

**INSURANCE SPECIFICATIONS**

**FOR**

**THE TOWN OF NORTH PROVIDENCE**

**Insurance Specifications 2025**

## INSTRUCTION TO BIDDERS

The Town of North Providence is requesting for Insurance. The Insurance shall take effect July 1, 2025. The Town may elect to renew the policy for a second, third, fourth and fifth year with Insurer.

Attention is directed to the attached instructions, specifications and proposals that are made a part of this invitation.

All bids or proposals must be submitted on accompanying proposal sheets in duplicate, and shall be based upon and in conformity with the specifications attached.

Bids shall be received until 10:45am May 1, 2025. This bid proposal document shall be enclosed in an envelope which shall be sealed and clearly labeled "Bid for Insurance – not to be opened until 11:00 a.m. May 1, 2025." The bidder shall be responsible for the placement of his firm's name on the outside of bid envelopes.

Additional information needed should be directed to the Town of North Providence Purchasing Department, 2000 Smith Street, North Providence, Rhode Island 02911, (401) 232-0900 ext. 1236, Albert Costa, Purchasing Agent.

- 1) Each request for interpretation as to the meaning of specifications shall be directed to the Purchasing Agent
- 2) ATTENDANCE AT BID OPENING: As dated herein for the opening bids. Their contents will be made public for the information of bidders and other interested parties may be present in person or their representatives. All interested parties may view said bid documents at the conclusion of the public bid opening.
- 3) SIGNATURE BID: Bids shall be stated on the bid documents enclosed and signed by the owner or an Executive Officer of the firm.
- 4) CLAIM REPORTS: The Agency or Company receiving the award shall provide, every three (3) months and sixty (60) days prior to expiration, a report of all claims including date of loss, amount paid or reserved and a description of type and nature of claim.
- 5) ENGINEERING SERVICES: The bid should describe the loss prevention and engineering services, to be provided by the insurance company, including frequency and extent of inspections during the policy period.
- 6) The Purchasing Board reserves the right to waive any informalities and to reject any and all bids. No proposal shall be withdrawn for thirty (30) days from the date opened.
- 7) The bidder is required to examine the specifications and risks to be covered. Failure to do so will be at the bidders own risk. It is assumed that the bidder has made such investigation as to be fully informed as to the extent and character of the hazards and of the requirement of the specifications.

No warranty is made or implied as to the information contained in the specifications. The bidding Agent must be an appointed Agent for the Company presenting the bid.

- 8) All specifications coverage shall be written by a Company rated A or better by AM Best and must come under the Rhode Island Insolvency Fund.
- 9) This is an evaluated bid. Bids will be evaluated on the following criteria using a weighted scale, value's stated below:

BID EVALUATION

Experience in Municipal Insurance	10%
Past Performance as Insurer	10%
Bid Amount	50%
Credentials/Qualifications	10%
Ability to perform, described services	20%

- 10) The Town may make such investigations as it deems necessary to determine the ability of the bidder to perform the work, and the bidder shall furnish to the Town all such information and data for this purpose as the Town may request. The Town reserves the right to reject any bid if the evidence submitted by, or investigation of such bidder fails to satisfy the Town that such bidder is properly qualified to carry out the obligations of the contract and to complete the work contemplated therein.
- 11) The Town of North Providence invites competitive insurance proposals for the renewal period stated herein. It is the Town's intention to award the coverage to one agent or broker but reserves the right to sever coverage to two or more agents if it is determined to be in the Towns' best interest. It is also preferred that coverage be placed with one carrier.
- 12) The bids will be accepted no later than the date stated herein at 10:45 a.m. All proposals must be submitted with (4) hard copies and (1) USB Flash drive. The bidders must clearly indicate on the lower left hand side of the envelope "Insurance Bid Proposal, not to Be Opened Until 11:00 a.m." on date stated herein. All bids will be opened and read aloud at that time. Bids should be addressed to:

Town of North Providence  
ATTN: Albert Costa Jr  
Purchasing Director  
2000 Smith Street  
North Providence, RI 02911

- 13) The Town of North Providence reserves the right to accept or reject any and all bids, award coverage by item or whole, or to take action in any manner deemed to be in it's best interest.
- 14) The Town will not be held responsible for the premature opening of any bid.
- 15) Bidders must submit a bidder information form to the North Providence Office of the Purchasing Agent upon receipt of specifications. Form is available at Town Purchasing web site and the Purchasing Office.

## GENERAL REQUIREMENTS

- 1.) A copy of the quoting carrier's forms and endorsements must be included for all coverage.
- 2.) If the proposed policy can be written for greater than one (1) year or a guarantee of a fixed rate for two (2) or more years, please state so in your cover letter.
  - (A) The successful bidder shall commence the work upon Bid award and shall be appointed for a One-year term and the town reserves the right to renew for years two, three, four and five.
- 3.) Coverage is to include all locations and operations of the Town of North Providence.
- 4.) Any deviations from the bid specifications must be clearly indicated and discussed in an attached page labeled "DEVIATIONS FROM BID SPECIFICATIONS".
- 5.) All proposed insurance carriers must retain no less than an A.M. Best's "A+" rating and a financial size XII or larger to be considered for coverage. Must be an admitted carrier in the State of Rhode Island.
- 6.) All submitting agents must include a statement of qualifications and include experience in the Municipal Insurance Area.
- 7.) All policies should include a sixty (60) day notice of cancellation or non-renewal clause.
- 8.) The quoting carriers must include a "Knowledge of Occurrence" clause such as follows:  
"Knowledge of an occurrence, claim or suit by an employee, agent or servant will not constitute knowledge of an occurrence by the Insured unless either the Town's Purchasing Agent or Finance Director have received such information from the employee"
- 9.) Bids must be submitted with (4) hard copies and (1) USB Flash drive. All duplicates must be labeled "COPY".
- 10.) Bidders must be duly authorized to bind coverage with insurance provider.

## GENERAL INSTRUCTIONS

1. Attached are specifications and underwriting information for the following coverage's:
  - 1) The policy terms should be one year. This policy may be renewed for an additional year up to a total of
  - 2) Proposals are to be submitted no later than May 1, 2025 at 10:45am and must remain valid through the intended inception date. Proposals should be submitted to: Purchasing Department, 2000 Smith Street, North Providence, R.I. 02911. Proposals received after this time will not be considered.
  - 3) The specifications indicate certain minimum requirements. Broader coverage is desirable and may be quoted; however, all deviations from the specifications must be specifically noted in your proposal. It will be presumed that coverage complies with the specifications unless the deviation is specifically noted in your proposal.
  - 4) Proposes' insurance carriers should have an A.M. Best's policyholder's rating of A+ or better and a financial size of XII or larger, or its equivalent. If coverage is proposed by a municipal pool subject to reinsurance, the reinsurer must meet the above rating requirement.
  - 5) A copy of the policies exactly as to be written, including all endorsements and rates, must be submitted with each proposal.
  - 6) The underwriting information contained herein is believed to be accurate, but cannot be warranted as such. It is incumbent upon each proposer to make such inquiries relative to exposures as necessary to present a firm quotation.
  - 7) All proposals must indicate any and all charges to the Town including but not limited to proposed premiums, including any and all fees, taxes, interest charges, etc. Premium payment terms should be explicitly detailed.
  - 8) All proposers are required to include a section in their proposal, which will outline the detail and extent of services offered by the proposers to supplement the insurance program. This should include such service supplements as loss control, engineering, claims, registrations, certificates of insurance, certificate review, and contract review.
  - 9) Choice of the successful respondent will be based upon consideration of the breadth of coverage provided, the services to be rendered, the ability of the proposer to satisfy the Town's needs, and the cost of coverage.
  - 10) The Town reserves the right to reject any or all proposals and/or to waive any informalities or any portion of the requirements contained herein.
  - 11) The Town also reserves the right, in its sole discretion, to (i) negotiate changes in any proposal, (ii) accept any part of any proposal, (iii) make the award based on the initial response and/or (iv) combine any part of the proposals.

## INSURANCE COMPANY SERVICES REQUESTED

The following minimum services are requested:

### I. INSURER ADMINISTRATIVE:

1) Policy Correspondence

Provide original policy documents to *Town*, maintain copies of all completed applications (including any used for proposals), and forward the *Town* copies of value/exposure/loss control reports, filings, audits, auditor's worksheets and related documents and correspondence.

2) Exposure / Coverage Analysis

Perform an annual property appraisal. Assist in the identification and evaluation of exposures and expand insurance protection where necessary or otherwise develop appropriate risk treatment strategies.

3) Renewals:

*Town* should be provided past ratable exposure data and requested to update such information at least 90 days prior to expiration. Updated exposure data should be secured and renewal goals and objectives should be established 60 days prior to the renewal date. Renewal proposals should be submitted 30 days prior to expiration.

4) Program Structure

Know and understand *Town's* attitude towards risk and risk financing and recommend financial and program structures which provide *Town* a cost-effective program.

5) Insurance Schedules

Annually, not later than 3 months after policy inception, issue a schedule of insurance showing:

- a. · Insurer name
- b. · Policy term and policy number
- c. · Coverage's afforded
- d. · Limits/amounts of insurance applicable
- e. · Deductibles/loss limits/retentions
- f. · Major coverage's or exposures excluded
- g. · Rates and premiums

6) Stewardship Report

Annually issue a stewardship report to *Town* outlining:

- a. · Services rendered
- b. · Concerns, changes, continuing objectives
- c. · Open issue status
- d. · Marketing report

- e. · Suggested insurance budget by line for the next fiscal year
- f. · New coverage's to consider

7) Ancillary Documents:

Provide *Town*, on a timely basis, the following documents as required:

- a) Certificates of insurance for property or equipment lessors, etc.
- b) Vehicle identification cards.
- c) Claim reporting forms and guidelines.

8) Meetings:

The *Town* wishes to have scheduled meetings with its insurance representatives as needed.

9) Insurer Solvency Monitoring

Monitor the financial health of *Town's* insurers, and advise *Town* of adverse changes in their financials.

10) Loss Information

Forward to the *Town* insurer loss runs monthly for all lines of insurance and maintain data on historical losses.

## II. Claims Administration Service Guidelines

### 1) Service Coordinator

A Claims Service Coordinator should be assigned to have overall responsibility for claim administration services to *Town*.

### 2) Claim Reviews

The Claims Service Coordinator should forward monthly status reports on significant claim activity and quarterly should provide a synopsis of open and closed claims and claim expenditures.

### 3) Emergency Service

*Town* should be provided with the ability to contact all carriers on an emergency basis, twenty-four hours a day, seven days a week.

### 4) Claim Acknowledgments

*Town's* Chief Legal Counsel should receive an acknowledgment upon the carrier's receipt of summons and complaints. An acknowledgment should be sent indicating the date the report was received, the date of injury, the claim number, the case handler and how to contact the case handler.

### 5) Claim Investigation

Upon receipt of a claim assignment, the Claims Administrator should contact *Town's* Chief Legal Counsel or designee to coordinate the initial investigation. If statements or documents are needed, *Town's* Chief Legal Counsel will coordinate with the relevant department to assist in obtaining the necessary items of investigation.

### 6) Summons and Complaints

*Town's* Chief Legal Counsel should receive copies of all summons and complaints upon receipt by the carrier.

### 7) Defense Counsel

*Town's* Chief Legal Counsel should be given the opportunity to object to the selection and assignment of defense counsel.

### 8) Litigation Notification and Defense Counsel Documents

*Town's* Chief Legal Counsel should be notified of all dates for mediation, arbitration, pre-trial and trial dates immediately upon the Claims Administrator receiving notice of such dates. *Town's* Chief Legal Counsel should be copied on pre-mediation/ arbitration/trial memoranda and case evaluations by defense counsel.



9) Claim Settlement

*Town's* Chief Legal Counsel should be given the opportunity to object to proposed settlements.

10) File Audit

The Claims administrator should make all paper and computer files available for periodic audit by a party of *Town's* choosing.

### III. Loss Prevention Service Guidelines

#### 1) Service Coordinator

A Loss Control Coordinator should be assigned to have overall responsibility for loss control services to the *Town*.

#### 2) Accident Analysis / Goals and Objectives

An exposure/accident analysis should be performed. The analysis should contemplate specific occurrences at the *Town* coupled with additional data from other cities with similar exposures, which are serviced by the same carrier. A report outlining trends, exposure sources requiring priority treatment and suggestions for corrective action should be delivered to the Office of the Mayor. The report should outline goals, objectives and benchmarks for comparison and monitoring. Subsequently, the Loss Control Coordinator should meet with representatives of the *Town* to review the findings, establish goals for coming years, objectives and develop an action plan.

#### 3) Facility Surveys

Major operational facilities, to be defined by the *Town*, should be inspected at least annually. Property and casualty exposures are to be contemplated. Findings and recommendations should be outlined separately for the property and casualty exposure areas. A confirming letter or report outlining such findings should be delivered to the Office of the Mayor within 30 days of the date of survey.

#### 4) Safety and Health Manual

The loss control service provider should assist in the design and implementation of a safety and health manual to include a *Town* policy statement, basic safety policies and procedures and safety committee guidelines.

#### 5) Safety Committees

The loss control service provider should provide general direction and topics for the *Town* safety committees and attend quarterly *Town* safety committee meetings.

#### 6) Resources

All available services, resources, training materials, on-site training and miscellaneous programs associated with loss prevention and risk avoidance should be identified along with the associated costs.

## **GENERAL CONDITIONS APPLICABLE TO ALL POLICIES**

### 1) **Named Insured**

- 2) All policies should include the following as the Named Insured, unless specifically mentioned otherwise.
- i. The *Town*, the Town Council and all commissions, committees, departments and advisory boards as may now or hereafter be constituted.

### 3) **Notice of Cancellation or Non-Renewal**

All policies should include a cancellation clause, which provides that the insurer must give the Named Insured at least 60 days' advance written notice of cancellation or non-renewal except for non-payment of premium.

### 4) **Notice of Occurrence**

The following provision should be included in all liability policies:

It is agreed when an occurrence takes place which is likely to be a claim under this policy, written notice shall be given by or on behalf of the insured, to the company or any of its authorized agents as soon as practicable after the accident or occurrence becomes known to the Office of the Mayor. Such notice shall contain particulars sufficient to identify the insured and also reasonably obtainable information respecting the time, place and circumstances of the accident, the names and addresses of the injured and of available witnesses.

It is also agreed that knowledge of an occurrence by an agent, servant or employee of the insured shall not in itself constitute knowledge to the insured unless Office of the Mayor shall have received actual notice from its agent, servant or employee.

### 5) **Errors and Omissions**

The following provision should be included in all liability policies:

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

## Specifications:

### Commercial Property:

Blanket coverage for all locations with Agreed Value  
Including but not limited to Building, Business Personal Property,  
Equipment Breakdown, Business Income, Flood, Earthquake, Computer...

### Inland Marine:

Miscellaneous Equipment – Scheduled & Unscheduled

### Business Auto:

“Any Auto” Combined Single Limit \$1,000,000  
Comprehensive & Collision for All

### General Liability:

\$1,000,000 each Occurrence  
\$2,000,000 Aggregate

### Sexual Abuse:

\$1,000,000 Total Limit  
\$1,000,000 Each Person

### Public Entity Management Liability:

\$1,000,000 each Occurrence  
\$2,000,000 Aggregate

### Employment Practices Liability:

\$1,000,000 Total Limit

### Employee Benefit Plans Admin Liability:

\$1,000,000 each wrongful act  
\$3,000,000 Total Limit

### Law Enforcement Liability:

\$1,000,000 Each Occurrence  
\$2,000,000 Aggregate

### Garage Keepers:

\$300,000 Limit

### Umbrella:

\$4,000,000 Limit

Copy of current policy available upon request.

**INSURANCE**

**Bidder Responses  
Town of North Providence  
Insurance Bid**

**Premium Summary**

Coverage Line	Insurance Carrier & A.M. bests Rating	Premium (yearly)
Commercial Property:	_____	\$ _____
Inland Marine:	_____	\$ _____
Business Auto:	_____	\$ _____
General Liability:	_____	\$ _____
Sexual Abuse:	_____	\$ _____
Public Entity Management Liability:	_____	\$ _____
Employment Practices Liability:	_____	\$ _____
Employee Benefit Plans Admin Liability:	_____	\$ _____
Law Enforcement Liability:	_____	\$ _____
Garage Keepers:	_____	\$ _____
Umbrella:	_____	\$ _____
	<b>TOTAL YEARLY</b>	<b>\$ _____</b>

Bidders must provide Premium for all coverage line

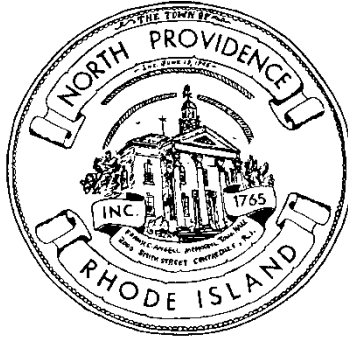
Name of Insurance Agency: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contract and Telephone Number: \_\_\_\_\_

Title & Name of Official: \_\_\_\_\_

Signature and Date: \_\_\_\_\_



# General Liability Insurance Experience Report Request

To: Town of North Providence, Division of Purchasing  
Reference General Liability Insurance Experience Report Request

From:

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

General Liability Insurance Specifications received: \_\_\_\_\_

Date: \_\_\_\_\_

Email to [acosta@northprovidenceri.gov](mailto:acosta@northprovidenceri.gov) and [ga@capcity-ins.com](mailto:ga@capcity-ins.com)