



STATE OF ARKANSAS

OFFICE OF STATE PROCUREMENT

1509 West 7th Street, Room 300
Little Rock, Arkansas 72201-4222

RESPONSE PACKET

SP-16-0223

CAUTION TO VENDOR

Vendor's failure to submit required items and/or information as specified in the *Bid Solicitation Document* **shall** result in disqualification.



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RESPONSE SIGNATURE PAGE

Type or Print the following information.

RESPONDENT'S INFORMATION					
Company:					
Address:					
City:		State:		Zip Code:	
Business Designation:	<input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Public Service Corp <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit				
Minority Designation: <i>See Minority Business Policy</i>	<input type="checkbox"/> Not Applicable <input type="checkbox"/> African American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Pacific Islander American <input type="checkbox"/> American Indian <input type="checkbox"/> Asian American <input type="checkbox"/> Service Disabled Veteran				
AR Minority Certification #: _____			Service Disabled Veteran Certification #: _____		

VENDOR CONTACT INFORMATION			
<i>Provide contact information to be used for bid solicitation related matters.</i>			
Contact Person:		Title:	
Phone:		Alternate Phone:	
Email:			

CONFIRMATION OF REDACTED COPY
<input type="checkbox"/> YES, a redacted copy of submission documents is enclosed. <input type="checkbox"/> NO, a redacted copy of submission documents is <u>not</u> enclosed. I understand a full copy of non-redacted submission documents will be released if requested. <i>Note: If a redacted copy of the submission documents is not provided with vendor's response packet, and neither box is checked, a copy of the non-redacted documents, with the exception of financial data (other than pricing), shall be released in response to any request made under the Arkansas Freedom of Information Act (FOIA). See Bid Solicitation for additional information.</i>

An official authorized to bind the vendor to a resultant contract must sign below.

The signature below signifies agreement that either of the following **shall** cause the vendor's response to be disqualified:

- Additional terms or conditions submitted in their response, whether submitted intentionally or inadvertently.
- Any exception that conflicts with a Requirement of this *Bid Solicitation*.

Authorized Signature: _____ Title: _____
Use Ink Only.

Printed/Typed Name: _____ Date: _____

SECTION 1 - VENDOR AGREEMENT AND COMPLIANCE

- Any requested exceptions to items in this section which are NON-mandatory **must** be declared below or as an attachment to this page. Vendor **must** clearly explain the requested exception, and should label the request to reference the specific solicitation item number to which the exception applies.
- Exceptions to Requirements **shall** cause the vendor's response to be disqualified.

By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation.

Authorized Signature: _____
Use Ink Only.

Printed/Typed Name: _____ **Date:** _____

SECTION 2 - VENDOR AGREEMENT AND COMPLIANCE

- Any requested exceptions to items in this section which are NON-mandatory **must** be declared below or as an attachment to this page. Vendor **must** clearly explain the requested exception, and should label the request to reference the specific solicitation item number to which the exception applies.
- Exceptions to Requirements **shall** cause the vendor's response to be disqualified.

By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation.

Authorized Signature: _____
Use Ink Only.

Printed/Typed Name: _____ **Date:** _____

SECTIONS 3, 4, 5 - VENDOR AGREEMENT AND COMPLIANCE

- *Exceptions to Requirements **shall** cause the vendor's response to be disqualified.*

By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation.

Authorized Signature: _____

Use Ink Only.

Printed/Typed Name: _____ **Date:** _____

PROPOSED SUBCONTRACTORS FORM

- **Do not** include additional information relating to subcontractors on this form or as an attachment to this form.

VENDOR PROPOSES TO USE THE FOLLOWING SUBCONTRACTOR(S) TO PROVIDE SERVICES.*Type or Print the following information*

Subcontractor's Company Name	Street Address	City, State, ZIP

☐ **VENDOR DOES NOT PROPOSE TO USE SUBCONTRACTORS TO PERFORM SERVICES.**

By signature below, vendor agrees to and **shall** fully comply with all Requirements related to subcontractors as shown in the bid solicitation.

Authorized Signature: _____
Use Ink Only.

Printed/Typed Name: _____ Date: _____

SPECIALITY LISTING

The Specialty Listing is to be used by the Agency for engagement selection only and is not to be used for evaluation or scoring purposes.

- *Provide the information as specified below.*

[illegible]

INFORMATION FOR EVALUATION

- Provide a response to each item/question in this section. Vendor may expand the space under each item/question to provide a complete response.
- **Do not** include additional information if not pertinent to the itemized request.

	Maximum RAW Score Available
E.1 CORPORATE PROFILE, CAPABILITY & ADMINISTRATIVE EXPERIENCE	
1. Provide your firm's organizational chart. You may insert here, or provide as an attachment.	10 points
2. Provide the resume for each professional staff member who shall provide services under this contract. Please provide resumes as an attachment.	10 points
3. Detail how many years your firm has been providing the types of services outlined in this RFQ.	10 points
4. Describe your firm's ownership structure including the following:	
a) Provide the address of your firm's Home Office.	10 points
b) The relationship of each branch office to other branch offices	10 points
c) Provide the nearest support branch office.	10 points
d) The relationship of branch offices to the headquarters office	10 points
e) Provide the name, title, telephone, fax, and email address of the primary contact person.	10 points
f) Identify the individual who has overall responsibility for the firm's operations.	10 points
5. Describe your firm's usual process for interface with the client, including the following:	
a) The role of the firm's consultants	10 points
b) The chain of command within the organization	10 points
c) Whether the consultant and the actuary are the same individual	10 points
6. Provide information regarding any training provided to the firm's staff that pertains to the following:	
a) NAIC Financial Condition Examiners Handbook	10 points
b) NAIC Accounting Practices and Procedures Manual	10 points
c) NAIC Annual Statement Instructions	10 points
d) NAIC Accreditation Standards	10 points
e) Other regulatory issues or laws	10 points
7. Describe the firm's quality control policies and procedures.	10 points

8. Describe the firm's business continuity plan that provides for the recovery of the firm's electronic data and data processing equipment and which also assures the data processing system will be operational within ten (10) days of a natural disaster, or any other business interruption whether natural, or otherwise.	10 points
9. Describe the insurance your firm carries and include the following information:	
a) The type of insurance	10 points
b) The amount of coverage	10 points
c) The deductible and coinsurance, if applicable	10 points
d) The name of the insurance provider	10 points
10. Identify the areas where your firm intends to subcontract services. For any areas to be subcontracted, identify the firm and/or personnel who will perform these services. Clearly state the qualifications of the firm and/or personnel to provide these services. At a minimum, this should include certifications, years of experience, and the performance on similar engagements.	10 points
11. Provide an executive summary explaining in detail your firm's understanding of the services to be rendered, the responsibilities of the firm, and all other relevant information dealing with the requirements and services required in this RFQ.	10 points
12. Provide a list of all Arkansas insurance clients for the purposes of determining any potential conflicts of interest.	10 points
13. Provide a statement of market differentiation as to why you feel your firm is best suited to serve our needs.	10 points
E.2 EXPERTISE, STAFFING, AND EXPERIENCE	
1. Provide examples of any newsletters, reviews, or other informative publications that your firm publishes for routine distribution to clients. Provide this in electronic format only.	10 points
2. Provide any supplemental information deemed appropriate to meet the needs of AID as defined in this RFQ. Provide this in electronic format only.	10 points
3. Provide examples of all available actuarial, examination, analysis, and any other appropriate reports.	10 points
4. Provide the number of qualified people your firm can dedicate to the accomplishment of the required services.	10 points
5. Provide the number of credentialed Life, Health, and P&C actuaries on staff with your firm.	10 points
6. Provide the number of credentialed Information Technology examiners/professionals on staff with your firm.	10 points
7. Provide your firm's staff turnover rate for the last year.	10 points
8. Provide the average length of employment of your staff.	10 points
9. Provide two references from State Insurance Departments for which your firm has provided services.	10 points

10. Provide information as to how often your firm's engagements are completed on time.	10 points
11. Provide information as to how often projects are completed within budget.	10 points
12. Detail your firm's process when a budget is exceeded.	10 points
13. Provide a brief description of the firm's experience with other State Insurance Departments.	10 points
14. Detail the process regarding how your firm will determine the staffing requirements of a project or engagement.	10 points
15. Provide a brief description on your firm's experience with the NAIC Risk Focused Surveillance Examination Approach.	10 points
16. Provide a brief description of your firm's experience with TeamMate Software System.	10 points
17. Detail how your firm will ensure accuracy on all work performed for AID.	10 points
18. Is your firm's staff allowed to travel on behalf of AID's work when necessary?	10 points
19. Detail the experience of the firm's staff in completing certain areas of risk matrices.	10 points
20. Detail your firm's experience in leveraging other work products to reduce redundancy.	10 points
21. Describe your firm's expertise in all lines of insurance and reinsurance.	10 points
E.3 METHOD & APPROACH	
1. Describe your firm's approach and methodology for analyzing claims experience as it relates to financial examination and analysis functions.	10 points
2. Describe your firm's approach and methodology for producing appropriate reports.	10 points
3. Describe your firm's approach and methodology for monitoring examination and analysis performance.	10 points
4. Describe your firm's approach and methodology for calculating IBNR.	10 points
5. Describe your firm's data analysis capabilities.	10 points
6. Describe your firm's approach and methodology for calculating reserve liabilities.	10 points
7. Describe any other services your firm may provide that would be beneficial to the Arkansas Insurance Department.	10 points
E.4 COMPUTER FACILITIES AND CAPABILITIES	
1. Describe your firm's computer facilities and capabilities including the following:	

a) The location of your firm's computer facilities.	10 points
b) Describe whether the computer facilities are part of your firm, or if your firm contracts with a separate entity for computer services.	10 points
c) Describe the acceptable media for data submission/collection.	10 points

E.5 PRIVACY & SECURITY	
1. Provide a detailed description of any breaches, complaints, or grievances with regards to protected Financial Examination or Analysis information (privacy or security) within the last year. Detail the event and the resolution.	10 points
2. Provide a detailed description of any event where your employees have willfully committed acts that compromised examination or analysis information.	10 points
3. Provide a detailed description of your firm's privacy and confidentiality policies, procedures, and training.	10 points
4. Provide a detailed description of internal security policies, procedures, practices, and system utilities that protect the selected confidential information and personal information from your firm's employees who do not have a valid "need to know".	10 points