



TOWN OF NORTH PROVIDENCE

BID PROPOSAL FOR INSURANCE COMPANIES ONLY

WORKERS COMPENSATION & EMPLOYERS LIABILITY INSURANCE

Bids will be received at the Office of the Purchasing Agent, 2000 Smith Street, North Providence, Rhode Island until 10:45 am. on May 1, 2025.

Bids will be opened at 11:00 am in the Town of North Providence Assembly Room (Ground Floor).

Bids shall be prepared in triplicate, sealed and plainly marked on the outside of the envelope "Workers' Compensation and Employers Liability Bid".

The Purchasing Board reserves the right to reject any and all bids, to waive any informalities in the bids received and to accept the bid deemed most favorable to the interest of the Town.

The Town of North Providence, Rhode Island is seeking bids for its Workers' Compensation and Employers Liability coverage to be effective July 1, 2025.

At a minimum, your proposal shall include:

1. Transmittal letter on letterhead.
2. Actual copies of policies to be used (other than NCCI standard wording) and all endorsements proposed.
3. Premiums shall be broken down between the Town of North Providence and the North Providence School Department.
4. Written explanation of any changes or deviations proposed by the broker or agent.
5. Certificate of Agency Errors & Omissions Insurance at a minimum of \$1,000,000.
6. Insurance profile of the agent who will actually service the Town and the number and general experience of any support staff who will assist with the account service.

All bidders are encouraged to offer alternatives to the options requested which may be in the best interest of the Town. Any such alternative must be fully explained.

The information provided herein is accurate to the knowledge of the Town.
Requests for additional information may be made in writing and directed to:

Town of North Providence
Albert Costa, Purchasing Agent
2000 Smith Street
North Providence, RI 02911-1740

The successful bidder shall be notified in writing of the award and shall deliver signed binders to the Town prior to the effective date of coverage.

1. **Commencement and Term of Contract:**

- (A) The successful bidder shall commence the work upon Bid award. He/she shall be appointed for a one-year term and the town reserves the right to renew for years two, three, four and five.

COVERAGE REQUESTED

Workers' Compensation and Employers Liability coverage shall be provided for:

Bid Item I

I. The North Providence School Department, all employees to include:

- A. All employees of the Town, full time, part time and seasonal
- B. All compensated School Department elected and appointed officials.

All professional staff

All administrative/clerical staff

All maintenance staff

All drivers and garage staff

School lunch program employees

II. All other employees which the Town of North Providence or the North Providence School Department shall be required to insure by ordinance or statute.

Bid Item II

I. The Town of North Providence

- A. All employees of the Town, full time, part time and seasonal
- B. All compensated Municipal elected and appointed officials.

All professional staff

All administrative/clerical staff

All maintenance staff

All drivers and garage staff

II. All other employees which the Town of North Providence or the North Providence School Department shall be required to insure by ordinance or statute.

Coverage shall include:

1. Voluntary Compensation Endorsement
2. Forty-five (45) day notice of cancellation or non-renewal.

All companies shall be either admitted or approved in the State of Rhode Island or shall have a policyholder surplus of \$100,000,000 or otherwise be specifically approved by the Town of North Providence.

COVERAGE OPTIONS REQUESTED

Coverage A:

Applies to the Worker's Compensation law of Rhode Island.

Bodily Injury by Accident \$500,000.00 Each Accident

Bodily Injury by Disease \$500,000.00 Policy Limit

Bodily Injury by Disease \$500,000.00 Each Employee

BID EVALUATION

This is an evaluated bid. Bids will be evaluated on the following criteria.

Bids shall be evaluated on the following criteria using a weighted scale, value's stated below:

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

Experience Modification Factor
Experience Modification Factor 1.06

Payroll information:

Code 8868 College-professional and Code 9101 College- all employees are school department payroll.

To request a Workers Compensation Experience Report please complete the form below and email to ga@capcity-ins.com and acosta@northprovidenceri.gov . The Report will be emailed within a reasonable time. Only Qualified bidders will be allowed to obtain the experience report.

Workers Compensation

Experience Report Request

To: Town of North Providence, Division of Purchasing
Reference Workers Compensation Experience Report Request

From:

Company Name: _____

Contact Name: _____

Company Address: _____

Phone Number: _____

Fax Number: _____

E-Mail Address: _____

Workers Compensation Insurance Specifications received: _____

Date: _____

E-mail this document to ga@capcity-ins.com and acosta@northprovidenceri.gov

STATEMENT NO. 1

The bidder shall state contracts performed in other cities or towns

Name of City or Town: _____

Approximate Population: _____

Length of Contract: From _____ to _____

(Month & Year) (Month & Year)

Name, position, address and telephone number of Public Official who supervised work:

Name of City or Town: _____

Approximate Population: _____

Length of Contract: From _____ to _____

(Month & Year) (Month & Year)

Name, position, address and telephone number of Public Official who supervised work:

Name of City or Town: _____

Approximate Population: _____

Length of Contract: From _____ to _____

(Month & Year) (Month & Year)

Name, position, address and telephone number of Public Official who supervised work:

BIDDER: _____

BY: _____

The undersigned having familiarized ourselves with the general layout of the Town, and the State and local conditions effecting the cost of the work, and with the documents effecting everything required to be performed, and to provide and furnish all labor, equipment, and transportation service necessary to perform and complete in a work like manner, all the work and services required to comply with the hereinbefore requirements and with the provisions of the pertinent ordinances of said Town and to the requirements of the General Laws of the State of Rhode Island and Federal Regulations, at the following bid prices:

Bidder:

Carrier of Insurance:

Coverage A:

ITEM I: Yearly Amount _____ Combined Municipal and School

Broken Down Amount School Department Employees Only: _____

Broken Down Amount Town Department Employees Only: _____

Coverage B:

ITEM I: Yearly Amount _____ Combined Municipal and School

Broken Down Amount School Department Employees Only:

Broken Down Amount Town Department Employees Only:

It is understood that the Town reserves the right to award the bid by item or alternate item, and further reserves the right to reject any and all proposals or parts thereof, to waive any informality in the proposals received and to accept the proposal or parts thereof, which it deems to be most favorable to the best interest of the Town.

Bidder further agrees that after notification that the bid has been accepted shall be organized to insure as of July 1, 2025. The Town reserves the right to renew for a second, third fourth and fifth year if the Town so chooses.

The Bidder will identify business entity as individual, or if doing business under an assumed name, indicate assumed name, partnership (naming partners) and indicate official capacity of person executing proposal and bid.

BIDDER:

NUMBER & STREET:

CITY/STATE/ZIP:

SIGNATURE:

DATE: _____ PHONE NO.:

Being a (Corporation, incorporated under)
the laws of the State of
(Partnership/Individual
Composed of officers, partners or owner as follows:
(President) (owner) (Partner/s)
Coverage shall be provided by: (Name of insurer)
NAME:

ADDRESS:

CITY/STATE/ZIP:

PHONE NO:
