

**THE SCHOOL BOARD OF  
MIAMI-DADE COUNTY,  
FLORIDA**

**REQUEST FOR INFORMATION  
FOR  
BROKER SELECTION  
FOR  
OWNER'S PROTECTIVE PROFESSIONAL INDEMNITY  
INSURANCE**

**Website: <http://procurement.dadeschools.net/bidsol.htm>**

**RESPONSE RETURN DATE: February 18, 2003**

**RFI NUMBER: 084-CC10**

**January 2003**

# **Miami-Dade County Public Schools**

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## **Superintendent of Schools**

**Mr. Merrett R. Stierheim**



**Miami-Dade County Public Schools**  
*giving our students the world*

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**SECTION I**  
**INTRODUCTION**

## **SECTION I**

### **INTRODUCTION**

#### **SCOPE OF REQUEST FOR INFORMATION**

This Request for Information (hereinafter this RFI) has been prepared to solicit information for Broker services for an Owner's Protective Professional Indemnity Insurance Program (hereinafter OPPI) for Design Professionals (including Architects and Engineers) for the School Board of Miami-Dade County, Florida (hereinafter the Board). It is the intention of the Board to select a Broker who will then provide OPPI insurance proposals to the Board. The Broker Selection responses will be used to determine the broker(s) with whom the Board will directly negotiate and contract pursuant to Department of Education Rule 6A-1.012(11).

The desired OPPI insurance program will provide coverage which protects the Board and is excess of the Design Professional's required professional liability insurance coverage.

#### **SEPARATION AND DISTRIBUTION**

This RFI has been designed for transmittal as a complete document to all interested parties. It is recommended that it not be separated, but that it be reproduced in its entirety as additional distribution might dictate.

#### **ADHERENCE TO REQUESTED SERVICES**

All timely responses meeting the minimum criteria set forth in Minimum Qualifications of Proposer in Section II of this RFI will be considered. However, brokers are cautioned to clearly indicate deviations from the requested services on the applicable Response Form. The terms and conditions contained herein are those desired by the Board, and preference will be given to those responses in full or substantially full compliance with the requested services.

#### **BACKGROUND**

The Board does not currently purchase OPPI insurance coverage.

## **DESCRIPTION OF OPERATIONS**

Miami-Dade County Public Schools is the fourth largest school system in the United States. Regular enrollment is approximately 365,000 students with 19,000 teachers using more than 350 school facilities. Total full and part time employees number approximately 48,000. Projected construction contract values for the fiscal year period of July 1, 2002 to June 30, 2003 are \$304,200,000.

## **ADDITIONAL INFORMATION**

Additional information or clarification with respect to this RFI can be requested, in writing, until 2:00 p.m. on January 27, 2003 from:

Scott B. Clark, Risk & Benefits Officer  
Office of Risk & Benefits Management  
Miami-Dade County Public Schools  
1500 Biscayne Blvd., #127  
Miami, FL 33132  
Fax: (305) 995-7170

If reasonably available and relevant, such additional information will be made available to all brokers by an addendum to the RFI.

## **ROLE OF CONSULTANT**

Siver Insurance Consultants has been retained as independent risk and insurance management consultants. Siver Insurance Consultants acts solely in its capacity as consultant. Siver Insurance Consultants does not participate in commissions from any insurance company, agent or broker, nor does it accept any income from other than its clients.

## **ANALYSIS SCHEDULE**

Responses opened at the bid opening on February 18, 2003 at 2:00 p.m. will be analyzed from a technical perspective by the Board's Office of Risk & Benefits Management and the Board's consultant, Siver Insurance Consultants. The technical analysis will be distributed to the Superintendent's Ad-Hoc Insurance Committee, pursuant to Board Rule 6Gx13 - 3F-1.022, Professional Service Contracts for Insurance or Risk Management Programs Policy, which consists of the following:

School Board Member  
Chief Financial Officer  
Chief Financial Officer Designate

Chief of Staff

Chief Business Officer

Assistant Superintendent, Procurement and Materials Management

Risk and Benefits Officer, Office of Risk & Benefits Management

Director, Business Development and Assistance

Resource Persons: Board Attorney's Office

Board's Property/Casualty Insurance Consultant

This committee will then meet to discuss their analysis and prepare a written recommendation to the Board. Committee members will be instructed to neither meet with brokers nor discuss responses received in conjunction with the RFI.



**SECTION II**

**GENERAL REQUIREMENTS**

## SECTION II

### GENERAL REQUIREMENTS

#### MINIMUM QUALIFICATIONS

In order to be considered, a Broker must, on the time and date specified in the following Response Return Date provision for receipt of responses by the Board, meet the following minimum criteria:

- A. Florida License - Each Broker firm must be represented by at least one resident Florida agent duly qualified at the time of its response under the laws of Florida to act as an agent for property and casualty insurance in Florida.
- B. Experience With OPPI Insurance Programs - The specific personnel to be assigned to the Board's account must have had first-hand experience since January 1998 in providing Broker services for one or more OPPI program(s).
- C. Minimum Insurance Coverage - Broker agrees to maintain in force at all times during which services are to be performed for the Board, Professional Liability insurance with limits of not less than \$1,000,000 and enter into an indemnification agreement with the Board. If such coverage is on a claims-made basis, Broker must agree to maintain coverage applicable to the services performed for the Board either through a claims-made contract or the use of an extended discovery provision, for three years after conclusion of all services performed under the agreement.

#### RESPONSE RETURN DATE

Sealed responses (three originals plus three copies) will be received on behalf of the School Board of Miami-Dade County, Florida, by:

Bid Clerk  
Bureau of Procurement and Materials Management, Room 352  
School Board Administration Building  
1450 NE Second Avenue  
Miami, Florida 33132

until 2:00 p.m. on February 18, 2003. Responses should be enclosed in envelopes provided by the Board plainly marked on the outside as "RESPONSES FOR BROKER SELECTION FOR OWNER'S PROTECTIVE PROFESSIONAL INDEMNITY INSURANCE" DUE: 2:00 p.m., February 18, 2003, Response Number RFI # 084-CC10." **NO RESPONSE WILL BE CONSIDERED IF**

**NOT SUBMITTED BY THE DEADLINE SPECIFIED.**

**ADDENDA TO RFI**

If any addenda are issued, a good faith attempt will be made to deliver a copy of each to all prospective broker who picked up the RFI or were mailed an RFI by the Bureau of Procurement and Materials Management. However, PRIOR TO SUBMITTING THE RESPONSE, IT SHALL BE THE RESPONSIBILITY OF EACH BROKER TO CONTACT THE BUREAU OF PROCUREMENT AND MATERIALS MANAGEMENT to determine if addenda were issued and, if so, to obtain such addenda for attachment to the Response.

Addenda will be available at the Board's website:

<http://procurement.dadeschools.net/bidsol.htm>

Brokers should either acknowledge receipt of such addenda on their response, or attach such addenda to their response. Otherwise, the response will be considered irregular.

**BROKER RESPONSIBLE FOR ADDRESSING CRITERIA**

Brokers should be aware that the responses will be evaluated in accordance with the criteria set forth in this RFI and, accordingly, should structure their response in a manner to properly address each of the evaluation criteria.

The Response Forms of this RFI are provided to solicit information that will be used in the application of the evaluation criteria to the response. However, some of the criteria may not be fully addressed or not addressed at all, in the Response Forms. In addition to completing the Response Forms, it is the sole responsibility of each proposer to address in its response each of the evaluation criteria including the minimum qualifications.

**RESPONSE EVALUATION**

Pursuant to Department of Education Rule 6A-1.012(11), the Board will negotiate and directly contract with the broker(s) whose responses(s) is (are), in the Board's judgment, in its best interest. Among the criteria that the Board will consider in its evaluation of which broker(s), if any, to enter into negotiations with are the following:

- A. Demonstration of competency and experience. For the purpose of evaluating competency and experience, the degree of relevant experience

of the Broker with OPPI insurance programs, including specifically Florida government OPPI insurance programs, will be a primary factor. Another factor considered will be the insurer markets utilized by the Broker in OPPI insurance programs. The Board is especially interested in the competency and experience of the specific personnel that would be providing the services to the Board.

- B. Fee Structure.
- C. Extent to which minority and women business enterprises or individuals will participate in the providing of services. Brokers are strongly encouraged to seek out minorities and women business enterprises, including the formation of joint ventures and subcontracting.
- D. Extent to which minorities and women are utilized in the Broker's workforce.

#### **AFFIRMATIVE ACTION REQUIREMENTS AND M/WBE PARTICIPATION**

- A. Equal Employment Opportunity:

It is the policy of the Board that no person will be denied access, employment, training, or promotion on the basis of gender, race, color, religion, ethnic, or national origin, political beliefs, marital status, age, sexual orientation, social and family background, linguistic preference, or disability, and that merit principles will be followed.

Each firm shall be required to indicate its equal employment policy and provide a detailed breakdown by ethnicity, gender and occupational categories of its workforce. See Section IV, Exhibit A – Affirmative Action Employment Breakdown.

- B. Minority/Women Business Enterprise (M/WBE) Participation:

The School Board of Miami-Dade County, Florida has an active Minority/Women Business Enterprise (M/WBE) Program, to increase contracting opportunities for M/WBEs. In keeping with this policy, if a minority firm, which is Woman or African American-owned and operated, is to perform a scope of work, provide documentation to substantiate the M/WBE's and it's staff's experience in providing this type of service, all M/WBE's must be certified by the Division of Business Development and Assistance, prior to contract award. See Section IV, Exhibit B - M/WBE Certification Application.

- C. Reports documenting efforts undertaken by the proposer to maintain the stipulated M/WBE participation will be submitted quarterly and shall include each M/WBE's name, contact person, and the payments thereto for the quarter. The reports shall be submitted to the Director, Division of Business Development and Assistance, 1450 N.E. Second Avenue, Room 456, Miami, Florida 33132.

### **OBJECTIONS TO REQUEST FOR INFORMATION**

Objections to this RFI must be filed in writing, sent by certified mail, and must be received by the Office of Risk & Benefits Management of the Board no later than 2:00 p.m. on January 27, 2003.

### **IRREVOCABILITY OF RESPONSES**

In consideration of the Board's allowing the broker to make a response (offer), each broker agrees by offering a response (offer) that such response (offer) shall remain open and not subject to revocation and shall be subject to the Board's acceptance until sixty (60) days after the date indicated in this RFI as the date the service would incept, if accepted by the Board.

### **USE OF RESPONSE FORMS**

Broker(s) should use the Response Forms. All appropriate blanks on the Response Forms should be completed. Supplemental information may be attached to the Response Forms. Failure to properly complete the Response Forms may result in disallowance of consideration of the response.

### **WAIVER AND/OR REJECTION OF RESPONSES**

The Board reserves the right to waive informalities in any responses, to reject any and all responses in whole or in part, with or without cause, and to accept that response, if any, which in its judgment will be in its best interests.

### **NON-WARRANTY OF REQUEST FOR INFORMATION**

Due care and diligence has been exercised in the preparation of this RFI, and all information contained herein is believed to be substantially correct. However, the responsibility for determining the full extent of the exposures to risk and verification of all information herein shall rest solely with those making responses. The Board and its representatives and consultants shall not be

responsible for any error or omission in this RFI, or for the failure on the part of the brokers to determine the full extent of the exposures.

### **DEVIATIONS FROM RFI**

The terms and conditions stipulated in this RFI are those desired and preference will be given to those responses in full or substantial compliance with them. However, all timely responses received will be considered. Brokers are cautioned that restrictive deviations from the RFI must be clearly stated on the Response Forms.

### **METHOD OF ACCEPTANCE**

In consideration of the Board's allowing the broker to make a response (offer), the broker agrees that a contract shall arise upon acceptance by the Board of the response (offer), and that no communication of such acceptance shall be required. Notwithstanding the above, the Board agrees to make a reasonable effort to communicate acceptance of the offer prior to either the effective date of the contract accepted or time of performance by the broker.

### **MANDATORY RECOMMENDATIONS**

Responses should not be conditioned upon compliance with mandatory recommendations. If there are any such mandatory recommendations, they must be clearly stated on the Response Form.

### **ATTACHMENT OF SPECIMEN CONTRACTS**

All Brokers should submit, as part of their response, a complete specimen copy of any contract, including copies of all forms and endorsements to which the Board will be a party, if the Board accepts the response.

### **CONFLICT WITH SPECIMEN CONTRACTS OR POLICIES**

Unless specifically noted to the contrary on the appropriate Response Form, the submission of a specimen contract or policy with a response shall not constitute notice of the broker's intent to deviate from the RFI in a restrictive manner. Unless specifically noted otherwise, the attachment of a specimen copy shall be deemed to be an offer in at least full compliance with the RFI, and the broker expressly agrees to reform said contract or policy to the extent inconsistent in a restrictive manner from the RFI. That is, submission of a specimen copy shall be

deemed solely an offer of supplemental terms and conditions not otherwise addressed in the RFI or a broadening of terms and conditions to the benefit of the Board beyond that required by the RFI.

**PUBLIC ENTITY CRIME**

Brokers are hereby notified about Section 287.133(2)(a), Florida Statutes, which requires that:

“A person or affiliate who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a bid on a contract to provide any goods or services to a public entity, may not submit a bid on a contract with a public entity for the construction or repair of a public building or public work, may not submit bids on leases of real property to a public entity, may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity, and may not transact business with any public entity in excess of the threshold amount provided in s. 287.017 for CATEGORY TWO for a period of 36 months from the date of being placed on the convicted vendor list.”

**SECTION III**

**DESCRIPTION OF SERVICES**



### SECTION III

#### DESCRIPTION OF SERVICES

##### PERFORMANCE TIME SCHEDULE

It is the present intention of the Board to engage the selected Broker in April, 2003. It is the goal of the Board to have the OPPI proposals from the selected Broker delivered to the Board no later than sixty (60) calendar days after the successful Broker is given notice to proceed with the assignment. If the Broker is unable or unwilling to perform the services within this time frame, the Broker should indicate in its response any alternate time frame for performance required.

##### SPECIFIC SERVICES TO BE PROVIDED

A. Design & Placement of Coverage

The selected Broker will be responsible for designing an OPPI insurance program which is acceptable to the Board. The selected Broker will be responsible to offer the Board proposals for OPPI insurance coverage. At the discretion and instruction of the Board, the selected Broker will be responsible for effecting such OPPI insurance coverages.

B. Review of Contracts and Services

The Broker will be responsible for reviewing all policy documents to assure that the insurance policies conform precisely to the proposals offered by the insurers and those accepted by the Board.

C. Liaison with Insurer/Service Companies

The Broker shall act as the liaison between the Board and insurers. Liaison activities will include assistance in negotiation and clarification of policy language, assistance in negotiation of claim settlements, review of loss data and loss prevention recommendations and the correction of service deficiencies.

D. Miscellaneous Activities

The previously enumerated services are not meant to be all inclusive. The Broker will be expected to provide the normal range of professional services available from Brokers providing services for accounts similar to the Board.

**SECTION IV**

**EXHIBITS**





## EXHIBIT B

For office use only:

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

Reviewer: \_\_\_\_\_

M/WBE Code: \_\_\_\_\_

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

Vendor #: \_\_\_\_\_

### M/WBE CERTIFICATION APPLICATION

(Please Print/Type)

Certification Category Requested: ☐ African American ☐ Woman  
☐ Hispanic

1. Business Name \_\_\_\_\_ President's/Owner's Name \_\_\_\_\_  
( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Telephone number Fax number E-Mail Address

Business street address \_\_\_\_\_

Business mailing address \_\_\_\_\_

2. LEGAL STRUCTURE: (Check one and indicate the date the business was established)

☐ Sole proprietor

Date \_\_\_\_\_

☐ Joint Venture

Date \_\_\_\_\_

☐ Partnership

Date \_\_\_\_\_

☐ Corporation  
Non-profit

Date \_\_\_\_\_

☐ For Profit Corporation

Date \_\_\_\_\_

3. CERTIFICATIONS: Indicate if this business shares common officers, owners, directors or management personnel with another business that has received, been denied or had its certification revoked as an MBE/DBE/WBE or SBA 8(a) Certified Contractor. Indicate the name of the certifying authority, as well as the date and type of determination (certification /denial/revocation).

<u>Agency Name</u>	<u>Determination</u>	<u>Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. OWNERSHIP:

a. Identify the proprietor, each partner, or stockholder by name, as well as his/her citizenship (c) or (r) residency status, gender, ethnic group, and percentage of ownership.

<u>Name</u>	<u>Owner/ shareholder</u>	<u>Resident or *U.S. Citizen</u>	<u>Gender</u>	<u>Ethnicity</u>	<u>% Owned</u>	<u>Years Owned</u>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

b. If the business is a corporation, please indicate the following:

- 1 The number of shares authorized: \_\_\_\_\_
2. The number shares issued: \_\_\_\_\_
3. Are there any stock option agreements? Yes \_\_\_\_ No \_\_\_\_  
If yes, please provide a copy of each agreement.

5. OPERATIONAL CONTROL: Provide the name, title, race/ethnicity, and gender of each individual (including owners and non-owners) with the primary responsibility for the following:

	<u>Name and title</u>	<u>Race/ethnicity</u>	<u>Gender</u>
a. Check signing	_____	_____	_____
	_____	_____	_____

	<u>Name and title</u>	<u>Race/ethnicity</u>	<u>Gender</u>
b. Payroll signing			
c. Signing, or guaranteeing loans			
d. Acquiring lines of credit			
e. Acquiring surety bonding and insurance			
f. Purchasing major equipment/services			
g. Signing contracts/change orders/payment requisitions			
h. Estimating			
i. Qualifying the company for professional/trade license(s)			
j. Marketing/sales			
k. Hiring and firing managerial employees			
L Hiring and firing non-management employees			
m. Supervising field/ operations			
n. Supervising office personnel			

6. PERSONNEL: Identify the number of individuals, including owners, that are currently employed by the business in the following areas:

Please use the following to classify women/minority persons: AM-African American male, AF-African American female, HM-Hispanic male, HF-Hispanic female, WM-Non Hispanic White male, WF-Non Hispanic White female.

	Total Number of Employees	AM	AF	HM	HF	WM	WF
a. Management	_____						
b. Administrative/clerical	_____						
c. Professional/technical	_____						
d. Craftsperson/laborers	_____						

e. Provide a copy of the business affirmative action statement, if one is available.

7. **BUSINESS RELATIONSHIPS:** Provide the requested information for each of the following:

a. Bonding Company: \_\_\_\_\_

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

Agent name: \_\_\_\_\_ Phone number: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Single Contract Limit: \_\_\_\_\_ Aggregate Limit: \_\_\_\_\_

b. Bank(s) Name(s): \_\_\_\_\_

Branch: \_\_\_\_\_

Contact person: \_\_\_\_\_ Phone number: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Credit limit: \_\_\_\_\_

c. Identify the company's/creditors including banks and the amount of money owed to:

<u>Creditor</u>	<u>Loan Guarantor(s)</u>	<u>Address &amp; telephone</u>	<u>Loan Amount</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

d. Insurance company: \_\_\_\_\_

Type of insurance: \_\_\_\_\_ Insurance limits: \_\_\_\_\_

e. List the business' three largest contracts or jobs.

<u>Contract/job type</u>	<u>Contact person</u>	<u>Telephone number</u>	<u>Contract amount</u>	<u>Bonded (Yes/No)</u>
		( ) -		
		( ) -		
		( ) -		

8. EQUIPMENT: List the type and value of major equipment that is owned (O) or leased (L) by the business.

<u>Equipment</u>	<u>O/L</u>	<u>Value (\$ amount)</u>

9. M/WBE JOINT VENTURE - Joint ventures must provide a copy of the joint venture agreement.



# M/WBE CERTIFICATION APPLICATION

## AFFIDAVIT

STATE OF \_\_\_\_\_:  
COUNTY OF \_\_\_\_\_:SS

I hereby declare and affirm that I am the \_\_\_\_\_ (Title)  
of: \_\_\_\_\_ (Firm)

That I am duly authorized to execute the foregoing M/WBE Certification Application, and that the contents of said documents are complete, true and correct to the best of my knowledge and belief. I hereby certify that the documents include all material information necessary to identify the true and lawful owners of the subject business enterprise. Further, the undersigned is notified of their responsibility to submit an updated Minority/Woman Business Enterprise Certification Application whenever a change occurs in ownership, management or control of the company. Any M/WBE applicant, certified M/WBE principal(s) and all related parties, who misrepresents the status of any concern as an M/WBE, or is a party to such misrepresentation to obtain business or contracts with the School Board under the Business Development and Assistance Program, will be suspended from doing business with the School Board for fourteen (14) months.

(Corporate Seal), if appropriate

\_\_\_\_\_  
Minority/Woman Owner's Signature

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared before me, the undersigned officer authorized to administer oaths: \_\_\_\_\_ known to be the person described in the foregoing affidavit, who acknowledged that he/she executed the same in the capacity stated and for the purposes therein contained.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_  
SEAL

**M/WBE**  
**Certification Check List**

Please attach copies, not originals, of all applicable items. Incomplete applications cannot be processed, and failure to submit the documents will delay or result in termination of the application process.

**Please check if documents are attached:**

1. ☐ M/WBE certifications from other public agencies.
2. ☐ M/WBE Certification Application Affidavit (Page 6 of Application).
3. ☐ Miami-Dade County Public Schools Vendor Application.
4. ☐ Lease/purchase agreement for the business' facilities.
5. ☐ Current professional/business license(s).
6. ☐ Proof of citizenship or permanent resident status.
7. ☐ Resumes for owners and key personnel.
8. ☐ Lease/purchase agreements for major business equipment.
9. ☐ Most current application for bonding, if applicable.
10. ☐ Management agreement(s).
11. ☐ Loan agreement(s) or promissory note(s).
12. ☐ Birth certificate, drivers license, passport or any other document which substantiates the ethnicity/race/gender of owners, officers and directors.

**\*If any of the aforementioned documents are not available, please provide a written notarized statement that information is not available.**

13. Sole Proprietor - Submit all of the above items, as applicable and the following:

- ☐ U.S. IRS 1040-C Schedule.
- ☐ Fictitious name affidavit, if applicable.

14. Partnerships - Submit all of the above items, and the following:

- ☐ Partnership agreement(s).
- ☐ U.S. IRS 1065, with schedules.
- ☐ Profit sharing agreements.

15. Corporations - Submit all of the above items, and the following:

- ☐ Articles of Incorporation, with amendments.
- ☐ By-Laws, with amendments.
- ☐ The most current U.S. IRS Corporate Tax Return 11 20 or 1 120s, with all schedules.
- ☐ All issued and canceled stock certificates (front & back).
- ☐ Minutes of the first shareholders' meeting.
- ☐ Minutes of the first board of directors' meeting.
- ☐ Minutes of meetings at which the current board of directors and officers were elected or appointed.
- ☐ Stock transfer ledger.
- ☐ Most current annual report filed with the Secretary of State.
- ☐ Profit sharing agreement(s).
- ☐ Agreements affecting management, control or rights of any stockholder(s).

16. ☐ Joint venture agreement(s).

17. ☐ Certificate(s) of insurance.

18. ☐ Sub-contractual agreement(s).

NOTE: If after filing this application, there is any significant change in the information submitted herein, you must inform the Division of Business Development and Assistance of the change, or the company may be denied certification.

Certified companies must inform the Division of Business Development and Assistance of any changes in the information contained herein, which formed the basis of certification. Failure to do so may result in denial, revocation or suspension of certification.

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COMPLETE APPLICATION, INCLUDING VENDOR APPLICATION AND CATEGORY OF GOODS AND SERVICES LIST, SHOULD BE RETURNED TO:

MIAMI-DADE COUNTY PUBLIC SCHOOLS  
DIVISION OF BUSINESS DEVELOPMENT AND ASSISTANCE  
1450 N.E. 2ND AVENUE, ROOM 456  
MIAMI, FL 33132

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**SECTION V**  
**RESPONSE FORMS**

**SECTION V**

**BROKER SELECTION FOR  
OWNER'S PROTECTIVE PROFESSIONAL INDEMNITY  
INSURANCE**

**RESPONSE FORMS**

**SCHOOL BOARD OF MIAMI-DADE COUNTY**

**IDENTIFICATION OF FIRM**

Name of Firm: \_\_\_\_\_

Address from which  
primary services  
will be provided: \_\_\_\_\_  
\_\_\_\_\_

Telephone No.: \_\_\_\_\_

Facsimile No.: \_\_\_\_\_

Brief description of firm (national, regional or local; size and structure):

**STAFF QUALIFICATIONS**

The following individual will be the lead Broker:

Name of Individual

Office Address/Telephone Number

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In addition to the above lead Broker, indicate in the following space the names of those associates likely to be actively involved in the providing of services to the Board:

Name of Individual

Office Address/Telephone Number

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Individual

Office Address/Telephone Number

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

As an enclosure to this response, include resumes of the lead Broker and those associates likely to be actively involved in providing services to the Board.

### **MINIMUM INSURANCE COVERAGE**

Is your firm willing to maintain a minimum of \$1,000,000 of Professional Liability insurance at all times during which your firm would be providing services to the Board and, if such coverage is on a claims-made basis, maintain coverage applicable to the services performed for the Board either through the use of a claims-made contract or discovery provision for three years after conclusion of all services for the Board?

Yes \_\_\_\_\_ No \_\_\_\_\_

### **FLORIDA LICENSE**

In order for your Response to be considered by the Board, your firm must be represented by at least one resident Florida agent duly qualified at the time of its Response under the laws of Florida to act as an agent for property and casualty insurance in Florida:

Name of Individual

License Number

\_\_\_\_\_

\_\_\_\_\_

**MANDATORY EXPERIENCE WITH OPPI INSURANCE PROGRAM**

In order for your response to be considered by the Board, the specific personnel to be assigned to the Board account must have had first-hand experience since January 1998 in providing services, for one or more clients, with respect to an OPPI insurance program (attach additional client reference sheets to your Response as needed):

1. OPPI Insurance Program

Client Name: \_\_\_\_\_

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

Client Contact: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Date Services  
Provided: \_\_\_\_\_Description of OPPI  
Program: \_\_\_\_\_

Insurer of OPPI Program: \_\_\_\_\_

The following individuals, who were actively involved in the above, will also be actively involved in providing services to the Board:

\_\_\_\_\_

\_\_\_\_\_

**ADDITIONAL CRITERIA**Florida Government Clients

As an enclosure with this Response include the following:

- A. A listing of Florida government clients for whom the firm has provided OPPI insurance program Broker services at any time on or after January 1, 1998.

- B. Identify on the listing provided for A. above, those Florida government clients who have been serviced by the same (1) service office, and (2) service personnel that will be assigned to the Board account if this response is selected.
- C. For up to five representative Florida government clients included on the list provided for A. above, provide the following client data:
  - 1. Name of client;
  - 2. Address of client;
  - 3. Client contact and telephone number;
  - 4. Period during which services were rendered;
  - 5. Office and persons with your firm who provided the services; and
  - 6. General description of the service(s) performed, including insurer providing OPPI insurance coverage.

Other Relevant Clients

As an enclosure with this Response include the following:

- A. A listing of other relevant clients for whom the firm has provided OPPI insurance program Broker services at any time on or after January 1, 1998.
- B. Identify on the listing provided for A. above, those other relevant clients who have been serviced by the same (1) service office, and (2) service personnel that will be assigned to the Board account if this Response is selected.
- C. For up to five representative other relevant clients included on the list provided for A. above, provide the following client data:
  - 1. Name of client;
  - 2. Address of client;
  - 3. Client contact and telephone number;
  - 4. Period during which services were rendered;
  - 5. Office and persons with your firm who provided the services; and
  - 6. General description of the service(s) performed, including insurer providing OPPI insurance coverage.



**FEE STRUCTURE**

Describe in the following space the proposed fee structure offered by your firm.

**WORK PLAN**

Describe your approach to this assignment, including your understanding of the work to be performed and the time frame required. Also include a detailed list of the documents or materials that will be required to perform the work.

**STATEMENT OF EQUAL EMPLOYMENT POLICY**

Each Broker shall indicate within the space following, or as a separate attachment to this Response Form, their equal employment policy:

**MINORITY/WOMEN BUSINESS ENTERPRISE (M/WBE)  
PARTICIPATION**

Describe below (attach additional pages as necessary) the extent of M/WBE participation included in this Response. Include:

- A. Documentation evidencing M/WBE certification.
- B. Scope of minority firm's work.
- C. Experience of minority firm in the type of services required in this RFI.
- D. Experience of minority firm's staff who will participate.
- E. Estimate of actual revenues which will be received by the M/WBE firm.
- F. Timing of such revenues.

**EMPLOYMENT BREAKDOWN & M/WBE CERTIFICATION  
APPLICATION**

Each Broker should complete Exhibit A, Affirmative Action Employment Breakdown, and Exhibit B, M/WBE Certification Application (if applicable).

**COMMENTS/DEVIATIONS FROM REQUEST FOR INFORMATION**

If your response does not fully comply with any provision stated in this RFI, explain fully in the space following (attach additional pages as necessary) the extent of non-compliance and the alternative provision proposed.

**CHECKLIST OF MATERIAL TO BE INCLUDED**

Each of the three originals and three copies of your response should include, but not necessarily be limited to, the following:

- A. Completed and properly signed Response Forms.
- B. If any addenda are issued, a copy of the addenda or acknowledgment of receipt of the addenda.
- C. With respect to any M/WBE participation:
  - 1. The certificate in force with the School Board of Miami-Dade County, or
  - 2. A properly completed copy of the M/WBE certification application found in Section IV of this RFI with all required documentation.
- D. Any additional materials to fully respond to the evaluation criteria set forth in the Response Evaluation provision found in Section II of this RFI.
- E. Resumes of the lead Broker and those associates likely to be involved in providing services to the Board listed in the Response Forms of this RFI.
- F. Information on experience with Florida government OPPI programs as requested in the Response Forms of this RFI.
- G. Other relevant experience as requested in the Response Forms of this RFI.
- H. Completed Employment Breakdown chart found in Section IV, Exhibit A, of this RFI.

**RESPONDENT'S WARRANTY**

The undersigned person by the undersigned's signature affixed hereon warrants that:

- A. The undersigned has carefully reviewed all the materials and data provided on the firm's response on behalf of the firm and, after specific inquiry, believes all the material and data to be true and correct;
- B. The response offered by the firm is in full compliance with the Minimum Qualifications set forth in Section II of this RFI;
- C. The firm authorizes the Board, its staff or consultants to contact any of the references provided in the response and specifically authorizes such references to release either orally or in writing, any appropriate data with respect to the firm offering this response;
- D. The undersigned has been specifically authorized to issue a contract in full compliance with all requirements and conditions, as set forth in this RFI other than those deviations noted above;
- E. If this response is accepted, the contract will be issued as proposed;
- F. The undersigned acknowledges receipt of the entire RFI and the following addenda.

\_\_\_\_\_ [indicate addenda numbers or, if applicable, none]

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Typed or Printed Name of Authorized Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

The School Board of Miami-Dade County, Florida, adheres to a policy of nondiscrimination in employment and educational programs/activities and strives affirmatively to provide equal opportunity for all as required by:

**Title VI of the Civil Rights Act of 1964** - prohibits discrimination on the basis of race, color, religion, or national origin.

**Title VII of the Civil Rights Act of 1964, as amended** - prohibits discrimination in employment on the basis of race, color, religion, gender, or national origin.

**Title IX of the Education Amendments of 1972** - prohibits discrimination on the basis of gender.

**Age Discrimination in Employment Act of 1967 (ADEA), as amended** - prohibits discrimination on the basis of age with respect to individuals who are at least 40.

**The Equal Pay Act of 1963, as amended** - prohibits sex discrimination in payment of wages to women and men performing substantially equal work in the same establishment.

**Section 504 of the Rehabilitation Act of 1973** - prohibits discrimination against the disabled.

**Americans with Disabilities Act of 1990 (ADA)** - prohibits discrimination against individuals with disabilities in employment, public service, public accommodations, and telecommunications.

**The Family and Medical Leave Act of 1993 (FMLA)** - requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to "eligible" employees for certain family and medical reasons.

**The Pregnancy Discrimination Act of 1978** - prohibits discrimination in employment on the basis of pregnancy, childbirth, or related medical conditions.

**Florida Educational Equity Act (FEEA)** - prohibits discrimination on the basis of race, gender, national origin, marital status, or handicap against a student or employee.

**Florida Civil Rights Act of 1992** - secures for all individuals within the state freedom from discrimination because of race, color, religion, sex, national origin, age, handicap, or marital status.

**School Board Rules 6Gx13- 4A-1.01, 6Gx13- 4A-1.32, and 6Gx13- 5D-1.10** - prohibit harassment and/or discrimination against a student or employee on the basis of gender, race, color, religion, ethnic or national origin, political beliefs, marital status, age, sexual orientation, social and family background, linguistic preference, pregnancy, or disability.

*Veterans are provided re-employment rights in accordance with P.L. 93-508 (Federal Law) and Section 295.07 (Florida Statutes), which stipulate categorical preferences for employment.*

REVISED 8/1/01