

INVITATION

The Mental Health Mental Retardation Authority of Harris County (MHMRA) is accepting **Proposals from vendors experienced in providing Insurance Agent of Record Services for Property and Casualty Insurance.**

Mental Health Mental Retardation Authority of Harris County invites your firm to submit a Proposal. If you are interested in submitting a Proposal, please adhere to the *General Instructions and Requirements* as outlined in the enclosed Request for Proposal.

Vendors shall pay particular attention to all **INSTRUCTIONS, REQUIREMENTS and DEADLINES** indicated in the attached documents and should govern themselves accordingly.

In accepting Proposals, MHMRA reserves the right to reject any and all Proposals and to waive any requirements in order to take the action, which it deems to be in the best interest of MHMRA.

At the time and place established for receipt of the Proposal, MHMRA of Harris County will only release the names of the vendors that have responded to the Proposal. No other information will be released until after MHMRA's Evaluation Team has evaluated the Proposals, and an award has been made and approved by Executive staff and MHMRA's Board of Trustees.

We greatly appreciate your efforts and look forward to reviewing your submission.

NINA COOK

Nina M. Cook, MBA, CPPB
Purchasing Manager
MHMRA of Harris County

Request For Proposal



**MENTAL HEALTH AND MENTAL RETARDATION
AUTHORITY OF HARRIS COUNTY**

Insurance Agent of Record Services for Property and Casualty Insurance

Job #10/0009

July 2010

**MHMRA of Harris County
Purchasing Department
7011 Southwest Freeway
Houston, Texas 77074**

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SECTION I – OVERVIEW

BACKGROUND AND OBJECTIVES

The Mental Health Mental Retardation Authority of Harris County (MHMRA) is a Community Center in Houston, Harris County, Texas providing Behavioral Health Services to approximately thirty-eight (38) thousand Harris County residents each year.

MHMRA is the largest community based provider of clinical services to mental health and mental retardation consumers in the United States. It maintains operations at over 25 facilities throughout all parts of Harris County and operates on an annual budget in excess of \$177 million. The Agency has fixed pricing budgets and all pricing quoted should remain fixed for the duration of the contract. Our goal is to employ best practices and cost effectiveness.

MHMRA seeks to purchase property and casualty insurance protection. The agent selected by MHMRA to become the insurance agent of record for property and casualty insurance protection will be qualified to assist the MHMRA in analysis, selection and purchase of such policies and will receive a commission for such services from the insurance companies represented. Current premium volume is approximately \$677,000.00 (Six-Hundred and Seventy Seven Thousand). The agent will be exclusively authorized to represent the MHMRA for a designated period of time. The selected agent will be expected to represent MHMRA diligently and professionally and to bring to MHMRA the benefit of his/her experience and knowledge of property and casualty insurance. Current coverage(s) include Property, General Liability, Professional Liability, Employment Practices Liability, Sexual Misconduct, Workers' Compensation, Directors and Officers Liability, Managed Care, Errors and Omissions, Umbrella or Excess Liability, Auto, Flood, Crime, Notary Public Errors and Omissions, Builders Risks and Fiduciary Liability.

The contract period is anticipated to begin after the MHMRA Board has approved the submitted recommendation(s). At the discretion of MHMRA, the provider(s) selected for the provision of service(s) outlined in this Request for Proposal (RFP) will be considered for subsequent contract renewals based upon satisfactory performance and service.

SECTION II - PROPOSAL (RFP) TIME LINE OF EVENTS

Solicitation Packet issue date:	Tuesday, August 3, 2010
Pre-Proposal Conference:	Monday, August 9, 2010, 11:00 a.m. Location: 7033 SW Freeway, Houston, TX Conference Room #3
Deadline to submit Proposal Questions:	Tuesday, August 17, 2010, COB
Deadline for response to RFP Questions:	Tuesday, August 24, 2010, COB
Deadline for submission of RFP:	Wednesday, September 8, 2010 at 11:00 a.m.
Proposal Opening :	11:15 a.m. Wednesday, September 8, 2010 A public Proposal Opening will be held at 10:15 a.m., 7011 Southwest Freeway, Houston, Texas 77074
Anticipated Award Date:	After Board Meeting

SECTION III - GENERAL INSTRUCTIONS

A. Pre-Proposal Conference

The Pre-Proposal Conference to be held Monday, August 9, 2010, 11:00 a.m. at 7033 SW Freeway, Houston, Texas, Conference Room #3.

Deadline for questions from Vendors: Tuesday August 17, 2010, close of business
Deadline for Response to Questions: Tuesday, August 24, 2010, close of business

All questions concerning the PROPOSAL specifications must be submitted in writing and fax or emailed to the following team members:

Marguarette C. Washington, Senior Buyer, Purchasing

Office: (713) 970 – 7304

Fax: (713) 970 - 7682

Email: Marguarette.washington@mhmrharris.org

CC:

Sharon Brauner, C.P.M., A.P.P, Senior Purchasing Coordinator

Office: (713) 970-7279

Fax: (713) 970-7682

Email: sharon.brauner@mhmrharris.org

B. Submittal Procedure

The Proposal, subject to all conditions and specifications attached hereto, must be signed in INK by a person or officer of the company submitting the Proposal that is authorized to enter into contractual agreements on behalf of the company. ***Proposals received unsigned will be deemed non-responsive and therefore; will not be accepted.***

Deadline to submit "***Final Proposal***" is Wednesday, September 8, 2010. The original Proposal, signed in ink, five (5) additional photocopies and an electronic copy (CD-ROM or Floppy) should be submitted in a SEALED ENVELOPE and delivered to the attention of:

MHMRA of Harris County
Purchasing Department
Attn: Marguarette C. Washington, Senior Buyer
7011 Southwest Freeway,
Houston, Texas 77074

"PROPOSAL INSURANCE AGENT OF RECORD SERVICES FOR PROPERTY AND CASUALTY"
"DO NOT OPEN UNTIL WEDNESDAY, SEPTEMBER 8, 2010 AT 11:00 AM."

No Proposal will be accepted after the stated deadline.

Respondents may mail or personally deliver their Proposals to the Purchasing Office of MHMRA at the above address. MHMRA will not be responsible for any Proposal(s) that is (are) lost in the mail or not delivered to the Purchasing Department by the stated deadline for any reason.

Proposals shall include all documentation as requested in the Request for Proposal.

C. Proposal Opening

A **Public Proposal Opening** will be held at 11:15 a.m. immediately following receipt of Proposals on Wednesday, September 8, 2010 at 7011 Southwest Freeway, Houston, Texas 77074.

D. Non-Discrimination Policy Statement

The Mental Health Mental Retardation Authority of Harris County does not discriminate against any individual or vendor with respect to his/her compensation, terms, conditions, or award of contract because of race, color, religion, sex, national origin, age, disability, political affiliation, or limit, segregate, or classify candidates for award of contract in any way which would deprive or tend to deprive any individual or company of business opportunities or otherwise adversely affect status as a vendor because of race, color, religion, sex, national origin, age, disability, or political affiliation.

E. Immigration Reform and Control Act Of 1986

By submitting their proposals, Offerors certify that they do not and will not during the performance of this contract employ illegal alien workers or otherwise violate the provisions of the federal Immigration Reform and Control Act of 1986.

F. FORM W-9

Offerors are to complete Form W-9 and submit with their Proposal documents.

G. References and Experience

All interested parties are required to submit with their Proposal a comprehensive list of references. Interested parties are required to provide a minimum of five (5) references where interested party has provided services (within the last six months) that pertain to this type of service. References shall include **company name, address, telephone number, fax number, contact person and email address**. The interested parties must agree to authorize clients to furnish any information required by MHMRA to verify references provided, and for determining the quality and timeliness of previous work performed.

Vendor shall submit with their Proposal, documentation of past performance in projects of similar magnitude and resulting customer satisfaction particularly in the areas of professionalism, contract performance, quality of the personnel, responsiveness and flexibility, etc.

H. Proposal Guarantee/Award Procedure

It is anticipated that a recommendation for award for this RFP will be made no more than thirty (30) days after the PFP DUE DATE. All interested parties are required to guarantee their fees/pricing as an **irrevocable offer valid for one hundred twenty (120) days after the RFP due date**. Mental Health Mental Retardation Authority of Harris County in its sole and absolute discretion shall have the right to make an award for any and all items/services listed in each RFP, shall have the right to reject any and all RFP documents as it deems to be in its best interest, to waive formalities and reasonable irregularities in submitted documents, shall not be bound to accept the lowest proposed/fee and shall be allowed to accept the total proposed price/fee of any one Provider.

I. Permits

Any and all permits as required by authorities having jurisdiction; local, state, county, and/or federal, are the total responsibility of the interested parties/vendor.

J. Financial Information

Vendor must submit a copy of their last AUDITED financial statement. A letter from your CPA is an acceptable alternative for Non Public companies, but must include a statement that financial solvency is adequate to meet expenditures for at least one year.

K. Payments

Vendor is to submit properly completed invoice(s) to the address specified on the purchase order. **To insure prompt payment, each invoice should indicate purchase order number, description of purchased item, unit and total price, discount terms and include vendor's name and return remittance address.**

L. Price Adjustments

Vendor will be required to honor their proposed prices for the term of the contract period.

M. Historically Under-Utilized Business (HUB)

This Agency shall make a good faith effort to utilize Historically Underutilized Businesses (HUB'S) in contracts for construction, services, (including professional and consulting services), and commodities. Please submit proof of Historically Underutilized Business "HUB" state certificate.

If your firm is not certified, please submit **Attachment B**, if you intend to subcontract services. If not, write "none" on Attachment **B** and submit it.

N. Minority / Women and /or Disadvantaged Business

This Agency shall make a good faith effort to utilize Minority/Women and/or Disadvantaged Businesses (M/W/DBE's) in contracts for construction, services, (including professional and consulting services), and commodities. Please submit proof of City of Houston M/W/DBE certificate.

O. Direct or Indirect Assignment

The successful vendor will not be permitted to directly or indirectly assign rights and duties under the contract without express approval by MHMRA.

SECTION IV - PROPOSAL STIPULATIONS AND REQUIREMENTS

A. Modification or Withdrawal of Proposals

Any Proposal may be modified or withdrawn prior to the deadline, provided such modification or withdrawal is submitted prior to the deadline. Any modification received after the deadline shall be deemed late and will not be considered.

B. Offer and Acceptance Period

All Proposals must be an irrevocable offer valid for one hundred twenty (120) days after the Proposal opening.

C. Late Proposals

Proposal received after the stated deadline shall be deemed late and will not be considered.

D. Irregularities in Proposals

Except as otherwise stated in this Request for Proposal, evaluation of all Proposals will be based solely upon information contained in the vendor's response to this Proposal. MHMRA shall not be held responsible for errors, omissions or oversights in any vendor's response to this Proposal. MHMRA may waive technical irregularities, which do not alter the price or quality of the services.

MHMRA shall have the right to reject Proposals containing a statement, representation, warranty or certification which is determined by MHMRA and its counsel to be materially false, incorrect, misleading or incomplete. Additionally, any errors, omissions, or oversights of a material nature may constitute grounds for rejection of any Proposal.

The inability of a vendor to provide one or more of the required components or specified features or capabilities required by this Proposal does not, in and of itself, preclude acceptance by MHMRA of the Proposal. All Proposals will be evaluated as a whole in the best interest of MHMRA.

E. Oral Presentations

Any vendor that submits a Proposal in response to this request may be required to make an oral presentation for further clarification upon MHMRA's request.

F. Amendments to the Proposal

If it becomes necessary to revise any part of this Proposal package or if additional information is necessary to clarify any provision, the revision and/or additional information will be provided to each vendor via faxed amendment or e-mail.

G. Availability of the Proposal

After opening, each Proposal, except those portions for which a vendor has included a written request for confidentiality (e.g., proprietary information), shall be open to public inspection.

H. Retention of Proposals

All Proposals considered by MHMRA shall become the property of MHMRA and shall not be returned.

I. Notice “Not to Participate” Form

We ask that the prospective provider(s) who to this Request for Proposal invitation whether they can or cannot provide the service(s) outline in the RFP complete **the Notice Not to Participate** form. Providers who respond to the RFP invitation will remain on our mailing list. ***Providers making no response may be removed from our mailing list for future projects. (See Attachment D)***

J. Incurred Expenses

MHMRA shall not be responsible for expenses incurred by a vendor in the preparation and submission of a Proposal. This provision also includes any costs involved in providing an oral presentation of the Proposal.

K. Local Office

The successful vendor will be required to have a local Houston area office. Preference will be given to vendors with offices, which have been established and operational, a minimum of two (2) years before this Request for Proposal.

L. Deviation Form

Each Proposal shall contain a Deviation Form, which states the perspective vendor’s commitment to the provision of this Request for Proposal. An individual authorized to execute contracts shall sign the Deviation Form. Any exception taken to the terms and conditions identified in this Proposal Package including the sample contract must be expressly stated in the Deviation Form.

M. Subcontractors

All provisions and/or stipulations within this Request for Proposal also apply to any authorized subcontractors.

N. Term of Contract

The intent of the RFP is to award an initial period of performance beginning January 2 – December 31, 2011 with four (4) one-year renewal options at the sole discretion of MHMRA based upon satisfactory performance, which will be reviewed on an annual basis. The contract shall commence with a tentative commencement date January 2, 2011, and shall remain in effect unless terminated, canceled or extended, as otherwise provided herein through December 31, 2015.

O. Representation

Current premium volume is approximately **\$677,000.00 (Six-Hundred and Seventy Seven Thousand)**. The agent will be exclusively authorized to represent the MHMRA for a designated period of time.

P. Conflict of Interest Provision

The Health and Human Services Commission organizational conflict of interest provision is applicable, in that vendors who develop of draft specifications, requirements, statements of work and/or RFP for a proposed procurement shall be excluded from Proposal or submitting a proposal to compete for the award of such procurement. (HHSC Uniform Contract Terms & Conditions Version 1.3).

SECTION V - INSURANCE REQUIREMENTS

A. Policies, Coverages, and Endorsements.

Contractor agrees to maintain, or to cause its personnel providing services under this agreement to maintain, at its sole cost and expense or the cost and expense of his personnel, the following insurance policies, with the specified coverages and limits, to protect and insure the Agency and Contractor against any claim for damages arising in connection with Contractor's responsibilities or the responsibilities of Contractor's personnel under this agreement and all extensions and amendments thereto.

1- Commercial General Liability

General Aggregate	\$1,000,000
Each Occurrence	\$500,000

2 - Professional Liability

General Aggregate	\$3,000,000
Each Occurrence	\$1,000,000

3 - Business Automobile if transporting our consumers

Combined Single Limit Bodily Injury & Property Damage	\$500,000
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4 - Workers' Compensation & Employers' Liability

Medical & Indemnity	Statutory Requirements
Bodily Injury by Accident	\$500,000 Each Accident
Bodily Injury by Disease	\$500,000 Each Employee
Bodily Injury by Disease	\$500,000 Policy Limit

5- Personal Property Contents Insurance up to the replacement cost value of the property.

A CURRENT "CERTIFICATE OF INSURANCE"
MUST ACCOMPANY ALL PROPOSALS

B. Insured Parties

All policies shall contain a provision naming the Agency (and its officers, agents and employees) as Additional Insured parties on the original policy and all renewals or replacements during the term of this agreement.

C. Subrogation

All policies must contain a Waiver of Subrogation endorsement to the effect that the issuer waives any claim or right in the nature of subrogation to recover against the Agency, its officers, agents or employees.

D. Proof of Insurance

The policies, coverages and endorsements required by this provision shall be shown on a Certificate of Insurance on which the Agency must be listed as the Certificate Holder and which should be furnished to the Agency prior to the commencement of this agreement. All such insurance shall be secured and

maintained with an insurance company, or companies, licensed to do business in the State of Texas. The Agency may withhold payments under the terms of this agreement until the Contractor furnishes the Agency copies of all Certificates of Insurance from the insurance carrier, or carriers, showing that such insurance is in full force and effect.

E. Cancellation

New Certificates of Insurance shall be furnished to the Agency at the renewal date of all policies named on these Certificates. Contractor shall give the Agency thirty (30) days prior written notice of any proposed cancellation of any of the above described insurance policies.

F. Indemnification

To the extent permitted under the laws of the State of Texas, Contractor hereby agrees to hold harmless the Agency and all of its directors, officers, employees, and agents from all suits, actions, claims, or cost of any character, type, or description brought or made on account of any injuries, death, or damage received or sustained by any person or persons or property, including but not limited to clients, arising out of or occasioned by any negligent acts of Contractor or Contractor's personnel, if any, or its agents or employees whether occurring during the performance of the services hereunder or in the execution of the performance of any of its duties under this agreement.

SECTION VI – PROPOSAL EVALUATION PROCESS

Not all evaluation factors are equal in importance and each factor is weighted in accordance with its importance to MHMRA. Each item has been assessed a percentage upon which the final score will be determined. A total of 100 percentage points for the following items will be considered a perfect score.

The following will be significant factors in evaluating proposals, but the evaluation will not be limited to these items when making a final recommendation.

A.	Overall Program Concept	10%	Indication that the contractor has a well-defined concept and program structure for all components of service desired by MHMRA.
B.	Understanding	5%	Indication that the contractor understands the nature of MHMRA services and constraints in providing those services and that the contractor has thoroughly analyzed MHMRA's needs.
C.	Financial Condition	5%	Include a copy of your latest annual report or other comparable document. As evidenced by the financial information requested of each contractor, indication that the contractor, or contractors, is financially stable and able to provide related services in its entirety.
D.	History and Description of Firm	5%	Provide a brief history and description of your firm. The description should include the size (number of employees and premium revenues) and areas of specialization. Provide the same information for the office which would handle MHMRA's account.
E.	Human Capital	5%	Provide names and experience information of each individual that would be assigned to work on MHMRA's account. This should include account executives, marketing personnel and others that would actively work on behalf of MHMRA. Be sure to identify the individual within your firm that will have overall responsibility for MHMRA's account and the office in which each account team member is located as well as the physical location of the office which would be designated to serve MHMRA.
F.	Performance Goals and Objectives	15%	Describe your plan on how to keep abreast of MHMRA's needs and required changes, as well as how your company will handle liability renewal cycles. Include your methodology of acquiring, retaining, utilizing and updating client data for use during all coverage cycles.
G.	Service Potential	15%	Describe your firm's ability to assist MHMRA in providing assistance with claims, beginning through contract end, and ability to start on time. Include experience with governmental or similar risk pools, healthcare entities and their subsidiaries (e.g., 501c3).
H.	Special Skills	15%	Describe any special expertise your firm has in providing-liability coverage and support services to not-for-profit or other MHMRA related organizations, including but not limited to safety and loss prevention. Include any outstanding achievements, including premium/deductible reductions or other noteworthy accomplishments on behalf of not-for-profit entities.
I.	References	5%	Provide the names, telephone numbers, and addresses of at least five business references; preferably, from similar not-for-profit entities located in Texas. Particular attention will be given to the quality of the response from references, particularly those in the Houston area and other MHMRA Centers of similar scope and premium value. Issues that will be addressed include contract performance, quality of the personnel, responsiveness, etc.
J.	Past Performance	5%	Documentation of past performance in areas of this magnitude and resulting customer satisfaction.
K.	Cost	15%	Since final cost will eventually be negotiated with the successful proposer, cost will only become a determining factor when all other conditions are equal.

Not all evaluation factors are equal in importance, and each factor will be weighted during the evaluation process in accordance with its importance to MHMRA.

Your proposal shall include responses to the following questions and or statement.

A. Overall Program Concept – 10%:

- 1) What will contractor do to proactively engage MHMRA of Harris County in improving its policies and procedures related to incidents and accidents affecting employees, consumers, and visitors?
- 2) How will contractor assure that a “Consent to Settle” clause is included in liability agreements?
- 3) What is contractor’s overall risk management approach?
- 4) In what types of programs will contractor engage MHMRA to assure the very best liability coverage?
- 5) Provide evidence of contractor’s ability to provide services based upon a well-defined concept and program structure for all components of service desired by MHMRA.

B. Understanding – 5%:

- 1) How has contractor analyzed MHMRA’s safety and loss prevention needs to position itself to successfully integrate program enhancements?
- 2) Based on contractor’s assessment, what types of programs will contractor implement for MHMRA?
- 3) What specific areas of workers’ compensation coverage will contractor address? What mechanisms will contractor use to address them?
- 4) How will contractor assure significant contributions to the overall safety of MHMRA employees, consumers, and visitors?
- 5) How will contractor promote active participation from liability carriers in reducing MHMRA’s liability claims and costs?
- 6) What is contractors understanding of the potential impact of the Texas Tort Claims Act upon claims filed against MHMRA?
- 7) How informed is contractor concerning personal auto liability claims when the driver of a privately owned vehicle is at fault or not at fault; involving injured passengers/consumers?
- 8) How will contractor enhance MHMRA’s safety program within each quarter of the first year of service; and each year thereafter?

C. Financial Condition – 5%

- 1) Does contractor anticipate mergers or acquisitions during the term of service with MHMRA of Harris County?
- 2) If so, what impact would the merger or acquisitions have upon contractor’s ability to provide appropriate services to MHMRA of Harris County?

D. History and Description of Firm – 5%:

- 1) How long has contractor provided services in the Houston area?
- 2) Does contractor provide services to other health care entities in the Houston area?
- 3) Does contractor provide services to other governmental entities in the Houston area?

E. Human Capital – 5%:

- 1) What type of ongoing training does contractor provide for employees assigned to MHMRA’s account?
- 2) How many of contractor’s local employees have experience with not-for-profit entities such as MHMRA of Harris County?

F. Performance Goals and Objectives – 15%:

- 1) What are the most common liability exposures for publicly funded entities such as MHMRA of Harris County? Based on this assessment, what will contractor do to help eliminate these exposures?
- 2) What steps will contractor take to stay abreast of the Agency's liability program?
- 3) How will contractor proactively inform and support MHMRA throughout renewal cycles?
- 4) What is the contractor's proposed schedule of renewal events?

G. Service Potential – 15%:

- 1) How will contractor contribute to the overall protection of Agency property?
- 2) How will contractor contribute to the overall reduction of workers' compensation claims?
- 3) What types of regular meetings will contractor hold with the Agency's Risk Manager? What specific items will be addressed?
- 4) What type of analytical reports will contractor provide for the board of trustees? If so, what will the reports contain?
- 5) What type of analytical reports will contractor provide for the Agency's Safety and Risk Management Committee? If so, what will the reports contain?
- 6) How will contractor assist MHMRA in the event of man-made or natural disasters affecting property, employees, consumers, and visitors to MHMRA facilities?
- 7) How will contractor assist MHMRA in preparing and responding to disasters and potentially catastrophic events?
- 8) How will contractor assist MHMRA in filing claims?

H. Special Skills – 15%:

- 1) What guidelines will contractor provide to prevent vehicle accidents for individual drivers and drivers of Agency vehicles?
- 2) What information and training will contractor provide to the Agency's board of trustees concerning Directors & Officers Liability?
- 3) What information and training will contractor provide to the Agency's employees concerning the prevention and management of Professional, Directors & Officers, Workers' Compensation and General liability claims?
- 4) How will contractor assist the Human Resources staff in preventing employment claims?
- 5) How will contractor help decrease the number of incidents/accidents involving consumer aggression?
- 6) What comparisons of similar MHMRA's liability coverage were made?
- 7) What were the similarities and differences between the programs?
- 8) What substantive details were gleaned from these comparisons that could impact how contractor would service the unique complexities of MHMRA of Harris County, e.g., workforce, consumer population, owned/leased property?
- 9) What special skills and/or training tools will contractor utilize to inform MHMRA and its workforce?
- 10) In what type of forum will these skills and/or training tools take place?
- 11) What innovative tools and enhancements will contractor bring to MHMRA's liability program?
- 12) What, if any, observations has contractor made for property loss prevention during visit(s) to MHMRA facilities?

I. References – 5%:

- 1) Do the employees in contractor's Houston office provide service to contractor's clients in the Houston area?
- 2) How many of contractor's employees from other areas serve contractor's clients in the Houston area?

J. Past Performance – 5%:

- 1) Does contractor's past performance indicate an ability to handle the level of expectations required by MHMRA of Harris County?
- 2) To what extent is contractor's past performance relative to performance requirements of MHMRA of Harris County?

K. Cost – 15%:

- 1) What fees will contractor charge as payment for providing Agent of Record services? To what entity will the fees be charged?
- 2) Is the contractor willing to disclose compensation from all fees and commissions pertaining to MHMRA's Insurance program?

SECTION VII – SPECIALIZED SERVICES TO BE PERFORMED

Scope of Services:

Vendor will provide insurance agent of record services relating to the analysis, selection, purchase and management of all MHMRA's property and casualty insurance policies.

Specific Needs:

In order to be considered all proposals **must** provide and submit information as indicated below:

- I. Full name, experience and credentials of broker who would be named the Agent of Record.
- II. Full names, experience and credentials of other supporting brokers or specialists within the firm.
- III. The name of the firm where the agent is employed, type of business entity and ownership.
- IV. Business addresses for the preceding ten (10) years for the business entity and the agent.
- V. Qualifications and size of the firm.

Including:

- Number of Commercial Clients;
- Number of Employees;
- Amount of Insurance Premium currently managing

- VI. A description of the agent's experience

Including:

- Number of years of property and casualty insurance (minimum ten years required);
- Number of years handling professional liability and casualty insurance (minimum ten years required);
- Number of years managing liability, risk and casualty issues including both facility and vehicle coverage(s) (minimum of five (5) years required).

- VII. A list of major insurance companies actively represented that are available to write property, casualty and professional liability insurance tailored to the needs of a health care environment. Document and submit Premium Volume for each category.
- VIII. Certification of agent's license to do business in the State of Texas as a Local Recording Agent.
- IX. Certification of a minimum of \$1,000,000 errors and omissions insurance coverage.
- X. A disclosure of errors and omissions claims or associated issues currently pending or occurring in the past ten years.
- XI. A list of at least five references of sizable commercial accounts.
- XII. Capability to provide on-going risk and loss control management service.
- XIII. Availability to investigate claims on-site when needed.
- XIV. An explanation of how you intend to be compensated on this account.

- XV. Experience in handling other MHMR entities or other large community based social service agencies. Please provide a list of these agencies served with contact names, phone and fax numbers of each.

SECTION VIII - PROPOSAL CONTENTS

Title Page:

Name of vendor, local address, telephone number, fax number, e-mail address and contact name.

Table of Contents:

All Proposals must include the following information:

- Clear identification of information by section and page.
- List of at least five (5) references, including contact person, telephone number, fax number and email address.
- Identification of all services provided.

Proposal:

- Vendor must provide a brief history of company and ownership, date started business, current total number of employees, and include any special accommodations/services that could be provided.
- Description of services available under this Proposal.
- Must bear the **original signature** of a principal or authorized officer of the interested party.
- Must be typed.
- Must make provision to meet and comply with all applicable laws and regulatory criteria.
- Interested parties are encouraged to submit along with their Proposal any additional descriptive information about their services, which they believe, might be helpful.
- All Proposals must be submitted with one original and five (5) copies and an electronic copy (CD-ROM or Floppy), mailed or delivered in a sealed envelope to MHMRA of Harris County.

Additional documents to be submitted:

- Vendor must submit a copy of their latest AUDITED financial statement or a letter from your CPA
- Reference list must be comprehensive – Reference List must be inclusive of contact name, telephone number, fax number and e-mail address. (Local and or Non-local)
- Documentation of experience addressing professionalism, contract performance, quality of personnel, responsiveness and flexibility, etc. to achieve overall customer satisfaction.
- Proof of Insurance
- Submit proof of Historically Underutilized Business “HUB” State Certificate and/or City of Houston M/W/DBE Certificate. (Attachment B)
- If your firm is not certified, provide a statement to the effect if you intend to subcontract or affiliate with a certified firm and what percentage of work will be given to them.
- Deviation Form (Attachment C)
- Notice “Not to Participate” Form (Attachment D)
- Completed Form W-9

****PLEASE INCLUDE ANY ADDITIONAL DESCRIPTIVE LITERATURE, WHICH MIGHT BE OF ASSISTANCE IN THE DECISION-MAKING PROCESS.****

SECTION IX –PROPOSAL REPLY PAGE

Submitted by: _____

Name of Solicitation:

INSURANCE AGENT OF RECORD SERVICES FOR PROPERTY AND CASULTY

Proposal Opening:

11:00 a.m., Wednesday, September 8, 2010

Contract Period:

The initial contract period is anticipated to begin January 2, 2011 for a one (1) year base period with four (4) one-year renewal options at the sole discretion of MHMRA based upon satisfactory performance and service, which will be reviewed on an annual basis.

Additional Fees:

Please provide any Additional Fees/Services that your firm may have that are not captured in this solicitation.

How do you derive at your rates per line of coverage; property; automobile; general liability; professional liability; errors & omissions; directors and officers; excess liability; workers compensation; boiler & machinery; fiduciary liability; notary ; flood for the following: (Please submit proposed cost for the contract period listed below)

FOR CONTRACT PERIOD 01/02/2011-12/31/2011

COMMISSIONS			
BROKERS FEES			
OTHER			

FOR CONTRACT PERIOD 01/02/2012 – 12/31/2012

COMMISSIONS			
BROKERS FEES			
OTHER			

FOR CONTRACT PERIOD 01/02/2013 – 12/31/2013

COMMISSIONS			
BROKERS FEES			
OTHER			

FOR CONTRACT PERIOD 01/02/2014 – 12/31/2014

COMMISSIONS			
BROKERS FEES			
OTHER			

FOR CONTRACT PERIOD 01/02/2015 – 12/31/2015

COMMISSIONS			
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BROKERS FEES			
OTHER			

SECTION X -SIGNATURE PAGE

MENTAL HEALTH MENTAL RETARDATION AUTHORITY OF HARRIS COUNTY IN ITS SOLE AND ABSOLUTE DISCRETION SHALL HAVE THE RIGHT TO AWARD CONTRACTS FOR ANY OR ALL MATERIALS LISTED IN EACH PROPOSAL, SHALL HAVE THE RIGHT TO REJECT ANY AND ALL PROPOSALS, AND SHALL NOT BE BOUND TO ACCEPT THE LOWEST PROPOSAL AND SHALL BE ALLOWED TO ACCEPT THE TOTAL PROPOSAL OF ANY ONE CONTRACTOR.

THIS SUBMISSION IS GUARANTEED AS AN IRREVOCABLE OFFER VALID FOR ONE HUNDRED TWENTY DAYS (120) DAYS AFTER THE PROPOSAL OPENING DATE.

Authorized Signature

Vendor's Name

Typed or Printed Name

Number and Street Address

Title

City, State, Zip Code

() _____
Telephone Number

() _____
Fax Number

E-Mail Address

This Proposal Will NOT Be Accepted If This Page is NOT Signed By An Authorized Representative

SECTION XI - ATTACHMENTS

A - SAMPLE CONTRACT

A sample contract is included for your review Attachment (A). Any exceptions to terms and/or conditions must be identified in your Deviation Form.

B - HUB SUBCONTRACTING PLAN (Historically Underutilized Business)

C - DEVIATION FORM

D - NOTICE "NOT TO PARTICIPATE" FORM

E - FORM W-9, Rev. October 2007, REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION

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Contract ID No. _____

STANDARD PROFESSIONAL SERVICES CONTRACT

THIS AGREEMENT is made and entered into this _____, 2010 by and between the **MENTAL HEALTH AND MENTAL RETARDATION AUTHORITY OF HARRIS COUNTY**, a community center and an agency of the State of Texas, with offices at 7011 Southwest Freeway, Houston, Texas 77074, under the provisions of Chapter 534 of the Texas Health & Safety Code Ann. (Vernon 1992), as amended, (the "Agency") and ("Contractor"), with offices at _____, Texas 77530, for the purpose of providing specialized services currently not available to the Agency through its present staff of employees.

RECITALS

WHEREAS, Agency is the state designated mental health and mental retardation community center established to provide, arrange for, and coordinate mental health and mental retardation services for the residents of Harris County, Texas; and

WHEREAS, the Agency is committed to providing services that are customer friendly and consumer focused;

WHEREAS, Contractor desires to contract with Agency to **provide Insurance Agent of Record for Property and Casualty Insurance services;**

WHEREAS, this Agreement sets forth the terms and conditions evidencing the agreement of the parties hereto;

NOW THEREFORE, in consideration of the mutual covenants, rights, and obligations set forth herein, the benefits to be delivered therefrom, and other good and valuable consideration, the receipt and sufficiency of which are acknowledged, the parties agree as follows:

I.

PERSONNEL

The Agency staff member authorized to approve billing is Eunice Davis. The Agency staff member responsible for overseeing this Agreement is **Eunice Davis**.

II.

INDEPENDENT CONTRACTOR RELATIONSHIP BETWEEN THE PARTIES

1. Independent Contractor. The relationship between the Agency and Contractor shall be that of an independent contractor. It is agreed that Contractor and Contractor's personnel will not be considered an employee, agent, partner, joint venturer, ostensible or apparent agent, servant or borrowed servant of the Agency.

Contractor understands and agrees that Agency:

a) Will not withhold on behalf of Contractor any sums for income tax, unemployment insurance, social security, or any other withholding;

b) Will not give to Contractor any of the benefits given to employees of Agency.

2. Professional Judgment. Contractor and its personnel shall exercise its own professional judgment in the performance of services to the persons served.

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**III.
OBLIGATIONS OF CONTRACTOR**

2. Services. The **Insurance Agent of Record** services to be provided by Contractor to persons referred by the Agency; the schedule of hours Contractor will deliver such services; and the locations where such services shall be delivered by Contractor are set forth in Exhibit A.

3. Qualifications. Contractor will comply with relevant Texas Health and Human Services Commission (HHSC) rules and community standards, certifications, accreditation's, and licenses and any other professional and educational qualifications.

3. Agency Approval of Contractor Personnel. Contractor agrees not to contract any services until approval of such subcontractor is obtained from the Agency. Any subcontractor or employees of Contractor are the direct responsibility of Contractor.

4. Representations.

(a) **Contractor represents and warrants that it is not currently an employee of the Agency.**

(b) Contractor agrees that it shall comply with all applicable federal and state laws, rules and regulations including Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990 (ADA) and the Age Discrimination in Employment Act of 1967.

5. Receipts and Records. Contractor agrees to provide the Agency, upon request, with original receipts for the purchase of all goods and services involving the use of Agency funds as well as all other financial and supporting documents and statistical records. Contractor shall retain these and any other records pertinent to the services for which a claim or cost report was submitted to the Agency, for a period of six (6) years.

6. Disclosure. Contractor declares that neither Contractor nor any of its subcontractors or employees rendering services pursuant to this Agreement is held in abeyance or barred from the award of a federal or state contract at the time of executing this Agreement; and Contractor will give immediate notification to the Agency if such occurs anytime during the term of this Agreement.

7. Immigration Reform and Control Act. Contractor agrees to maintain appropriate identification and employment eligibility documents and complete a W-9 form to meet requirements of the Immigration Reform and Control Act of 1986.

8. Required Reporting Regarding Licensure. Contractor shall report to Agency any allegation that a professional licensed or certified by the State of Texas and employed by the Contractor has committed an action that constitutes grounds for the denial or revocation of the certification or license. Contractor will further report to Agency if any professional has had his/her professional license revoked. If Contractor's employee has such a denial or revocation, and Contractor fails to remove such employee, then this Agreement may be terminated without prior notice.

9. Contractor's Governing Body. Contractor agrees to provide Agency with a list of the members of Contractor's governing body, if applicable.

10. Access. Contractor agrees, pursuant to Texas Health and Safety Code, Section 534.060, that the Agency and its representatives, including independent financial auditors, shall have unrestricted access to all facilities, service providers, records, data, and other information under the control of the contracting entity or its Contractors/subcontractors as necessary to enable the HHSC or the Agency to audit, monitor, and review all financial or programmatic activities and services associated with this Agreement.

In compliance with Section 2262.003, Government Code, as amended by House Bill 905 of the 79th Regular Session of the Texas Legislature, effective on June 18, 2005, the Mental Health Mental Retardation Authority of Harris County (MHMRA) and the Contractor do hereby agree that:

- (a) The State Auditor's Office (SAO) may conduct an audit or investigation of any entity receiving funds from the state directly under the contract or indirectly through a subcontract under the contract;
- (b) Acceptance of funds directly under the contract or indirectly through a subcontract under the contract acts as acceptance of the authority of the state auditor, under the direction of the legislative audit committee, to conduct an audit or investigation in connection with those funds; and
- (c) Under the direction of the legislative audit committee, an entity that is the subject of an audit or investigation by the SAO must provide the state auditor with access to any information the state auditor considers relevant to: (A) evaluating the entity's performance under the contract or subcontract; (B) determining the state's rights or remedies under the contract; (C) evaluating whether the entity has acted in the best interest of the state.

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IV. OBLIGATIONS OF THE AGENCY

1. **Payment.**

- (a) In consideration of the obligations undertaken by Contractor, the Agency agrees to pay Contractor, in accordance with the fee schedule attached as Exhibit A.
- (b) The payment amount will be based on a monthly invoice, which shall reflect the services provided by the Contractor, and is approved by the Agency employee(s) authorized to approve billing(s) as set forth above. Invoices or claim forms for services rendered are to be submitted by the fifth (5) calendar day of the month following that in which the services were rendered.
- (c) **Invoices or claim forms for services must be received no later than 10 calendar days after the end of the month in which services were rendered. Invoices or claim forms for services received later than 10 days after the end of the month in which the services were rendered will not be paid.**

Invoices shall be submitted in duplicate as follows:

- (i) **Weekly invoices must include a MHMRA purchase order number, which will be indicated on the final fully executed copy of the contract.**
- (ii) **Original sent to Agency staff member authorized to approve billing**
- (iii) **Duplicate to be marked "Duplicate" sent to Accounts Payable as follows:**
 - Mental Health Mental Retardation Authority of Harris County**
 - P.O. Box 25381**
 - Houston, Texas 77265**
 - Attn: Accounts Payable**
 - Fax (713) 970-7681**

2. Staff and Facilities. The Agency agrees to allow Contractor the use of its staff and facilities necessary for carrying out the services provided by the Contractor.

4. Franchise Tax. If Contractor is a corporation and is or becomes delinquent in the payment of its Texas franchise tax, then payments to the Contractor due under this Agreement may be withheld until such delinquency is remedied.

V. INSURANCE

A. **Policies, Coverages, and Endorsements.**

Contractor agrees to maintain, or to cause its personnel providing services under this Agreement to maintain, at its sole cost and expense or the cost and expense of his personnel, the following insurance policies, with the specified coverages and limits, to protect and insure the Agency and Contractor against any claim for damages arising in connection with Contractor's responsibilities or the responsibilities of Contractor's personnel under this Agreement and all extensions and amendments thereto.

1- Commercial General Liability

General Aggregate	\$1,000,000
Each Occurrence	\$500,000

2 - Professional Liability

General Aggregate	\$3,000,000
Each Occurrence	\$1,000,000

3 - Business Automobile if transporting our consumers if applicable

Combined Single Limit Bodily Injury & Property Damage	\$500,000
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4 - Workers' Compensation & Employers' Liability if applicable

Medical & Indemnity	Statutory Requirements
Bodily Injury by Accident	\$500,000 Each Accident
Bodily Injury by Disease	\$500,000 Each Employee
Bodily Injury by Disease	\$500,000 Policy Limit

B. Insured Parties.

All policies shall contain a provision naming the Agency (and its officers, agents and employees) as Additional Insured parties on the original policy and all renewals or replacements during the term of this Agreement.

C. Subrogation.

All policies must contain a Waiver of Subrogation endorsement to the effect that the issuer waives any claim or right in the nature of subrogation to recover against the Agency, its officers, agents or employees.

D. Proof of Insurance.

The policies, coverages and endorsements required by this provision shall be shown on a Certificate of Insurance on which the Agency must be listed as an Additional Insured party and the Certificate Holder and which should be furnished to the Agency prior to the commencement of this Agreement. All such insurance shall be secured and maintained with an insurance company, or companies, licensed to do business in the State of Texas. The Agency may withhold payments under the terms of this Agreement until the Contractor furnishes the Agency copies of all Certificates of Insurance from the insurance carrier, or carriers, showing that such insurance is in full force and effect.

E. Cancellation.

New Certificates of Insurance shall be furnished to the Agency at the renewal date of all policies named on these Certificates. Contractor shall give the Agency thirty (30) days prior written notice of any proposed cancellation of any of the above described insurance policies.

**VI.
INDEMNIFICATION**

To the extent permitted under the laws of the State of Texas, Contractor hereby agrees to hold harmless the Agency and all of its directors, officers, employees, and agents from all suits, actions, claims, or cost of any character, type, or description brought or made on account of any injuries, death, or damage received or sustained by any person or persons or property, including but not limited to clients, arising out of or occasioned by any negligent acts of Contractor or Contractor's personnel, if any, or its agents or employees whether occurring during the performance of the services hereunder or in the execution of the performance of any of its duties under this Agreement.

**VII.
TERM AND TERMINATION**

1. **Term.** This Agreement is effective from _____, 2010 to August 31, 2010.
2. **Immediate Termination.** Agency may terminate this Agreement immediately if
 - (a) Agency does not receive the funding to pay for designated services under this Agreement from the Texas Legislature;
 - (b) Agency has cause to believe that termination of the Agreement is in the best interests of the health and safety of the mentally disabled persons served under this Agreement,
 - (c) Contractor has become ineligible to receive Agency funds;
 - (d) Contractor has its Texas license or certification suspended or revoked;
 - (e) In the case of the Contractor providing direct services to clients, failure to disclose a criminal conviction;
 - (f) If the Contractor submits falsified documents or fraudulent billings, or if the Contractor makes false statements.
3. **Termination Upon Default.** Either party may terminate this Agreement after sixty (60) days written notice if the other party is in default of any of the provisions herein and/or any of the provisions in the bid forms or specifications, which are attached hereto and incorporated herein by reference as if set out in full. Such termination shall be ineffective if within said sixty (60) day period Contractor cures such default to the satisfaction of the Agency. The Agency at its sole discretion may extend the period to cure the default for a reasonable time if the Agency determines that the Contractor has initiated action to cure the default within the sixty (60) day period. The Agency reserves the right to suspend services provided by the Contractor and payment for services not authorized during the sixty (60) day cure period, if at the Agency's sole discretion it is determined that suspension is in the best interest of the Agency and/or its consumers.
4. **Termination Without Cause.** This Agreement may be terminated by either party, without cause, after thirty (30) days written notice to the other party.
5. **Termination by Mutual Consent.** This Agreement may be terminated by the mutual consent of both parties after thirty (30) days written notice to the other party.

**VIII.
MISCELLANEOUS**

1. **Nondiscrimination.** Each party to this Agreement agrees that no person, on the basis of race, color, national origin, religion, sex, age, handicap, or political affiliation, will be excluded from participation, be denied the benefits of, or be subject to discrimination in the provision of any services hereunder. The parties hereto agree to comply with the Civil Rights Act of 1964, the Americans with Disabilities Act of 1990 and the Civil Rights Act of 1991 as amended.
2. **Business Ethics.** During the course of pursuing contracts, and the course of contract performance, MHMRA will maintain business ethics standards aimed at avoiding real or apparent impropriety, abuse, fraud, waste, or conflicts of interest. No substantial gifts, entertainment, payments, loans or other considerations beyond

that which would be collectively categorized as incidental shall be made to any employees or officials of Contractor by MHMRA employees, directors, officers and agents. At any time Contractor believes there may have been a violation of this obligation or any business ethics standard, Contractor shall notify MHMRA of the possible violation.

3. Certification of Non-Violation. Under Texas Government Code §2261.053, Contractor certifies that Contractor has not been convicted of violating federal law in connection with contracts relating to relief, recovery, or reconstruction as a result of Hurricane Rita, Hurricane Katrina, or any other disaster occurring after September 24, 2005.

4. Amendment. Unless otherwise specifically provided herein, this Agreement may be amended or changed only by mutual written consent of an authorized representative of the Agency and Contractor.

5. Entire Agreement. This Agreement constitutes the sole and only agreement of the parties hereto and supersedes any prior understandings, written or oral agreement between the parties respecting the subject matter herein.

6. Additional Requirements. If Contractor is required to comply with an additional requirement pursuant to compliance with HHSC rule, state or federal law, or community standard, regulations, resolutions, settlements, or plans, and compliance results in a material change in Contractor's rights or obligations under the contract or places a significant financial burden on the Contractor, the Contractor may, upon giving sixty (60) days notice of such intention, be entitled to renegotiate the Agreement.

7. Governing Law and Venue. This Agreement shall be construed and enforced in accordance with the laws of the State of Texas, and venue shall lie in Harris County, Texas.

8. Notices. Any required notice shall be in writing and shall be sent, postage prepaid, by certified mail, return receipt requested, to Agency or Contractor at the address below. The notice shall be effective on the date of delivery indicated on the return receipt.

If to the Agency:
Steven B. Schnee, Ph.D.
Executive Director

MHMRA of Harris Co.
PO Box 25381
Houston, Texas 77265-5381

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If to Contractor:

9. Remedies. All rights, powers, and remedies granted either party by any particular term of this Agreement are in addition to, and not in limitation of, any rights, powers, or remedies which it has under any other term of this agreement, at common law, in equity, by statute, or otherwise, and all such rights, powers, and remedies may be exercised separately or concurrently, in such order and as often as may be deemed expedient by either party. No delay or omission by either party to exercise any right, power, or remedy shall impair such right, power, or remedy or be construed to be a waiver of any breach or default or an acquiescence therein. A waiver by either party of any breach or default thereunder shall not constitute a waiver of any subsequent breach or default.

10. Dispute Resolution. In the event a dispute arises between the parties involving the provisions or interpretation of any term or condition of the Agreement, and if both parties desire to attempt to resolve the dispute

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EXHIBIT A

Contractor: XXXXXXXXXXXX
Contract ID#: XXXX
Contract Period: XXXXX to XXXXX
SERVICE: _____
SERVICE DESCRIPTION: _____
RATE AND RATE DESCRIPTION As set forth in Exhibit A1
NOT TO EXCEED: As set forth in Exhibit A1
UNITS INVOLVED: _____
PAYMENT DOCUMENTATION: _____

ATTACHMENT B

**HUB SUBCONTRACTING PLAN
HISTORICALLY UNDERUTILIZED BUSINESS**

(HUB-LOI IS USED BY POTENTIAL CONTRACTOR/VENDOR TO IDENTIFY SUBCONTRACTORS SELECTED FOR WORK ON THE CONTRACT)

Contractor _____ Vendor Identification Number: _____

Address: _____

Phone: ____-____-____ Proposal Number: _____ Contract Amount: _____

Description of commodities/specifications: _____

Duration of Contract: _____

Name of Subcontractor/Supplier: _____

Address: _____

Phone: ____-____-____ is the subcontractor a certified HUB? ____ Yes ____ No

If yes, enter the GSC Certificate (VID) number: _____

Dollar amount of contract with subcontractor/supplier: \$ _____

Percentage amount of contract with subcontractor/supplier: % _____

Description of materials/services performed under agreement with the subcontractor for amount indicated above:

PLEASE SUBMIT A SEPARATE FORM FOR EACH SUBCONTRACTOR/SUPPLIER

ATTACHMENT C

DEVIATION FORM

All deviations to this Solicitation (Proposal and Sample Contract) must be noted on this sheet. In the absence of any entry on this Deviation Form, the prospective contractor assures MHMRA of their full agreement and compliance with the Specifications, Terms and Conditions including all provisions of the Sample Contract.

Each response to this Solicitation shall contain a Deviation Form, which states the prospective contractor's commitment to the provisions of this Solicitation and Sample Contract. An individual authorized to execute contracts must sign the Deviation Form. Any exceptions taken to the terms and conditions identified in this Solicitation Package including the Sample Contract must be expressly stated in the Deviation Form. *(ATTACHMENT C)*

THIS DEVIATION FORM MUST BE SIGNED BY EACH PROSPECTIVE CONTRACTOR WHETHER THERE ARE DEVIATIONS LISTED OR NOT, AND SUBMITTED WITH THIS SOLICITATION

SPEC # Section # Or Page #	DEVIATION

Company Name

Authorized Signature

Date

ATTACHMENT D

NOTICE "NOT TO PARTICIPATE" FORM

Dear Vendor

Please check the appropriate box below, complete the remainder of this form and return it PRIOR to the scheduled Date and Time:

Our company cannot provide the products, supplies and/or services listed in this request. Please MOVE our name and address to the following category (ies) so that we may Proposal at a later date:

Category (ies): _____

We have chosen NOT to submit a Bid at this time, but would like to remain on your list for this Bid category. We did not submit a Bid because:

Reason(s): _____

Please REMOVE our name from all MHMRA Harris County lists until further notice.

Reason(s): _____

Company Name: _____

Representative: _____

Address: _____ **Please Print** **Phone ()** _____

E-mail: _____ **Fax ()** _____

PLEASE RETURN THIS FORM ONLY TO:

**MHMRA Harris County
Purchasing Department
Notice "Not to Participate" -INSURANCE AGENT OF RECORD SERVICES
FOR PROPERTY AND CASULTY
7011 Southwest Freeway
Houston, Texas 77074**

Authorized Signature: _____

Title: _____ **Date:** _____

VENDORS WHO RESPOND TO THIS INVITATION WITH A COMPLETED PROPOSAL FORM WILL REMAIN ON OUR MAILING LIST. VENDORS MAKING NO RESPONSE MAY BE REMOVED FROM THAT LISTING.

Thank you for your time and assistance.

**ATTACHMENT E – FORM W-9, REQUEST FOR TAXPAYER IDENTIFICATION
NUMBER AND CERTIFICATION**

**Form W-9, Pages 1 – 4
Attached**

**Vendors are to complete this form and submit with their Proposal documents. Go to
attached link for W-9, if Proposal was emailed.**

<http://www.irs.gov/pub/irs-pdf/fw9.pdf>