

SPECIAL PUBLIC NOTICE
CY 2017
REQUEST FOR QUALIFICATIONS/PROPOSALS:
CITY OF SOUTH AMBOY

Purpose:

The following general requirements must be met in order for any firm to be considered to provide professional services covered by N.J.S.A. 44A-20.5 *et seq* with the City. The process is designed to find qualified service providers in an open and fair manner in order to have the most qualified service provider for the City.

Scope:

Any person or firms interested in providing professional services, as defined in the New Jersey Local Public Contracts Law and specifically N.J.S.A. 40: 11-2(6), to the City of South Amboy.

General Requirements:

1. The Request for Qualifications (“RFQ”) shall be used to determine what companies, firms, or individuals offer the City the best opportunity to secure the highest quality professional services.
2. The Request for Proposals (“RFP”) shall be used to determine whether the costs of fees proposed to provide the professional services are fair and reasonable, both in terms of the City’s budgetary interests, the general market rate for the services, and the level of experience, breadth of services, reputation, and expertise of the professional.
3. Advertising of the RFQ/RFP will, at a minimum, include the City website and City official bulletin board.
4. The RFQ shall list the minimum requirements of the service being sought. Where the Request for Qualifications lists separate experience requirements for the firms and for individuals, professionals in solo practice shall meet the experience requirements for a firm.
5. Submissions will be required on the date specified which shall be not less than ten (10) days following the advertisement of the RFQ.

Requirements to Qualify

The requirements listed below are the minimum levels expected from the professional indicated.

NOTE: The City of South Amboy will consider proposals only from firms or individuals that have demonstrated the capability and willingness to provide high quality services in the manner described in this Request for Qualifications.

REQUEST FOR QUALIFICATIONS

RISK MANAGEMENT CONSULTANT/GROUP MEDICAL AND PRESCRIPTION INSURANCE BROKER OF RECORD SERVICES

DUE DATE: WEDNESDAY, DECEMBER 14th, 2016 AT 1 P.M.

Issued by:

CITY OF SOUTH AMBOY

NOTICE OF REQUEST FOR QUALIFICATIONS

NOTICE is hereby given that the City of South Amboy is seeking Qualification Statements for Risk Management Consultant/Group Medical/Prescription Insurance Broker of Record Services. Sealed Qualification Statements will be received by the City of South Amboy, in the County of Middlesex, State of New Jersey on Wednesday, December 14th, 2016 at 1 p.m. prevailing time, or as soon thereafter as the matter may be reached. All submissions will be publicly opened at that time. Sealed Qualification Statements may be hand delivered or mailed to the attention of **Laura Kemble, Acting City Clerk** at City Hall, 140 North Broadway, South Amboy, New Jersey 08879 on or before that date and time. No Qualification Statements shall be received other than at the time and place herein designated for their receipt.

Copies of the Request for Qualifications (RFQ) may be obtained, in an electronic format on the City's website: www.southamboynj.gov by clicking RFP and RFQ in navigation bar on the left-hand side of the homepage.

The services that are the subject of the RFQ constitute professional services in accordance with the Local Public Contracts Law, N.J.S.A. 40A:11-1 et seq., and are not subject to public bidding. However, this RFQ process is being undertaken in accordance with the “New Jersey Local Unit Pay to Play” Law, N.J.S.A. 19:44A-20.5 et seq.

The selected Risk Management Consultant/Group Medical and Prescription Insurance Broker of Record will be required to comply with the requirements of P.L. 1975, c.127. (Affirmative Action Program, Equal Employment Opportunity).

Each Qualification Statement shall be enclosed in a sealed envelope which shall bear on the outside thereof, the name of the person/firm submitting the RFQ and the following phrase:

“Qualification Statement for Risk Management Consultant/Group Medical and Prescription Insurance Broker of Record Services”

The City reserves the right to reject any and all Qualification Statements, to waive any informality or to select the professional(s) who in its judgment shall be in the City’s best interest. Qualification Statements must be prepared and submitted in the manner designated within the RFQ for the Risk Management Consultant/Group Medical and Prescription Insurance Broker of Record Services.

Camille Tooker
Business Administrator

GLOSSARY

The following definitions shall apply to and are used in this Request for Qualifications:

“City” – refers to the City of South Amboy.

“Qualification Statement” – refers to the complete response to this RFQ submitted by the Respondents.

“Qualified Respondent” – refers to those Respondents who (in the sole judgment of the City) have satisfied the qualification criteria set forth in this RFQ.

“RFQ” – refers to this Request for Qualifications, including any amendments thereof or supplements thereto.

“Respondent” or “Respondents” - refers to the interested person(s) and/or firm(s) that submit a Qualification Statement.

SECTION 1

INTRODUCTION AND GENERAL INFORMATION

1.1 Introduction and Purpose.

The City is soliciting Qualification Statements from interested persons and/or firms for Risk Management Consultant/Group Medical and Prescription Insurance Broker of Record Services, as more particularly described herein. Through the Request for Qualification process described herein, persons and/or firms interested in providing Risk Management Consultant/Group Medical and Prescription Insurance Broker of Record Services must prepare and submit a Qualification Statement in accordance with the procedure in this RFQ. The City will review Qualification Statements only from those firms that submit a Qualification Statement which includes all the information required to be included as described herein (in the sole judgment of the City). The City intends to quality person(s) and/or firm(s) that: (i) possesses the professional, financial and administrative capabilities to provide the proposed services, and (ii) will agree to provide the proposed services based on terms and conditions determined by the City to provide the greatest benefit to the taxpayers of the City of South Amboy.

1.2 Procurement Process.

The solicitation of Qualified Respondents and the selection of a Qualified Respondent is not subject to the provisions of the Local Public Contracts Law, N.J.S.A. 40A:11-1 *et seq.* because the services are professional services exempt from public bidding. However, the solicitation and selection are subject to the “New Jersey Local Unit Pay-to Play” Law N.J.S.A. 19:44A-20.5 et. seq. The City has structured a procurement process that seeks to obtain the desired services through a competitive process and to assure that each person and/or firm is provided an equal opportunity to submit a Qualification Statement in response to the RFQ. Qualification Statements will be evaluated in accordance with the criteria set forth in Section 2 of this RFQ, which will be applied in the same manner of each Qualification Statement received.

Qualification Statements will be reviewed and evaluated by the City Business Administrator and the City Attorney (collectively, the “Review Team”). The Qualification Statements will be reviewed to determine if the Respondent has met the minimum professional, administrative and financial criteria described in this RFQ. Based upon the totality of the information contained in the Qualification Statement, including information about the reputation and experience of each Respondent, the City will (in its sole judgment) determine which Respondents are qualified. Each Respondent that meets the requirements of the RFQ (in the sole judgment of the City) will be designated as a

Qualified Respondent and will be given the opportunity to participate in the selection process determined by the City.

The RFQ process commences with the issuance of this RFQ. All communications concerning this RFQ or the RFQ process shall be directed to the City's Designated Contact Person, in writing.

Designated Contact Person:

Camille Tooker, BA
City of South Amboy
140 North Broadway
South Amboy, NJ 08879

Sealed Qualification Statements must be submitted to, and be received by, the City, via mail, overnight delivery or hand delivery, by 1 p.m. prevailing time on Wednesday, December 14th, 2016. Qualification Statements will not be accepted by facsimile transmission or e-mail.

Subsequent to issuance of this RFQ, the City (through the issuance of addenda to all firms that have received a copy of the RFQ) may modify, supplement or amend the provisions of this RFQ in order to respond to inquiries received from prospective Respondents or as otherwise deemed necessary or appropriate by (and in the sole judgment of) the City.

Section 1.3

Conditions Applicable to RFQ.

Upon submission of a Qualification Statement in response to this RFQ, the Respondent acknowledges and consents to the following conditions relative to the submission and review and consideration of its Qualification Statement:

- This document is an RFQ and does not constitute an RFQ.
- This RFQ does not commit the City to issue an RFQ.
- All costs incurred by the Respondent in connection with responding to this RFQ shall be borne solely by the Respondent.
- The City reserves the right (in its judgment) to reject for any reason any and all responses and components thereof and to eliminate any and all Respondents responding to this RFQ from further consideration.
- The City reserves the right (in its sole judgment) to reject any Respondent that submits incomplete responses to this RFQ, or a Qualification Statement that is not responsive to the requirements of this RFQ.
- The City reserves the right, without prior notice, to supplement, amend, or otherwise modify this RFQ, or otherwise request additional information.

- All Qualification Statements shall become the property of the City and will not be returned.
- All Qualification Statements will be made available to the public at the appropriate time, as determined by the City (in the exercise of its sole discretion) in accordance with law.
- The City **may** request Respondents to send representatives to the City for interviews.
- Any and all Qualification Statements not received by the City by 1 p.m. Prevailing Time on Wednesday, December 14, 2016 will be rejected.
- Neither the City nor its respective staffs, consultants or advisors shall be liable for any claims or damages resulting from the solicitation or preparation of the Qualification Statement, nor will there be any reimbursement to respondents for the cost of preparing and submitting a Qualification Statement or for participating herein.

Section 1.4 Rights of City

The City reserves, holds and may exercise, at its sole discretion, the following rights and options with regard to this RFQ and the procurement process in accordance with the provisions of applicable law:

- To determine that any Qualification Statement received complies or fails to comply with the terms of this RFQ.
- To supplement, amend or otherwise modify the RFQ through issuance of addenda to all prospective Respondents who have received a copy of this RFQ.
- To waive any technical non-conformance with the terms of this RFQ.
- To change or alter the schedule for any events called for in this RFQ upon the issuance of notice to all prospective Respondents who have received a copy of this RFQ.
- To conduct investigations of any or all of the Respondents, as the City deems necessary or convenient, to clarify the information provided as part of the Qualification Statement and to request additional information to support the information included in any Qualification Statement.
- To suspend or terminate the procurement process described in this RFQ at any time (in its sole discretion). If terminated, the City may determine to commence a new procurement process or exercise any other rights provided under applicable law without any obligation to the Respondents.

The City shall be under no obligation to complete all or any portion of the procurement process described in this RFQ.

1.5 Addenda or Amendments to RFQ.

During the period provided for the preparation of responses to the RFQ, the City may issue addenda, amendments or answers to written inquiries. Those addenda will be noticed by the City and will constitute a part of the RFQ. All responses to the RFQ shall be prepared with full consideration of the addenda issued prior to the proposal submission date.

1.6 Cost of Proposal Preparation.

Each proposal and all information required to be submitted pursuant to the RFQ shall be prepared at the sole cost and expense of the respondent. There shall be no claims whatsoever against the City, its staff or consultants for reimbursement for the payment of costs or expenses incurred in the preparation of the Qualification Statement or other information required by the RFQ.

1.7 Proposal Format.

Responses should cover all information requested in the Questions to be answered in this RFQ.

Responses which in the judgment of the City fail to meet the requirements of the RFQ or which are in any way conditional, incomplete, obscure, contain additions or deletions from requesting information, or contain errors may be rejected.

SECTION 2

SCOPE OF SERVICES

It is the intent of the City to solicit Qualification Statements from Respondents that have expertise to provide Risk Management Consultant/Group Medical and Prescription Insurance Broker of Record Services for liability insurance and workers compensation. The Broker of Record shall possess both an Agency License and Individual Licenses for those persons who would be assigned to provide services to the City, from the New Jersey Department of Banking and Insurance. Respondents must be able to demonstrate that they have the continuing capabilities to perform these services if awarded a contract.

Services to be provided include, but are not necessarily limited to the following:

- a. Advising the City on matters relating to available insurance programs, products and policies.
- b. Evaluating the City's exposure as it relates to group medical insurance.
- c. Explaining to the City, the various coverages that are available from insurance companies and joint insurance funds and alternative risk placement.
- d. Reviewing the City's group medical coverage and ensure it comports with labor contracts in place between the City and its various unions. Assisting in the preparation of the City's insurance budget.

- e. Reviewing losses and claims experience.
- f. Attending meetings with the Mayor and Business Administrator or Council and others, as required.

SECTION 3

SUBMISSION REQUIREMENTS

Section 3.1 General requirements.

The Qualification Statement submitted by the Respondent must meet or exceed the professional, administrative and financial qualifications set forth in this Section 3 and shall incorporate the information requested below.

In addition to the information required as described below, a Respondent may submit supplemental information that it feels may be useful in evaluating its Qualification Statement. Respondents are encouraged to be clear, factual, and concise in their presentation of information.

Section 3.2 Administrative Information Requirements.

The Respondent shall, as part of its Qualification Statement, provide the following information:

1. An executive summary (not to exceed two (2) pages) of the information contained in all the other parts of the Qualification Statement.
2. A completed and executed Letter of Qualification (see Appendix A to this RFQ).
3. Name, address and telephone number of the firm or firms submitting the Qualification Statement pursuant to this RFQ, and the name of the key contact person.
4. A description of the business organization (i.e., corporation, partnership, joint venture, etc.) of each firm, its ownership and its organizational structure.
 - (a) Provide the names and business addresses of all Principals of the firm or firms submitting the Qualification Statement. For purposes of this RFQ, “Principals” means persons possessing an ownership interest in the Respondent. If the Respondent is a corporation, “Principals” shall include each investor who would have any amount of operational control over the Respondent and every

stockholder having an ownership interest of 10% or more in the firm.

- (b) If a firm is a partially owned or a fully-owned subsidiary of another firm, identify the parent company and describe the nature and extent of the parents' approval rights over the activities of the firm submitting a Qualification Statement. Describe the approval process.
 - (c) If the Respondent is a partnership or a joint venture or similar organization, provide comparable information as required in (b) above for each member of the partnership, joint venture or similar organization.
5. An executed Letter of Intent (See Appendix B).
 6. The number of years your organization has been in business under the present name.
 7. The number of years the business organization has been under the current management.
 8. A statement that the Respondent is in compliance with all applicable affirmative action (or similar) requirements with respect to its business activities, together with evidence of such compliance.
 9. Indicate whether there are any judgments within the last three (3) years in which Respondent has been adjudicated liable for professional malpractice. If yes, please explain.
 10. Whether the business organization is now or has been involved in any bankruptcy or re-organization proceedings in the last ten (10) years. If yes, please explain.
 11. Confirm appropriate state licenses to perform the Group Medical and Prescription insurance broker of record services.
 12. List all immediate relatives of Principal(s) of Respondent who are City employees or elected officials of the City, if any. For purposes of the above, "immediate relative" means a spouse, parent, stepparent, brother, sister, child, stepchild, direct-line aunt or uncle, grandparent, grandchild, and in-laws by reason of relation. If none, so state.
 13. Respondent shall submit a copy of its Business Registration Certificate.

Section 3.3 Professional Information Requirements.

- (a) Respondent shall submit a description of its overall experience in providing the type of services sought in the RFQ, and provide proof of all certifications necessary to perform such services. At a minimum, the following information on past experience should be included as appropriate to the RFQ:
 - 1. Description and scope of past experience of Respondent, specifically including prior experience as a Risk Management Consultant/Group Medical and Prescription Insurance Broker of Record in the public sector marketplace in New Jersey;
 - 2. Current list of public entity clients with contact name, title, telephone number, lines of insurance and estimated number of employees;
 - 3. Relevance of Respondent's experience to this RFQ;
- (b) A narrative statement of the Respondent's understanding of the City's needs and goals. Describe your knowledge of the City of South Amboy, its operations and policies, employees, its current insurance policies and its claims and losses history.
- (c) Describe recommendations you have made to public entity clients to reduce medical and prescription insurance costs and claims. Quantify results where applicable.
- (d) Total number and location of employees dedicated to servicing the City of South Amboy. Total number of service employees who hold a license.
- (e) Highlight the employees who will be assigned to the City of South Amboy.
- (f) Describe the claims administration services to be provided to the City.

- (g) Describe the services your firm routinely performs for public entity clients.
- (h) Describe your direct involvement with efforts to reduce claims for public entity clients (safety committee meetings, safety training seminars, safety training videos, etc.)

SECTION 4

INSTRUCTIONS TO RESPONDENTS

4.1 Submission of Qualification Statements.

Respondents must submit one (1) original and three (3) copies of their Qualification Statement to the Designated Contact Person:

Laura Kemble, Acting City Clerk
City of South Amboy
140 North Broadway
South Amboy, NJ 08879

Sealed Qualification Statements must be received by the City of South Amboy no later than **1 p.m.** (prevailing time) on **Wednesday, December 14th, 2016** and must be mailed, overnight delivered, or hand-delivered. Qualification Statements forwarded by facsimile or e-mail will not be accepted. Please indicate on the outside of the sealed envelope:

“Qualification Statement for Risk Management Consultant/Group Medical and Prescription Insurance Broker of Record Services”.

To be responsive, Qualification Statements must provide all requested information, and must be in strict conformance with the instructions set forth herein. Qualification Statements and all related information must be bound, and signed and acknowledged by the Respondent.

SECTION 5
EVALUATION

The City's objective in soliciting Qualification Statements is to enable it to select a person or firm from among the Qualified Respondents that will provide high quality and cost effective services. The City will consider Qualification Statements only from firms or individuals that, in the City's judgment, have demonstrated the capability and willingness to provide the services that are the subject of this RFQ.

The City shall make no payments to the Risk Management Consultant/Group Medical and Prescription broker of Record. Compensation shall be derived from fees paid by the insurance carriers. *Fees must be a "flat fee" not based on commissions.*

Proposals will be evaluated by the City on the basis of the most advantageous, all relevant factors considered. The evaluation will consider:

1. Experience and reputation in the field;
2. Knowledge of the City and the subject matter addressed under the contract;
3. Other factors demonstrated to be in the best interest of the City.

All respondents MUST contact Angel Albanese, CFO at albanesea@southamboyntj.gov or by calling 732.525.5922 for any forms required under this RFP.

APPENDIX A

LETTER OF QUALIFICATION

(Note to be typed on Respondent's Letterhead. No modifications may be made to this letter)

[insert date]

Camille Tooker, BA
City of South Amboy
140 North Broadway
South Amboy, NJ 08879

Dear Ms. Tooker:

The undersigned has/have reviewed the Qualification Statement submitted in response to the Request for Qualifications (RFQ) issued by the City of South Amboy ("City"), in connection with the City's need for Risk Management Consultant/Group <Medical and Prescription Insurance Broker of Record Services.

I/We affirm that the contents of the Qualification Statement (which Qualification Statement is incorporated herein by reference) are accurate, factual and complete to the best of my/our knowledge and belief and that the Qualification Statement is submitted in good faith upon express understanding that any false statement may result in the disqualification of (Name of Respondent).

(Respondent shall sign and complete the spaces provided below. If a joint venture, appropriate officers of each company shall sign.)

(Signature of Chief
Executive Officer)

(Signature of Chief
Financial Officer)

(Typed Named and Title)

(Typed Name and Title)

(Type Name of Firm)*

(Type Name of Firm)*

Dated: _____

Dated: _____

* Each member of a joint venture, partnership or other formal organization shall execute this Letter of Qualification or the joint venture, partnership or other formal organization must provide documentation that the person signing has the authority to execute this Letter of Qualification on its behalf.

APPENDIX B

LETTER OF INTENT

(Note to be typed on Respondent's Letterhead. No modifications may be made to this letter)

[insert date]

Camille Tooker, BA
City of South Amboy
140 North Broadway
South Amboy, NJ 08879

Dear Ms. Tooker:

The undersigned, as Respondent, has (have) submitted the attached Qualification Statement in response to a Request for Qualifications (RFQ), issued by the City of South Amboy ("City"), in connection with the City's need for Risk Management Consultant/Group Medical and Prescription Broker of Record Services.

(Name of Respondent) HEREBY STATES:

1. The Qualification Statement contains accurate, factual and complete information.
2. (Name of Respondent) agrees (agree) to participate in good faith in the procurement process as described in the RFQ.
3. (Name of Respondent) acknowledges (acknowledge) that all costs incurred by it (them) in connection with the preparation and submission of the Qualification Statement and any proposal prepared and submitted in response to the RFQ, or any negotiation which results therefrom, shall be borne exclusively by the Respondent.
4. (Name of Respondent) hereby declares (declare) that the only persons participating in this Qualification Statement as Principals are named herein and that no person other than those herein mentioned has any participation in this Qualification Statement or in any contract to be entered into with respect thereto.

Additional persons may subsequently be included as participating Principals, but only if acceptable to the City. (Name of Respondent) declares that this Qualification Statement is made without connection with any other person, firm or parties who has submitted a Qualification Statement, except as expressly set forth below and that it has been prepared and has been submitted in good faith and without collusion or fraud.

5. (Name of Respondent) acknowledges and agrees that the City may modify, amend, suspend and/or terminate the procurement process (in its sole judgment). In any case, the City shall not have any liability to the Respondent for any costs incurred by the Respondent with respect to the procurement activities described in this RFQ.

6. (Name of Respondent) acknowledges that any contract executed with respect to the provision of Group Medical and Prescription Broker of Record must comply with all applicable affirmative action and a similar laws. Respondent hereby agrees to take such actions as are required in order to comply with such applicable laws.

(Respondent shall sign and complete the space provided below. If a joint venture, appropriate officers of each company shall sign.)

(Signature of Chief Executive Officer)

(Typed Name and Title)

(Typed Name of Firm)*

Dated: _____

* Each member of a joint venture, partnership or other formal organization shall execute this Letter of Intent or the joint venture, partnership or other formal organization must provide documentation that the person signing has the authority to execute this Letter of Intent its behalf.