

EXHIBIT A **REQUIREMENTS**

DRAFT

RFP NO.: 2020-530-11-04-ABV
“PROPERTY AND CASUALTY INSURANCE POLICIES”
(Including Third Party Administration Services)

OVERVIEW:

Information provided in these specifications/requirements is to be used only for purposes of proposal detailing costs of providing the insurance coverages specified. Each proposer is expected to read these specifications/requirements with care. Failure to meet every one or a combination of specified conditions may invalidate your proposal.

Proposers are requested to submit proposed quotations (premiums) on the basis of these specifications/requirements. Alternative quotations/premiums will receive consideration if Hidalgo County, at its sole discretion, feels it is in the best interest to do so, provided such alternatives are clearly explained and documented. Any exceptions to coverage requested herein must be clearly noted in writing to **Martha L. Salazar, CPPB, Purchasing Agent, Hidalgo County Purchasing Department, 2812 S. Hwy. 281, New Hidalgo County Administration Building, Edinburg, Texas, 78539** and be included as part of the proposal.

Hidalgo County believes that the data contained in these specifications/requirements is sufficient for preparations of offers/proposals. The information is deemed to be accurate and is based upon the latest available information but is not to be considered in any way as a warranty. Request for additional information should be directed in writing to **Martha L. Salazar, CPPB, Purchasing Agent, Hidalgo County Purchasing Department, 2812 S. Hwy. 281, New Hidalgo County Administration Building, Edinburg, Texas, 78539.**

Hidalgo County is requesting for all submittals to include any and all fees for “Third Party Administration Services”. Third Party Administration Services and/or Claims Adjuster Fees will be reimbursed for payment through the awarded vendor submitting a proposal.

The County reserves the right to reject any or all proposals or any portion thereof and to accept the proposal deemed most advantageous to the County.

The submittal envelope must show:

RFP NO.: 2020-530-11-04-ABV
“Property and Casualty Insurance Policies”
(Including Third Party Administration Services)

Deliver submittal to:

RFP No.: 2020-530-11-04-ABV
Martha L. Salazar, CPPB, Purchasing Agent
Hidalgo County Purchasing Department
Attention: Alexandra Vela
2802 S. Business Hwy 281
Edinburg, Texas 78539

SECTION I - GENERAL TERMS AND CONDITIONS

ADDITIONAL INFORMATION: All inquiries must be submitted in writing **via e-mail** to alexandra.vela@co.hidalgo.tx.us **by no later than Tuesday, October 27, 2020**, at 5:00 P.M. Responses will be sent to all applicants via e-mail by **Thursday, October 29, 2020**. **TELEPHONE INQUIRIES WILL NOT BE ACCEPTED.**

If any interpretation of the Request for Proposal, are to be made, will be issued by Addendums. A copy of such Addendum will be e-mailed to each person whom requested a procurement packet from Hidalgo County Purchasing Department.

CONFLICT OF INTEREST: Submitters must have a "non-conflict of interest" affidavit on file prior to contract award.

NON-COLLUSION: Through participation all submitters certify that the accompanying submission is not the result of, or affected by, any unlawful act of collusion with any other person or company engaged in the same line of business or commerce, or any other fraudulent act punishable under Texas or United States law.

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 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.

PROPOSAL DELIVERY: Hidalgo County requires submitters, when hand delivering proposals, to have a Purchasing Department representative time/date stamp and initial the envelope when dropping RFP off.

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.

SECTION II - RFP REQUIREMENTS

Request for Proposal: 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, (1) copy and five (5) USB** of the RFP shall be submitted to the address on the cover letter.

Contents: 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 firms 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.

Personnel and Staffing: The firm 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.

DURATION OF CONTRACT: The initial term of the contract shall be for a three (3) year period, January 01, 2021 – December 31, 2023, with the County’s option to renew for two (2) additional one (1) year terms.

Each year of the contract term, the awarded vendor will request in writing from Hidalgo County any necessary information that reflects changes (additions/deletions) for the purpose of updating the renewal in order to provide the correct coverage. The updated “renewal” must be delivered to the County of Hidalgo ninety (90) days prior to renewal.

If the awarded vendor for any reason or for no reason cancels and/or terminates any coverage under any insurance policy awarded or procured on behalf of Hidalgo County by the awarded vendor under this Request for Proposal, the awarded vendor shall remit within ten (10) days to Hidalgo County any portion of the policy premium paid by the Hidalgo County for such canceled or terminated coverage. In calculating the portion of the policy(s) premium to be remitted to Hidalgo County, the amount due Hidalgo County shall be determined by the number of days coverage for the full term of policy(s) as written in such canceled or terminated policy(s) less the number of days actual coverage provided under such policy to Hidalgo County (the “Factor”). The Factor shall be multiplied by the premium paid by Hidalgo County for such policy(s) and the result shall be the amount to be remitted to Hidalgo County. The amount to be remitted to Hidalgo County in the event of any cancellation or termination of coverage shall in no manner limit any other remedies Hidalgo County may exercise in the event of such cancellation or termination of any of such policy(s).

NUMBER OF COPIES TO BE SUBMITTED: Hidalgo County requires **one (1) original, (1) Copy and five (5) USB** of the RFP shall be submitted

SECTION III - SELECTION AND SCHEDULES

SELECTION PROCEDURES: The RFP shall be submitted according to the schedule below. The County of Hidalgo is not required to select the proposal with the lowest rates/fees, but shall take into consideration other factors, including past experience, evidence of good organization, references, ability to provide requested services, and any other factors found necessary for quality service.

Proposal Ranking: A “Committee” will evaluate and rank the written RFPs. After the RFPs have been ranked, the committee will present a scoring grid to the Hidalgo County Commissioners’ Court for their ranking.

Negotiation Process: The number one ranked firm will be contacted for negotiation process. 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.

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.

PROPOSAL SUBMITTED TO: one (1) original, (1) Copy and five (5) USB of the RFP shall be submitted to

Martha L. Salazar, Purchasing Agent
Hidalgo County Purchasing Department
New Administration Building;
2802 So. Business Hwy 281
Edinburg, Texas 78539

RFPs must be submitted by **no later than 9:30 a.m. on November 04, 2020.**

EVALUATION: The firms will be ranked after evaluation. RFP submittal evaluation will be based on the criteria outlined in Exhibit B.

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 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.

PROPERTY, BOILER & MACHINERY

Primary Program Options -

Property, Boiler & Machinery

Limits:

Buildings, Structures, and
Personal Property – Limit



Sub-Limits:

Earth Movement	\$ 1,000,000
Flood (Excl Zone A)	\$ 5,000,000
Newly Acquired Locations	\$ 2,000,000
Accounts Receivable	\$ 500,000
Valuable Papers	\$ 500,000
Demolition Cost	\$ 500,000
Increased Cost of Const	\$ 500,000
Transit (EDP 50,000)	\$ 25,000
Extra Expense	\$ 250,000
EDP Equipment (Newly Acquired 1,000,000)	Per Schedule Provided
Media	Per Schedule Provided
Business Interruption	\$ 1,000,000
Mobile Equipment – Hidalgo County	Per Schedule Provided
Builders Risk:	\$ 50,000
Fine Arts (Blanket 500,000)	Per Location
Equipment Breakdown	\$ 50,000,000
Expediting Expense	\$ 100,000
Water Damage	\$ 100,000
Spoilage	\$ 100,000
Hazardous Substances	\$ 100,000

Deductible Options:

All Other Perils	\$ 25,000 2% Wind/Hail
Buy Back Wind/Hail	\$450,000 per occurrence
	\$900,000 annual aggregate
	\$ 50,000 deductible
Equipment Breakdown	a) \$10,000 b) \$ 25,000
Earth & Quake	\$ 100,000 Ded

Policies– All Options/Coverages:

To Be Determined

Payment Terms:

A. PROPERTY

**REQUESTED COVERAGES, LIMITS, AND DEDUCTIBLES
REQUESTED LIMITS**

Each year of the contract term, the awarded vendor will request in writing from Hidalgo County any necessary information that reflects changes (additions/deletions) for the purpose of updating the renewal in order to provide the correct coverage.

\$272,301,234 Blanket over all real property, personal property, business interruption, and extra expense, at scheduled locations.

\$1,500,000 Business interruption and extra expense.

Sublimits: See Cover sheet

REQUESTED DEDUCTIBLES

\$25,000; \$50,000 or \$100,000 (2% Wind/Hail)
Per occurrence deductible applicable to all County coverage combined.

REQUESTED COVERAGE PROVISIONS

Requested Proposed Effective Dates: January 1, 2021 to December 31, 2021
January 1, 2022 to December 31, 2022
January 1, 2023 to December 31, 2023
(renewal) January 1, 2024 to December 31, 2024
(renewal) January 1, 2025 to December 31, 2025

Accepted Declined

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

Accepted Declined

Covered Locations: Please provide coverage on all covered property, regardless of its location. Refer to "Exposure and Rating Information" for a schedule of current locations and values.

Accepted Declined

Coverage for Property at Unscheduled Locations: Please provide coverage for property at unscheduled locations subject to the "any other location" limit requested in the "Requested Limits" section.

Accepted Declined

Property in Transit: Please provide coverage on property in transit.

Accepted Declined

Newly Acquired Locations—Real Property: Please provide 90 days' automatic coverage on newly acquired real property, subject to THE REQUESTED NEWLY ACQUIRED REAL PROPERTY LIMIT, THE REQUESTED BLANKET LIMIT

Accepted Declined

Newly Acquired Locations—Personal Property: Please provide 90 days' automatic coverage on personal property at newly acquired locations, subject to THE REQUESTED NEWLY ACQUIRED LOCATIONS PERSONAL PROPERTY LIMIT, THE REQUESTED BLANKET LIMIT

Accepted Declined

Covered Property: Please include the following as covered property.

Personal property of others

Accepted Declined

Employees' property

Accepted Declined

Building glass

Accepted Declined

Attached signs

Accepted Declined

Detached signs

Accepted Declined

Fences

Accepted Declined

TV and radio antennas

Accepted Declined

Foundations and other underground property

Accepted Declined

Retaining walls not part of a building

Accepted Declined

Land, excavations, grading, filling

Accepted Declined

Lawns, trees, shrubs, plants

Accepted Declined

Growing crops

Accepted Declined

Animals

Accepted Declined

Tools, dies, patterns, and molds

Accepted Declined

Fine arts

Accepted Declined

Jewelry, watches, furs, and silverware

Accepted Declined

Bullion and precious metals

Accepted Declined

Money and securities

Accepted Declined

Dams, dikes, reservoirs, docks, piers, wharfs

Accepted Declined

Roads, tunnels, bridges

Accepted Declined

Perils: Please provide all risks coverage that includes each of the following.

Full collapse coverage including collapse resulting from design error and faulty workmanship or materials after completion of construction

Accepted Declined

Flood coverage, including seepage of water, sewer backup, mudslide, and other water damage

Accepted Declined

Earth movement coverage, including but not limited to earthquake

Accepted Declined

Ordinance coverage (contingent liability for building laws, demolition, and increased cost of construction)

Accepted Declined

Radioactive contamination, resulting loss only, direct damage

Accepted Declined

Off-premises utility service interruption—direct damage and time element, including transmission lines

Accepted Declined

Spoilage of perishable goods resulting from mechanical breakdown

Accepted Declined

Spoilage of perishable goods resulting from power failure originating on or off-premises

Accepted Declined

No Debris Removal Sublimit: Please provide debris removal coverage subject only to the applicable direct damage limit; there should not be a debris removal sublimit.

Accepted Declined

Coverage for Removal of All Debris: Please amend the debris removal clause to apply to removal of all debris from a covered cause, not just debris of covered property.

Accepted Declined

Pollutant Cleanup Coverage: Please provide coverage for removal of pollutants from the insured's land or water, provided the release of pollutants is caused by an unexcluded cause of loss.

Accepted Declined

Yard Property Limit: Please extend coverage to covered property within 1,000 feet of the property boundary of each covered location.

Accepted Declined

No Protective Safeguards Provision: Please delete any protective safeguards provision contained in your form.

Accepted Declined

Joint Loss/Loss Adjustment Agreement: Please include a loss adjustment endorsement providing for joint payment with the boiler and machinery insurer of any loss involving both policies.

Accepted Declined

Valuation: Please provide coverage on a replacement cost basis for all types of property

Accepted Declined

Valuation of Property of Others: Property of others should be valued at the replacement cost.

Accepted Declined

Requirement To Rebuild on Same Premises: Please delete any such requirement.

Accepted Declined

Direct Damage Coinsurance: Please delete the coinsurance provision or suspend it with an agreed value provision.

Accepted Declined

Multiple Occupancy Business Interruption and Extra Expense Coverage Trigger: Please amend any language in your form that would limit coverage to income or expense loss resulting only from damage to the portion of the premises occupied by the insured. Coverage should also apply to loss resulting from damage to any route within the building that permits access to the insured's premises (such as foyers, hallways, elevators, and stairways). If the 1995 edition of ISO CP 00 10 is used, there is no need for an endorsement.

Accepted Declined

Combination Business Interruption and Extra Expense Coverage Form: Please provide coverage for both business interruption and extra expense subject to a single limit for both coverages, using a combination business interruption and extra expense coverage form, such as the ISO business income and extra expense coverage form (CP 00 30).

Accepted Declined

Please provide the following endorsements:

i

Ninety-Day Notice of Cancellation, Material Policy or Premium Change, or Nonrenewal:

Accepted Declined

Delayed Notice of Occurrence Endorsement

The DUTIES IN THE EVENT OF ACCIDENT, CLAIM, SUIT, OR LOSS condition is amended to include:

d. Knowledge of any "accident", claim, "suit" or "loss" by the agent, servant, or employee of the insured shall not in itself constitute knowledge of the insured unless notice of such "accident", claim, "suit" or "loss" shall have been received by the risk manager or any executive officer.

Accepted Declined

Broad Named Insured:

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

REQUESTED SERVICES

List of Forms: Please provide a list of all forms and endorsements that will be attached to the policy, showing the edition date of each.

Accepted Declined

Copies of Forms: Please provide copies of all proposed forms and endorsements other than (ISO, AAIS, Texas, other) forms.

Accepted Declined

Copies of Inspection Reports and Recommendations: Please provide copies of engineering inspection reports including estimated cost of compliance with each recommendation.

Accepted Declined

Loss Control Services: Please outline the loss control services that will be provided.

Accepted Declined

Loss Reports: Please agree to provide ANNUAL that include the following information for each loss: the date of loss, description of loss, amount reserved, deductible amount, and amount paid.

Accepted Declined

	DEDUCTIBLE	QUOTED PREMIUM Premium
Total Premium:	\$ _____	_____
	\$ _____	_____
	\$ _____	_____

EXPOSURE AND RATING INFORMATION

Description of Operations: Refer to enclosed UNDERWRITING INFORMATION SUMMARY, PRODUCT BROCHURES, ANNUAL REPORT, 10K REPORT, OTHER.

Locations and 100 Percent Values: See "Schedule of Locations and Values."

Construction and Protection Information: See "Construction and Protection Schedule."

B. BOILER & MACHINERY/EQUIPMENT BREAKDOWN

REQUESTED COVERAGES, LIMITS, AND DEDUCTIBLES

Limits:

- \$50,000,000 Direct damage, per accident
- \$Included Combined business interruption and extra expense, actual loss sustained coverage

Sublimits:

- \$100,000 Expediting expense
- \$100,000 Hazardous substances
- \$100,000 Spoilage
- \$100,000 Water damage

Deductibles:

- \$10,000; \$25,000 Deductible per accident, direct damage
- 24 hours Deductible per accident, time element coverage

REQUESTED COVERAGE PROVISIONS

Newly Acquired Locations: Please provide 90 days' automatic coverage in connection with equipment at newly acquired locations.

Accepted Declined

"Extended Comprehensive Object" Definition: Please use an extended comprehensive object definition.

Accepted Declined

Fiber Optic Cable: Please include fiber optic cables as covered objects.

Accepted Declined

Coverage for Computers: Please include as covered objects computers that are not used to operate or control other covered objects.

Accepted Declined

Coverage for Medical and Diagnostic Equipment: Please include medical and diagnostic equipment as covered objects.

Accepted Declined

"Turbine Accident" Definition: Please cover turbines subject to the same accident definition as other covered objects. Neither the explosion accident definition nor the combined accident definition should apply.

Accepted Declined

In Use/Connected Ready for Use: Please delete any provision in your form that restricts coverage to equipment that is in use or connected and ready for use.

Accepted Declined

Testing Coverage/Resultant Damage: If your form contains an exclusion of coverage for accidents occurring while an object is undergoing a hydrostatic, pneumatic, or gas pressure test or an insulation breakdown test, please amend it to provide coverage for damage to property other than the object undergoing the test.

Accepted Declined

Consequential Damage Coverage: Please provide coverage for spoilage of perishable goods resulting from a covered accident.

Accepted Declined

Utility Interruption Coverage: Please provide coverage for loss (including but not limited to spoilage) resulting from utility service interruption originating off-premises.

Accepted Declined

Replacement Cost Coverage: Please provide coverage on a replacement cost basis.

Accepted Declined

Defense Coverage and Supplementary Payments: Please cover defense costs and supplementary payments in addition to the stated limits of insurance.

Accepted Declined

Ordinary Payroll Coverage: Please include ordinary payroll in the definition of "actual loss."

Accepted Declined

Suspension of Coinsurance: Please include a suspension of coinsurance endorsement.

Accepted Declined

Delete Monthly Limitation: Please delete the monthly limitation on extra expense loss recovery, so that the entire requested extra expense limit is immediately available to the insured.

Accepted Declined

REQUESTED SERVICES

Copies of Forms: Please provide copies of all proposed forms and endorsements.

Accepted Declined

Copies of Inspection Reports and Recommendations: Please provide copies of engineering inspection reports including estimated cost of compliance with each recommendation.

Accepted Declined

Loss Control Services: Please outline the loss control services that will be provided.

Accepted Declined

QUOTED PREMIUM

	Deductible	Premium
Total Premium:	\$ _____	_____
	\$ _____	_____
	\$ _____	_____

EXPOSURE AND RATING INFORMATION

Description of Operations: Refer to enclosed UNDERWRITING INFORMATION SUMMARY, PRODUCT BROCHURES, ANNUAL REPORT, 10K REPORT, OTHER.

Locations and 100 Percent Values: See "Schedule of Locations and Values."

PRIMARY PROGRAM OPTIONS

Primary Program Options -

Limits:

GL:	\$1,000,000 each occurrence \$2,000,000 General Aggregate (Annual) \$2,000,000 Products/ Completed Operations Annual Aggregate
(EBL)	\$ 100,000 Fire Damage to Premises \$1,000,000 Employee Benefits Liability \$3,000,000 Aggregate
Auto:	\$1,000,000 Combined Single Limits Comprehensive & Collision *On 2005 and newer vehicles
POL: (EPML)	\$2,000,000 each claim \$2,000,000 Aggregate \$100,000 SIR
LEL:	\$1,000,000 each claim \$1,000,000 Aggregate \$50,000; \$100,000 SIR
EPL	\$2,000,000 Each Wrongful Act \$2,000,000 Total Limit \$50,000; \$100,000 SIR

*** Deductible/SIR Options:**

GL/EBL	a) \$25,000 per occurrence b) \$50,000 per occurrence c) \$100,00 per occurrence
AUTO LIABILITY:	a) \$25,000 per accident b) \$50,000 per accident c) \$100,00 per accident
AUTO COLLISION COMPREHENSIVE:	a) \$25,000 each claim b) \$50,000 each claim c) \$100,000 each claim

- POL: (EPML)
 - a) \$25,000 per occurrence
 - b) \$50,000 per occurrence
 - c) \$100,000 per occurrence

- LEL
 - a) \$25,000 per occurrence
 - b) \$50,000 per occurrence
 - c) \$100,000 per occurrence

- EPL
 - a) \$25,000 per occurrence
 - b) \$50,000 per occurrence
 - c) \$100,000 per occurrence

To Be Determined

**Policies– All
Options/Coverages:**

Payment Terms:

Please include the insurer’s A.M. Best rating in your proposal.

C. AUTOMOBILE

REQUESTED COVERAGES, LIMITS, AND DEDUCTIBLES

Liability Coverage:

\$1,000,000: Combined Single Limits

Optional Quote (Hidalgo County has the option to accept or decline this coverage): **Please include Auto Policy with Underinsured/Uninsured Motorist with limits of: \$25,000**

\$50,000

\$100,000

And Personal Injury Protection (PIP) Coverage with limits of:

\$5,000

\$10,000

Physical Damage Coverage:

Coverage should apply to autos as indicated below each type of coverage.

Comprehensive and Collision

Only those vehicles 2005 and newer

Coverage should apply to autos as indicated for each type of coverage.

REQUESTED COVERAGE PROVISIONS

Note: This section includes requested endorsements, both standard Insurance Services Office, Inc. (ISO), forms and manuscript endorsements. We are receptive to using these endorsements as they stand or with reasonable modifications. Completely different endorsements or policy wording suggested by the broker or underwriter may also be acceptable. Please outline any major variations in your proposal.

Requested Proposed Effective Dates: January 1, 2021 to December 31, 2021
January 1, 2022 to December 31, 2022
January 1, 2023 to December 31, 2023
 (Renewal) January 1, 2024 to December 31, 2024
 (Renewal) January 1, 2025 to December 31, 2025

Named Insured: The named insured should read as follows: Hidalgo County

Accepted Declined

Coverage Form: Please quote coverage at least as broad as the ISO business auto policy form (CA 00 01). If you are using this standard form with an edition date prior to December 1990, include coverage for "covered pollution cost or expense."

Accepted Declined

Additional Insured-Lessor Endorsement (CA 20 01): Leased vehicles for which we are required by lease to purchase direct primary insurance for the lessor include vehicle numbers _____, on the schedule. The lessors are: _____

Accepted Declined

Fellow Employee Exclusion: Please delete the fellow employee exclusion to include coverage for executive officers.

Accepted Declined

Please include the following endorsements:

Delayed Notice of Occurrence Endorsement

The DUTIES IN THE EVENT OF ACCIDENT, CLAIM, SUIT, OR LOSS condition is amended to include:

- d. Knowledge of any "accident", claim, "suit" or "loss" by the agent, servant, or employee of the insured shall not in itself constitute knowledge of the insured unless notice of such "accident", claim, "suit" or "loss" shall have been received by the risk manager or any executive officer.

Accepted Declined

Ninety-Day Notice of Cancellation, Material Policy/Premium Change or Nonrenewal Endorsement.:

Accepted Declined

Broad Named Insured:

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

REQUESTED SERVICES

List of Forms: Please provide a list of all forms and endorsements that will be attached to the policy showing the edition date of each.

Accepted Declined

Copies of Forms: Please provide a copy of the policy and any endorsements, if coverage will not be written on the ISO business auto policy form, CA 00 01, with an edition date of December 1990 or later.

Accepted Declined

Loss Runs: Please provide us with Quarterly reports of losses (as requested).

Accepted Declined

QUOTED PREMIUM

Total Premium: \$ _____

Premium Computation Information: Please include the details of all premium computations: _____

Premium Payment Plan: Please provide the details of any available premium payment plans: _____

EXPOSURE AND RATING INFORMATION

Description of Operations: Refer to enclosed Underwriting information.

Vehicle Classification: All vehicles should be classified as outlined in the attached Vehicle Schedule.

Hired and Nonowned Auto Liability: The total number of employees authorized to drive at all our locations is 2,508. The majority of our employees do not regularly drive their own autos on company business.

This coverage should be based on a minimum premium since there is little use of rented vehicles.

Loss Control Programs: Per Attached

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

Vehicle Schedule – Per Attached.

D. GENERAL LIABILITY

REQUESTED COVERAGES, LIMITS, AND DEDUCTIBLES

- \$1,000,000 Bodily injury and property damage, per occurrence
- \$2,000,000 Products/completed operations aggregate limit
- \$2,000,000 General aggregate limit (other than products/completed operations)
- \$100,000 Fire damage limit, any one fire
- \$1,000,000 Employee benefits liability coverage/\$1,000,000 Aggregate
\$3,000,000 Aggregate **Optional**
- \$1,000,000 Law Enforcement Liability/\$2,000,000 Aggregate

REQUESTED SIR OPTIONS OF:

Unlimited General Aggregate Limit: It is preferred that coverage be written without a general aggregate limit applying to bodily injury and property damage liability. A \$5 million (or higher) personal injury liability aggregate may be used in conjunction with this approach.

Accepted Declined

If an unlimited general aggregate is unavailable, please modify the general aggregate to apply separately to each project or location.

Accepted Declined

- **Fire Legal Liability:** As an option, please quote a fire damage limit of \$250,000.

REQUESTED COVERAGE PROVISIONS

This section includes requested manuscript endorsements. We are receptive to using these endorsements as they stand or with reasonable modifications. Completely different endorsements or policy wording suggested by the broker or underwriter may also be acceptable. Please outline any major variations in your proposal.

Accepted Declined

Requested Proposed Effective Dates: January 1, 2021 to December 31, 2021
January 1, 2022 to December 31, 2022
January 1, 2023 to December 31, 2023
 (Renewal) January 1, 2024 to December 31, 2024
 (Renewal) January 1, 2025 to December 31, 2025

Named Insured: The named insured should read as follows. **Hidalgo County**

Accepted Declined

Broad Form Named Insured Endorsement: Please include the manuscript broad form named insured endorsement included with this submission.

Accepted Declined **Occurrence Coverage:** Please quote occurrence (rather than claims-made) coverage.Accepted Declined **Coverage Form:** Coverage should be at least as broad as those provided by the ISO commercial general liability policy form (CG 00 01).Accepted Declined **Contractual Liability Coverage for False Arrest:** Please amend Coverage B exclusion a.(4) by attaching ISO endorsement CG 22 74 to provide coverage for contractual assumption of liability arising out of false arrest, detention, or imprisonment.Accepted Declined **Fellow Employee Exclusion:** Please amend the fellow employee exclusion to include coverage for supervisory personnel, using the following endorsement.**Additional Persons Insured—Employee
Bodily Injury to Another Employee Endorsement**

It is agreed that exclusion 2.a.(1) of the "Who Is an Insured" section of the commercial General Liability Policy does not apply with respect to "bodily injury" to another employee for claims made or suits brought against such employees as are herein designated while acting within the scope of their duties as such.

(List Individuals or Positions)

Accepted Declined **Employee Benefits Liability:** Please provide occurrence coverage.Accepted Declined **Automatic Additional Insureds:** Please provide an endorsement to the effect that all entities/individuals are additional insureds if required under the terms of a written contract.Accepted Declined **Unintentional Errors and Omissions Endorsement**

It is agreed that failure of the insured to disclose all hazards existing as of the inception date of the policy shall not prejudice the insured with respect to the coverage afforded by this policy provided such failure or omission was not intentional.

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 risk manager or any executive officer.

Accepted Declined

Blanket Waiver of Subrogation Endorsement

The policy is amended to include the following:

If is further agreed that where required by contract, with respect to such insurance as is afforded by this policy, the Company waives any right of subrogation it may acquire against any party(ies) of such contract by reason of any payment made under this policy.

Accepted Declined

Clarification of Punitive Damages Endorsement

This policy covers punitive damages unless barred by a specific state statute or a court of law.

Accepted Declined

Cancellation Notice: Please lengthen the cancellation notice requirement to 90 days, per endorsement CG 02 24 (earlier notice of cancellation).

Accepted Declined

Pollution Exclusion: The pollution exclusion should be no broader than that contained in ISO form CG 00 01.

Accepted Declined

Pollution Coverage: Please quote coverage for sudden and accidental pollution liability, per endorsement CG 04 22.

Accepted Declined

Elected or Appointed Officers as Additional Insureds: Please modify the "Who Is an Insured" provision to include the following while acting on behalf of the named insured: elected or appointed officers, bail bond board, district judges and members of boards, commissions, or agencies (CG 20 25).

Accepted Declined

REQUESTED SERVICES

List of Forms: Please provide a copy of the policy form and any endorsements that will be attached to the policy, showing the edition date of each.

Accepted Declined

Copies of Forms: Please provide a copy of the policy form and any endorsements, if coverage will not be written on the ISO commercial general liability policy form CG 00 01.

Accepted Declined

Loss Runs: Please provide Quarterly general liability loss reports that contain the following information: amounts paid, reserved, and recovered BY DIVISION, SUBSIDIARY, DEPARTMENT, LOCATION, SUPERVISOR, OTHER.

Accepted Declined

Loss Control Services: Please outline the loss control services that will be provided.

Accepted Declined

QUOTED PREMIUM

	SIR/Deductible	Premium
Total Premium:	\$ _____	_____
	\$ _____	_____
	\$ _____	_____

EXPOSURE AND RATING INFORMATION

Description of Operations: Refer to enclosed Underwriting Information.

Employee Benefits Liability: The total number of employees is 3,545.

Loss Control Programs: DESCRIBE

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

E. LAW ENFORCEMENT LIABILITY

\$1,000,000 Law enforcement officers' errors and omissions liability Each Claim
\$2,000,000 Annual aggregate

Need Deductible and SIR options of \$50,000 and \$100,000 in punitive or exemplary damages for the limits specified.

Requested Proposed Effective Dates: January 1, 2021 to December 31, 2021
January 1, 2022 to December 31, 2022
January 1, 2023 to December 31, 2023
 (Renewal) January 1, 2024 to December 31, 2024
 (Renewal) January 1, 2025 to December 31, 2025

Accepted Declined

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

Accepted Declined

Include as Insureds:

Individual law enforcement officers and employees of the Sheriff's Department. This coverage should apply to individuals who now are, will be, or were with the Sheriff's Department.

Accepted Declined

Public officials and employees of the County while in furtherance of the pursuits of the Sheriff's Department.

Accepted Declined

Volunteer and part-time workers in the Sheriff's Department.

Accepted Declined

Heirs, estates, executors administrators, legal representatives, and assigns of all the above in the event of death, bankruptcy or incompetency.

Accepted Declined

Occurrence Coverage Trigger: Please provide occurrence-based coverage.

Accepted Declined

Definition of "Occurrence": If coverage will be written on an "occurrence" form, please define the term "occurrence" to mean a "happening or event" rather than an "accident."

Accepted Declined

Prior Acts Coverage: In the past the County has purchased coverage on a claims-made basis. Please include coverage for prior acts in your occurrence policy.

Accepted Declined

No Retroactive Date: If coverage will be on a claims-made basis, please provide full prior acts coverage. There should be no retroactive date or other similar restrictions. We are prepared to certify that we know of no incidents that could give rise to claims in the future.

Accepted Declined

Extended Reporting Period (ERP) Option: If coverage will be on a claims-made basis, please include a 3-year ERP option that the insured may elect to purchase in the event of cancellation or nonrenewal by either the insurer or the insured.

Accepted Declined

Time To Elect ERP: The ERP option should be available to the insured for 30 days after the effective date of cancellation or nonrenewal.

Accepted Declined

"Pay on Behalf of" Coverage: Please provide coverage on a "pay on behalf of" basis.

Accepted Declined

First Dollar Defense Coverage: Please provide defense coverage on a "first dollar" (no deductible) basis.

Accepted Declined

Defense Coverage Outside of Limits: Please provide defense coverage in addition to (rather than as part of) the policy limit.

Accepted Declined

Defense Coverage for Questionable Claims: Please provide coverage for defense of questionable or possibly excluded claims.

Accepted Declined

Supplementary Payments: Please provide coverage for the following "supplementary payments" in addition to limits: premiums on appeal bonds, interest on judgments, expenses incurred in assisting the insurer in defending claims.

Accepted Declined

Mutual Law Enforcement Agreement: Please provide coverage for liability assumed in any mutual law enforcement agreements.

Accepted Declined

"Moonlighting" Coverage: Please include coverage for Law Enforcement Officers while "moonlighting."

Accepted Declined

Punitive Damages: Please provide coverage for punitive or exemplary damages unless such coverage is prohibited in the jurisdiction where claim is brought.

Accepted Declined

Covered Perils: Please provide coverage for liability claims arising from the following.

False arrest, detention, or imprisonment

Accepted Declined

Malicious prosecution

Accepted Declined

Wrongful entry, eviction, or other invasion of the right of private occupancy

Accepted Declined

Discrimination (as respects noninsured)

Accepted Declined

Humiliation

Accepted Declined

Libel, slander, entrance in violation of the right of privacy

Accepted Declined

Assault and battery

Accepted Declined

First aid E&O

Accepted Declined

False or improper service of process

Accepted Declined

Violation of property rights

Accepted Declined

Violation of civil rights

Accepted Declined

Alleged criminal acts

Accepted Declined

Delete Exclusions: Please agree to delete any of the following exclusions if contained in your form.

Damages for violation of civil rights

Accepted Declined

Bodily injury while in custody of an officer

Accepted Declined

Bodily injury while in jail (e.g., jail fires)

Accepted Declined

Damage to tangible property

Accepted Declined

Misuse of a motor vehicle

Accepted Declined

Care, custody, and control of property of others

Accepted Declined

Intentional acts

Accepted Declined

Delete Products Liability Exclusion: Please delete this exclusion if contained in your form.

Accepted Declined

Modify Products Liability Exclusion: If your form's products liability exclusion cannot be deleted, please modify it so that it clearly does not apply to claims relating to the negligent use of equipment or instruments intended as law enforcement aids.

Accepted Declined

Knowledge of Occurrence Provision Endorsement

It is agreed that knowledge of an occurrence, claim, or suit by an agent or employee of the insured, shall not in itself constitute knowledge by the insured, unless the Law Enforcement Department, County, Risk Manager of the insured shall have such knowledge.

Accepted Declined

Ninety Days' Notice of Cancellation: Please endorse the policy to provide 90 days' notice of cancellation, material policy change, or intent not to renew.

Accepted Declined

REQUESTED SERVICES

Copy of Form: Please attach a copy of the proposed form and all proposed endorsements to your proposal.

Accepted Declined

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

Accepted Declined

Defense Counsel: If the insured will not be allowed to participate in the selection of defense counsel, please identify the law firm and individual attorneys that would handle the defense of any claims that might be brought against insureds and outline their experience handling suits of this type.

Loss Control Services: Please describe in your proposal the loss control assistance that will be provided.

QUOTED PREMIUM

Total Premium: \$ _____

Premium Breakdown: Please indicate the premium charges (if any) for each of the requested coverage provisions, such as prior acts coverage, "moonlighting" coverage, etc.: _____

Cost of ERP Option: Please indicate the cost of the extended reporting period (ERP) option: _____

Premium Payment Plan: Please provide the details of any available premium payment plan: _____

VOLUNTEER INSURANCE

BLANKET ACCIDENT INSURANCE POLICY

Covered Activities: While enrolled as a member/volunteer of Hidalgo County/Policyholder during the hours and on the days when the Policyholder is in session, or during the hours and on the days when the Policyholder is not in session while participating in any Policyholder sponsored activity. This includes coverage away from the Policyholder's premises while participating in any activity authorized and supervised by the Policyholder. This includes coverage for travel directly and uninterrupted to or from the above.

Approximate number of volunteers is fifty (50).

Maximum

Loss

	<u>Amount</u>	<u>Period</u>
Accidental Death Benefit	\$5,000	365 Days

Accidental Dismemberment Benefit	\$10,000	365 Days
----------------------------------	----------	----------

Total Premium:	Premium	Deductible
	\$ _____	_____
	\$ _____	_____
	\$ _____	_____

EXPOSURE AND RATING INFORMATION

Refer to enclosed Law Enforcement Liability Underwriting Information.

F. PUBLIC OFFICIALS EMPLOYMENT MANAGEMENT LIABILITY

REQUESTED COVERAGES, LIMITS, AND SIR

\$2,000,000 Per Occurrence Public officials' errors and omissions liability
\$2,000,000 Annual aggregate

****Please endorse to the policy, Bail Bond Board and District Judges**.**

REQUESTED COVERAGE PROVISIONS

Requested Proposed Effective Dates: January 1, 2021 to December 31, 2021
January 1, 2022 to December 31, 2022
January 1, 2023 to December 31, 2023
(Renewal) January 1, 2024 to December 31, 2024
(Renewal) January 1, 2025 to December 31, 2025

Accepted Declined

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

Accepted Declined

Include as Insureds: Please include the following as insureds.

Individuals who now are, will be, or were elected or appointed public officials, district judges of the County.

Accepted Declined

All boards including bail bond board, commissions, and other departments within the named insured's budget

Accepted Declined

Employees (including part-time employees)

Accepted Declined

Volunteers

Accepted Declined

Heirs, estates, executors, administrators, legal representatives, and assigns of all of the above in the event of death, bankruptcy, or incompetency

Accepted Declined

Occurrence Coverage Trigger: Please provide occurrence-based coverage.

Accepted Declined

Definition of "Occurrence": If coverage will be written on an "occurrence" form, please define the term "occurrence" to mean a "happening or event" rather than an "accident."

Accepted Declined

Prior Acts Coverage: In the past the County has purchased coverage on a claims-made basis. Please include coverage for prior acts in your occurrence policy.

Accepted Declined

No Retroactive Date: If coverage will be on a claims-made basis, please provide full prior acts coverage. There should be no retroactive date or other similar restrictions. We are prepared to certify that we know of no incidents that could give rise to claims in the future.

Accepted Declined

Extended Reporting Period (ERP) Option: If coverage will be on a claims-made basis, please include a 3-year ERP option that the insured may elect to purchase in the event of cancellation or nonrenewal by either the insurer or the insured.

Accepted Declined

Time To Elect ERP: The ERP option should be available to the insured for 30 days after the effective date of cancellation or nonrenewal.

Accepted Declined

"Pay on Behalf of" Coverage: Please provide coverage on a "pay on behalf of" basis.

Accepted Declined

First Dollar Defense Coverage: Please provide defense coverage on a "first dollar" (no deductible) basis.

Accepted Declined

Defense Coverage Outside of Limits: Please provide defense coverage in addition to (rather than as part of) the policy limit.

Accepted Declined

Supplementary Payments: Please provide coverage for the following "supplementary payments" in addition to limits: premiums on appeal bonds, interest on judgments, expenses incurred in assisting the insurer in defending claims.

Accepted Declined

Definition of "Wrongful Act": Please include the following definition of wrongful act.

Liability arising from actual or alleged negligence, errors or omissions, breaches of duty, misfeasance, malfeasance, and nonfeasance of any insured.

Accepted Declined

Violation of Civil Rights Exclusion: Please delete this exclusion if included in your form.

Accepted Declined

Punitive Damages: Please provide coverage for punitive or exemplary damages unless such coverage is prohibited in the jurisdiction where claim is brought.

Accepted Declined

Delete Professional Liability Exclusions: Please agree to delete any exclusions of claims against employed attorneys, architects, medical personnel, engineers, etc., acting within the scope of their professional duties.

Accepted Declined

Defense of Injunctive Relief Claims: Please provide defense coverage for injunctive relief (nonmonetary damage) claims.

Accepted Declined

Faulty Preparation of Bid Specifications Exclusion: Please delete this exclusion if included in your form.

Accepted Declined

Defense Coverage for Questionable Claims: Please provide coverage for defense of questionable or possibly excluded claims.

Accepted Declined

Failure To Maintain Insurance Exclusion: Please delete any such exclusion. We are willing to provide a schedule of insurance and report any material changes in the schedule to the insurer.

Accepted Declined

Insured versus Insured Claims: Please include coverage for suits by one insured against another.

Accepted Declined

Intentional Acts: Please delete this exclusion if included in your form.

Accepted Declined

Consent To Settle: Please include a "consent to settlement" provision specifying that claims may be settled by the insurer only with consent of the insured.

Accepted Declined

Knowledge of Occurrence Provision Endorsement

It is agreed that knowledge of an occurrence, claim, or suit by an agent or employee of the insured, shall not in itself constitute knowledge by the insured, unless the County Judge, or Risk Pool Coordinator of the insured shall have such knowledge.

Accepted Declined

Ninety Days' Notice of Cancellation: Please endorse the policy to provide 90 days' notice of cancellation, material policy change, or intent not to renew.

Accepted Declined

REQUESTED SERVICES

Copy of Form: Please attach a copy of the proposed form and all proposed endorsements to your proposal.

Accepted Declined

Defense Counsel: If the insured will not be allowed to participate in the selection of defense counsel, please identify the law firm and individual attorneys that would handle the defense of any claims that might be brought against Insureds and outline their experience handling suits of this type. _____

Loss Control Services: Please describe in your proposal the loss control assistance that will be provided.

QUOTED PREMIUM

	SIR/Deductible	Premium
Total Premium:	\$ _____	_____
	\$ _____	_____
	\$ _____	_____

Cos/Term of ERP Option: Please indicate the cost of the extended reporting period (ERP) option:

- Hidalgo County WIC Program Locations:
- 3105 W. University Drive Edinburg, Texas 78539
 - 3105 E. Richardson Edinburg, Texas 78539
 - 211 South Schuerbach Rd. Mission, Texas 78572
 - 1903 North Knights Pharr, Texas 78577
 - 702 East Ramon Ayala Hidalgo, Texas 78557
 - 301 South 8th Street Donna, Texas 78537
 - 1901 North Bridge Weslaco, Texas 78596
 - 540 S. Texas Mercedes, Texas 78570
 - 708 East Edinburg Street Elsa, Texas 78543
 - 510 N. FM 1015 Progreso, Texas 78579
 - 3513 E. Main Ave., Suite 104 Alton, Texas 78573
 - 313 E. Business 83, Suite 113 Alamo, Texas 78516
 - 371 E. Expressway 83 Sullivan City, Texas 78595
 - 722 N. Breyfogle, Suite 2-C Mission, Texas 78572
 - 220 S. Bicentennial, Suite D McAllen, Texas 78501
 - 300 W. Hall Acres Rd., Ste. A Pharr, Texas 78577
 - 230 North 86th Street Edinburg, Texas 78539
 - 509 E. Earling Road San Juan, Texas 78589
 - 3001 North 23rd Street, Suite 8 McAllen, Texas 78502
 - 3503 W. 5 Mile Rd., Ste 5, 6, 7 Mission, Texas 78574
 - 5404 Brand St., Ste. 5 Rio Grande City, Texas 78582
 - 2891 E. Grant St. Roma, Texas 78584
 - 1429 S. Tower Rd. Alamo, Texas 78516
 - 3001 North 23rd Street, Suite 2 McAllen, Texas 78502
- Hidalgo County Head Start Program Locations: 1901 W. State Hwy 107, Mcallen, Texas 78504

Price	Terms
\$ _____	_____
\$ _____	_____
\$ _____	_____

CRIME POLICY LIMITS

Hidalgo County is seeking a proposal for “Crime Policy Liability as follow:

Limits of Insurance and Deductibles

<u>Limit Of Insurance</u> <u>Per Occurrence</u>	<u>Deductible Amount</u> <u>Per Occurrence</u>	
\$ <u>500,000</u>	\$ <u>25,000</u>	Employee Theft-Per Loss Coverage
\$ <u>500,000</u>	\$ <u>25,000</u>	Forgery Or Alteration
\$ <u>500,000</u>	\$ <u>25,000</u>	Inside The Premises-Theft Of Money And Securities
\$ <u>500,000</u>	\$ <u>25,000</u>	Inside The Premises-Robbery Or Safe Burglary Of Other Property
\$ <u>500,000</u>	\$ <u>25,000</u>	Outside The premises

\$ 500,000

\$ 25,000

Computer Fraud

Premium: _____

ERRORS AND OMISSIONS – DISTRICT CLERK LIMITS

Hidalgo County is seeking a proposal for “Errors And Omissions” For District Clerk as follow:

Limit Of Insurance Deductible
\$ 700,000 \$ 1,000 District Clerk – Each and every claim and in the aggregate including cost and expense

ERP OPTIONAL

Price	Terms
\$ _____	_____
\$ _____	_____
\$ _____	_____

ERRORS AND OMISSIONS – COUNTY CLERK LIMITS

Hidalgo County is seeking a proposal for “Errors and Omissions” For County Clerk as follow:

Limit of Insurance Deductible
\$ 700,000 \$ 1,000 County Clerk – Each and every claim and in the aggregate including cost and expense

ERP OPTIONAL

Price	Terms
\$ _____	_____
\$ _____	_____
\$ _____	_____

KIDNAP & EXTORTION/DIFFERENCE IN CONDITIONS INSURANCE

	Limits
Extortion/Ransom Monies Payment	\$1,000,000
In transit Extortion/Ransom Monies Loss	\$1,000,000
Expenses	\$1,000,000
Medical Death or Dismemberment	\$250,000
Medical Death or Dismemberment Aggregate	\$1,250,000
Legal Costs	\$1,000,000

Deductible	Total Premium
_____	_____
_____	_____
_____	_____

PRIMARY FLOOD INSURANCE:

REQUESTED COVERAGES, LIMITS AND DEDUCTIBLES

Hidalgo County desires specific Flood Insurance policies for various property per the schedule provided. The County will consider policies by location on a per building basis and reserves the right to purchase all, part or none of the coverage.

Exact Name of Insurer (not company group or wholesaler)

Premium	Deductibles
_____	_____
_____	_____
_____	_____

Company's General Policyholder's Rating and Financial rating as published by A.M. Best.

Building \$500,000.00	Contents \$500,000.00	Deductible \$1,000
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EXCESS FLOOD INSURANCE:

REQUESTED COVERAGES, LIMITS AND DEDUCTIBLES

Hidalgo County requests Excess Flood Insurance to insure its property locations. The County is considering coverage and reserves the right to forgo its purchase. This particular part of the proposal must be submitted as a separate option and listed as "Option 2".

Limit: \$5,000,000.00 in Excess of NFIP Maximum Building and Contents

Limit: \$5,000,000.00 in Excess of \$1,000,000.00

Valuation: Replacement Cost

See attached Property Schedule

Limit: _____

Annual Premium: _____

Valuation Basis: _____

ACV will be considered.

Exact name of Insurer (not company group or wholesaler)

Company’s General Policyholder’s Rating and Financial Rating as published by A.M. Best.

CYBER LIABILITY POLICY:

Please quote coverage for Information Security and Privacy Insurance with Electronic Medical Liability Coverage. See Hidalgo County’s Consolidated Annual Financial Reports available at County Website.

Limits:

Network and Information Security	\$1,000,000 per claim	
	\$3,000,000 per claim	
Communication and Media Liability	\$1,000,000 per claim	
	\$3,000,000 per claim	
		Deductible
Crisis Management Event Expenses	\$750,000*	\$10,000*
Security Breach Remediation and Notification Expenses	\$750,000*	\$10,000*
Computer Program and Electronic Data Restoration Expenses	\$750,000*	\$10,000*
Computer Fraud	\$750,000*	\$10,000*
Funds Transfer Fraud	\$750,000*	\$10,000*
E-Commerce Extortion	\$750,000*	\$10,000*
Business Interruption and Additional Expenses	\$750,000*	\$10,000*

* For each Single First Party Insured Event

Extended Reporting Period and Run Off Additional Premium Percentage: _____

Premium: _____

Deviations from Specifications

Please describe coverage deviations, restrictions, and modifications, not outlined in your answers above or provided any other information you feel is appropriate and will clarify the proposal or benefit Hidalgo County.

ADDITIONAL SPECIFICATIONS/REQUIREMENTS:

Hidalgo County is requesting to include fee proposal for “Third Party Administration Services” to be included in proposal. Third Party Administration Services and/or Claims Adjuster Fees will be reimbursed for payment through the awarded vendor submitting proposal.

Third Party Auto Damage - The agency will be paying and processing bills directly to an independent adjuster and will be reimbursed by Hidalgo County.

DRAFT