REQUEST FOR PROPOSAL

PROPERTY, CONTENTS
GENERAL LIABILITY
PERSONAL INJURY LIABILITY
EMPLOYEE BENEFITS LIABILITY
AUTOMOBILE LIABILITY AND PHYSICAL DAMAGE
CRIME COVERAGE
BOILER AND MACHINERY INSURANCE
LAW ENFORCEMENT LIABILITY
EXCESS LIABILITY
MARINE FLOATER
WORKERS COMPENSATION
STUDENT INTERCOLLEGIATE ATHLETIC ACCIDENT

Closing Date: AUGUST 1, 2005 AT 10:00 A.M.

DELIVER OR MAIL PROPOSALS TO:
Midland College
Cindy Curnutt
Purchasing Agent
Pevehouse Administration Building
3600 N. Garfield
Midland, Texas 79705
SECTION - 1

GENERAL OVERVIEW

Property, Contents
General Liability
Personal Injury Liability
Employee Benefits Liability
Automobile Liability and Physical Damage
Crime Coverage
Boiler and Machinery Insurance
Excess Liability
Law Enforcement Liability
Marine Floater
Workers Compensation
Student Intercollegiate Athletic Accident

SCOPE AND INTENT OF THE RFP

It is the intent of Midland College to purchase insurance for the District as specified in the enclosed specifications. Midland College reserves the right to waive any formalities and to reject any and all proposals.

The enclosed bid documents are required forms to make a proposal for the enclosed referenced products and service for Midland College.

Sealed proposals will be received in the office of Cindy Curnutt, Purchasing Agent no later than 10:00 a.m., August 1, 2005. Proposals received after that time shall be returned to the proposer unopened. There will be no formal “bid opening”.

For the purpose and clarity of this document only, the word “COLLEGE” will herein mean Midland College of Midland, Texas. Also, for the purpose and clarity of this document, the word “VENDOR” will herein mean any reliable and interested broker, vendor, contractor and/or manufacturer who wants to bid this contract.
SECTION - 1

Terms, Conditions and Agreements

ANNULMENTS AND RESERVATIONS:
1. The board of Trustees reserves the right to reject any and all proposals and waive any and all formalities and conditions. The Board of Trustees reserves the right to retain all proposals received for 30 days prior to taking any action and vendors shall not withdraw their bid at any time thereafter. Midland College shall accept the proposal determined by the College to be in its best interest. It is not the intent of any condition or specification in the RFP to prohibit any responsible vendor from submitting a proposal.

2. This Request for Proposal is not construed as a CONTRACT or a COMMITMENT of any kind. The request for proposal does not commit Midland College to pay for any costs incurred in the preparation and submission of specifications or for any costs incurred prior to the execution of a final offer.

LENGTH OF CONTRACT:
1. This contract shall be for a minimum of one-year beginning Sept. 1, 2005, with rates and costs guaranteed for at least 12 months. Nothing in these Specifications shall prohibit the College from negotiating longer terms, or from automatically renewing coverage for additional years if service is satisfactory and renewal terms are agreed upon by both parties. THE COLLEGE SPECIFICALLY REQUEST RATE OR RATE CAP GUARANTEES FOR EACH OF THE SUCCEEDING POLICY YEARS. The District shall have the opportunity to cancel contracts at each policy anniversary with no penalties for unearned premium. At the end of the contract period, policies may be renewable by mutual consent of the College Administration and the agency of record. Renewal pricing & currently valued loss reports must be provided to the College no later than January 1, 2006.

DELIVERY OF PROPOSALS:
1. Mail or deliver TWO exact duplicate copies of your proposal to:

   Cindy Curnutt, Purchasing Agent  
   Midland College  
   Purchasing Department  
   3600 N. Garfield  
   Midland, Texas 79705

2. Proposal envelopes must be sealed and plainly marked on the outside as follows:

   Insurance Proposals  
   RFP Opening: 10:00 a.m., August 1, 2005

3. Faxed proposals will not be received or entered as a responsive bid.
3-004 VENDOR’S OBLIGATIONS:

1. The vendor shall provide all insurance coverage as per the enclosed specifications.

2. Providers must provide the following:
   • Quarterly reports;
   • Periodic reports showing status and prognosis of losses greater than $10,000;
   • Annual premium and loss exhibits;
   • On-site consultation.

3. Each proposal must include sample copies of:
   • loss reports;
   • Monthly billing to College (College may want installment billing);
   • Claims forms.

4. Copies of all policy forms, which do not comply with Texas Standard forms must be included with your proposal; e.g., Educators Legal Liability and Medical Professional Liability.

5. Cancellation by the proposing insurance company shall require sixty (60) days notice (unless specifically noted on the Proposal Spreadsheet Questionnaire) to the College, for any reason other than nonpayment.

6. All policies listing College property must show the College identification numbers for all automobiles and buildings.

7. Any plan of insurance, additional information, different methods of handling coverage, increased protection, etc., not in the specifications, shall be welcomed, but must be submitted separately as an alternate proposal unless specifically requested on the Proposal Spreadsheet.

OBLIGATIONS BY THE COLLEGE:

1. In determining to whom to award a contract, the College may consider:
   A. The premium price.
   B. Best rating of coverage offered.
   C. The reputation of the vendor and of the vendor’s goods or warranty services.
   D. The quality of the vendor’s insurance and/or services.
   E. The extent to which the insurance and/or services meet the district’s needs.
   F. The vendor’s past relationship with the district.
   G. The total long-term cost to the district to acquire the vendor’s insurance and/or services;
   and
   H. Any other relevant factor that a private business entity would consider in selecting a vendor.
2. The College may be interested in paying all premiums on installments. The basis of premium payment including down payment, number of installments, installment amounts, and finance charges must be outlined.

3. The College will evaluate the proposals, attempting to place all coverages with one insurance agency, but reserves the right to separate policies and agencies. Any proposals that will have different premiums for separate or “packaged” proposals must indicate both premiums in separate columns of the Spreadsheet Questionnaire.

4. The College may make such investigations, as it deems necessary, to determine the ability of the vendor to provide satisfactory performance in accordance with the specifications. The vendor shall furnish to the College all such information and data for this purpose as the College may request. Vendors may be required to provide an item for evaluation purposes.

**BASIS FOR AWARD:**

1. The Vendors MUST complete the questions on the “Request for Proposal Packet Forms” which will be used to aid Midland College in selecting the vendor.

2. Midland College reserves the right to award this purchase by item/part/section or all/none as it deems to be in the best interest of the college.

3. The successful bidder will be determined by several factors like premium price, Best Rating of insurance carrier, previous experiences with the college or other entities, references responses, quality of insurance/services offered, long term cost to the district to acquire the insurance/services, and any other factor deemed important to the district.

4. Premium cost is a major consideration in the selection process.

5. The vendors ability to service the college is also an important factor in the award of this contract.

6. Quality of insurance/service(s) offered will be a major factor in the selection.

**PROPOSERS QUALIFICATIONS:**

1. Companies submitting proposals must be licensed in Texas and have an organization of permanence with adequate personnel and experience. Qualifications should be shown in the Bidders Questionnaire.

2. The College will contract directly with an insurance company/provider whenever possible, with no commission paid to the agent.

3. Proposers must have an Errors and Omissions policy with a minimum limit of $1,000,000 per occurrence. A certificate of insurance must be included with the proposal.
4. Providers must furnish Midland College with 800 phone numbers for claims assistance after normal hours.

5. All insurance companies proposing coverage must be licensed by the State of Texas and subject of the Texas Insurance Guaranty Fund, unless coverage is not available through a licensed company. All insurance companies must have an A.M. Best Rating of at least A-VIII (as published in the most recent edition of the Rating Guide) to be considered.

6. Agents and Companies must provide copies of Texas licenses.

**INTERPRETATIONS OF THE SPECIFICATIONS:**
Only the interpretation or correction so given by the Director of Purchasing, in writing, shall be binding and prospective vendors are advised that no other source is authorized to give information concerning, explain or interpret, the bid document.

**DEVIATIONS FROM SPECIFICATIONS:**
All deviations from the specifications must be noted in detail by the Vendor, in writing, at the time the bid is submitted. The absence of a written list of deviations from the specifications once submitted will hold the vendor strictly accountable to the college to the specifications as written. Any deviation from the specifications as written and not previously submitted, as required by the above, will be grounds for rejection of the equipment when delivered.

**BILLING AND PAYMENT/DISCOUNTING:**
1. All invoices are to be submitted in duplicate and mailed in accordance to:

   Midland College  
   Attn: Accounts Payable  
   3600 N. Garfield  
   Midland, Texas 79705

**CONTRACT PERFORMANCE CLAUSE:**
1. This agreement will be governed and construed according to the laws of the State of Texas. This agreement is performable in Midland, Texas.

**UNIFORM & COMMERCIAL CODE:**
1. This writing and subsequent interview information given and forwarded to the College shall be a sole and final expression of the agreement between the College and the vendor, and is intended also as a complete and exclusive statement of the terms of their agreement. Whenever a term defined by the Uniform Commercial Code is used in this agreement, the definition contained in the Code is controlling.

2. By submitting a signed proposal, the vendor certifies that the company does not discriminate against any employee or applicant for employment because of race, religion, color, sex or national origin, and certifies that the company complies with equal employment opportunity regulations.
3. All insurance and services furnished under this contract shall comply with applicable laws, ordinances and regulations. The bidder shall give all notices and comply with all laws, ordinances, rules and regulations, and without such notice to the authorized Owner’s representative, the bidder shall bear all costs arising therefrom.

ADVERTISING:
The vendor shall not advertise or publish, without the College’s prior consent, the fact that the College has entered into this contract, except to the extent necessary to comply with proper requests for information from an authorized representative of the federal, state or local government.

REFERENCE REQUIREMENTS:
Please provide educational references in addition to non-educational references. Include the name of the contact person along with address, phone number, and e-mail address if known.

COMPLIANCE WITH AMERICANS WITH DISABILITIES ACT (ADA):
The Bidder shall be in compliance with all relevant requirements of the Americans with Disabilities ACT (ADA) as applicable to their operations. By submission of a bid response, bidder acknowledges intention to conform with ADA. If the vendor does not conform to the ADA Act, the College has grounds to suspend or contract with any other vendor.

CONFLICT OF INTEREST:
No public official shall have interest in this contract, in accordance with Vernon’s Texas Codes Annotated, Local Government Code Title 5, Subtitled C, Chapter 171.

ETHICS:
The vendor shall not accept or Bid gifts or anything of value nor enter into any business arrangement with any employee, official or agent of The Midland College.
DISTRICT PROFILE
Midland College

SECTION 2

Financial Summary
Budget: $41,327,753

Employee (Numbers)
Full Time Instructors 121
Part Time Instructors 162
Full Time Employees 247
Part Time Employees 540

Student Enrollment
Boarded Students 217
Other Students 4998

Vehicle Count (See Vehicle/Trailer List in “Exhibits”, Section 10-010)
Pickups 11
15 Passenger Vans 8
Passenger Cars 5
Buses 1
Trailers 10
Tractor 3
Total Units 38

Board Members
Joann Foster
Neill Flores
Willard Green
John James
Steven Kiser
William Kleine
Ralph Way
Charlene Wurtz
Ken Peeler
**SECTION - 2a**

Name of College: Midland College  
Mailing Address: 3600 N. Garfield  
City: Midland  
Date Established: 1972  
State: Texas  
County: Midland  
Zip: 79705

Number of Board Members: 9

### Hiring Practices

Applications: Yes  
Reference Check: Yes  
MVRs: Yes  
Background Checks: Yes  
(Childcare, Security, and Resident Halls Supervisors)

### Swimming Pools: None

### Day Care:

Hours of Operation: 7:30 - 5:30 (Day Program)  
Days/Week: Day Program M-F.  
Number of Locations: Two  
Number of Children: 75  
Ratio: Student/Child to Teacher ratio, meets or exceeds the state requirements.  
Written policies on touching, sexual abuse, reporting, handling complaints: Yes.

### Field Trips

Day Care field trips are taken.  
Parental release used: Yes  
Types of Trips: Local Campus & Community attractions.

### Playgrounds

How many: Two  
Equipment: Child size equipment  
Regular inspections/maintenance: Daily  
By Whom: Staff/Director/Maintenance  
Supervision provided: At all times by classroom teachers.

### Property

Insured but would not be replaced: None  
Leased to others: None  
Fire Alarms: All dormitories  
Sprinklered: None  
Do all cafeterias have hood and duct extinguishers: Yes  
How maintained: By an independent contracting service twice a year.

### Independent Contractors

Certificates of Insurance: Yes

### Crime/Bonds

Number of employees who handle money: 30  
Limit: $1,000,000  
Deductible: $5,000

### Police Department

Number of Officers: 4 Full-Time/ 7 Part-Time  
Armed: Yes  
Arrest Power: Yes
### SECTION 2b

**SPECIFICATIONS FOR PROPERTY AND CONTENTS**

1. **Property Covered:**
   - See Exhibits (Building/Content Value Schedule, Exhibit)
   - Extra Expense $5,000,000
   - Valuable Papers and Records $100,000
   - Electronic Data Processing Coverage $500,000

2. **Type of Coverage:**
   - All risk including, (perils to be covered)
   - Theft, broad form comprehensive liability, comprehensive crime coverage.
   - Flood $10,000,000 Deductible: $250,000
   - Earthquake $10,000,000 Deductible: $25,000

3. **Policy Limits:**
   - Blanket coverage on buildings, contents, and auxiliary structures

4. **Basis of loss recovery:**
   - Full replacement cost

5. **Coinsurance:**
   - None, Agreed Amount Endorsement

6. **Deductible: (quote all)**
   - $5,000, $10,000, $25,000

7. **Extra Expense Limits:**
   - $5,000,000

8. **Automatic Coverage on newly acquired property**
   - $1,000,000 limits for up to 90 days
   - with Personal Property at each newly acquired premise

9. **Increased cost on construction and demolition are requested. Please provide an explanation as to coverage provided by carrier.**

10. **Loss history - See Exhibit**
SECTION - 2b

SPECIFICATIONS FOR

GENERAL LIABILITY
PERSONAL INJURY LIABILITY
EMPLOYEE BENEFITS LIABILITY

1. Pays expenses, including judgements and defense costs.
2. Provides coverages for care, custody and control.
3. Includes incidental medical malpractice.
4. Provides coverage for libel, slander, and defamation of character, and sexual misconduct.
5. Limits of Liability: 5,000,000 Personal and Advertising Injury
   5,000,000 Each Occurrence
   5,000,000 Products completed operations aggregate limit
   1,000,000 Fire Damage
   5,000,000 General Aggregate Limit
   100,000 Damage to Rented Premises Limit
6. Covers premises liability, advertising liability, operations liability, completed operations liability, and products liability.
7. Persons covered: The College, College board member or employee of the College, part-time employees of the College, student teacher, and school volunteers/aids.
8. Claims arising out of the negligent act, error, or omission of the College and/or its employees relative to the administration of employee benefit programs must be covered.
9. Deductible: None
10. Loss information: See Exhibit

*Coverage above need to apply to Aviation Program.
SECTION - 2b

SPECIFICATIONS FOR

AUTOMOBILE LIABILITY

PHYSICAL DAMAGE

1. Schedule of Vehicles: See Exhibit

2. Minimum Liability limits and coverage desired:

   a) Combined single limit 5,000,000
      Bodily Injury/Property Damage Included
      Limited per accident 1,000,000
      Non-owned Hired Auto Included
      Employer’s Non Owned Hired Auto Included
      Hired Auto Included

   b) Bodily Injury 100,000 each person
      300,000 each occurrence

   c) Property Damage 100,000 each occurrence

   d) Deductible 500

   e) Out of State Travel All coverage must adjust to the state traveled
      limit maximums.

   f) Hired Auto Physical Damage 50,000

   g) Garage Keepers
      Comprehensive $30,000 each location minus $1,000 deductible
      for each AUTO for LOSS caused by theft or mischief or vandalism subject to $5,000
      maximum deductible for all such LOSS in any
      one event.

      Collision $30,000 minus $1,000 deductible for each auto.

3. Physical Damage coverage:

   a) Comprehensive $500 deductible 1995 & Newer

   b) Collision $500 deductible 1995 & Newer

   c) Specified Perils $500 deductible 1995 & Newer

4. Automatic Coverage: (without increase in premium)

   Subject to audit, it is agree that automatic coverage is provided for substitute and newly acquired
   automobiles (cars, trucks, trailers, and buses) for the same coverage provided for all similar type
   automobiles.

5. Loss information
**SECTION - 2b**

**SPECIFICATIONS FOR**

**CRIME COVERAGE**

Coverage will include the following:

<table>
<thead>
<tr>
<th>Type</th>
<th>Blanket Limit</th>
<th>Deductible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Dishonesty</td>
<td>1,000,000</td>
<td>5,000</td>
</tr>
<tr>
<td>Forgery or Alteration</td>
<td>10,000</td>
<td>5,000</td>
</tr>
<tr>
<td>Theft, Disappearance, and Destruction</td>
<td>10,000</td>
<td>5,000</td>
</tr>
<tr>
<td>Computer Fraud</td>
<td>50,000</td>
<td>5,000</td>
</tr>
</tbody>
</table>
**SECTION - 2b**

**SPECIFICATIONS FOR**

**BOILER AND MACHINERY COVERAGE**

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<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Property Covered</td>
<td>See Exhibit</td>
</tr>
<tr>
<td>2</td>
<td>Type of Coverage</td>
<td>Comprehensive</td>
</tr>
<tr>
<td>3</td>
<td>Policy Limits</td>
<td>40,000,000</td>
</tr>
<tr>
<td>4</td>
<td>Deductible</td>
<td>10,000</td>
</tr>
<tr>
<td>5</td>
<td>Basis of Recovery</td>
<td>Repair or Replacement</td>
</tr>
<tr>
<td>6</td>
<td>Stipulated time for Repair or Replacement</td>
<td>18 months</td>
</tr>
<tr>
<td>7</td>
<td>Expediting Expense</td>
<td>$25,000</td>
</tr>
<tr>
<td>8</td>
<td>Water Damage Limit</td>
<td>$25,000</td>
</tr>
<tr>
<td>9</td>
<td>Ammonia Contamination Limits</td>
<td>$25,000</td>
</tr>
</tbody>
</table>
SECTION - 2b

SPECIFICATIONS FOR

LAW ENFORCEMENT LIABILITY

Limit of Liability

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Each Person</td>
<td>$1,000,000</td>
</tr>
<tr>
<td>Each “Wrongful Act”</td>
<td>$1,000,000</td>
</tr>
<tr>
<td>Annual Aggregate</td>
<td>$1,000,000</td>
</tr>
</tbody>
</table>

Deductible $5,000
SECTION 2b

SPECIFICATIONS FOR
EXCESS LIABILITY INSURANCE

1. Type of Coverage: Claims for losses that exceed the limits of the primary comprehensive general liability policy and other underlying primary liability policies.

   The umbrella form should be more restrictive in any area than the underlying General Liability, Auto Liability, Employee Benefit Liability, and Employers Liability Coverages.

   Coverage applies above primary insurance when damages are covered by the umbrella policy and by the primary policy.

   Coverage applies above reduced or exhausted primary aggregate limits.

2. Persons Covered: Elected officials, appointed trustees, administrators, teachers, substitute teachers, student teachers, and all other employees (including volunteers and part-time employees) who were, are, or shall be employed by the College.

3. Limits: 4,000,000

4. Retention: 25,000 Applicable to uninsured underlying losses unless specifically excluded.

5. Underlying Limits: GL.................................................................1,000,000
   AUTO BI/PD.................................................................1,000,000

*If automobile liability and general liability insurance cannot be obtained.
SECTION - 2b

SPECIFICATIONS FOR

MARINE FLOATER

1. Type of Coverage: All Risk

2. Property Covered: Miscellaneous art exhibited or stored at Midland College

3. Policy Limits: 50,000 per occurrence

4. Deductible: 250

5. Loss History 3,500
SECTION 2b

WORKERS’ COMPENSATION COVERAGE

1. Type of Coverage: Workers’ Compensation

2. Persons Covered: All employees of Midland College

SECTION - 2b

SPECIFICATIONS FOR

STUDENT INTERCOLLEGIATE ATHLETIC INSURANCE

**Covered Activity:** Participating in intercollegiate athletics of the school. Men and Women’s basketball, Men’s golf, Men’s baseball, Women’s softball, Women’s volleyball, and cheerleaders.

**Who is Covered:** Players, coaches, managers, trainers and volunteer workers of the school’s intercollegiate athletic teams.

**Proposed Benefits:**
- 10,000 Accidental Death & Dismemberment
- 25,000 Accidental Medical Expenses
- 250 Deductible
SECTION 3

PROPOSAL FORMS
PROPOSAL FORMS

PROPERTY AND CONTENTS

Company Name: ____________________________________________________________

Address: __________________________________________________________________

Telephone: __________________________________________________________________

Fax #: _____________________________________________________________________

Insurance Carrier: __________________________________________________________

Best Rating 2004: ____________________________________________________________

Subject to Texas Guaranty Fund: ______________________________________________

Does your offer meet the specifications listed in Section 2b Property and Content? _____ Yes _____ No

IF “NO”, PLEASE EXPLAIN EXCEPTIONS __________________________________________

Policy Deductible

<table>
<thead>
<tr>
<th>5,000</th>
<th>10,000</th>
<th>25,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005-2006</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Authorized Agent/Representative Printed Name

___________________________________________________________________________

Authorized Agent/Representative Signature

___________________________________________________________________________

Date
Company Name: 

Address: 

Telephone: 

Fax #: 

Insurance Carrier: 

Best Rating 2004: 

Please check one: This insurance coverage is: Claims made _______ Occurrence based _______

Does your offer meet the specifications listed in Section 2b General Liability, Personal Liability, and Employee Benefits Liability? _______ Yes _______ No

IF “NO”, PLEASE EXPLAIN EXCEPTIONS

Policy Year 2005 - 2006 $ 

Optional - Annual 4 Year Renewal:

Authorized Agent/Representative Printed Name

Authorized Agent/Representative Signature

Date
RFP 01-464

Company Name: ____________________________________________

Address: ___________________________________________________

Telephone: ___________________________________________________

Fax #: ______________________________________________________

Insurance Carrier: __________________________________________

Best Rating 2004: ____________________________________________

Subject to Texas Guaranty Fund: __________________________________________

Does your offer meet the specifications listed in Section 2b Automobile Liability & Physical Damage?

_____ Yes _____ No

IF “NO”, PLEASE EXPLAIN EXCEPTIONS __________________________________________

________________________________________

Pricing must include Liability, Physical Damage, Collision, Specific Perils as specified in specifications.

<table>
<thead>
<tr>
<th>Policy Year 2005 - 2006</th>
<th>$500 Deductible - Physical Damage/Collision/ Specific Perils</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>$</td>
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</tbody>
</table>

Optional - Annual 4 Year Renewal:

What is the minimum liability with this policy?

Bodily Injury $ __________________________ Property Damage $ __________________________

Policy automatically adjust liability limits when traveling in States with higher limits of liability? _____ Yes _____ No

Policy allow for automatic coverage of newly purchased vehicles? _____ Yes _____ No

If “yes” what is premium adjusted? _______________________________

Authorized Agent/Representative Printed Name

________________________________________

Authorized Agent/Representative Signature

________________________________________

Date
PROPOSAL FORMS

CRIME COVERAGE

Company Name: _____________________________________________________________
Address: _________________________________________________________________
Telephone: _______________________________________________________________
Fax #: _________________________________________________________________
Insurance Carrier: _________________________________________________________
Best Rating 2004: __________________________________________________________

Please check one: This insurance coverage is: Claims made _______ Occurrence based _______

Does your offer meet the specifications listed in Section 2b Crime Coverage? ______ Yes ______ No

IF “NO”, PLEASE EXPLAIN EXCEPTIONS__________________________________________

$1,000 DEDUCTIBLE

<table>
<thead>
<tr>
<th>Coverage Amounts</th>
<th>$25,000</th>
<th>$50,000</th>
<th>Blanket Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy Year 2005 - 2006</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

Optional - Annual 4 Year Renewal:

________________________________________
Authorized Agent/Representative Printed Name

________________________________________
Authorized Agent/Representative Signature

_______
Date
PROPOSAL FORMS

BOILER AND MACHINERY INSURANCE

Company Name: ________________________________________________

Address: _______________________________________________________

Telephone: ______________________________________________________

Fax #: _______________________________________________________

Insurance Carrier: _____________________________________________

Best Rating 2004: _____________________________________________

Does your offer meet the specifications listed in Section 2b Boiler Insurance? _____ Yes _____ No

IF “NO”, PLEASE EXPLAIN EXCEPTIONS: ______________________________________

Boiler Insurance/ $10,000,000 Limit $250 Deductible

<table>
<thead>
<tr>
<th>Policy Year 2005 - 2006</th>
<th>$</th>
</tr>
</thead>
</table>

Optional - Annual 4 Year Renewal:

________________________________________

Authorized Agent/Representative Printed Name

________________________________________

Authorized Agent/Representative Signature

_____________________________

Date
PROPOSAL FORMS

LAW ENFORCEMENT LIABILITY

Company Name: ____________________________________________________________
Address: ________________________________________________________________
Telephone: ______________________________________________________________
Fax #: ________________________________________________________________
Insurance Carrier: _________________________________________________________
Best Rating 2004: _______________________________________________________

<table>
<thead>
<tr>
<th>Policy Year 2005 - 2006</th>
<th>$</th>
</tr>
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</table>

Optional - Annual 4 Year Renewal:

________________________________________
Authorized Agent/Representative Printed Name

________________________________________
Authorized Agent/Representative Signature

_________________________
Date
PROPOSAL FORMS

EXCESS LIABILITY

Company Name: ____________________________

Address: __________________________________

Telephone: ____________________________________________________________________

Fax #: _______________________________________________________________________

Insurance Carrier: _____________________________________________________________

Best Rating 2004: ____________________________________________________________

Does your offer meet the specifications listed in Section 2b Tax Assessor/Collector Bond? ______ Yes ______ No

IF “NO”, PLEASE EXPLAIN EXCEPTIONS___________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

Policy Year 2005 - 2006 $ ____________________________

Optional - Annual 4 Year Renewal:

________________________________________________

Authorized Agent/Representative Printed Name

________________________________________________

Authorized Agent/Representative Signature

______________________________

Date
PROPOSAL FORMS

MARINE FLOATER

Company Name: ____________________________________

Address: _________________________________________

Telephone: ________________________________________

Fax #: ____________________________________________

Insurance Carrier: __________________________________

Best Rating 2004: _________________________________

Policy Limits $50,000 | $250 Deductible
Policy Year 2005 - 2006 | $

Optional - Annual 4 Year Renewal:

_______________________________________________

Authorized Agent/Representative Printed Name

_______________________________________________

Authorized Agent/Representative Signature

_______________________________________________

Date
## WORKERS’ COMPENSATION

<table>
<thead>
<tr>
<th>Standard Limits</th>
<th></th>
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<tbody>
<tr>
<td>Policy Year 2005 - 2006</td>
<td>$</td>
</tr>
</tbody>
</table>

Optional - Annual 4 Year Renewal:

_________________________
Authorized Agent/Representative Printed Name

_________________________
Authorized Agent/Representative Signature

_________________________
Date

---

PROPOSAL FORMS

Company Name: 

Address: 

Telephone: 

Fax #: 

Insurance Carrier: 

Best Rating 2004: 

_________________________
Authorized Agent/Representative Printed Name

_________________________
Authorized Agent/Representative Signature

_________________________
Date
PROPOSAL FORMS

INTERCOLLEGIATE ATHLETIC INSURANCE

Company Name: ____________________________
Address: ____________________________
Telephone: ____________________________
Fax #: ____________________________
Insurance Carrier: ____________________________
Best Rating 2004: ____________________________

Does your offer meet the specifications listed in Section 2b Tax Assessor/Collector Bond?     Yes     No

IF “NO”, PLEASE EXPLAIN EXCEPTIONS—____________________________________________________

Policy Year 2005 - 2006 $ 

Optional - Annual 4 Year Renewal:

Authorized Agent/Representative Printed Name ____________________________________________

Authorized Agent/Representative Signature _____________________________________________

Date ____________________________
SECTION – 4

NO PROPOSAL PAGE

NAME OF RFP: ________________________________________________________________

1. ( ) WE WISH TO SUBMIT A NO PROPOSAL AT THIS TIME.

2. ( ) PLEASE DELETE OUR NAME FROM FUTURE BID LISTS FOR THIS TYPE COMMODITY.

3. ( ) WE ARE SUBMITTING A “NO PROPOSAL” AT THIS TIME, BUT PLEASE INCLUDE US ON ALL FUTURE PROPOSALS.

4. ( ) PLEASE INCLUDE OUR COMPANY TO RECEIVE FUTURE RFPs FOR THE FOLLOWING COMMODITIES:

   1. ______________________________________________________________

   2. ______________________________________________________________

   3. ______________________________________________________________

   4. ______________________________________________________________

Company Name: ______________________________________________________________

Authorized Signature: __________________________________________________________

Authorized Printed Name: ______________________________________________________

Title: ______________________________________________________________________

Address: _____________________________________________________________________

(Street and P.O. Box if used for mail)

City, State, Zip Code: ___________________________________________________________

Telephone #: __________________________________________________________________

Fax Telephone #: __________________________________________________________________

Date: ________________________________________________________________________
SECTION – 5

VENDOR STATEMENT
MUST BE SIGNED & RETURNED WITH THE PROPOSAL

Date: ____________________

Midland College  
Purchasing Office  
3600 N. Garfield  
Midland, Texas 79705

The undersigned, as Proposing Agent/Insurance Company, does hereby declare that they have carefully examined
the specifications and
conditions prepared by the Purchasing Office, Midland College and with full knowledge of the requirements, does
hereby agree to furnish
all services and afford all provisions of coverage in full accordance with the specifications and requirements.

The undersigned affirms that they are duly authorized to execute this contract, that this company, corporation, firm,
partnership or
individual has not prepared this proposal in collusion with any other vendor, and that the contents of this proposal as
to prices, terms
or conditions of said proposal have not been communicated by the undersigned or by any employee or agent to any
other person engaged
in this type of business prior to the official acceptance of this proposal.

1. In the event the undersigned Bidder intends to deviate from the bid, condition, or specifications
contrary to those listed in the “Specification”, “Standard Terms and Conditions”, “Instructions” and
other information attached hereto, all such deviations must be attached along with complete and
detailed conditions and information.

2. All bidders must complete this page, sign, and return the sealed bid. If the page is not signed, the bid
may be considered Non-Responsive.

3. Our proposal is submitted with (check appropriately): _____ No Deviations _____ Yes Deviations

_________________________________________________  __________________________________________
Name of Firm:  
_________________________________________________  __________________________________________
Mailing Address:  
City  ST  Zip
_________________________________________________
Phone Number:  
_________________________________________________
Fax Number:  
_________________________________________________
Signature of Company Official Authorizing the Bid  
Company Official Printed Name
SECTION – 6

INSURANCE AGENT’S ERRORS & OMISSIONS

INSURANCE INFORMATION

Insurance Company: _________________________________________________________

Dates: ___________________________   Deductible: ___________________________

Are Limits at least $1,000,000 per occurrence? _____ Yes _____ No

What are the limits of your coverage? _______________________________________

COMPANY NAME: _______________________________________________________

AUTHORIZED PRINTED NAME: ___________________________________________

TITLE: _________________________________________________________________

AUTHORIZED SIGNATURE: _______________________________________________
## SECTION - 7

### REFERENCE SHEET

**PLEASE TYPE OR ATTACH YOUR REFERENCE LIST HERE:** (Remember to include any educational entities you have done business with. Please include the contact person, address, phone #, and e-mail address if applicable.)

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<tr>
<th>Company Name</th>
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SECTION - 8

WHERE TO ADDRESS QUESTIONS

Technical questions should be referred to:

Mary Lou Blakeney, Executive Director of Human Resources/Payroll
Midland College
3600 N. Garfield
Midland, Texas 79705
(432) 685-4532
e-mail: mblakeney@midland.edu

Bidding questions should be referred to:

Cindy Curnutt, Purchasing Agent
Midland College
3600 N. Garfield
Midland, Texas 79705
(432) 685-4250
e-mail: ccurnutt@midland.edu