposer's experience and professional qualifications.
3. Describe any charges and the unit pricing of these services.
4. Describe the Proposer's philosophy on loss prevention.
5. List the name of the loss prevention representative(s) who will make scheduled appointments to the Entity. Indicate the frequency or schedule for these appointments.
6. Where is this loss prevention representative located?
7. Include a biography of the loss prevention representative(s) who would be assigned to our account.
8. Describe the specific risk management materials/resources that are available to the Entity. Indicate the additional charges, if any.
9. Describe the specific education and training provided to Entity personnel. Indicate additional charges, if any.

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# SECTION 5

## Proposal Response Forms

### Company Information

Name of your company: \_\_\_\_\_

Phone number: \_\_\_\_\_

Facsimile number: \_\_\_\_\_

Address: \_\_\_\_\_

Primary business: \_\_\_\_\_

Type of company:  
(corp., partnership, etc.): \_\_\_\_\_

Year started in business: \_\_\_\_\_

Number of years administering  
Property, Liability, Automobile in  
Texas: \_\_\_\_\_

Number of years administering  
Property, Liability, Automobile for  
public educational entities: \_\_\_\_\_

Proposers must include in the proposal a notice as to whether the person submitting the bid or an owner or operator of the business entity has been convicted of a felony and the description of the conduct resulting in the conviction. The contract may be terminated if it is determined that the person or business entity failed to give notice or misrepresented the conduct resulting in the conviction.

The Proposer, in compliance with the invitation for proposal on Property, Liability, Automobile funding, having examined the specifications and being familiar with all conditions in the specifications, hereby proposes to provide the services in accordance with the proposal documents on the attached response sheets.

"The undersigned affirms that they are duly authorized to execute this contract, that this company, corporation, firm, partnership or individual has not prepared this proposal in collusion with any other Proposer, and that the contents of this proposal as to prices, terms or conditions of said proposal have not been communicated by the undersigned nor by any employee or agent to any other person engaged in this type of business prior to the official opening of this proposal."

Having reviewed the specifications, we have complied with all requirements and conditions except as noted on the attachment labeled "Deviations."

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Signature and title of authorized representative

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Proposing Company Date

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**Property and Contents Coverage**

Limit	\$ _____	Limit	\$ _____
Deductible	\$ _____	Deductible	\$ _____
Total Cost	\$ _____	Total Cost	\$ _____

**Total Scheduled Property Floaters**

Limit	\$ _____
Deductible	\$ _____
Total Cost	\$ _____

Name of Company offering coverage: \_\_\_\_\_

**DEVIATIONS** from proposal specifications:

**Equipment Breakdown Coverage**

Limit	\$ _____
Deductible	\$ _____
Total Cost	\$ _____

Name of Company offering coverage: \_\_\_\_\_

**DEVIATIONS** from proposal specifications:

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**Crime**

Limit                   \$ \_\_\_\_\_  
Deductible           \$ \_\_\_\_\_  
Total Cost            \$ \_\_\_\_\_

**Name of Company offering coverage:** \_\_\_\_\_

**DEVIATIONS from proposal specifications:**

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**General Liability, Personal Injury Liability and Employee Benefits Liability**

Limit                                 \$ \_\_\_\_\_  
Deductible                         \$ \_\_\_\_\_  
Total Cost                         \$ \_\_\_\_\_

Name of Company offering coverage: \_\_\_\_\_

**DEVIATIONS** from proposal specifications:

**Professional Legal Liability**

Limit                                 \$ \_\_\_\_\_  
Deductible                         \$ \_\_\_\_\_  
Total Cost                         \$ \_\_\_\_\_

Name of Company offering coverage: \_\_\_\_\_

**DEVIATIONS** from proposal specifications:



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Please respond to the following questions as they relate to the Professional Legal Liability coverage proposed. Please specify if there are any SUBLIMITS, otherwise it will be assumed full policy limits are available:

1. Who are the "covered persons" or "named insureds?"
2. Is Prior Acts coverage provided as part of the basic coverage? If so, what is the retroactive date?
3. In corporal punishment/student discipline covered?
4. Describe the terms available for "Extended Reporting/Discovery Period" coverage available when either the insured or insurer cancels or nonrenews? How long is the reporting period and what is the cost?
5. Does the policy cover non-pecuniary relief? If so, are there any sublimits for either defense costs or damages? If sublimits apply, please stipulate.
6. Are board members/employees covered as they serve on other boards within the course and scope of their employment (i.e., would coverage extend to a superintendent as he/she served on a Special Education Cooperative)?
7. Are claims alleging discrimination covered (e.g., 1983 Civil Rights violation)? If so, what is the Limit of Liability?
8. Is sexual misconduct (i.e., harassment), sexual abuse and molestation covered? If so, are there sublimits?
9. Does the coverage pay on behalf of or indemnify?
10. Are defense costs within limits or in addition to?
11. Please explain the notice of claim provision and what constitutes a "demand."
12. What provisions are there if the insured refuses to consent to settle?
13. Must the insured have the Proposer's consent to incur expenses?

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## **Automobile Liability and Physical Damage Including Hired and Non-Owned Vehicles**

### **Automobile Liability Coverage**

1. <b>Minimum</b> Limits	\$100,000 / \$300,000 / \$100,000		
Deductible	\$250	\$500	\$1,000
Cost	\$	\$	\$

2. <b>Optional</b> Limits	\$1,000,000 Combined Single Limits		
Deductible	\$250	\$500	\$1,000
Cost	\$	\$	\$

### **Physical Damage Coverage**

Deductible	\$250	\$500	\$1,000
Comprehensive	<u>\$</u>	<u>\$</u>	<u>\$</u>
Specified Perils	<u>\$</u>	<u>\$</u>	<u>\$</u>
Collision	<u>\$</u>	<u>\$</u>	<u>\$</u>

**Name of Company offering coverage:**

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**DEVIATIONS from proposal specifications:**

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## **Felony Conviction Notice**

State of Texas Legislative Senate Bill No. 1, Section 44.034, Notification of Criminal History, Subsection (a), states "a person or business entity that enters into a contract with a school district must give advance notice to the district if the person or an owner or operator of the business entity has been convicted of a felony. The notice must include a general description of the conduct resulting in the conviction of a felony."

Subsection (b) states "a school district may terminate a contract with a person or business entity if the district determines that the person or business entity failed to give notice as required by Subsection (a) or misrepresented the conduct resulting in the conviction. The district must compensate the person or business entity for services performed before the termination of the contract."

**THIS NOTICE IS NOT REQUIRED OF A PUBLICLY HELD CORPORATION**

I, the undersigned agent for the firm named below, certify that the information concerning notification of felony convictions has been reviewed by me and the following information furnished is true to the best of my knowledge.

VENDOR'S NAME: \_\_\_\_\_

AUTHORIZED COMPANY OFFICIAL'S NAME (PRINTED): \_\_\_\_\_

- A. My firm is a publicly held corporation; therefore, this reporting requirement is not applicable.

Signature of Company Official: \_\_\_\_\_

- B. My firm is neither owned nor operated by anyone who has been convicted of a felony:

Signature of Company Official: \_\_\_\_\_

- C. My firm is owned or operated by the following individual(s) who has/have been convicted of a felony:

Name of Felon(s): \_\_\_\_\_

Detail of Conviction(s): \_\_\_\_\_

Signature of Company Official: \_\_\_\_\_

# Conflict Of Interest Questionnaire

FORM CIQ

For vendor or other person doing business with local governmental entity

**This questionnaire reflects changes made to the law by H.B. 1491, 80<sup>th</sup> Leg., Regular Session.**

OFFICE USE ONLY

This questionnaire is being filed in accordance with Chapter 176, Local Government Code by a person who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the person meets requirements under Section 176.006(a).

Date Received

By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7<sup>th</sup> business day after the date the person becomes aware of facts that require the statement to be filed. See Section 176.006, Local Governmental Code.

A person commits an offense if the person knowingly violates Section 176.006, Local Government Code. An offense under this section is a Class C misdemeanor.

1. **Name of person who has a business relationship with local governmental entity.**

2.  **Check this box if you are filing an update to a previously filed questionnaire.**

(The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7<sup>th</sup> business day after the date the originally filed questionnaire becomes incomplete or inaccurate.)

3. **Name of local government officer with whom filer has employment or business relationship.**

\_\_\_\_\_  
Name of Officer

This section (item 3 including subparts A, B, C & D) must be completed for each officer with whom the filer has an employment or other business relationship as defined by Section 176.001(1-a), Local Government Code. Attach additional pages to this Form CIQ as necessary.

A. Is the local government officer named in this section receiving or likely to receive taxable income, other than investment income, from the filer of the questionnaire?

Yes       No       NA

B. Is the filer of the questionnaire receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer named in this section AND the taxable income is not received from the local governmental entity?

Yes       No       NA

C. Is the filer of this questionnaire employed by a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership of 10 percent or more?

Yes       No       NA

D. Describe each employment or business relationship with the local government officer named in this section.

4. \_\_\_\_\_  
Signature of person doing business with the governmental entity

\_\_\_\_\_  
Date

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## **SECTION 6**

### **Exhibits**

#### **Exhibit I – Five Year Loss History for All Lines of Business Quoted**

##### **Five Year Loss History Report for:**

- **Property**
- **Equipment Breakdown**
- **Crime**
- **General Liability**
- **Professional Legal Liability**
- **Automobile**
- **Any other lines of business requested in this RFP**

#### **Exhibit II – Property Schedule**

##### **Covered Property**

*(Insert a property schedule with values, age, and construction for each building and/or property appraisal)*

#### **Exhibit III – Vehicle and Mobile Equipment Schedule**

##### **Schedule of Vehicles & Bus Seating Capacities**

##### **Include Mobile Equipment Schedule**