REQUEST FOR QUALIFICATIONS
FOR

AGENT/BROKER FOR BUSINESS INSURANCE

Release Date June 5, 2018
Response Deadline, June 25, 2018
12:00 Noon Central Daylight Savings Time
PERMIAN BASIN WORKFORCE DEVELOPMENT BOARD

AGENT/BROKER FOR BUSINESS INSURANCE

REQUEST FOR QUALIFICATIONS

BACKGROUND
The Permian Basin Workforce Development Board (PBWDB or Board) is charged with the planning, administration, oversight, and evaluation of a consolidated workforce system for the Permian Basin. In this role, the Board procures and contracts with organizations to provide workforce development and career and training services to employers, employees, and job seekers and child care services to low income working families through several different federal and state programs. The federal and state grants are from contracts with the Texas Workforce Commission. PBWDB also delivers 2-1-1 Information and Referral Services through a contract with the Texas Health and Human Services Commission. The Permian Basin Workforce Development service area includes the following counties: Andrews, Borden, Crane, Dawson, Ector, Gaines, Glasscock, Howard, Loving, Martin, Midland, Pecos, Reeves, Terrell, Upton, Ward and Winkler counties.

PBWDB operates as a non-profit organization and is governed by a 30-member Board comprised of representatives from the private sector, education, community-based organizations, public assistance and employment services, and labor. The majority of the Board’s members represent the private sector.

For additional information about PBWDB and the services it provides, please see our website at www.workforcepb.org

PURPOSE OF THIS REQUEST FOR QUALIFICATIONS
The Permian Basin Workforce Development Board is soliciting proposals from qualified individuals and/or and firms that are licensed to provide agent/broker services for commercial business insurance in the State of Texas for PBWDB and its employees.

This Request for Qualifications (RFQ) provides a uniform method for the procurement of this service. The solicitation is being done in order to comply with federal, state and local procurement procedures. This is a negotiated procurement and as such, award does not have to be made to the Offeror submitting the lowest price proposal, but rather the offeror submitting the most responsive proposal satisfying the Board’s requirements.

SCOPE OF SERVICES REQUESTED
The PBWDB administrative office is in Midland, Texas in the Midland International Air and Space Port complex and has a staff of 17 employees. PBWDB oversees and administers the services delivered in five career and training centers located in Big Spring, Midland, Odessa, Pecos, and Ft Stockton, Texas. The PBWDB administrative office and all career and training centers are in leased properties.
The standard minimum coverage with limits and provisions are as follow.

<table>
<thead>
<tr>
<th>COVERAGE TYPE</th>
<th>CURRENT TERM</th>
<th>CURRENT COVERAGE AMOUNTS</th>
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</thead>
<tbody>
<tr>
<td>Commercial: Property, General Liability, Professional Liability, Business Auto</td>
<td>12/31/2017 - 12/31/2018</td>
<td>Property: $982,910</td>
</tr>
<tr>
<td></td>
<td></td>
<td>General Liability: $2,000,000</td>
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<tr>
<td></td>
<td></td>
<td>Professional Liability: $2,000,000</td>
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<td></td>
<td></td>
<td>Business Auto: $1,000,000</td>
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<tr>
<td>Fidelity: Employee Theft</td>
<td>08/30/2017 – 08/30/2018</td>
<td>$1,000,000 Per Loss</td>
</tr>
<tr>
<td>Workers’ Compensation and Employer’s Liability</td>
<td>08/24/2017 – 08/24/2018</td>
<td>Each Bodily Injury by Accident: $1,000,000</td>
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<td>Policy Limit for Bodily Injury by Disease: $1,000,000</td>
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<td></td>
<td></td>
<td>Each Employee for Bodily Injury by Disease: $1,000,000</td>
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<tr>
<td>Directors and Officers</td>
<td>07/01/2017— 07/01/2018</td>
<td>Nonprofit Organization Liability: $1,000,000</td>
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<td>Excess Benefit Transaction Excise Tax: $100,000</td>
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<td>Employment Practices Liability: $1,000,000</td>
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<td></td>
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<td>Fiduciary Liability: $100,000</td>
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<td></td>
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<td>Defense Costs Outside Aggregate Limit of Liability: Unlimited</td>
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PBWDB is seeking an agreement with a firm or individual that will perform an extensive review of its current plans and make recommendations on its business insurance coverage. Additionally, the selected firm or individual will test the market by preparing competitive quotes that can result in lowest out-of-pocket costs but yield high quality insurance coverage possible.

The Agent/Broker must provide a full range of services. Specific responsibilities include but are not limited to the following.

- In advance of expiration date and/or anniversary date of each policy, the Agent/Broker shall research and evaluate all markets, including present insurers, and apprise PBWDB management, well in advance of expiration and/or anniversary, or coverage availability, choices, costs, recommendations, change in terms and conditions, status of insurer(s), etc.

- Develop and prepare bid specifications as requested for the PBWDB insurance policies.

- Research markets and submit bid specifications to licensed prospective insurers.

- Receive formal written bids on behalf of the Board and assist in evaluation and selection of the successful bidder(s).

- Submit written comparisons of benefits and pricing between current program and competitive bids (including specifics on any and all deviations from bid specifications) to PBWDB management and make recommendations.

- Notify bidders of decision, place and effect coverage with successful bidder. Obtain proof of insurance coverage in writing from insurers; await insurance and delivery of policies and/or contracts for insurance.
In cooperation with the PBWDB, represent PBWDB in the preparation of report(s) of all claims and premium activity.

Upon request, conduct reviews of PBWDB insurance coverage and loss data for purposes of making recommendations to PBWDB with respect to the need for ancillary insurance services, additional insurance coverage and modifications, updating or upgrading of existing coverage(s).

Provide early warning of pending rate, coverage or renewal challenges including significant changes in the financial status of major insurers, reinsurers or third-party administrators.

The Agent/Broker is responsible for representing PBWDB as needed in all insurance related actions described above, including insurance marketing claims and administration, and loss control. The Agent/Broker should serve as resource to provide PBWDB with the most up-to-date knowledge of federal and state legislation regarding insurance. The Agent/Broker will offer full disclosure of any and all corporate relationships, fees, and commissions.

GENERAL INFORMATION

RFQ Availability
RFQ packages may be obtained beginning June 5, 2018 Monday through Friday 8:00 AM to 5:00 PM by contacting Gail Dickenson at gail.dickenson@workforcepb.org or 432.563.5239.

Contact Person
All questions regarding this RFQ should be directed to:
Gail Dickenson, Chief Operating Officer
Gail.dickenson@workforcepb.org
Fax: 432.563.8164

The questions must be in writing and submitted on or before June 20, 2018. All potential offerors will receive a copy of the questions and answers by e-mail. All offerors must provide their e-mail address.

Responses will only be provided to questions asking for general information about this RFQ or the content of this RFQ. No technical assistance will be provided.

Eligible Offerors
Offerors who are able to meet the solicitation specifications regarding qualifications, knowledge, experience, and other terms of the solicitation, and who are not debarred and/or suspended from conducting business with federal and state funded agencies may submit a response. Offerors must have the necessary professional experience, prior training, and applicable professional judgment to perform the services and activities or deliver the goods stated in this RFQ.

Offerors, by submitting a response, represents to PBWDB that it meets the following requirements:

• Have a minimum of five (5) years of demonstrated actual work experience in providing
requested services;
- Is able to comply with the required or proposed solicitation;
- Have a satisfactory record of integrity and ethics;
- Be otherwise qualified and eligible to receive an award; and
- Be in good standing with the applicable national or state professional associations and licensure/certification agencies/boards.

Performance Period
The anticipated contract period is **July 1, 2018 through June 30, 2019**. The Board has the option to renew this contract for four additional one-year contract periods. The option for additional contract renewals is done so at the sole discretion of the Board contingent upon the availability of funds, successful negotiations of the agreement, and the Contractor’s satisfactory performance. All renewals will be awarded in one-year increments.

Funding for this contract is subject to the availability of federal and state funds received by the Board.

Evaluation Criteria
Each response will be reviewed to determine if it is responsive. To be considered responsive and be evaluated for selection, the following requirements must be met.
- Be submitted by the due date and time.
- Contain all the required documents.
- Be complete with original signatures.
- Be for the specific services requested and described in the RFQ packet.
- Be submitted in the format described in the RFQ Packet.

Responses not meeting the above will be deemed non-responsive and not reviewed for consideration of a contract award.

Responsive responses received from this solicitation will be evaluated based on the following Board approved evaluation criteria.

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<tr>
<th>EVALUATION CRITERIA</th>
<th>POINTS</th>
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<tbody>
<tr>
<td><strong>Qualification and Organizational Structure</strong></td>
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<tr>
<td>Considers the qualifications, knowledge, and skills of the Offeror which have been derived from actual work experiences including a minimum of five (5) years of relevant prior experience providing agent of record services to organizations offering same or similar types of services. Offerors must be currently licensed in the State of Texas in the work requested.</td>
<td>30</td>
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<td><strong>Quality of Services to Be Provided</strong></td>
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<tr>
<td>Considers the overall quality of the proposed services to be delivered by the Offeror.</td>
<td>25</td>
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<tr>
<td><strong>Reasonableness of Cost</strong></td>
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<tr>
<td>Considers the potential cost to PBWDB for the services provided by the Offeror.</td>
<td>20</td>
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Ability to Secure a Variety of Carriers
Considers the number and type of insurance carriers/products the Offeror is able to provide to meet the Board’s needs.  

Bonus: HUB Certification
Historically Underutilized Business as certified by the State of Texas. A current HUB certificate must be submitted to receive points.

Any response with a total score of less than 70 points will be disqualified from further consideration. Responses receiving a final score of 70 or better are not guaranteed an award.

PBWDB reserves the right to interview the lead person assigned to this business. Information from an interview may be included as a part of the selection process.

Submission Instructions
- Proposals should be prepared in a concise manner. Clarity of content and completeness are essential.
- Each response must include a Statement of Work, which is a written narrative addressing questions regarding the Offeror’s planned activities under this RFQ.
- All RFQ responses must be typed on 8½” by 11” paper in no less than a 12-point font with all pages sequentially numbered and bound. Each response must contain the documents listed in the Proposal Contents section below.
- All RFQ responses must be received by Noon Central Daylight Standard Time on June 25, 2018.
- RFQ responses received after this date and time will be considered non-responsive and will not be reviewed.
- All proposals are to be sent emailed, mailed or delivered to Gail Dickenson at: Gail.dickenson@workforcep.org OR
PBWDB  
PO Box 61947  
Midland, TX 79711  
OR  
PBWDB  
2911 La Force Blvd.  
Midland, TX 79706

Proposals that are mailed, hand delivered, or delivered by a service MUST include one (1) original and three (3) copies of the response, for a total of four (4) copies. The original must be marked “ORIGINAL” and contain original signatures.

If mailed or delivered, the envelope or package must clearly state “RFQ Response” to ensure it is time and date stamped promptly.
NOTE: The US Postal Service does not deliver to the Board’s street address. Responses sent to the street address and delivered by the US Postal Service will be returned to the sender by the Postal Service. Only delivery services such as FedEx, UPS, etc. will deliver to the Board’s street address.

- Facsimile responses are not acceptable. They will be considered non-responsive and will not be reviewed.
- RFQ responses may be withdrawn at any time prior to the due date by notifying the Board’s contact person in writing. A response may be modified prior to the due date by submitting an amended RFQ response to the contact person before the due date and time.

Proposal Contents
Each proposal must contain:

- Proposal Cover Page
- Statement of Work, Attachment A
- The following attachments. All forms must be complete and signed and dated as indicated on the form.
  - Attachment B – Authorized Signature Designation
  - Attachment C – References
  - Attachment D – Information on Insurance Carriers and Coverages
  - Attachment E – Assurances and Certifications
  - Attachment F – Certifications Regarding Lobby, Debarment, Suspension, Drug-free Workplace and Other Certifications
  - Attachment G – Texas Corporate Franchise Tax and State Assessment Certifications
  - Attachment H – Certification of Conflict of Interest
  - Attachment I – Certification on the Use of Public Subsidy Restriction
  - Attachment J – Certification of Offeror
  - Copy of State of Texas HUB certification, if applicable.

Proposals not containing the above information/documents will be considered non-responsive and not considered for a possible contract.

STATEMENT OF WORK
Responses to the questions listed below will be considered the Statement of Work. Addendum items may be inserted into the solicitation specifications should they arise during the procurement process, which will be made available to all offerors in writing.

In the order specified below, please provide a written response to each of the following questions. Succinctly, concisely, and thoroughly describe the proposed services. Points will be deducted for questions not answered. The Statement of Work will be Attachment A of the RFQ packet. Offerors should feel free to expand their responses within these areas, as necessary, to adequately reflect the scope of their offer.

Offeror’s Qualifications and Organizational Structure
1. Briefly describe your organization and its history, including the following.
   a. Experience in acting as an insurance agent/broker or providing services similar to those
b. Range of services your firm is currently providing or has performed.
c. Experience providing insurance services/coverage for a small to medium size organization.

2. Identify the responsible person(s) from your firm that will assume the lead role if awarded the contract. Attach a copy of the résumé of the individual. If other individuals from your firm will be involved in this contract, provide a description of the individuals’ educational background, work experience, length of time with the firm, and personal knowledge of insurance markets for Texas entities such as ours. Provide a copy of lead person’s and assigned staff’s license/credentials.

Description of Services
1. Describe the specific services and line of products your firm proposes to provide to meet the requirements of the RFQ. List insurance markets and carriers the firm can access locally as well as statewide or nationally in Attachment D. The specific services should address and demonstrate your understanding of the type of services requested in this RFQ.

2. List any additional services offered by the firm that may be of interest to our organization.

3. Describe the resources you or your firm will dedicate to this contract and your ability to perform work in a timely manner.

4. Describe in detail your implementation plan for reviewing the Board’s current coverage, addressing the Board’s current policies’ renewal dates, and recommending any changes to the Board’s current coverage and/or carriers.

5. Describe how you would respond to customer questions and the average response time.

6. Describe how your firm monitors insurer solvency.

7. Describe the steps you have instituted to ensure privacy and confidentiality of protected data.

8. Identify the proposed cost for delivering this service either as a fee for the service in total, a commission for each insurance policy purchased, or other types of cost assessment the Offeror uses for services such as described in this RFQ.

GOVERNING PROVISIONS AND LIMITATIONS
A. A response to this Request for Qualification (RFQ) does not commit the Board to award a contract, to pay any costs incurred in the preparation of such response, nor pay for any costs incurred prior to the execution of a formal agreement or contract unless such costs are specifically authorized in writing by PBWDB.

B. The Board reserves the right to accept or reject any or all responses from this request, to cancel this RFQ in part or in its entirety, to negotiate with all qualified sources if it is in the best interest of the Board to do so, and/or to reissue this RFQ.

C. The intent of this solicitation is to identify the various contract alternatives and estimates of costs, if applicable, for the items solicited. PBWDB is under no legal requirement to execute a contract from any proposal/offer submitted.
D. The Board may award the contract for any items/services or group of items/services in the RFQ and increase or decrease the quantity in the RFQ, unless otherwise specified in the proposal.

E. The Board reserves the right to hold and select any proposal that has been submitted in compliance with the previously stated deadline for a period of sixty (60) days after the response deadline.

F. The Board reserves the right to negotiate the final terms of any and all agreements with selected the offeror. Any agreements negotiated because of this RFQ may be re-negotiated and/or amended to meet the needs of the Permian Basin Workforce Development Area.

G. The Board reserves the right to waive any defect in this procurement process or to make changes to this solicitation, as it deems necessary. The Board will provide notifications of such changes to all potential offerors recorded in the official record as having received or requested an RFQ.

H. The Board reserves the right to contact any individual, agencies or employers listed in a proposal; to contact others who may have experience and/or knowledge of the Offeror's relevant performance and/or qualifications; and to request additional information from any and all Offerors.

I. The Board reserves the right to conduct a review of records, systems, procedures, etc., of any entity selected for funding. This may occur prior to, or subsequent to the award of a contract. Misrepresentation of the Offeror's ability to perform as stated in the proposal may result in cancellation of the contract award.

J. The Board reserves the right to withdraw or reduce the amount of an award, or to cancel any contract resulting from this procurement if adequate funding is not received from the Texas Workforce Commission.

K. No employee, Board member, Board officer, or agent of the Board shall participate in the selection, award or administration of a contract supported by federal or state funds if a conflict of interest, real or apparent, would be involved.

L. All proposals submitted must be an original work product of the Offeror. The copying, paraphrasing or other use of substantial portions of the work product of others and submitted hereunder, as original work of the Offeror is not permitted. Failure to adhere to this instruction may cause the proposal(s) to be rejected.

M. The contents of a successful proposal may become a contractual obligation, if selected for award of a contract. Failure of the Offeror to accept this obligation may result in cancellation of the award. No plea of error or mistake shall be available to the successful Offeror as a basis for release of proposed services at stated price/cost. Any damages accruing to the Board as a result of the Offeror's failure to contract may be recovered from the Offeror.

N. A contract with the selected Offeror may be withheld at the Board's sole discretion if issues of contract compliance or questioned/disallowed costs exist, until such issues are satisfactorily resolved. The Board may withdraw award of contract.
O. All proposals and their accompanying attachments become the property of PBWDB upon submission. Materials submitted will not be returned. PBWDB is subject to the Texas Public Information Act pursuant to Texas Government Code Section 552.003. The information provided in response to this RFQ will be made accessible to the public. If an Offeror believes that any information contained in the Offeror’s proposal qualifies for an exception to the Public Information Act, the Offeror must indicate in the proposal the information it seeks to exempt from the Act and the grounds for the exception. Offerors including proprietary or confidential information in its proposal must clearly mark and label all confidential, proprietary, trade secret, or privileged material in 14 point or higher bold font on each page on which the information appears. All such confidential, proprietary, trade secret, or privileged information must be segregated in a separate and discrete section of the proposal so that it may be conveniently separated and detached from the other sections of the proposal. **Failure to properly label, identify, and segregate any confidential, proprietary, trade secret, or privileged material may result in the information or material being released as public information if requested under the Public Information Act.**

P. The Board specifically reserves the right to vary the provisions set herein any time prior to the execution of the contract where such variance is deemed to be in the best interest of PBWDB.

Q. No contract may be awarded to an Offeror that is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in a procurement by any Federal department or agency as per Executive Order 12549, 29 CFR, Part 98.

R. All PBWDB members and staff are prohibited from providing technical assistance or answering questions concerning this solicitation which may be construed as offering a competitive advantage to any respondent/offor. Potential respondents/offorors are requested to respect these conditions by not making personal requests for assistance.

S. PBWDB is an equal opportunity employer and complies fully with the nondiscrimination and equal opportunity provisions of the applicable laws.

T. The Board is the responsible authority for handling complaints or protests regarding the proposal selection process. This includes, but is not limited to, disputes, claims, protests of award, source evaluation, or other matters of a contractual nature. Matters concerning violation of law shall be referred to such authority, as may have proper jurisdiction.

All offerors will be notified in writing of the results of this RFQ. Any protest regarding this process must be filed with the Board by contacting:

Willie Taylor, Chief Executive Officer  
Permian Basin Workforce Board  
P.O. Box 61947  
Midland, TX 79711  
432.563.5239  
Willie.taylor@workforcepb.org
PERMIAN BASIN WORKFORCE DEVELOPMENT BOARD
AGENT/BROKER FOR BUSINESS INSURANCE REQUEST FOR QUALIFICATIONS

PROPOSAL COVER SHEET

Offeror Name: ____________________________________________________________

Mailing Address: __________________________________________________________

Physical Address (if different) ______________________________________________

Contact Person __________________________________________________________
Title __________________________________________________________

Contact Person Telephone Number: __________________________________________

Email address: ____________________________________________________________

Tax/Legal Status:

☐ Unit of Government
☐ State
☐ County
☐ City
☐ Public, Non-Profit
☐ Private, Non-Profit
☐ Private, For-Profit
☐ Other

Scope of Operations ☐ Local ☐ Regional ☐ National

Is the individual/firm a Small Business (employing less than 500)? ☐ Yes ☐ No

Dun and Bradstreet Number: ________________________________________________

Certified Historically Underutilized Business?

☐ Yes ☐ No

If yes, attach the certificate to this page. No bonus points will be given unless the certification is attached.
ATTACHMENT A

STATEMENT OF WORK

Insert responses to the questions listed in the Statement of Work section, resumes of staff, and other pertinent documents referenced in the Statement of Work (e.g. licenses).
ATTACHMENT B

AUTHORIZED SIGNATURE DESIGNATION

INDIVIDUAL/FIRM NAME: ____________________________________________

I, ________________________________________________________________, certify that I am the

(Typed Name)

_________________________________________ of ___________________________________________

(Title) (Typed Name of Individual/Firm)

_________________________________________, and am authorized of the named individual/firm

herein to submit the attached proposal.

The individual whose signature appears below has the legal authority to enter into and execute a

contract with the Permian Basin Workforce Development Board to provide the activities authorized

and detailed in this request for qualifications. The individual agrees to submit upon request by the

Permian Basin Workforce Development Board such information and documentation as may be

necessary to verify the certification contained herein.

The individual understands it is his/her responsibility to notify the Permian Basin Workforce

Development Board of any changes. Notification of changes shall be provided within five (5) calendar

days of the change, at which time this authorization will be updated.

________________________________________

Signature

________________________________________

Typed Name

________________________________________

Typed Title

________________________________________

Date
ATTACHMENT C

REFERENCES

Provide the following information for three references with whom the Offeror has provided similar or the same services as requested in this RFQ. Each reference will be contacted for evaluation purposes. Any reference that does not respond in a timely manner will result in a score of zero.

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Contact Person</th>
<th>Contact Person’s Email Address</th>
<th>Address</th>
<th>Phone Number</th>
<th>Fax Number</th>
<th>Types of Services Provided</th>
<th>Dates Services Provided</th>
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ATTACHMENT D

INFORMATION ON INSURANCE CARRIER AND COVERAGE

List a minimum of three (3) Commercial Business Insurance carriers with whom you have a current working relationship and a range of the coverage amounts provided by the carriers. The Comment section allows Offerors to include brief comments about the information provided.

**GENERAL LIABILITY**

<table>
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<tr>
<th>Insurance Carrier Name</th>
<th>Range of Coverage Amount</th>
<th>Commission Percent or Fee</th>
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Comments:

**PROPERTY**

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<th>Insurance Carrier Name</th>
<th>Range of Coverage Amount</th>
<th>Commission Percent or Fee</th>
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Comments:

**PROFESSIONAL LIABILITY**

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<th>Insurance Carrier Name</th>
<th>Range of Coverage Amount</th>
<th>Commission Percent or Fee</th>
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Comments:
### BUSINESS AUTO

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<th>Insurance Carrier Name</th>
<th>Range of Coverage Amount</th>
<th>Commission Percent or Fee</th>
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Comments:

### EMPLOYEE THEFT

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<th>Insurance Carrier Name</th>
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<th>Commission Percent or Fee</th>
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Comments:

### WORKERS COMPENSATION

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<tr>
<th>Insurance Carrier Name</th>
<th>Range of Coverage Amount</th>
<th>Commission Percent or Fee</th>
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Comments:

### DIRECTORS AND OFFICERS

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Comments:
ATTACHMENT E

ASSURANCES AND CERTIFICATIONS

Each firm or individual submitting a proposal in response to this PBWDB Request for Qualification warrants and assures:

1. The information contained in this proposal is true and correct.

2. The costs described in the proposed budget accurately reflect the Offeror’s cost of providing services or goods.

3. No employee, member of a governmental Board or Board of Directors, or any other individual associated with an organization or individual person offering a proposal under this Request for Qualification has offered or will offer any gratuities, favors, or anything of monetary value to any member of the Permian Basin Workforce Development Board or any employee of the Permian Basin Workforce Development Board for the purpose of or having the effect of influencing the decisions of the Permian Basin Workforce Development Board with respect to the organization or the individual’s proposal or any other proposal.

4. No employee, member of a governmental Board or Board of Directors, or any other individual associated with an organization or individual person offering a proposal under this Request for Qualification has engaged or will engage in any activity which may be construed in restricting or eliminating competition for funds available under this Request for Qualification.

5. The firm or individual possesses the legal authority to offer this proposal.

6. If the Offeror is an organization, a resolution, motion, or similar action has been duly adopted or passed as an official act of the Offeror’s governing body authorizing the submission of this proposal.

7. No person will be excluded from participation in, be denied the benefits of, be subjected to discrimination under, or be denied employment in the administration of or in the connection with any program operated with funds from this Request for Qualification because of race, color, religion, sex, national origin, age, disability, sexual orientation, or political affiliation or belief.

Each firm or individual submitting a proposal also warrants and assures that they will, as a condition of contract award to operate and manage PBWDB funded programs or activities, carry out PBWDB funded programs or activities to:

1. Comply with all requirements of 29 CFR Part 33 and 34 (Non-discrimination and Equal Opportunity requirements); provisions of the grants/agreements under which the State of Texas and the PBWDB have received funding under this Request for Qualification process; and provisions of the grants/agreements that will result from this Request for Qualification process.

2. Comply with the Title IV of the Civil Rights Act of 1964; Section 504 of the Rehabilitation Act of
1973, as amended; the Age Discrimination Act of 1975, as amended; Title IX of the Education Amendments of 1972, as amended; the American with Disabilities Act of 1990; and all applicable requirements imposed by or pursuant to the regulations implementing those laws.

3. Comply with federal cost principles as described in Uniform Administrative Requirement, Cost Principles, and Audit Requirements for Federal Awards (OMB Uniform Guidance (UG), 2 Code of Federal Regulations (C.F.R.) Part 200); in Office of Management and Budget (OMB) Circulars A-87 (State and Local Governments and Federally recognized Indian Tribes); A-21 (Institutions of Higher Learning); A-122 (Non-profit Agencies and Organizations); or the Federal Acquisitions Regulations System (FAR) 48 CFR Part 21 (For-profit Organizations, as applicable).

4. Comply with all requirements of any relevant policies issued by the U.S. Departments of Agriculture, Education, Health and Human Services, or Labor; the State of Texas; or the Permian Basin Workforce Development Board which concern the operation of programs and services funded under each appropriate funding source.

By signing I acknowledge that I have read these assurances and certifications and that I am authorized to bind the organization I represent to these requirements should this proposal be accepted for funding by the Permian Basin Workforce Development Board.

______________________________
Signature

______________________________
Typed Name and Title

______________________________
Name of Firm or Individual

______________________________
Date
CERTIFICATIONS REGARDING LOBBYING, DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS, DRUG-FREE WORKPLACE REQUIREMENTS, AND OTHER CERTIFICATIONS

**Lobbying:** This certification is required by the Federal Regulations, implementing Section 1352 of the Program Fraud and Civil Remedies Act, Title 31 U.S. Code, for the Department of Agriculture (7 CFR Part 3018), Department of Labor (29 CFR Part 93), Department of Education (34 CFR Part 82), Department of Health and Human Services (45 CFR Part 93).

The undersigned certifies that:

1. No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan or cooperative agreement.

2. If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this federal contract, grant, loan or cooperative agreement, the undersigned shall complete and submit Standard Form -LLL, "Disclosure Form to Report Lobbying", in accordance with its instructions.

3. The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

**Debarment, Suspension, and Other Responsibility Matters:** This certification is required by the Federal Regulations, implementing Executive Order 12549, Government-wide Debarment and Suspension, for the Department of Agriculture (7 CFR Part 3017), Department of Labor (29 CFR Part 98), Department of Education (34 CFR Parts 85, 668 and 682), Department of Health and Human Services (45 CFR Part 76).

The undersigned certifies that neither it nor its principals:

1. Are presently debarred, suspended, proposed for debarment, and declared ineligible or voluntarily excluded from participation in this transaction by any federal department or agency.

2. Have not within a three-year period preceding this contract 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;

3. Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity with commission of any of the offenses enumerated in Paragraph (2) of this certification; and,

4. Have not within a three-year period preceding this contract had one or more public transactions terminated for cause or default.

Where the prospective recipient of federal assistance funds is unable to certify to any of the statements in this certification, such prospective recipient shall attach an explanation to this certification.

The undersigned certifies that it shall provide a drug-free workplace by:

1) Publishing a policy statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the workplace and specifying the consequences of any such action by an employee;

2) Establishing an ongoing drug-free awareness program to inform employees of the dangers of drug abuse in the workplace, the Contractor's policy of maintaining a drug-free workplace, the availability of counseling, rehabilitation and employee assistance programs, and the penalties that may be imposed on employees for drug abuse violations in the workplace;

3) Providing each employee with a copy of the Contractor's policy statement;

4) Notifying the employees in the Contractor's policy statement that as a condition of employment under this contract, employees shall abide by the terms of the policy statement and notifying the Contractor in writing within five days after any conviction for a violation by the employee of a criminal drug statute in the workplace;

5) Notifying the PBWDB within ten days of Contractor’s receipt of a notice of a conviction of an employee; and

6) Taking appropriate personnel action against an employee convicted of violating a criminal drug statute or requires such employee to participate in a drug abuse assistance or rehabilitation program.

Other Certifications
The undersigned certifies that neither it nor its principals are barred from participating in State contracts pursuant to Texas Government Code § 2155.077, as implemented by 34 TAC §§ 20.105 – 20.107; OR found on the Excluded Persons List System (EPLS) in compliance with Executive Order 13224 (Blocking Property and Prohibiting Transactions with Persons Who Commit, Threaten to Commit, or Support Terrorism), as implemented by 29 C.F.R., Ch. XII, Part 1471.

These certifications are a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction.

______________________________________________________________________________________________
Name and Title of Authorized Representative

______________________________________________________________________________________________
Signature Date
ATTACHMENT G

TEXAS CORPORATE FRANCHISE TAX CERTIFICATION

Pursuant to Article 2.45, Texas Business Corporation Act, state agencies may not contract with for profit corporations that are delinquent in making state franchise tax payments. The following certification that the corporation entering into this contract is current in its franchise taxes must be signed by the individual authorized on Form 2031, Corporate Board of Directors Resolution, to sign the contract for the corporation.

The undersigned authorized representative of the corporation contracting herein certifies that the following indicated statement is true and correct and that the undersigned understands making a false statement is a material breach of contract and is grounds for contract cancellation.

Indicate the certification that applies to your corporation:

_______  The Corporation is a for-profit corporation and certifies that it is not delinquent in its franchise tax payments to the State of Texas.

_______  The Corporation is a non-profit corporation or is otherwise not subject to payment of franchise taxes to the State of Texas.

Name and Title of Authorized Representative

________________________________________
Signature

STATE ASSESSMENT CERTIFICATION

The undersigned authorized representative of the corporation contracting herein certifies that the following indicated statement is true and correct and that the undersigned understands making a false statement is a material breach of contract and is grounds for contract cancellation.

The corporation certifies that:

_______  It is current in Unemployment Insurance taxes, Payday and Child Labor law monetary obligations, and Proprietary School fees and assessments payable to the State of Texas.

_______  It has no outstanding Unemployment Insurance overpayment balance payable to the State of Texas.

Name and Title of Authorized Representative

________________________________________
Signature
ATTACHMENT H

CERTIFICATION OF CONFLICT OF INTEREST

By signature of this proposal, Offeror covenants and affirms that:

1) no manager, employee or paid consultant of the Offeror is a Board Member of PBWDB, the Chief Executive Officer, or an employee of the PBWDB;

2) no manager or paid consultant of the Offeror is a spouse to a Board Member of PBWDB, the Chief Executive Officer, or an employee of the PBWDB;

3) no Board Member of the PBWDB, the Chief Executive Officer, or an employee of the PBWDB owns or controls more than a ten (10) percent interest in the Offeror;

4) no spouse of a Board Member of PBWDB, Chief Executive Officer or employee of the PBWDB is a manager, employee or paid consultant of the Offeror;

5) no Board Member of PBWDB, Chief Executive Officer, or employee of PBWDB receives compensation from Offeror for lobbying activities as defined in federal laws or Chapter 305 of the Texas Government Code;

6) Offeror has disclosed within the Proposal any interest, fact or circumstance which does or may present a potential conflict of interest;

7) should Offeror fail to abide by the foregoing covenants and affirmations regarding conflict of interest, Offeror shall not be entitled to the recovery of any costs or expenses incurred in relation to any contract with PBWDB and shall immediately refund to PBWDB any fees or expenses that may have been paid under the contract and shall further be liable for any other costs incurred or damages sustained by PBWDB relating to that contract; and

8) Offeror shall comply with the standards of conduct stated in the Assurances and Certifications, and be in accordance with Texas Administrative Code, Title 40, Part 20, Chapter 802.

Name of Firm or Individual

Name and Title of Authorized Signatory

________________________________________  ________________________________
Signature                                    Date
ATTACHMENT I

CERTIFICATION ON THE USE OF PUBLIC SUBSIDY RESTRICTION

Pursuant to Texas Government Code 2264.051, a business that applies to receive a public subsidy from a state agency or state funded agency shall certify that the business, or a branch, division, or department of the business does not and will not knowingly employ an undocumented worker as defined in the Texas Government Code, 2264.001(4).

The undersigned authorized representative of the entity making the offer or application herein understands and certifies that:

1. the following indicated statement is true and correct;
2. making a false statement is a material breach of contract and grounds for contract cancellation; and
3. if, after receiving a public subsidy, the entity is convicted of a violation under 8 United States Code 1324a(f) (relating to the unlawful employment of undocumented workers) the entity shall repay the amount of the public subsidy with interest, at the rate provided under the contract issued pursuant to this offer or application, within 120 days of receiving the notice of violation."

Signature _______________________________ Date ________________

Printed Name and Title __________________________________________

Firm/Individual Name __________________________________________
ATTACHMENT J

CERTIFICATION OF OFFEROR

I hereby certify that the information contained in this proposal and all attachments are true and correct and may be viewed as an accurate representation of proposed services to be provided by this organization. I certify that no employee, PBWDB Board member, officer or agent of the Permian Basin Workforce Development Board has assisted in the preparation of this proposal. I acknowledge that I have read and understood the requirements and provisions of the request for qualification and that this organization will comply with all pertinent regulations, PBWDB policies and other applicable local, state and federal regulations and directives in the implementation and provision of the contracted services. I certify that I have read and understand the General Condition section of this request for proposal and agree to comply with all terms.

I, ____________________________________________________________________________
Typed Name

certify that I am the ____________________________________________________________________________
Typed Title

of the corporation, partnership, sole proprietorship, public, or other eligible entity named as the Offeror and respondent herein and that I am legally authorized to sign this proposal and submit it to the Permian Basin Workforce Development Board on behalf of said corporation, partnership, sole proprietorship, public, or other eligible entity.

Signature of Person Authorized to Sign for the Entity ____________________________________________________________________________
Typed Name

Typed Title ____________________________________________________________________________

Date ____________________________________________________________________________