




PURCHASING DEPARTMENT
County Of Hidalgo

MEMORANDUM
(IMMEDIATE REVIEW AND RESPONSE REQUIRED)

To: Ramon Montalvo, III CIC
Montalvo Insurance Agency

Via email: ramon@montalvoinsurance.com
jessie@montalvoinsurance.com

From: Yvette Salinas, Buyer III 
Hidalgo County Purchasing Department

Date: December 10, 2013

Re: Best and Final Offer for -"Excess Workers' Compensation Insurance"
RFP NO: 13-155-11-20-YSS

Pursuant to action taken by Hidalgo County Commissioner's Court on Tuesday, December 10, 2013, please be advised that it has been approved by Hidalgo County Commissioner's Court to accept the response submitted by your organization as "qualified" and to enter into negotiations with County Of Hidalgo for the above referenced project with you.

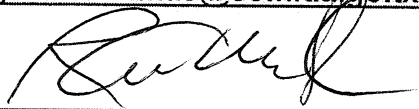
Hidalgo County is requesting for consideration for a "Best and Final Offer" for the proposed scope of work and services for the mentioned project in **SPECIFIC & AGGREGATE EXCESS**.

We request that you submit a proposed "Best And Final Offer" by Friday, December 13, 2013, by 1:00 P.M., or sooner, in order to proceed in placing on the agenda for the following Commissioner's Court date of Friday, December 20, 2013, for approval of the "Best And Final Offer" and approval of purchase of "Excess Workers' Compensation Insurance."

Please submit Fee Schedule (See attached)

We ask that you approve by signing below acknowledgment of receipt of this memo and via email to yvette.salinas@co.hidalgo.tx.us, with your "Best and Final Offer" response.

Signed: _____



Title: _____



Printed Name: _____



Safety National Casualty Corporation
1832 Schuetz Road
St. Louis, MO 63146

“Best and Final Offer”

EXCESS WORKERS' COMPENSATION INSURANCE QUOTATION

Name of Risk: HIDALGO COUNTY, ET AL	
Account: 6004880	
	Specific & Aggregate Excess

Contract Terms		Option 526364271
Liability Period		01/01/2014 - 01/01/2015
Payroll Reporting Period		01/01/2014 - 01/01/2015
Payroll		\$ 140,951,683
Manual Premium		\$ 2,102,245
Experience Modification Factor		1.000
Standard Premium		\$ 2,102,245
Self-Insured Retention		\$ 500,000
Specific Limit		Statutory
Employers Liability Limit	Per Occ	\$ 1,000,000
Loss Fund Rate	Rate % Std Premium	130.00 %
Estimated Loss Fund		\$ 2,732,919
Minimum Loss Fund	Est. x 100.00 %	\$ 2,732,919
Aggregate Excess Limit		\$ 2,000,000
Loss Limitation		\$ 500,000
Premium Rate	Rate \$100 Payroll	\$ 0.1269
Deposit Premium		\$ 178,868
Minimum Premium		\$ 178,868
	Adjustable	
Pay Plan		ANNUAL PAYMENT

*Quote expires 1 day after Payroll Reporting Period effective date for each Quote Option.