

**REQUEST FOR PROPOSALS (RFP) CHECKLIST**  
**HIDALGO COUNTY**  
**“EXCESS WORKERS’ COMPENSATION INSURANCE”**

**RFP NO: 13-155-00-00-YSI**

1. Request for Proposals Letter.
2. Request for Proposals, Legal Notice, consisting of   8   pages.
3. Exhibit A, Requirements, Scope of Services   7   pages & Additional Specifications/Requirements consisting of  11  pages. Total of  18  pages.
4. Exhibit B, Evaluation/Selection Criteria, consisting of   3  pages.
5. Exhibit C, Insurance Requirements, consisting of   4  pages.
6. Exhibit D, CIQ Conflict Of Interest Questionnaire, consisting of   1  page.
7. Exhibit E, Proposer’s Affidavit, consisting of   1  page.
8. Proposer/Vendor Application, Historically Underutilized Business (HUB) Declaration, and IRS W-9 Form, consisting of   6  pages.
9. Certification Regarding Debarment, Suspension and Other Responsibility Matters, consisting of   1  page.
10. Exhibits-Table of Contents, consisting of   8  pages including cover sheet.

The above mentioned items shall be found in the Request for Proposals (RFP) packet that is attached herewith. Should you find that any of the items are not attached in its entirety please contact Purchasing by calling (956) 318-2626, advise of missing documentation, and Purchasing will forward information either through facsimile or by U.S. Mail.

Thank you.

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**Martha L. Salazar, CPPB, Purchasing Agent**

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**Month day, 2013**  
Date

Month day, 2013

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Re: **HIDALGO COUNTY**

Request For Proposals-**“Excess Workers’ Compensation Insurance-Hidalgo County”**  
**RFP NO: 13-155-00-00-YSI**

Dear Respondents:

Enclosed please find a Request for Proposals (RFP) packet for you review and consideration.

Hidalgo County Purchasing Department welcomes and appreciates your participation in the RFP process.

If any further assistance is required, please do not hesitate to call the Purchasing Department at (956) 318-2626.

Sincerely,

Martha L. Salazar, CPPB  
Hidalgo County Purchasing Agent

MLS/ysi

Enclosures

RFP NO: 13-155-00-00-YSI	BUYER: YVETTE SALINAS	Tel. No: (956) 318-2626 x-4874
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**REQUEST FOR PROPOSALS**

**HIDALGO COUNTY**

**“EXCESS WORKERS’ COMPENSATION INSURANCE”**

**Month day, 2013**

Contact Person:

Martha L. Salazar, CPPB, Purchasing Agent  
Hidalgo County Purchasing Department  
Administration Building  
Physical Address: 2802 S. Business Hwy. 281  
Mailing/US Postal Address: 2812 S. Business Hwy. 281  
Edinburg, Texas 78539

(956) 318-2626

Form HCPD-04

**LEGAL NOTICE**

**RFP NO: 13-155-00-00-YSI**

1. Sealed proposals will be received for **Hidalgo County – “Excess Workers’ Compensation Insurance”**, in accordance with the requirements attached hereto as Exhibit "A." Proposals should address all requirements set forth. Proposers may suggest substitutions of features which they feel would be in the best interest of Hidalgo County. Strong rationale must be presented for any deviation from the requirements. Hidalgo County reserves the right to reject the deviation and its effect on the overall proposal.
2. One (1) original and seven (7) copies of all RFPs are required, with the vendor's name and address clearly typed/printed on upper left hand corner and the proper notation clearly typed/printed on the lower left hand corner of the envelope and/or package, **RFP NO: 13-155-00-00-YSI-Hidalgo County–“Excess Workers’ Compensation Insurance”** and in County's Purchasing Department, **physical address: 2802 S. Business Hwy. 281; mailing address: 2812 S. Hwy. Business 281, New Administration Building, Edinburg, Texas, on or before 9:30 a.m., Wednesday, Month day, 2013.**

**NO FACSIMILES OR LATE ARRIVALS WILL BE ACCEPTED. ANY RFP RECEIVED AFTER THAT TIME WILL NOT BE OPENED AND WILL BE RETURNED. OVERNIGHT MAIL MUST ALSO BE PROPERLY LABELED ON THE OUTSIDE OF EXPRESS ENVELOPE OR PACKAGE WITH THE FOLLOWING REFERENCE: RFP NO: 13-155-00-00-YSI—HIDALGO COUNTY—“EXCESS WORKERS’ COMPENSATION INSURANCE”.**

**WRITTEN QUESTIONS WILL BE ACCEPTED WILL BE ACCEPTED via e-mail to [yvette.salinas@co.hidalgo.tx.us](mailto:yvette.salinas@co.hidalgo.tx.us) BY NO LATER THAN Wednesday, Month day, 2013 at 5:00 p.m. Responses will be sent to all applicants by Friday, Month day, 2013. TELEPHONE INQUIRIES WILL NOT BE ACCEPTED.**

**Hidalgo County reserves the right to refuse and reject any/all proposals and to waive any/all formalities or technicalities, or to accept the proposal considered the best and most advantageous to Hidalgo County.**

3. Hidalgo County reserves the right to: **A.** separate and accept, or eliminate any item(s) listed under this proposal that it deems necessary to accommodate budgetary and/or operational requirements; **B.** right to reject any or all proposals submitted and further reserves the right to design the evaluation criteria to be used in selecting the lowest and best proposal for approval. Receipt of any proposal shall under no circumstances obligate County to accept the lowest dollar proposal and; **C.** award of this contract shall be made to the responsible offeror whose proposal is determined to be the best evaluated offer resulting from negotiation, taking into consideration the relative importance of price and other evaluation factors as herein set forth.
4. Failure of the delivered item(s) to perform as specified or failure to meet the stated delivery schedule shall release Hidalgo County from all obligations to the contracting party with regard to the item(s) in question. In such event, County may elect to award the contract to the next-lowest responsible proposer, or to reject all proposals and re-advertise.
5. **For work to be performed and/or services to be provided or rendered at a County owned or operated location, each proposer shall visit the job site before preparing**

**the proposal and thoroughly familiarize himself/herself with existing conditions. Proposer should take field dimensions and note all circumstances which affect the dollar amount of the proposal.**

6. Descriptive specifications are referenced in this document to indicate the general kind and quality of equipment desired by Hidalgo County. Due to various styles and models of equipment, proposers are required to include illustrations, specifications, explanation of warranties, and service data with their proposal including catalogue numbers and any necessary references.
7. No proposal may be withdrawn within sixty (60) days from the scheduled time to open proposals.
8. Proposed prices are to remain firm for a minimum of ninety (90) days after priced proposal opening.
9. Any interpretations, amendments, corrections or changes to this proposal document must be in a written addendum and signed by the County Judge or his designee. Addenda will be mailed to all who are known to have received a copy of the Request for Proposals. Proposers shall acknowledge receipt of all addenda as a part of their proposal.
10. County reserves the right to accept or reject any or all proposals.
11. Costs are to be net F.O.B., County Prepaid.
12. County is exempt from Federal Excise Tax, State Tax and Local Tax. Do Not include tax in cost figure. If it is determined that tax was included in the cost figures it will not be included in the tabulation of any awards. Tax exemption certificates will be furnished upon request.
13. Funds for this procurement have been provided through the County budget for this fiscal year only. County, on an annual basis, has the right to reconsider a contract during the budget process for ensuing years if financial resources of County are insufficient to meet the liabilities of said contract. The award of a proposal or contract hereunder will not be construed to create a debt of the County which is payable out of funds beyond the current fiscal year.
14. Upon award and prior to execution of a contract, Sole Proprietorships are required to submit a copy of their social security card to the Hidalgo County Auditor's Office in order to establish an account with the County. All awarded vendors must submit a completed W-9 and a copy of their Federal ID Number Certificate.
15. DELIVERY INSTRUCTIONS: (If applicable)
  - . No deliveries accepted after 3:00 P.M., Monday-Friday.
  - . At least seventy two (72) hours prior notice of delivery must be given to Martha L. Salazar, CPPB, Purchasing Agent before delivery will be accepted.
  - . If you need additional information call the office listed below:

Hidalgo County Purchasing Department  
Martha L. Salazar, CPPB, Purchasing Agent  
(956) 318-2626

16. BILLING AND PAYMENT INSTRUCTIONS:

- . Invoices must include:
  - a) Name and address of successful proposer
  - b) Name and address of receiving department or official
  - c) Purchase Order Number (if any)
  - d) Notation – **“Hidalgo County–Excess Workers’ Compensation Insurance”**
  - e) Descriptive information as to the items or services delivered, including product code, item number, quantity, etc.
- . Discount payments will be considered when offered.
- . Contact person for Billing and Payment questions:

**Hidalgo County Auditor's Office**  
**Ray Eufrazio, County Auditor**  
**2802 S. Business Hwy. 281**  
**Edinburg, TX 78539**  
**956-318-2511**

17. Schedule of Events

**Projected Proposal Opening, 9:30 A.M., Month day, 2013**  
**Project/Anticipated Award Date:** \_\_\_\_\_, **2013**  
**Commence Work or Deliver Products** \_\_\_\_\_, **2013**

18. ~~Bid or Performance Bond and **Debarment Certification**; Payment Under Contract:~~
- . ~~If the contract proposed is for the construction of public works or is for a contract for goods and services exceeding \$100,000, all bidders shall furnish a good and sufficient bid bond in the amount of five percent of the total contract price. A bid bond must be executed with a surety company authorized to do business in Texas.~~

**All participants are required to furnish a certification or acknowledgment stating that the contractor or vendor is free from suspension or debarment pursuant to federal regulation 45CFR76.**

~~Together with the signing of a contract or issuance of a purchase order following the acceptance of a proposal, and prior to commencement of the actual work, the proposer shall furnish a performance bond to the County for the full amount of the contract, if that contract exceeds \$50,000.~~

- . ~~If the contract is for \$50,000 or less, no money will be paid to the contractor until completion and acceptance of the work or the fulfillment of the purchase obligation to the County, and, if applicable, the receipt by County of satisfactory evidence that all subcontractors and material men have been paid.~~
- . ~~If a contract is for the construction, alteration or repair of public buildings or public works, the contractor shall provide a payment bond for a contract in excess of Twenty Five Thousand Dollars (\$25,000.00), as required by Tex. Govt. Code Ch. 2253.~~
- . ~~For requirements contracts, bond requirements are determined by applying the proposed unit price to the estimated quantities included in the specifications.~~

19. Ethical Standards:

- . It shall be a breach of ethics to offer, give or agree to give any elected official, department head or employee, or former elected official, department head or employee of the County, or for any elected official, department head or employee or former elected official, department head or employee of the County, to solicit, demand, accept or agree to accept from another person, entity or organization, a gratuity or an offer of employment in connection with any decision, approval, disapproval, recommendation, preparation or any part of a program requirement or purchase request, influencing the content of any specification or procurement standard, rendering of advice, investigation, auditing, or in any other advisory capacity in any proceeding or application, request for ruling, determination, claim or controversy, or other particular matter pertaining to any program requirement or a contract or subcontract, or to any solicitation or proposal therefore pending before any department or agency of the County.
- . It shall be a breach of ethics for any payment, gratuity or offer of employment to be made by or on behalf of a subcontractor under a contract to the prime contractor or higher tier subcontractor for any contract for the County, or any person associated therewith, as an inducement for the award of a subcontract or order.
- . No public official shall have an interest in a contract awarded hereunder except in accordance with Tex. Loc. Govt. Code Chapter 171.

20. Disclosure of Conflict of Interest:

- . Effective January 1, 2006, Chapter 176 of the Texas Local Government Code requires that any vendor, person, consultant or contractor considering doing business with Hidalgo County ("the County") to disclose in the Conflict of Interest Questionnaire (the "CIQ") attached as Exhibit D, the vendor, person consultant or contractor's affiliation or business relationship that might cause a conflict of interest with the County. By law, the CIQ must be filed with the Hidalgo County Clerk's Office no later than the seventh business day after the date the person becomes aware of facts that require that statement to be filed. The disclosure requirement applies to a person or business who contract or seeks to contract with Hidalgo County for the sale or purchase of property, goods or service. Any purchase order or contract resulting from this process shall be considered null and void if the successful Proposer fails to comply with Texas Local Government Code Chapter

176. Vendors, consultants, contractors and others who desire to conduct business with Hidalgo County are encouraged to refer to Texas Local Government Code Chapter 176 for the details of this law. An offense under Texas Local Government Code Chapter 176 is a Class C Misdemeanor.

Please submit complete CIQ forms to the Hidalgo County Clerk's Office located at 100 No. Closner, Edinburg, Texas 78539-Hidalgo County Courthouse  
**COMPLETION AND SUBMISSION OF FORM CIQ IS THE SOLE RESPONSIBILITY OF THE PROSPECTIVE PROPOSER.**

21. If, during the life of any contract or proposal awarded, the successful proposer's net prices generally available to other customers for items awarded herein are reduced below the contracted price, it is understood and agreed that the benefits of such reduction shall be extended to County.
22. Proposals, and all goods and services provided thereunder, shall comply with all federal, state and local laws concerning this type(s) of goods and/or services.
23. Minimum Standards For Responsible Prospective Proposers: A prospective proposer must affirmatively demonstrate proposer's responsibility. A prospective proposer, by submitting a proposal, represents to County that it meets the following requirements:
  - . Possess or is able to obtain adequate financial resources as required to perform under the proposal;
  - . Be able to comply with the required or proposed delivery schedule;
  - . Have a satisfactory record of performance;
  - . Have a satisfactory record of integrity and ethics;
  - . Be otherwise qualified and eligible to receive an award.
23. Successful proposer will pay or cause to be paid, without cost or expenses to County, all FICA, FUTA/SUTA and Federal Income Withholding Taxes of all employees, and all wages and benefits as required by Federal or State law. Successful proposers' officers, agents and/or employees will not be entitled to any benefits of an employee or elected official of County, including, but not limited to, benefits associated with County's civil service system.
24. Any contract award to a successful proposer will be in effect until (a) the contract expires, (b) delivery and acceptance of products, and/or performance of services ordered, or (c) terminated by County with thirty (30) day's written notice prior to cancellation.
25. County reserves the right to enforce performance of any contract awarded hereunder in any manner prescribed by law or deemed to be in the best interest of the County in the event of breach or default by successful proposer; County reserves the right to terminate any contract immediately in the event a successful proposer fails to:
  - A. Meet schedules;

- B. Pay any required fees or taxes; or
  - C. Otherwise perform in accordance with the requirements.
26. Successful proposer shall defend, indemnify and save harmless County and all its elected officials, officers, agents and employees from all suits, actions, or other claims of any character, name and description brought for or on account of any injuries or damages received or sustained by any person, persons, or property on account of any negligent act or fault of the successful proposer, or of any agent, employee, subcontractor or supplier in the execution of, or performance under, any contract which may result from proposal award. Successful proposer indemnifies and will indemnify and save harmless County from liability, claim or demand on their part, agents, servants, customers, and/or employees whether such liability, claim or demand arise from event or casualty happening or within the occupied premises themselves or happening upon or in any of the halls, elevators, entrances, stairways or approaches of or to the facilities within which the occupied premises are located. Successful proposer shall pay any judgment with costs which may be obtained against County growing out of such injury or damages, and shall, upon request, provide a defense to County by counsel reasonably acceptable to County. Successful proposer's indemnity hereunder shall include, but is not limited to, claims relating to patent, copyright or trademark infringement, and the like, arising out of the goods or services provided by successful proposer.
27. Successful proposer shall warrant that all items/services shall conform with the specifications and/or all warranties provided under the Uniform Commercial Code and be free from all defects in material, workmanship and the like. Items supplied under a contract pursuant to this Request for Proposals shall be subject to County's approval. Items found to be defective or not meeting specifications shall be replaced by successful proposer within two business days at no expense to County. Items not picked up within one (1) week after notification shall be deemed a donation to County and may be used or disposed of at County's discretion and without waiver of any other rights of County as to the item's nonconformity.
28. This document and any disputes arising hereunder shall be governed and construed according to the laws of the State of Texas, and will be performable exclusively in Hidalgo County, Texas.
29. The successful proposer shall not assign, sell, transfer or convey its rights under any awarded contract, in whole or in part, without the prior written consent of County.
30. Proposers shall provide with the proposal response, a list of at least three (3) references where like services have been supplied by their firm. Include the name of the business or government, address, telephone number and name of representative or contact person.
31. Proposers must provide **all** documentation requested with this Proposal in their response. Failure to provide this information may result in rejection of the proposal as non conforming.

**Request for Proposal**  
**HIDALGO COUNTY**  
**“EXCESS WORKERS’ COMPENSATION INSURANCE”**  
**RFP NO: 13-155-00-00-YSI**

To: Martha L. Salazar, CPPB, Purchasing Agent  
Hidalgo County Purchasing Department  
Physical Address: 2802 S. Business Hwy. 281  
Mailing/US Postal Address: 2812 S. Business Hwy. 281  
Edinburg, Texas 78539

In accordance with the Requirements, and subject to all laws and regulations of the United States and state and local laws, the undersigned proposer proposes and commits to furnish all labor, equipment, material, software and services as set forth in the documents hereinbefore mentioned. The undersigned proposer further agrees, upon acceptance of its proposal, to execute a contract and/or Purchase Order issued by Hidalgo County for performing and completing the work described in the Requirements within the time stated and for the prices proposed in the documents attached hereto and made a part hereof.

Proposer acknowledges receipt of all of the pages of the documents referenced in the Request for Proposal Checklist presented in connection with this procurement. Proposer understands that Hidalgo County reserves the right to reject any or all proposals and further reserves the right to design the evaluation criteria to be used in selecting the lowest and best proposal.

Proposer agrees that this proposal shall be good and may not be withdrawn for a period of ninety (90) calendar days after the scheduled closing time for receiving proposals, as contained in the Requirements.

Respectfully submitted,

Proposer: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

By: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**EXHIBIT A**  
**REQUIREMENTS/SCOPE OF SERVICES**  
**HIDALGO COUNTY**  
**REQUEST FOR PROPOSAL**  
**“EXCESS WORKERS’ COMPENSATION INSURANCE”**

RFP NO.: 13-155-00-00-YSI

HIDALGO COUNTY  
REQUEST FOR PROPOSAL

**“EXCESS WORKERS’ COMPENSATION INSURANCE”**

RFP NO: 13-155-00-00-YSI

**OVERVIEW:**

Hidalgo County (hereinafter referred to as “COUNTY”) is soliciting proposals from organizations (hereinafter referred to as “PROPOSER”) qualified to perform professional excess workers’ compensation insurance for the COUNTY’s self-funded Workers’ Compensation Insurance Program. The scope of the work will encompass all aspects of COUNTY operations and requires extensive knowledge and experience across all lines of coverage. The information provided in the Request For Proposals (hereinafter referred to as “RFP”) is only to be used for the purpose of preparing a proposal in the excess workers’ compensation insurance.

Sealed proposals will be accepted until 9:30 A.M., MONTH DAY, 2013, ANY RFP RECEIVED AFTER THAT DATE AND TIME WILL NOT BE ACCEPTED AND WILL BE RETURNED UNOPENED.

Deliver Submittal to:

Martha L. Salazar, CPPB, Purchasing Agent  
Hidalgo County Purchasing Department  
2812 South Hwy. 281  
Hidalgo County New Administration Building  
Edinburg, Texas 78539

**The Submittal Envelope Must Show:**

RFP NO.: 13-155-00-00-YSI  
**“EXCESS WORKERS’ COMPENATION INSURANCE”**

The following outlines the Request for Proposal:

**SECTION I - GENERAL TERMS AND CONDITIONS**

**ADDITIONAL INFORMATION:**

Hidalgo County is requesting that sealed proposals be routed to Martha L. Salazar, CPPB, Purchasing Agent, at 2812 South Hwy. 281, at Hidalgo County New Administration Building, Edinburg, Texas 78539. All inquiries must be directed to Hidalgo County Purchasing Agent, Martha L. Salazar. All responses will be distributed through Hidalgo County Purchasing Department. **WRITTEN QUESTIONS WILL BE ACCEPTED VIA E-MAIL BY NO LATER THAN Wednesday, Month day, 2013, at 5:00 P.M. at [yvette.salinas@co.hidalgo.tx.us](mailto:yvette.salinas@co.hidalgo.tx.us).** Responses will be sent to all applicants via e-mail by Friday, Month, day, 2013, TELEPHONE INQUIRIES WILL NOT BE ACCEPTED.

Any interpretation of the Request for Proposal, if made, will be made only by Addendum duly issued. A copy of such Addendum will be mailed or delivered to each person receiving the Request for Proposal. Hidalgo County will not be responsible for any other explanation or interpretation of the proposal made or given prior to the award of the

contract. Any objections to the specifications or requirements as set forth in this Request for Proposal must be filed in writing.

Any deviation for the specifications set forth herein must be clearly pointed out; otherwise it will be considered that services proposed are in strict compliance with these specifications and the successful proposer will be held responsible thereof. Deviations shall be explained in detail. Proposers are to furnish all information requested in the Request for Proposal. Proposals not in compliance with these requirements may be subject to rejection. The contractor agrees to protect the County from claims involving infringement of patents or copyrights.

**DISCLOSURE OF CONFLICT OF INTEREST:**

Effective January 1, 2006, Chapter 176 of the Texas Local Government Code requires that any vendor, person, consultant or contractor considering doing business with Hidalgo County ("the County") to disclose in the Conflict of Interest Questionnaire (the "CIQ") attached as **Exhibit D**, the vendor, person consultant or contractor's affiliation or business relationship that might cause a conflict of interest with the County. By law, the CIQ must be filed with the Hidalgo County Clerk's Office no later than the seventh business day after the date the person becomes aware of facts that require that statement to be filed. The disclosure requirement applies to a person or business who contract or seeks to contract with Hidalgo County for the sale or purchase of property, goods or service. Any purchase order or contract resulting from this process shall be considered null and void if the Vendors, consultants, contractors and others who desire to conduct business with Hidalgo County are encourage to refer to Texas Local Government Code Chapter 176 for the details of this law. An offense under Texas Local Government Code Chapter 176 is a Class C Misdemeanor.

Please submit complete CIQ forms to the Hidalgo County Clerk's Office locate at 100 No. Closner, Edinburg, Texas 78539-Hidalgo County Courthouse **COMPLETION AND SUBMISSION OF FORM CIQ IS THE SOLE RESPONSIBILITY OF THE PROSPECTIVE BIDDER.**

**PROPOSER'S AFFIDAVIT:**

Prior Contract award, respondents to this RFP must submit a signed Proposer's Affidavit (attached herein in **Exhibit E**) certainly that the submission is (1) not the result of Collusion as described in the Proposer's Affidavit or that the Respondent has not and will not attempt to lobby directly or indirectly as described in the Proposer's Affidavit.

**NON-DISCRIMINATION:**

Submitters, during the performance of this contract, will not discriminate against any employee or applicant for employment because of race, religion, sex, national origin or disability except where religion, sex, national origin or disability is a bona fide occupational qualification reasonably necessary to the normal operation of the contractor.

**PROCESSING TIME FOR PAYMENT:**

Submitters are advised that a minimum of thirty (30) days is required to process invoices for payment.

**ELECTRONIC TRANSMISSION OF BIDS:**

Hidalgo County's Purchasing Department will not accept telegraphic or electronically transmitted submissions.

**PROOF OF FINANCIAL AND BUSINESS CAPABILITY:**

Submitters must, upon request, furnish satisfactory evidence of their ability to furnish products or services in accordance with the terms and conditions of these requirements. Hidalgo County will make the final determination as to the submitter's ability.

**SUBMITTER DEFAULT:**

Hidalgo County reserves the right, in case of submitter default, to procure the articles or services from other sources and hold the defaulting submitter responsible for any excess costs occasioned thereby.

**RESTRICTIVE OR AMBIGUOUS REQUIREMENTS:**

It is the responsibility of the submitter to review the Request for Proposal (RFP) packet and to notify the Purchasing Department if the requirements are formulated in a manner that would unnecessarily restrict competition. Any such protest or question regarding the requirements or proposers procedures must be received in the Purchasing Department not less than seventy-two hours prior to the time set for the opening. These criteria also apply to requirements that are ambiguous.

**HAND DELIVERED PROPOSALS:**

Hidalgo County requires submitters, when hand delivering proposals, to make sure that it is stamped with date and time by the County Purchasing Staff.

**SIGNING OF PROPOSALS:**

In order to be considered all submittals **must** be signed. Please sign the original in **blue** ink.

**WAIVING OF INFORMALITIES:**

Hidalgo County reserves the right to waive minor informalities or technicalities when it is in the best interest of Hidalgo County.

**SUBCONTRACTING:**

The successful submitter **may not** subcontract the award without the written consent of the Commissioners' Court of Hidalgo County.

- **DURATION OF CONTRACT:**

- 1.) **Initial Term:** Effective date is from **January 1, 2014**, through, **December 31, 2014**;
- 2.) **Renewals & Extensions:** It shall be at the County's sole discretion to renew and extend for an additional two (2), one year renewals/extensions at the same rates and under the same terms and conditions. Two (2), one (1) year renewals/extension rates are to be provided to Hidalgo County for consideration by no later than **October 1, 2014** for the first renewal/extension and no later than **October 1, 2015** for the second renewal/extension.

**DAVIS BACON ACT:**

All selected and awarded firms are required to include the Davis-Bacon Act when advertising and developing specifications.

**ADDITIONAL INFORMATION TO TERMS AND CONDITIONS:**

All costs and expenses with the preparation and submission of (bids, proposals and/or quotes) shall be the responsibility of the proposer and no reimbursements for such charges or expenses shall be passed onto Hidalgo County.

Any contract awarded to a successful proposer will be in effect until (a) the contract expires, (b) delivery and acceptance of products and/or performance of services ordered, or (c) terminated by County with thirty day's written notice prior to cancellation.

**SECTION II - RFP REQUIREMENTS**

### REQUEST FOR PROPOSALS:

The required contents and limitations for the preparation of the RFP are described in this section. Failure to provide the requested information or adhere to any County limitations will result in disqualification of the submitted RFP. A total of **one (1) original and ten (10) copies** of the RFP shall be submitted to the address on the cover letter.

Proposers should apprise themselves of all available information. Proposers shall thoroughly examine the specifications, the schedule and all other contract documents.

Proposals should be in conformance with the specifications. Care should be taken to match the requested plan designs as closely as possible. The Request for Proposal specifications are not intended to be restrictive, but Proposals, not in conformance to the specifications, will not be considered unless such nonconformance is explained in detail. General discussion and plan comparison of competing proposals will be in regards to the specified in-force benefits.

Due care has been exercised in the preparation of these specifications, and the information is believed to be substantially correct. However, the responsibility for verification of all information presented herein shall rest solely on the proposer.

### CONTENTS:

1. Conditions of Proposal
  - a. All information required by the proposal form shall be furnished.
  - b. Specification price sheets, specifications and necessary information are attached.
  - c. Alternate Proposal- Request for Proposal. Alternate Proposals will be considered. All alternate Proposals should be clearly marked "ALTERNATE PLAN I, ALTERNATE PLAN II., etc." Offerors are encouraged to be creative and to present their most competitive coverage and pricing Proposal.
  - d. The County reserves the right to revise and amend the specifications prior to the date set for the opening. Such revisions or amendments, if any will be announced by addenda or amendments to these specifications. Copies of these addenda so issued will be furnished to all prospective proposers.
  - e. **If you consider any portion of your proposal to be confidential information and that disclosure of its contents to competing proposers would be detrimental to your company, clearly identify those portions. It is the responsibility of the responding party to separate information it considers to be confidential and to place such confidential information on separate sheets of paper, each clearly labeled "CONFIDENTIAL". The identified portions will be protected from disclosure to the extent possible under the law.**
  - f. Proposals will be opened so as to avoid disclosure of contents to competing proposers, and not be made public during the process of negotiation. However, all Proposals shall be opened for public inspection after the award to of the contract, except for any bonafide secrets and/or confidential information contained in the proposal and identified as such.
  - g. Clarification of Objections to Proposal Requirements.

All such requests for information can only be made in writing sent by email on or before the deadline of Wednesday, Month day, 2013 to:

Email to: [yvette.salinas@co.hidalgo.tx.us](mailto:yvette.salinas@co.hidalgo.tx.us)

The required contents for the RFP are presented below in the order they should be incorporated into the submitted document.

**UNDERSTANDING OF THE PROJECT:**

This section should demonstrate the proposers understanding of the project needs, the work required, and any local issues or concerns. Briefly explain how long you have been organized and your corporate business objectives. Explain how long you have been in business. This description should be concise, candid, and limited to 3 pages in length.

**FIRM QUALIFICATIONS:**

Hidalgo County is soliciting to contract with qualified firms(s) for Hidalgo County's Excess Worker's Compensation Insurance. Please refer to the "Additional Specifications/Requirements" for further requirements regarding qualifications.

**PERSONNEL AND STAFFING:**

The proposers should provide an organizational chart for the project and a summary paragraph of the project work to be performed by each proposed staff member. Biographic summaries that highlight the experience relevant to the specific project responsibilities should be provided for all proposed personnel. There is a one (1) page limitation for each biographic summary provided. Information regarding the firm's credentials, education and experience with other government entities is required and will be scored accordingly during the evaluation process.

**REQUIRED CERTIFICATES AND SUBMITTAL:**

This section will contain any licenses, registrations and certifications as required by the STATE OF TEXAS and HIDALGO COUNTY that you possess that deem you as a qualified provider.

If proposer/company cannot meet any of the following services/responsibilities, such exceptions must be noted on the company's cover letter.

**NUMBER OF COPIES TO BE SUBMITTED:**

Hidalgo County requires one (1) original submittal and ten (10) copies.

### SECTION III – RFP SELECTION AND SCHEDULES

#### SELECTION PROCEDURES:

Hidalgo County will conduct a comprehensive evaluation of all Proposals received in response to this RFP. Hidalgo County will establish a Scoring/Grading Committee comprised of staff members to perform such evaluation. Each Proposal received will be analyzed to determine overall responsiveness and qualification under the RFP, further the Selection Committee may select proposing organizations for “in person” presentation. Criteria to be evaluated, not necessarily in order of priority, may include the items listed below. Final approval of a selected Proposer is subject to the action of Hidalgo County Commissioners Court.

#### PROPOSAL RANKING:

After the proposals have been reviewed, evaluated and scored, by the Scoring/Grading Committee, a grid will be presented to Commissioner's Court for the purposes of ranking. Thereafter, Hidalgo County Commissioner's Court will rank and/or award this proposal.

#### NEGOTIATION PROCESS:

The number one ranked firm will be contacted to submit a draft contract for negotiation. If negotiations prove unsuccessful, the next highest ranked company will be contacted. The County of Hidalgo reserves the right to reject any and all RFPs.

EVALUATION: The evaluation system consists of a 100-point system. The participants will be ranked after evaluation. Categories under the 100-point system include response to RFP. RFP submittal evaluation will be based on the criteria outlined in Exhibit B contained herein.

Sealed Request for Proposals must be submitted by no later than 9:30 a.m. on Wednesday, Month day, 2013. Overnight mail must also be properly labeled on the outside of the Express Envelope or Package with reference to: RFP No.: 13-155-00-00-YSI “EXCESS WORKERS’ COMPENSATION INSURANCE.”

#### PROPOSAL SHOULD BE SUBMITTED TO:

Martha L. Salazar, Purchasing Agent  
Hidalgo County Purchasing Department  
2812 South Hwy. 281  
Hidalgo County New Administration Building  
Edinburg, Texas 78539

# ADDITIONAL SPECIFICATIONS/REQUIREMENTS

## Hidalgo County, Texas

### REQUEST FOR PROPOSALS EXCESS WORKERS' COMPENSATION INSURANCE

#### I. INTRODUCTION

Hidalgo County (hereinafter referred to as "COUNTY") is soliciting proposals from organizations (hereinafter referred to as "PROPOSER") qualified to perform professional excess workers' compensation insurance for the COUNTY's self-funded Workers' Compensation Program. The scope of the work will encompass all aspects of COUNTY operations and requires extensive knowledge and experience across all lines of coverage. The information provided in the Request for Proposals (hereinafter referred to as "RFP") is only to be used for the purpose of preparing a proposal in the excess workers' compensation insurance.

#### II. GENERAL BACKGROUND

COUNTY is seeking a new contract for its workers' compensation program. COUNTY is seeking to purchase excess workers' compensation coverage with a \$350,000 per occurrence retention level with Statutory limits.

COUNTY's designated representative during the RFP process shall be COUNTY's Purchasing Agent, Martha L. Salazar, Hidalgo County Purchasing Department, Edinburg, Texas.

The COUNTY's fiscal year is from January 1, 2011 to December 31, 2011.

#### III. CONTRACT TERM

- a) **Initial Term:** Effective date is from **January 1, 2014 to December 31, 2014;**
- b) **Renewals & Extensions:** It shall be at the County's sole discretion to renew and extend for an additional two (2), one (1) year renewals/extensions at the same rates and under the same terms and conditions. Two (2), one year renewal/extensions are to be provided to Hidalgo County for consideration by no later than, **October 1, 2014** for the first renewal/extension and no later than **October 1, 2015** for the second renewal/extension.

#### IV. SCOPE OF SERVICES

- EXCESS WORKERS
  - A. PROPOSER will prepare and submit IRS form 1099 for all vendors and mail the forms to vendors. PROPOSER will prepare and submit IRS 1099 data in a magnetic tape format no later than January 15<sup>th</sup> of each year to COUNTY.
  - B. ~~Costs and expenses with the preparation and submission of proposal shall be the responsibility of~~ **COMPENSATION SPECIFICATIONS ARE AS FOLLOWS**

the proposer and no reimbursements for such charges or expenses shall be passed onto Hidalgo County.

C. This RFP provides the County's most recent Five (5) years of Summary Loss Information.

D. A Payroll History Exhibit is also included in the RFP.

## V. PROPOSALS

The PROPOSER's completed Proposal pages of this RFP are the main source of evaluation for the Proposal. All PROPOSERS are encouraged to include any other information that they feel will enhance their opportunities to be awarded a Contract.

## VI. PREPARATION OF PROPOSAL

A. PROPOSER is expected to examine this Request for Proposal (RFP) carefully, understand the terms and conditions for providing the pertinent services, and respond completely. Failure to respond completely may result in disqualification.

B. Failure to respond to all portions of this RFP may result in the PROPOSER's response being deemed non-responsive. If COUNTY deems a Proposal non-responsive, it will be disqualified. An officer or principal of the PROPOSER must sign proposals; however, an agent if accompanied by written evidence of authority may sign them.

C. All Proposals should include the PROPOSER's federal tax identification number.

## VII. SELECTION PROCESS

COUNTY will conduct a comprehensive evaluation of all Proposals received in response to this RFP. COUNTY will establish a Selection Committee comprised of staff members to perform such evaluation. Each Proposal received will be analyzed to determine overall responsiveness and qualifications under the RFP; further, the Selection Committee may select proposing organizations for "in person" presentation. Criteria to be evaluated, not necessarily in order of priority, may include the items listed below. Final approval of a selected PROPOSER is subject to the action of COUNTY's County Council.

A. Economic evaluation of the Proposed Fee Schedule **(20 Points)**

B. Responsiveness to the Request for Proposal **(20 Points)**

1. Requested information included and thoroughness of response.
2. Understanding and acceptance Of the scope Of services.
3. Acceptance of the RFP and Contract requirements.

4. Clarity and conciseness Of the response.
- C. PROPOSER's capability to provide the services requested and information contained in Attachment "A" **(60 Points)**
1. Background of PROPOSER and support personnel, including professional qualifications.
  2. Relevant experience of the PROPOSER.
  3. Specific experience with public entity clients.
  4. Other resources, including the total number of employees, number and location of offices.
  5. References and experience in the Texas public sector.

COUNTY may accept, within the time specified herein, any Proposal in whole or in part, whether or not there are negotiations subsequent to its receipt. If subsequent negotiations are conducted, they shall not constitute a rejection or alternate RFP on the part of COUNTY.

The Contract will be awarded to the respondent whose Proposal will be most advantageous to COUNTY, as determined by the evaluation factor's listed herein and by the recommendation of the Selection Committee with approval of the County Commissioners Court.

#### **VIII. TERMS AND CONDITIONS**

**Submission of Proposals:** One (1) original and ten typed and bound copies of the Proposal shall be enclosed in a sealed envelope with the notation "Excess Workers' Compensation Insurance" clearly marked on the envelope. **All Proposals are due in the Purchasing at Hidalgo County no later than 9:30 AM CST on Wednesday, Month day, 2013. Any Proposal received at the location below after that time shall not be considered.**

Please mail or deliver your Proposal to:

**Physical Address**

**Martha L. Salazar, CPPB, Purchasing Agent  
Hidalgo County Purchasing Department (New Adm. Bldg.)  
2812 S. Hwy. 281  
Edinburg, TX 78539  
(956) 318-2626**

All provisions in PROPOSER's Proposal, including any estimated or projected costs, shall remain valid for ninety (90) days following the deadline date for submissions or if a Proposal is selected, throughout the entire term of the Contract.

All Proposals become property of COUNTY upon receipt and will not be returned. Proposals submitted will clearly identify trade secrets or information deemed confidential by the PROPOSER by typing the word **"CONFIDENTIAL"** in bold fourteen (14) point font on the bottom margin and indicate what information is protected. However, all PROPOSERS are hereby notified that any Proposals submitted to COUNTY may be subject to disclosure, either in whole or part, under the Texas Public Information Act.

**Independent Contractor** - It is expressly understood and agreed that PROPOSER and all persons designated by it to provide services in connection with this RFP, is and shall be deemed to be an independent contractor, responsible for its respective acts or omissions, and that COUNTY shall in no way be responsible for any acts or omissions by the PROPOSER. Neither party hereto has authority neither to bind the other nor to hold out to third party that it has the authority to bind the other.

**IX. INSURANCE & INDEMNITY PROVISIONS**

- A. Prior to the commencement of any work under this CONTRACT, CONTRACTOR shall furnish an original completed certificate(s) of insurance to the COUNTY's DEPARTMENT OF BUDGET & MANAGEMENT, which shall be completed by an agent authorized to bind the named underwriter(s) and their company to the coverage, limits, and termination provisions shown thereon, and which shall furnish and contain all required information referenced or indicated thereon.
- B. The COUNTY reserves the right to review the insurance requirements of this section during the effective period of this CONTRACT and any extension or renewal hereof and to modify insurance coverage and their limits when deemed necessary and prudent by the COUNTY's DEPARTMENT OF BUDGET & MANAGEMENT based upon changes in statutory law, court decisions, or circumstances surrounding this Contract, but in no instance will the COUNTY allow modification whereupon the COUNTY may incur increased risk.
- C. The COUNTY shall be entitled, upon request and without expense, to receive copies of the policies and all endorsements thereto as they apply to the limits required by the COUNTY, and may make a reasonable request for deletion, revision, or modification of particular policy terms, conditions, limitations or exclusions (except where policy provisions are established by law or regulation binding upon either of the parties hereto or the underwriter of any such policies). Upon such request by the COUNTY, the CONTRACTOR shall exercise reasonable efforts to accomplish such changes in policy coverage, and shall pay the cost thereof.
- D. CONTRACTOR agrees that with respect to the above required insurance, all insurance contracts and certificate(s) of insurance will contain the following required provisions.
- Name the COUNTY and its directors, officers, employees, agents and elected officials as additional insured with respects to the operations and activities of, or on behalf of, the named insured performed under contract with the COUNTY, with the exception of the workers' compensation/employers' liability and the professional liability policies.
  - The CONTRACTOR's insurance shall be deemed primary with respect to any insurance or self-insurance carried by the COUNTY for liability arising out of operations under the contract with the COUNTY.

- Provide for an endorsement that the "other insurance" clause shall not apply to the COUNTY where the COUNTY is an additional insured on the policy.
  - Workers' Compensation/Employers' liability policy will provide a waiver of Subrogation in favor of the COUNTY.
- E. CONTRACTOR shall notify the COUNTY in the event of any notice of cancellation, nonrenewal or material change in coverage and shall give such notices not less than ten (10) days prior to the change, or ten (10) days for nonpayment of premium, which notice must be accompanied by a replacement Certificate of Insurance. All notices shall be given to the COUNTY, by Certified mail, at the following address:

**Hidalgo County Department of Budget & Management**  
**Attention: Flora Vazquez**  
**2818 S BS Hwy 281**  
**Hidalgo County New Administration Building**  
**Edinburg, Texas 78539**

- F. **CONTRACTOR covenants and agrees to FULLY INDEMNIFY and HOLD HARMLESS, the COUNTY and its elected officials, employees, officers, directors, and representatives, individually or collectively, from and against any and all costs, claims, liens, damages, losses, expenses, fees, fines, penalties, proceedings, actions, demands, causes of action, liability and suits of any kind and nature, including but not limited to, personal or bodily injury, death and property damage, made upon the COUNTY directly or indirectly arising out of, resulting from or related to CONTRACTOR's activities under this CONTRACT, including any acts or omissions of CONTRACTOR, any agent, officer, director, representative, employee, consultant or subcontractor of CONTRACTOR, and their respective officers, agents, employees, directors and representatives while in the exercise of performance of the rights or duties under this CONTRACT. The indemnity provided for in this paragraph shall not apply to any liability resulting from the negligence of COUNTY, its officers or employees, in instances where such negligence causes personal injury, death, or property damage. IN THE EVENT CONTRACTOR AND COUNTY ARE FOUND JOINTLY LIABLE BY A COURT OF COMPETENT JURISDICTION, LIABILITY SHALL BE APPORTIONED COMPARATIVELY IN ACCORDANCE WITH THE LAWS OF THE STATE OF TEXAS, WITHOUT, HOWEVER, WAIVING ANY GOVERNMENTAL IMMUNITY AVAILABLE TO THE COUNTY UNDER TEXAS LAW AND WITHOUT WAIVING ANY DEFENSES OF THE PARTIES UNDER TEXAS LAW.**
- G. The provisions of this INDEMNIFICATION are solely for the benefit of the parties hereto and not intended to create or grant any rights, contractual or otherwise, to any other person or entity.
- H. CONTRACTOR shall promptly advise the COUNTY, in writing of any claim or demand against the COUNTY or CONTRACTOR known to CONTRACTOR related to or arising out of CONTRACTOR'S activities under this CONTRACT.

**X. SCHEDULE OF EVENTS**

RFP Mailouts

Wednesday, October 06, 2013

Proposals Due

Wednesday, October 27, 2013-9:30 a.m.

Contract Award

Possible Award On: Tuesday, November 09, 2013

Start Date

January 1, 2014

**XI. RESERVATION OF RIGHTS**

COUNTY reserves the right to:

- Reject any and all Proposals received.
- Issue a subsequent RFP
- Cancel the entire RFP
- Remedy technical errors in the RFP process
- Negotiate with any, all or none of the respondents to the RFP
- Accept the written Proposal as an offer
- Waive informalities and irregularities
- Accept one or more Proposals

This RFP does not commit COUNTY to enter into a Contract, nor does it obligate it to pay any costs incurred in preparation and submission of Proposals or in anticipation of a Contract.

**WRITTEN QUESTIONS WILL BE ACCEPTED NO LATER THAN Wednesday, Month day, 2013 at 5:00 pm** via e-mail at [yvette.salinas@co.hidalgo.tx.us](mailto:yvette.salinas@co.hidalgo.tx.us). Responses will be sent to all respondents via e-mail by Friday, Month day, 2013. **TELEPHONE INQUIRIES WILL NOT BE ACCEPTED.**

ATTACHMENT B

**HIDALGO COUNTY, TEXAS**

**EXCESS WORKERS' COMPENSATION INSURANCE**

**Primary Program Options -**

**Limits:**

WC: Statutory  
EL: \$1,000,000/ \$1,000,000/ \$1,000,000

**SIR Options:**

WC & EL: a) \$350,000 Per Occurrence

**Policies– All** To Be Determined

**Options/Coverages:**

**Payment Terms:**

**Insurer's Best Rating:** Please include the insurer's Best's Rating in your proposal.

Accepted  Declined

**Requested Coverages, Limits, and Deductibles**

**Workers Compensation: Statutory**

**Employers Liability:**

\$1,000,000 Bodily injury by accident, each accident (\$100,000 min.)

\$1,000,000 Bodily injury by disease, each employee (\$100,000 min.)

\$1,000,000 Bodily injury by disease, policy limit (\$500,000 min.)

**Requested Coverage Provisions**

**Requested Effective Date:** January 1, 2014 to December 31, 2014

Accepted  Declined

**Named Insured:** The named insured should read as follows: HIDALGO COUNTY

Accepted  Declined

**Other States Coverage:** Please provide other states coverage for all states and U.S. territories and possessions, except the monopolistic state fund states.

Accepted  Declined

**Please include the following endorsements:**

**Voluntary Compensation (WC 00 03 11A):** Please include this endorsement providing coverage for state workers compensation benefits for employees not otherwise entitled to workers compensation benefits under that state's law, provided that the injured employee releases the employer and the insurer from all other responsibility for the injury. Voluntary coverage should apply to ALL EMPLOYEES NOT SUBJECT TO THE WORKERS COMPENSATION OR OCCUPATIONAL DISEASE LAW OF ANY STATE, EMPLOYEES INJURED WHILE TEMPORARILY WORKING OUTSIDE OF THE UNITED STATES AND CANADA, VOLUNTEERS, AGRICULTURAL EMPLOYEES, DOMESTIC EMPLOYEES, OTHERS in all states where legally permissible. Benefits payable should be those established in the workers compensation law of THE STATE OF HIRE, THE STATE WHERE INJURY OCCURS, THE STATE OF.

Accepted  Declined

**Waiver of Our Right To Recover from Others Endorsement (WC 00 03 13):**

Please endorse the policy to provide *blanket* waivers of subrogation when required by written contract or agreement.

Accepted  Declined

**Ninety-Day Notice of Cancellation, Nonrenewal, or Material Change in Renewal.** Please add the manuscript cancellation notice endorsement included with this submission.

Accepted  Declined

## **Delayed Notice of Occurrence Endorsement**

The duties in the Event of Occurrence, Claim, or Suit section of the policy is amended to include:

knowledge of any occurrence, claim, or suit by the agent, servant, or employee of the insured shall not in itself constitute knowledge of the insured unless notice of such injury, claim, or suit shall have been received by the Department Of Budget & Management or any executive officer.

Accepted  Declined

### **Broad Named Insured Endorsement**

It is agreed that:

Throughout this policy the words "you" and "your" refer to the Named Insured shown in the Declarations and any business entity incorporated or organized under the laws of the United States of America (including any State thereof), its territories or possessions or Canada (including any Province thereof) in which the Named Insured shown in the Declarations owns, during the policy period, an interest of more than 50 percent. If other valid and collectible insurance is available to any business entity covered by this policy solely by reason of ownership by the Named Insured shown in the Declarations in excess of 50 percent, this insurance is excess over the other insurance, whether collectible or not.

Accepted  Declined

### **Unintentional Errors and Omissions**

Coverage afforded by this policy shall not be invalidated or affected by any inadvertent errors, omissions or improper description of premises, existing hazards, or other descriptions mentioned in this policy or in related applications.

Accepted  Declined

### **Notice of Occurrence**

It is agreed that the failure of any agent, servant, or employee of the Named Insured to notify the company of any occurrence of which he has knowledge shall not invalidate the insurance afforded by the policy as respects the Named Insured.

Accepted  Declined

**Workers Compensation Codes and Projected Payrolls:** Refer to enclosed "Workers Compensation Schedule."

**Loss History:** Refer to attached LOSS SUMMARY, LARGE LOSS SUMMARY, INSURER LOSS RUNS, OTHER LOSS INFORMATION

**EXHIBIT B**

**SELECTION/EVALUATION CRITERIA**

**HIDALGO COUNTY  
REQUEST FOR PROPOSAL**

**EXCESS WORKERS' COMPENSATION  
INSURANCE**

**RFP NO. 13-155-00-00-YSI**

# **SELECTION/EVALUATION CRITERIA**

Hidalgo County will conduct a comprehensive evaluation of all Proposals received in response to this RFP. Hidalgo County will establish a “Selection Committee” comprised of staff members to perform such evaluation. Each Proposal received will be analyzed to determine overall responsiveness and qualifications under the RFP; further, the “Selection Committee” may select proposing organizations for “in person” presentation. Criteria to be evaluated, not necessarily in order of priority, may include the items listed below. Final approval of a selected PROPOSER is subject to the action of COUNTY’S COMMISSIONERS’ COURT.

1. Economic Evaluation of the Proposed Fee Schedule **20 Points**
2. Responsiveness to the Request For Proposal **20 Points**
  - a. Requested information included and thoroughness of response.
  - b. Understanding and acceptance of the scope of services.
  - c. Acceptance of the RFP and Contract requirements.
  - d. Clarity and conciseness of the response.
3. Proposer’s capability to provide the services requested **60 Points**
  - a. Background of Proposer and Support Personnel, including professional qualifications.
  - b. Relevant experience of the Proposer.
  - c. Specific experience with public entity clients.
  - d. Other resources, including the total number of employees, number and location of offices.
  - e. References and experience in the Texas Public Sector.

County may accept, within the time specified herein, any Proposal in whole or in part, whether or not there are negotiations subsequent to its receipt. If subsequent negotiations are conducted, they shall not constitute a rejection or alternate RFP on the part of the County.

The Contract will be awarded to the respondent whose Proposal will be most advantageous to County, as determined by the evaluation factor’s listed herein and by the recommendation of the Selection Committee with approval of Commissioners Court.

**RFP SELECTION/EVALUATION FORM**

		<u>Selection Criteria</u>	
		<u>Point</u>	<u>Score</u>
1.	Economic Evaluation of the Proposed Fee Schedule	<b>20 Points</b>	<u>          </u>
2.	Responsiveness to the Request For Proposal		
	a. Requested information included and thoroughness of response.		
	b. Understanding and acceptance of the scope of services.		
	c. Acceptance of the RFP and Contract requirements.		
	d. Clarity and conciseness of the response. Responsiveness to the Request For Proposal		
		<b>20 Points</b>	<u>          </u>
3.	Proposer’s capability to provide the services requested and information contained in Attachment “A”.		
	a. Background of Proposer and Support Personnel, including professional qualifications.		
	b. Relevant experience of the Proposer.		
	c. Specific experience with public entity clients.		
	d. Other resources, including the total number of employees, number and location of offices.		
	e. References and experience in the Texas Public Sector.		
		<b>60 Points</b>	<u>          </u>
	<b>Total</b>	<b>100 Points</b>	<b>Score</b>

Provider: \_\_\_\_\_

Evaluator: \_\_\_\_\_

Date: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# EXHIBIT “C”

## Insurance Requirements Professional Services (i.e...Engineers, Architects, Appraisers & Surveyors)

The proposer awarded the contract shall furnish proof of insurance, which will also include any subcontractor that is subcontracted by the proposer in at least the following limits, to be in place prior to providing any services under this Contract and to continue at all times in force in effect during the term of this Contract:

1. Professional liability insurance policy with limits of at least One Million Dollars (\$1,000,000) per occurrence, or limited to claims made, include at least a five (5) year extended reporting period.
2. A Five Hundred Thousand Dollars (\$500,000.00) Comprehensive General Liability insurance policy providing additional coverage to all underlying liabilities of County.
3. Automobile liability insurance policy with limits of at least Three Hundred Thousand Dollars (\$300,000.00) per person and Five Hundred Thousand Dollars (\$500,000.00) per occurrence. Coverage should include injury to or death of persons and property damage claims with limits up to Five Hundred Thousand Dollars (\$500,000.00) arising out of the services provided to County hereunder.
4. Uninsured/Underinsured motorist coverage in an amount equal to the bodily injury limits set forth immediately above;
5. Workers compensation insurance in amounts established by Texas law, unless the Bidder is specifically exempted from the Texas Workers Compensation Act, Texas Labor Code Chapter 401, et. seq.

**Hidalgo County will only accept certificates of insurance on an Acord form (as attached hereto).** Certificates of insurance naming County as an additional insured shall be submitted to County for approval prior to any services being performed by Contractor. Each policy of insurance required hereunder shall extend for a period equivalent to, or longer than the term of the Contract, and any insurer hereunder shall be required to give at least thirty (30) days written notice to the County prior to the cancellation of any such coverage on the termination date, or otherwise. This Contract shall be automatically suspended upon the cancellation, or other termination, of any required policy of insurance hereunder, and such suspension shall continue until evidence adequate replacement coverage is provided to County. If replacement coverage is not provided within thirty (30) days following suspension of the Contract, this Contract shall automatically terminate.

**ACORD****CERTIFICATE OF INSURANCE**

DATE (MM/DD/YY)

PRODUCER

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

**INSURERS AFFORDING COVERAGE**

INSURED

INSURER A:

INSURER B:

INSURER C:

INSURER D:

INSURER E:

**COVERAGES**

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THEIR TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	<b>GENERAL LIABILITY</b>				EACH OCCURRENCE	\$
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire)	\$
	<input type="checkbox"/> CLAIMS MADE OCCUR				MEDICAL (Any one person)	\$
	<input type="checkbox"/> OWNER'S & CONT. PROT				PERSONAL & ADV INJURY	\$
	<input type="checkbox"/> OWNER'S PROTECTIVE LIABILITY				ANNUAL AGGREGATE	\$
	<input type="checkbox"/> GENL AGGREGATE LIMIT APPLIES PER: POLICY PROJECT <input type="checkbox"/> LOC				PRODUCTS - COMP/OP AGG	\$
B	<b>AUTOMOBILE LIABILITY</b>				COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS					
<input type="checkbox"/> NON-OWNED AUTOS						
	<b>GARAGE LIABILITY</b>				AUTO ONLY-EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC AUTO ONLY AGG	\$
						\$
C	<b>EXCESS LIABILITY</b>				EACH OCCURENCE	\$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$
	<input type="checkbox"/> DEDUCTIBLE					\$
	<input type="checkbox"/> RETENTION \$					\$
D	<b>WORKERS COMPENSATION AND EMPLOYER'S LIABILITY</b>				WC STATU- <input type="checkbox"/> OTHER TORY LIMITS	
					E.L. EACH ACCIDENT	\$
					E.L. DISEASE-EA EMPLOYEE	\$
					E.L. DISEASE-POLICY LIMIT	\$
	<b>OTHER</b>					

DESCRIPTION OF OPERATIONS / LOCATION / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  
 County of Hidalgo shall be named as additional insured on all Commercial General Liability policies.

CERTIFICATE HOLDER

ADDITIONAL INSURED; INSURER LETTER: \_\_\_\_\_

CANCELLATION

Hidalgo County  
 Attn: Purchasing Department  
 2812 S Highway Bus. 281  
 Edinburg, Texas 78539

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BY CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL **30** DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.  
 AUTHORIZED REPRESENTATIVE

# Insurance Requirement Acknowledgment

I, \_\_\_\_\_, authorized representative for \_\_\_\_\_,  
Company/Vendor

hereby acknowledge receipt of the County's required insurance limits. Said requirements:

" will be acquired within 10 working days after notification from Purchasing Department of award of project by the Hidalgo County Commissioners' Court;

" will acquire additional amounts required to meet the County's requirements within 10 working days after notification from Purchasing Department of award of project by the Hidalgo County Commissioners' Court; currently carry the following

Professional Liability (Errors & Omissions): \$ \_\_\_\_\_

Automobile Liability: \$ \_\_\_\_\_ General Liability: \$ \_\_\_\_\_

" have already been met, see attached copy of insurance certificate.

\_\_\_\_\_  
Authorized Representative

\_\_\_\_\_  
Date

## Notice to Proposer:

A certificate of insurance for the required insurance limits shall be provided to the Purchasing Department's Contract Managers in order to qualify for award and to execute a contract between your Company and the County

Failure to provide Certificates of Insurance to the Purchasing Department's Contract Managers will cause the award to be rescinded and re-awarded to next qualified vendor. Certificates of Insurance will be monitored and verified on a **quarterly basis** to ensure coverage policy is in place. It is the Company's obligation to maintain the appropriate insurance coverage throughout the term of the contract.

**THIS FORM MUST ACCOMPANY YOUR PACKET**

# PROJECT REQUIREMENTS ACKNOWLEDGMENT

This is to certify that I, \_\_\_\_\_, possess all of the **APPLICABLE:**

1. Licenses: \_\_\_\_\_

2. Bonds: \_\_\_\_\_

3. Certificates: \_\_\_\_\_

4. Permits: \_\_\_\_\_

5. Other: \_\_\_\_\_

necessary to carry out the required project. Furthermore, I am providing copies of the required documentation so that, if my company is awarded this project, I may be eligible to enter into a contract with Hidalgo County and proceed to complete the project in a timely manner.

**\* Any licenses, bonds, certificates, permits, etc. which are required must be presented as part of the packet in order to expedite the evaluation process. Failure to provide said documentation will result in the disqualification of your proposal/qualification.**

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Company

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

# EXHIBIT "D"

## 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, 80th Leg., Regular Session.

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).

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

### OFFICE USE ONLY

Date Received

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 7th 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

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

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

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

Adopted 05/29/2007

(Copy of receipt and this form must be submitted with bid)

**PROPOSER'S AFFIDAVIT**  
**Exhibit "E"**

<b>PROPOSER'S AFFIDAVIT OF NON-COLLUSION NON-CONFLICT OF INTEREST, AND ANTI-LOBBYING</b>
--

STATE OF TEXAS  
COUNTY OF HIDALGO

Affiant, \_\_\_\_\_, being first duly sworn, deposes that:

- (1) Affiant does hereby state neither the Proposer nor any of the Proposer's officers, partners, owners, agents, representatives, employees, or parties in interest, has in any way colluded, conspired, agreed, directly or indirectly with any person, firm, corporation, or other proposer, or potential proposer, to provide any money or other valuable consideration for assistance in procuring or attempting to procure a contract or fix the prices in the attached proposed or the proposal of any other proposer, and further states that no such money or other reward will be hereinafter paid.
- (2) Affiant further states they have neither recommended or suggested to Hidalgo County or nay of its officials or employees, any of the terms or provisions set forth in their Request for Proposal and subsequent agreement, except at a meeting open to all interested proposers, of which proper notice was given.
- (3) Affiant, further states their officers, employees, or agents have not, and will not attempt to lobby, directly or indirectly, the Hidalgo County Commissioner's Court between proposal submission date and award by the Hidalgo County Commissioner's Court.
- (4) Affiant further states no officer, or stockholder of the Proposer is a member of the staff, or related to any employee of the Hidalgo County except as noted herein below:

---

Signature/Title: \_\_\_\_\_

---

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_

Notary Public

My commission expires: \_\_\_\_\_, 20\_\_\_\_.



**HISTORICALLY UNDERUTILIZED BUSINESS (HUB) DECLARATION**

The primary objective of the Hidalgo County HUB Program is to ensure Historically Underutilized Businesses receive a fair and equal opportunity for participation in the County's procurement process. This fact holds true for Services (Professional & Non-Professional), Commodities, and Construction contracts and any subcontracts thereto. The program strongly encourages Prime Contractors to provide subcontracting opportunities to Certified Hub Contractors/Vendors. Our goal for HUB contractor/vendor participation, as well as HUB subcontractor participation is 30%. To be considered as a "Certified HUB Contractor/Vendor" the contractor/vendor must have been certified by, and hold a current and valid certification with any of the three agencies listed below.

Have you been Certified as a HUB or an MBE/WBE source?:  Yes  No

If yes, by whom?:  Texas Building & Procurement Commission  Other \_\_\_\_\_

---

Indicate Certification No(s): \_\_\_\_\_ or Are Certificate(s) Attached?:  Yes  No

**LIST OF CERTIFIED HUB SUBCONTRACTORS**

(Attach additional pages if necessary)

What percentage of the Bid, RFP, or RFQ is to be subcontracted with Certified HUB sources?: \_\_\_\_\_%  
(List HUB Subcontractor information below).

HUB Subcontractor Name: \_\_\_\_\_ HUB Status: \_\_\_\_\_  
Certifying Agency (Check all applicable):  Texas Building & Procurement Commission  Other  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
~~Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_ Phone No.: ( ) \_\_\_\_\_~~  
Subcontract Amount: \$\_\_\_\_\_ Description of Work to be Performed: \_\_\_\_\_

HUB Subcontractor Name: \_\_\_\_\_ HUB Status: \_\_\_\_\_  
Certifying Agency (Check all applicable):  Texas Building & Procurement Commission  Other  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_ Phone No.: ( ) \_\_\_\_\_  
Subcontract Amount: \$\_\_\_\_\_ Description of Work to be Performed: \_\_\_\_\_

HUB Subcontractor Name: \_\_\_\_\_ HUB Status: \_\_\_\_\_  
Certifying Agency (Check all applicable):  Texas Building & Procurement Commission  Other  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_ Phone No.: ( ) \_\_\_\_\_  
Subcontract Amount: \$\_\_\_\_\_ Description of Work to be Performed: \_\_\_\_\_

## Request for Taxpayer Identification Number and Certification

Give Form to the  
 requester. Do not  
 send to the IRS.

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification (required): <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶	
	<input type="checkbox"/> Other (see instructions) ▶	
Address (number, street, and apt. or suite no.)		Requester's name and address (optional)
City, state, and ZIP code		
List account number(s) here (optional)		

<b>Part I Taxpayer Identification Number (TIN)</b>																			
Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3.																			
	<table border="1" style="margin: auto;"> <tr><td colspan="9" style="text-align: center;">Social security number</td></tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>	Social security number																	
Social security number																			
<b>Note.</b> If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.	<table border="1" style="margin: auto;"> <tr><td colspan="9" style="text-align: center;">Employer identification number</td></tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>	Employer identification number																	
Employer identification number																			

<b>Part II Certification</b>	
Under penalties of perjury, I certify that:	
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and	
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and	
3. I am a U.S. citizen or other U.S. person (defined below).	
<b>Certification instructions.</b> You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.	
<b>Sign Here</b>	Signature of U.S. person ▶ <span style="float: right;">Date ▶</span>

**General Instructions**  
 Section references are to the Internal Revenue Code unless otherwise noted.

**Purpose of Form**  
 A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,
- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS a percentage of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

#### Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate instructions for the Requester of Form W-9.

Also see *Special rules for partnerships* on page 1.

### Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

### Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

### Specific Instructions

#### Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

**Sole proprietor.** Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name/disregarded entity name" line.

**Partnership, C Corporation, or S Corporation.** Enter the entity's name on the "Name" line and any business, trade, or "doing business as (DBA) name" on the "Business name/disregarded entity name" line.

**Disregarded entity.** Enter the owner's name on the "Name" line. The name of the entity entered on the "Name" line should never be a disregarded entity. The name on the "Name" line must be the name shown on the income tax return on which the income will be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a domestic owner, the domestic owner's name is required to be provided on the "Name" line. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on the "Business name/disregarded entity name" line. If the owner of the disregarded entity is a foreign person, you must complete an appropriate Form W-8.

**Note.** Check the appropriate box for the federal tax classification of the person whose name is entered on the "Name" line (Individual/sole proprietor, Partnership, C Corporation, S Corporation, Trust/estate).

**Limited Liability Company (LLC).** If the person identified on the "Name" line is an LLC, check the "Limited liability company" box only and enter the appropriate code for the tax classification in the space provided. If you are an LLC that is treated as a partnership for federal tax purposes, enter "P" for partnership. If you are an LLC that has filed a Form 8832 or a Form 2553 to be taxed as a corporation, enter "C" for C corporation or "S" for S corporation. If you are an LLC that is disregarded as an entity separate from its owner under Regulation section 301.7701-3 (except for employment and excise tax), do not check the LLC box unless the owner of the LLC (required to be identified on the "Name" line) is another LLC that is not disregarded for federal tax purposes. If the LLC is disregarded as an entity separate from its owner, enter the appropriate tax classification of the owner identified on the "Name" line.

**Other entities.** Enter your business name as shown on required federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name/disregarded entity name" line.

**Exempt Payee**

If you are exempt from backup withholding, enter your name as described above and check the appropriate box for your status, then check the "Exempt payee" box in the line following the "Business name/disregarded entity name," sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

**Note.** If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following payees are exempt from backup withholding:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),
  2. The United States or any of its agencies or instrumentalities,
  3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,
  4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
  5. An international organization or any of its agencies or instrumentalities.
- Other payees that may be exempt from backup withholding include:
6. A corporation,
  7. A foreign central bank of issue,
  8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
  9. A futures commission merchant registered with the Commodity Futures Trading Commission,
  10. A real estate investment trust,
  11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
  12. A common trust fund operated by a bank under section 584(a),
  13. A financial institution,
  14. A middleman known in the investment community as a nominee or custodian, or
  15. A trust exempt from tax under section 664 or described in section 4947.

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 9
Broker transactions	Exempt payees 1 through 5 and 7 through 13. Also, C corporations.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt payees 1 through 7 <sup>2</sup>

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.  
<sup>2</sup> However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney, and payments for services paid by a federal executive agency.

**Part I. Taxpayer Identification Number (TIN)**

**Enter your TIN in the appropriate box.** If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Note.** See the chart on page 4 for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at [www.ssa.gov](http://www.ssa.gov). You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/businesses](http://www.irs.gov/businesses) and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting [IRS.gov](http://IRS.gov) or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note.** Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

**Part II. Certification**

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, below, and items 4 and 5 on page 4 indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on the "Name" line must sign. Exempt payees, see *Exempt Payee* on page 3.

**Signature requirements.** Complete the certification as indicated in items 1 through 3, below, and items 4 and 5 on page 4.

1. **Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.
2. **Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.
3. **Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.

**4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

**5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

### What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee <sup>3</sup>
b. So-called trust account that is not a legal or valid trust under state law	The actual owner <sup>1</sup>
5. Sole proprietorship or disregarded entity owned by an individual	The owner <sup>3</sup>
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulation section 1.671-4(b)(2)(i)(A))	The grantor*
For this type of account:	Give name and EIN of:
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulation section 1.671-4(b)(2)(i)(B))	The trust

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name and you may also enter your business or "DBA" name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

<sup>4</sup> List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 1.

\*Note. Grantor also must provide a Form W-9 to trustee of trust.

**Note.** If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

### Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information, such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

#### Protect yourself from suspicious emails or phishing schemes.

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to [phishing@irs.gov](mailto:phishing@irs.gov). You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: [spam@uce.gov](mailto:spam@uce.gov) or contact them at [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft) or 1-877-IDTHEFT (1-877-438-4338).

Visit [IRS.gov](http://IRS.gov) to learn more about identity theft and how to reduce your risk.

### Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

**CERTIFICATION  
REGARDING DEBARMENT, SUSPENSION and  
INELIGIBILITY**

As is required by the Federal Regulations Implementing Executive Order 12549, Debarment and Suspension, 45 CFR Part 76, Government-wide Debarment and Suspension, the applicant certifies, to the best of his or her knowledge and belief, that both it and its principals:

- a. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency;
- b. Have not within a three-year period preceding this bid proposal and/or application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction, violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- c. Are not presently indicated for or otherwise criminally or civilly charged by a government entity with commission of any of the offenses enumerated herein; and
- d. Have not within a three-year period preceding this bid proposal and/or application had one or more public transactions terminated for cause or default.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Date: \_\_\_\_\_

If the bidder is unable to verify to all of the statements in this Certification, such bidder should attach an explanation to this proposal.

**THIS PAGE MUST BE SUBMITTED WITH BID)**

**Hidalgo County**  
**“Excess Workers’ Compensation Insurance”**  
**Exhibits - Table of Contents**  
**RFP NO: 13-155-00-00-YSI**

EXHIBITS:

1. Claim Summary Report:
  - 2003 Year to Present
2. 2012 Total Budgeted Compensation
3. Declaration Page
4. Head Start Program Locations Sites
5. 2012/2013 Budget-Go To Hidalgo County Website @ [www.co.hidalgo.tx.us](http://www.co.hidalgo.tx.us)

**Fiscal Year Summary WC - MO / Ind Group**  
Workers Comp - Medical Only / Indemnity Group  
08/01/2013 - 08/31/2013

<u>Fiscal Year</u>	<u>Claim Type</u>	<u>Open</u>	<u>Closed</u>	<u>Total Claims</u>	<u>Paid This Period</u>	<u>Incurred This Period</u>	<u>Recovery this Period</u>	<u>Paid</u>	<u>Outstanding</u>	<u>Incurred</u>	<u>Recovery</u>	<u>Net Incurred</u>
<b>Insured : Hidalgo County - WC</b>												
2003	Indem	0	88	88	0.00	0.00	0.00	1,183,305.98	0.00	1,183,305.98	(26,147.64)	1,157,158.34
	MO	0	97	97	0.00	0.00	0.00	96,282.65	0.00	96,282.65	0.00	96,282.65
	Rec Only	0	100	100	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		0	285	285	0.00	0.00	0.00	1,279,588.63	0.00	1,279,588.63	(26,147.64)	1,253,440.99
2004	Indem	0	124	124	0.00	0.00	0.00	1,614,596.65	0.00	1,614,596.65	(275,601.63)	1,338,995.02
	MO	0	242	242	0.00	0.00	0.00	180,114.76	0.00	180,114.76	(5,959.00)	174,155.76
	Rec Only	0	282	282	0.00	0.00	0.00	155.68	0.00	155.68	0.00	155.68
		0	648	648	0.00	0.00	0.00	1,794,867.09	0.00	1,794,867.09	(281,560.63)	1,513,306.46
2005	Indem	3	119	122	1,129.84	1,129.84	0.00	1,024,319.35	6,550.39	1,030,869.74	(38,804.85)	992,064.89
	MO	0	194	194	0.00	0.00	0.00	146,241.03	0.00	146,241.03	(4,352.96)	141,888.07
	Rec Only	1	280	281	300.00	0.00	0.00	35,573.25	2,173.20	37,746.45	0.00	37,746.45
		4	593	597	1,429.84	1,129.84	0.00	1,206,133.63	8,723.59	1,214,857.22	(43,157.81)	1,171,699.41
2006	Indem	1	129	130	725.00	0.00	0.00	1,000,719.17	1,292.15	1,002,011.32	(17,856.27)	984,155.05
	MO	0	176	176	0.00	0.00	0.00	145,095.29	0.00	145,095.29	0.00	145,095.29
	Rec Only	0	241	241	0.00	0.00	0.00	720.19	0.00	720.19	0.00	720.19
		1	546	547	725.00	0.00	0.00	1,146,534.65	1,292.15	1,147,826.80	(17,856.27)	1,129,970.53
2007	Indem	0	146	146	0.00	0.00	0.00	1,007,178.03	0.00	1,007,178.03	(40,694.23)	966,483.80
	MO	0	160	160	0.00	0.00	0.00	115,142.76	0.00	115,142.76	0.00	115,142.76
	Rec Only	0	251	251	0.00	0.00	0.00	186.16	0.00	186.16	0.00	186.16
		0	557	557	0.00	0.00	0.00	1,122,506.95	0.00	1,122,506.95	(40,694.23)	1,081,812.72
2008	Indem	2	100	102	1,439.14	4,050.00	0.00	1,119,335.33	4,831.61	1,124,166.94	(22,359.32)	1,101,807.62
	MO	0	171	171	0.00	0.00	0.00	133,511.26	0.00	133,511.26	(323.47)	133,187.79
	Rec Only	0	313	313	0.00	0.00	0.00	119.01	0.00	119.01	0.00	119.01
		2	584	586	1,439.14	4,050.00	0.00	1,252,965.60	4,831.61	1,257,797.21	(22,682.79)	1,235,114.42
	Indem	0	122	122	0.00	0.00	0.00	652,293.89	0.00	652,293.89	(3,648.80)	648,645.09
	MO	0	157	157	0.00	0.00	0.00	108,983.31	0.00	108,983.31	0.00	108,983.31

**Fiscal Year Summary WC - MO / Ind Group**  
Workers Comp - Medical Only / Indemnity Group  
08/01/2013 - 08/31/2013

Fiscal Year	Claim Type	Open	Closed	Total Claims	Paid This Period	Incurred This Period	Recovery this Period	Paid	Outstanding	Incurred	Recovery	Net Incurred
<b>Insured : Hidalgo County - WC</b>												
2009	Rec Only	0	311	311	0.00	0.00	0.00	1,294.33	0.00	1,294.33	0.00	1,294.33
		0	590	590	0.00	0.00	0.00	762,571.53	0.00	762,571.53	(3,648.80)	758,922.73
2010	Indem	3	162	165	4,848.11	0.00	0.00	1,201,519.29	66,363.94	1,267,883.23	(31,776.26)	1,236,106.97
	MO	0	130	130	0.00	0.00	0.00	113,471.49	0.00	113,471.49	(6,000.00)	107,471.49
	Rec Only	0	274	274	0.00	0.00	0.00	407.99	0.00	407.99	0.00	407.99
		3	566	569	4,848.11	0.00	0.00	1,315,398.77	66,363.94	1,381,762.71	(37,776.26)	1,343,986.45
2011	Indem	6	197	203	8,294.98	10,006.30	0.00	1,355,621.28	73,018.60	1,428,639.88	(54,309.21)	1,374,330.67
	MO	0	132	132	0.00	0.00	0.00	114,087.35	0.00	114,087.35	0.00	114,087.35
	Rec Only	0	278	278	0.00	0.00	0.00	1,173.35	0.00	1,173.35	0.00	1,173.35
		6	607	613	8,294.98	10,006.30	0.00	1,470,881.98	73,018.60	1,543,900.58	(54,309.21)	1,489,591.37
2012	Indem	16	131	147	34,091.67	24,877.24	0.00	824,461.82	124,641.38	949,103.20	(11,007.54)	938,095.66
	MO	0	184	184	148.68	(563.47)	0.00	130,097.34	0.00	130,097.34	0.00	130,097.34
	Rec Only	0	237	237	0.00	0.00	0.00	744.54	0.00	744.54	0.00	744.54
		16	552	568	34,240.35	24,313.77	0.00	955,303.70	124,641.38	1,079,945.08	(11,007.54)	1,068,937.54
2013	Indem	29	59	88	53,189.89	124,028.64	0.00	212,602.24	213,512.61	426,114.85	0.00	426,114.85
	MO	39	73	112	13,475.71	14,160.55	0.00	72,704.84	36,927.46	109,632.30	0.00	109,632.30
	Rec Only	1	161	162	348.29	348.29	0.00	1,177.71	0.00	1,177.71	0.00	1,177.71
		69	293	362	67,013.89	138,537.48	0.00	286,484.79	250,440.07	536,924.86	0.00	536,924.86
	<b>INDEM Total :</b>	60	1,377	1,437	103,718.63	164,092.02	0.00	11,195,953.03	490,210.68	11,686,163.71	(522,205.75)	11,163,957.96
	<b>MO Total :</b>	39	1,716	1,755	13,624.39	13,597.08	0.00	1,355,732.08	36,927.46	1,392,659.54	(16,635.43)	1,376,024.11
	<b>Rec Only Total :</b>	2	2,728	2,730	648.29	348.29	0.00	41,552.21	2,173.20	43,725.41	0.00	43,725.41
	<b>Insured Total :</b>	101	5,821	5,922	117,991.31	178,037.39	0.00	12,593,237.32	529,311.34	13,122,548.66	(538,841.18)	12,583,707.48
	<b>INDEM Total :</b>	60	1,377	1,437	103,718.63	164,092.02	0.00	11,195,953.03	490,210.68	11,686,163.71	(522,205.75)	11,163,957.96
	<b>MO Total :</b>	39	1,716	1,755	13,624.39	13,597.08	0.00	1,355,732.08	36,927.46	1,392,659.54	(16,635.43)	1,376,024.11
	<b>Rec Only Total :</b>	2	2,728	2,730	648.29	348.29	0.00	41,552.21	2,173.20	43,725.41	0.00	43,725.41
	<b>Grand Total :</b>	101	5,821	5,922	117,991.31	178,037.39	0.00	12,593,237.32	529,311.34	13,122,548.66	(538,841.18)	12,583,707.48

Account No/Description	Adjusted Budget	Y-T-D Encumb	Period Expended	Y-T-D Expended	Available Balance	Percent Used
<b>2202 SELF-FUNDED WORKERS' COMP</b>						
2-2202-419-50-115-060-0-141	HIDALGO CO W/C-LOST WAGES	338,944.64	.00	338,944.64	338,944.64	.00 100.00
2-2202-419-50-115-060-0-331	HIDALGO CO W/C-PHYSICIAN SERVICES	564,050.96	.00	564,050.96	564,050.96	.00 100.00
2-2202-419-50-115-060-0-333	HIDALGO CO W/C-LEGAL SERVICES	91,152.47	.00	91,152.47	91,152.47	.00 100.00
2-2202-419-50-115-060-0-820	HIDALGO CO W/C-CLAIMS & JUDGEMENTS NOT C	.00	.00	27,000.00	27,000.00	-27,000.00 .00
060		994,148.07	.00	1,021,148.07	1,021,148.07	-27,000.00 102.72
2-2202-419-50-115-061-0-333	DD 1 W/C-LEGAL SERVICES	468.17	.00	468.17	468.17	.00 100.00
2-2202-419-50-115-061-0-820	DD 1 W/C-CLAIMS & JUDGEMENTS NOT COVERED	.00	.00	-1,000.00	-1,000.00	1,000.00 .00
061		468.17	.00	-531.83	-531.83	1,000.00 -113.60
2-2202-419-50-115-062-0-333	CSA W/C-LEGAL SERVICES	.00	.00	.00	.00	.00 .00
2-2202-419-50-115-062-0-820	CSA W/C-CLAIMS & JUDGEMENTS NOT COVERED	.00	.00	-2,000.00	-2,000.00	2,000.00 .00
062		.00	.00	-2,000.00	-2,000.00	2,000.00 .00
2-2202-419-50-115-063-0-141	HEADSTART W/C-LOST WAGES	43,919.90	.00	43,919.90	43,919.90	.00 100.00
2-2202-419-50-115-063-0-331	HEADSTART W/C-PHYSICIAN SERVICES	215,800.65	.00	206,409.93	206,409.93	9,390.72 95.65
2-2202-419-50-115-063-0-333	HEADSTART W/C-LEGAL SERVICES	18,077.63	.00	18,077.63	18,077.63	.00 100.00
2-2202-419-50-115-063-0-820	HEADSTART W/C-CLAIMS & JUDGEMENTS NOT CO	.00	.00	12,000.00	12,000.00	-12,000.00 .00
063		277,798.18	.00	280,407.46	280,407.46	-2,609.28 100.94
2-2202-419-50-115-065-0-113	DBM-W/C DIV-REG F/T EMPLOYEES	196,397.93	.00	196,397.93	196,397.93	.00 100.00
2-2202-419-50-115-065-0-115	DBM-W/C DIV-LONGEVITY PAY	1,627.50	.00	1,627.50	1,627.50	.00 100.00
2-2202-419-50-115-065-0-211	DBM-W/C DIV-HEALTH INSURANCE	20,820.00	.00	16,656.00	16,656.00	4,164.00 80.00
2-2202-419-50-115-065-0-212	DBM-W/C DIV-LIFE INSURANCE	135.00	.00	135.00	135.00	.00 100.00
2-2202-419-50-115-065-0-220	DBM-W/C DIV-FICA	14,782.48	.00	14,711.74	14,711.74	70.74 99.52
2-2202-419-50-115-065-0-230	DBM-W/C DIV-RETIREMENT	19,734.76	.00	19,734.76	19,734.76	.00 100.00
2-2202-419-50-115-065-0-250	DBM-W/C DIV-UNEMPLOYMENT COMP	1,466.18	.00	1,390.21	1,390.21	75.97 94.82
2-2202-419-50-115-065-0-260	DBM-W/C DIV-WORKERS COMP	5.29	.00	5.29	5.29	.00 100.00
2-2202-419-50-115-065-0-311	DBM-W/C DIV-MGMT CONSULTING SRV	5,296.40	.00	3,600.00	3,600.00	1,696.40 67.97
2-2202-419-50-115-065-0-339	DBM-W/C DIV-OTHER PROF SRV	26,500.00	.00	.00	.00	26,500.00 .00
2-2202-419-50-115-065-0-432	DBM-W/C DIV-EQUIP&VEH R&M SRV	2,961.72	.00	1,194.46	1,194.46	1,767.26 40.33
2-2202-419-50-115-065-0-442	DBM-W/C DIV-EQUIP & VEHICLE RENTALS	5,314.74	.00	3,121.66	3,121.66	2,193.08 58.74
2-2202-419-50-115-065-0-531	DBM-W/C DIV-TELEPHONE	800.00	.00	774.60	774.60	25.40 96.83
2-2202-419-50-115-065-0-532	DBM-W/C DIV-WIRELESS DEVICES	654.36	.00	.00	.00	654.36 .00
2-2202-419-50-115-065-0-535	DBM-W/C DIV-POSTAGE	500.00	.00	373.61	373.61	126.39 74.72
2-2202-419-50-115-065-0-550	DBM-W/C DIV-PRINTING & BINDING	450.00	.00	197.85	197.85	252.15 43.97
2-2202-419-50-115-065-0-560	DBM-W/C DIV-MICROFILM & FILM DEVELOPMENT	500.00	.00	.00	.00	500.00 .00
2-2202-419-50-115-065-0-581	DBM-W/C DIV-TRAVEL IN COUNTY	1,000.00	.00	.00	.00	1,000.00 .00
2-2202-419-50-115-065-0-583	DBM-W/C DIV-TRAVEL OUT OF COUNTY	6,700.00	.00	500.20	500.20	6,199.80 7.47
2-2202-419-50-115-065-0-584	DBM-W/C DIV-REGISTRATION FEES	7,650.00	.00	220.00	220.00	7,430.00 2.88
2-2202-419-50-115-065-0-601	DBM-W/C DIV-OFFICE & COMPU SUPPL	9,050.50	.00	4,740.33	4,740.33	4,310.17 52.38

Expenditure Summary Report

Account No/Description	Adjusted Budget	Y-T-D Encumb	Period Expended	Y-T-D Expended	Available Balance	Percent Used
<b>2202 SELF-FUNDED WORKERS' COMP</b>						
2-2202-419-50-115-065-0-613 DBM-W/C DIV-SAFETY SUPPLIES	68.00	.00	68.00	68.00	.00	100.00
2-2202-419-50-115-065-0-626 DBM-W/C DIV-GASOLINE/DIESEL	8,789.28	.00	5,680.49	5,680.49	3,108.79	64.63
2-2202-419-50-115-065-0-631 DBM-W/C DIV-BOTTLED WATER	720.90	.00	228.20	228.20	492.70	31.65
2-2202-419-50-115-065-0-661 DBM-W/C DIV-MINOR OFFICE FURN & EQUIP	4,427.60	.00	1,225.37	1,225.37	3,202.23	27.68
2-2202-419-50-115-065-0-667 DBM-W/C DIV-MINOR SOFTWARE	2,000.00	.00	.00	.00	2,000.00	.00
2-2202-419-50-115-065-0-672 DBM-W/C DIV-EQ&VEH R&M SUPPLIES	700.00	.00	.00	.00	700.00	.00
2-2202-419-50-115-065-0-745 DBM-W/C DIV-COMPUTER EQUIPMENT	6,000.00	.00	2,391.50	2,391.50	3,608.50	39.86
2-2202-419-50-115-065-0-855 DBM-W/C DIV-LATE FEES,PENALTIES & FINANC	60.00	.00	5.28	5.28	54.72	8.80
2-2202-419-50-115-065-0-870 DBM-W/C DIV-DEPRECIATION	.00	.00	4,526.29	4,526.29	-4,526.29	.00
<b>065</b>	<b>345,112.64</b>	<b>.00</b>	<b>279,506.27</b>	<b>279,506.27</b>	<b>65,606.37</b>	<b>80.99</b>
2-2202-419-50-115-066-0-350 CLAIMS SERVICING-OTHER SERVICES	171,000.00	.00	171,000.00	171,000.00	.00	100.00
2-2202-419-50-115-066-0-524 CLAIMS SERVICING-GENERAL INSURANCE	160,000.00	.00	160,000.00	160,000.00	.00	100.00
<b>066</b>	<b>331,000.00</b>	<b>.00</b>	<b>331,000.00</b>	<b>331,000.00</b>	<b>.00</b>	<b>100.00</b>
<b>2202 SELF-FUNDED WORKERS' COMP</b>	<b>1,948,527.06</b>	<b>.00</b>	<b>1,909,529.97</b>	<b>1,909,529.97</b>	<b>38,997.09</b>	<b>98.00</b>
<b>2 YEAR 2012</b>	<b>1,948,527.06</b>	<b>.00</b>	<b>1,909,529.97</b>	<b>1,909,529.97</b>	<b>38,997.09</b>	<b>98.00</b>

# TEMPORARY CONFIRMATION OF INSURANCE

Assigned No.: CP0641948

This Temporary Confirmation of Insurance is evidence that, in accordance with your instructions and acting on your behalf, we have procured from certain Insurer(s) the coverage described hereinafter. This Confirmation is subject to all the terms and conditions of the Policy or Cover Note to be issued and shall be automatically terminated and voided by delivery of said Policy or Cover Note. In the event of any inconsistency, the terms and conditions of the Policy or Cover Note prevail.

HIDALGO COUNTY  
EMPLOYERS LIABILITY CO.  
2011 DEC 29 PM 4 00

1. Name of Assured: **HIDALGO COUNTY**
2. Mailing Address: **2812 S. BUSINESS 281, NEW ADMINISTRATION BUILDING  
EDINBURG, TX 78539**
3. Insurer(s): **STAR INSURANCE COMPANY**  
A.M. Best's Rating: **A-IX**
4. Confirmation Term: From: **01/01/2012** To: **Policy/Cover Note Issuance** TIME: **12:01 A.M. C.S.T.**
5. Policy Term: From: **01/01/2012** To: **01/01/2013** TIME: **12:01 A.M. C.S.T.**
6. Coverage: **EXCESS LIABILITY COVERAGE**
7. Interest: **PER DECLARATIONS**
8. Limits of Liability: **\$ 1,000,000 Each Accident / Occurrence Limit  
\$ 2,000,000 Policy Aggregate Limit  
Workers' Compensation Statutory Coverage**

9. Underlying Limit(s) and Deductible(s): **\$ 1,000,000 General Liability Self-Insured Retention  
\$ 350,000 Workers' Compensation Self-Insured Retention**

10. Description of Location and Subject of Insurance: **PER DECLARATIONS**

11. Service of Suit should be sent per General Conditions herein.

12. Rate: **PER DECLARATIONS**

13. Premium: **\$ 160,000.00** PAYABLE TO: **McGriff, Seibels & Williams of Texas, Inc.  
Drawer 456 / P.O. Box 11407  
Birmingham, AL 35246-0001**
- Policy Fee: **\$ -**

**TOTAL: \$ 160,000.00** **NO FLAT CANCELLATIONS**

**PREMIUM DUE DATE TO MSW: 01/01/2012**

14. This confirmation is made and accepted subject to the foregoing stipulations and General Conditions attached hereto, which are specially referred to and made a part of this Confirmation together with such other provisions, agreements or conditions as may be endorsed hereon or added hereto; and no officer, agent or other representative of the Undersigned shall have power to waive or be deemed to have waived any provisions or condition of this Confirmation unless such waiver, if any shall be written upon or attached hereto, nor shall any privilege or permission affecting this Confirmation exist or be claimed by the Assured unless so written or attached.

Issued at: **San Antonio, Texas**

**McGRIFF, SEIBELS & WILLIAMS OF TEXAS, INC.**

On: **December 27, 2011**  
(sgs)

BY:   
Authorized Representative

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**IMS / London American**  
 Campbell Centre II -Suite 1450, North Central Ex  
 Dallas, TX 75206  
 Voice (214) 373-3936 \* Fax (214) 739-1904

**BINDER**

No. CP0641948

Previous No.  
 CP0513734

Named Insured:  
 County of Hidalgo, Texas

2818 South Business 281  
 Edinburg TX 78539

Jackie Day

McGriff, Seibels, (Dal)  
 Williams of Texas, Inc.  
 5080 Spectrum Dr. Ste 900E  
 Addison TX 75001

Name of Insurer(s)  
 Star Insurance Company 1008

Fax: (469) 232-2101

Binder Effective: 01-01-12 to 01-01-13  
 Policy Effective: 01-01-12 to 01-01-13  
 12:01 A.M. Standard Time

TYPE OF POLICY: Excess General Liability and Workers Compensation

LIMITS: Liability - \$1,000,000/\$2,000,000  
 Workers Compensation - Statutory

SIR: Liability - \$1,000,000  
 Workers Compensation - \$350,000

TERMS/CONDITIONS: Per Policy to be Issued

HIDALGO COUNTY  
 EMPLOYEE SERVICES  
 2011 DEC 29 PM 4 09

TOTAL PREMIUM 60,000.00

CONDITIONS: THIS TEMPORARY BINDING OF COVERAGE SHALL BE VOID FROM THE BEGINNING IF THE UNDERWRITER DOES NOT RECEIVE, REVIEW AND ACCEPT SUCH MATERIALS AND INFORMATION REQUESTED ABOVE WITHIN THE TIME FRAME STATED. THIS BINDER IS ALSO CANCELLED WHEN A POLICY IS ISSUED.

Date November 29, 2011

Authorized Representative:

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## Hidalgo County Head Start Program Center Directory 2013-2014

ALAMO H/S CENTER C.M.: JUAN R. NAVEJA 303 South 7 <sup>th</sup> Alamo, TX 78516 Phone #: 787-4318 Fax #: 283-0573	EDINBURG IV H/S CENTER C.M.: ESTEFANA BARCO 3215 Richardson Rd. Edinburg, TX 78539 Phone #: 383-4730 Fax #: 316-0432	MCALLEN IV H/S CENTER C.M.: IMELDA VELA 3900 South Ware Road McAllen, TX 78501 Phone #: 618-3797 /687-3665 Fax #: 618-1256	MISSION IV H/S CENTER C.M.: DIANA ANZALDUA 301 South Inspiration Mission, TX 78574 Phone #: 581-6409 /581-6453 Fax #: 581-1835	SAN JUAN II H/S CENTER C.M.: NORMA DONAVA 601 Earling Rd. San Juan, TX 78589 Phone #: 782-1056/ 781-7486 Fax #: 781-9022	ADMINISTRATION OFFICE 1901 W. State Hwy 107 McAllen, TX 78504 P.O. Box 0117 Edinburg, TX 78540-0117 Phone #: 383-0706
ALTON H/S CENTER C.M.: SIMONA PENA 202 W. Dawes Ave. Alton, TX 78572 Phone #: 581-8854 Fax #: 583-6016	EDINBURG V H/S CENTER C.M.: ANA VILLARRUTIA 3500 E. F.M. 2812 Edinburg, TX 78539 Phone #: 383-0665 Fax: 383-2760	MCALLEN V H/S CENTER C.M.: LUDIVINA ALMAGUER 1200 North 25 <sup>th</sup> St. McAllen, TX 78501 Phone #: 928-1396 Fax #: 994-8292	MONTE ALTO H/S CENTER C.M.: ALICIA BECERRA 25249 1 <sup>st</sup> Street Monte Alto, TX 78538 Phone #: 262-4591 Fax #: 262-9229	SULLIVAN CITY H/S CENTER C.M.: MIRTA TRIGO 379 E. Expressway 83 Sullivan City, TX 78595 Phone #: 485-2996 Fax #: 485-9597	<b>DEPARTMENT FAX #s:</b>  Administration: 380-2588 Procurement: 381-0439 Finance: 380-4118 Special Services : 380-4146 Family Services: 380-4163 Personnel: 380-4176 Staff/Edc/Tran: 380-4178 Child Nutrition: 380-4179 Health/Mental Health:380-4153 Insurance: 380-4176 Maintenance/Trans: 380-4180
DONNA I H/S CENTER CM: MARIA H NAJERA 1402 Silver Ave. Donna, TX 78537 Phone #: 464-2443 Fax #: 464-5373	ELSA H/S CENTER C.M.: ALICIA BECERRA 700 Northwest Hidalgo Elsa, TX 78543 Phone #: 262-4542 Fax #: 262-3644	MCALLEN VI H/S CENTER C.M.: LETICIA RODRIGUEZ 2601 Sarah Avenue McAllen, TX 78502 Phone #: 683-8166 /683-0492 Fax #: 683-1966	PALMVIEW I H/S CENTER C.M.: ANNA CEDILLO 1208 Paula Dr., Unit I Palmview, TX 78574 Phone #: 580-6965 Fax #: 519-7373	UTPA H/S CENTER C.M.: MARIA D. GUTIERREZ 1201 W. University Dr. College of Ed., Rm 1.408/1.410 Edinburg, TX 78539 Phone #: 665-2465 Fax #: 665-2466	
DONNA II H/S CENTER CM: NINFA MUNGUIA 1715 Miller Ave. Donna, TX 78537 Phone #: 464-2561 Fax #: 461-3830	HIDALGO H/S CENTER C.M.: MARIO RENDON, JR. 607 South 5 <sup>th</sup> St. Hidalgo, TX 78557 Phone #: 843-8361/843-6321 Fax #: 843-6739	VINE TERRACE H/S CENTER C.M.: LUDIVINA ALMAGUER 2220 (B) North 27 <sup>th</sup> St. McAllen, TX 78501 Phone #: 687-9437 Fax #: 630-4707	PALMVIEW II H/S CENTER C.M.: CYNTHIA GONZALEZ 618 N Breyfogle Rd. Palmview, TX 78574 Phone #: 583-4435 /583-4413 Fax #: 584-3178	WESLACO I H/S CENTER C.M.: NATALIA SALAS 310 N. Kansas St. Weslaco, TX 78596 Phone #: 968-3886 Fax #: 969-8116	
DONNA IV H/S CENTER C.M.: NINFA MUNGUIA 202 West South Avenue Donna, TX 78537 Phone #: 461-2699 Fax #: 461-3245	LA HERENCIA H/S CENTER C.M.: OLGA RUBIO RR 3 Box 3059 Mercedes, TX 78570 Phone #: 514-4828 Fax #: 514-4917	MERCEDES I H/S CENTER C.M.: LUISA BARRERA 1100 W. Expressway 83 Mercedes, TX 78570 Phone #: 565-5062 Fax #: 514-1163	PALMVIEW III H/S CENTER C.M.: ANA CEDILLO 1208 Paula Dr., Unit III Palmview, TX 78574 Phone #: 584-3860 Fax #: 584-3857	WESLACO II H/S CENTER C.M.: NATALIA SALAS 3030 N. TEXAS BLVD. Weslaco, TX 78596 Phone #: 969-3064 Fax #: 447-1789	
EDCOUCH H/S CENTER C.M.: ALEJANDRA PEREZ W. Hwy 107 & Mile 4 N. Edcouch, TX 78538 Phone #: 262-4552 Fax #: 262-7527	LA JOYA H/S CENTER C.M.: MARISSA GUERRA 105 E. 5 <sup>th</sup> & Leo Ave. La Joya, TX 78560 Phone #: 581-2022-581-1372 Fax #: 584-7298	MERCEDES II H/S CENTER C.M.: OLGA RUBIO 3601 East Mile 8 North Weslaco, TX 78596 Phone #: 514-5492 Fax #: 514-1247	PHARR H/S CENTER C.M.: MARIZA GARCIA 415 E. Clark Pharr, TX 78577 Phone #: 781-0116 /283-7827 Fax #: 787-4750	WESLACO III H/S CENTER C.M.: JESSE VELA 1317 W. Expressway 83 Weslaco, TX 78596 Phone #: 968-9751 Fax #: 969-8668	<b>CENTRAL KITCHENS:</b>  EDCOUCH KITCHEN HEAD COOK: BERTHA HERNANDEZ W. Hwy 107 & Mile 4 N. Edcouch, TX 78538 Phone #: 262-2552 / 262-9867 Fax #: 262-5284
EDINBURG I H/S CENTER C.M.: MARIA SALINAS 225 South 25 <sup>th</sup> St. Edinburg, TX 78539 Phone #: 383-3922/383-0931 Fax #: 383-0823	LAS MILPAS I H/S CENTER C.M.: VIRGINIA MONTANEZ 714 Zapata Ave. Pharr, TX 78577 Phone #: 783-1723 Fax #: 781-2696	MISSION I H/S CENTER C.M.: ZORAIDA GARCIA 115 Mayberry Mission, TX 78572 Phone #: 581-2031 Fax #: 585-7802	PROGRESO H/S CENTER C.M.: MARICELA INFANTE 109 W. Palm Ave Progreso, TX 78579 Phone #: 565-0107 Fax #: 514-0317	WESTERN RD H/S CENTER C.M.: PETRA MARTINEZ 8245 E. Poinsetta Dr. Mission, TX 78573 Phone #: 583-9700 Fax #: 581-8155	
EDINBURG II H/S CENTER C.M.: MARIA D. GUTIERREZ 1200 North 1 <sup>st</sup> St. Edinburg, TX 78539 Phone #: 380-1088/289-1966 Fax #: 287-9321	LAS MILPAS II H/S CENTER C.M.: VERONICA ZAMORA 901 E. Thomas Pharr, TX 78577 Phone #: 787-6525 /781-6309 Fax #: 787-6431	MISSION II H/S CENTER C.M.: ESTELLA GONZALEZ 1105 East 8 <sup>th</sup> St. Mission, TX 78572 Phone #: 581-3635 Fax #: 583-6218	SAN CARLOS H/S CENTER C.M.: IRMA GONZALEZ 134 North 86 San Carlos, TX 78539 Phone #: 381-9119 Fax #: 381-9307		
EDINBURG III H/S CENTER C.M.: MARIA SALINAS 3817 South I Rd. Edinburg, TX 78539 Phone #: 383-7041 Fax #: 383-7370	AUSTIN (A-1) H/S CENTER C.M.: MARTHA DE LEON 2100 FIR ST McAllen, TX 78501 Phone #: 631-4240 /630-9876 Fax #: 682-5709	MISSION III H/S CENTER C.M.: DIANA MIRELES 3401 N. Mayberry Mission, TX 78572 Phone #: 580-9709 Fax #: 581-3252	SAN JUAN I H/S CENTER C.M.: VERONICA GARCIA 200 North Cougar San Juan, TX 78589 Phone #: 787-4358 Fax #: 787-8265		911 Addresses  Revised: 08.20.13