



311 Hickman Avenue
P.O. Box 246
Fulton, MO 65251

Callaway County Ambulance District

Request for Proposals



RFP Number – 2010-001

Closing Date – March 12, 2010

Closing Time – 0900 Hours

Workers Compensation Insurance



Purpose

The Callaway County Ambulance District will be accepting proposals from qualified insurance vendors to provide workers compensation insurance coverage, in compliance with Missouri workers compensations law, for all employees of the Callaway County Ambulance District.

Proposal Submittal

Sealed proposals will be accepted by the Callaway County Ambulance District no later than Friday, March 12, 2010 at 9:00 a.m. at the following address:

Callaway County Ambulance District
311 Hickman Avenue
P.O. Box 246
Fulton, MO 65251
Attn: Charles W. Anderson, Director

Proposals must be submitted in accordance with the conditions and instructions provided herein. All proposals must remain open for acceptance for sixty (60) days.

Conformity with RFP

All proposals must conform to the requirements presented in this RFP. Proposals not in conformity may be rejected. Exceptions to any requirement must be clearly noted in the company's response.

Contract Terms

Contract terms will be for the length of time specified in this RFP. All items included in this RFP must be included in the final contract. All contracts between the parties will be governed by and enforced in accordance with the laws of the State of Missouri.

Licenses

The company will have and maintain all required licenses necessary to conduct business in the State of Missouri.

Right to Reject Proposals

The Callaway County Ambulance District reserves the right to reject any or all proposals, to waive technicalities, and to accept any proposal deemed to be in the best interest of the Ambulance District. The Callaway County Ambulance District reserves the right to seek additional or new proposals and to waive informalities and minor inequities in proposals received.

Rights to Submitted Material

All proposals, responses, inquiries, or correspondence relating to or in reference to this RFP, and all reports, charts, displays, schedules, exhibits, and other documents provided by companies will become the property of the Callaway County Ambulance District when received.

Non-Collusion

Each proposal must contain a signed copy of the attached Signature Affidavit.

Additional Information

All inquiries or requests for additional information relative to this RFP should be directed to Charles Anderson, Director, at 573-642-7260 or email canderson@callawayambulance.org.

Liability and Insurance

The company will certify that it has appropriate insurance in force throughout the term of the contract.

Scope of Services

The Callaway County Ambulance District desires to contract with an independent insurance vendor to provide workers compensation insurance to cover all the Callaway County Ambulance District employees, in compliance with the Missouri workers compensation laws.

The following are the workers compensation coverage specifications:

Description of Operation – The Callaway County Ambulance District provides emergency and non-emergency ambulance services to the residents and visitors of Callaway County, Missouri.

Coverage Limits - \$1,000,000 each accident; \$1,000,000 disease policy limit; and \$1,000,000 disease each employee.

Territorial Limits – State of Missouri. Please address work related travel within the United States.

Required Workers Compensation Endorsements – The workers compensation policy will have the following endorsements attached or incorporated into the policy unless exempted by Callaway County Ambulance District.

1. *Mistake in Description* – It is understood and agreed that the coverage provided by this policy will not be invalidated or affected by any inadvertent errors, omissions, or improper description of premises or other items mentioned in this policy.
2. *Cancellation* – Cancellation may not be affected by the company without one hundred and twenty (120) days prior written notice to the insured.
3. *Loss Reports* – The company agrees to provide the named insured loss runs showing the status of each loss incurred during the policy term or a semiannual basis and sixty (60) days prior to expiration. The loss runs will include, as a minimum: date of loss, location, type of loss, amount paid, amount held in reserve, and if the loss has been closed without payment. The loss run will continue for a period of twelve (12) months after expiration of the policy.

4. *Injury Status Reports* – The company agrees to provide the insured with injury status reports on a monthly basis for any employee that is absent from work and receiving workers compensation payments. The injury status report must contain current status for the injured employee and the anticipated date the employee will be able to return to work.

Rating Information

<u>Categories, Duties, and Classifications</u>	<u>Number of Employees</u>	
Ambulance Services	26 FT	15 PT
Clerical	4 FT	1 PT

Annual Estimated Total Salaries

Ambulance Services	\$931,036
Clerical	\$126,068

Physical Locations for the Callaway County Ambulance District

EMS Station 1 / Administration
311 Hickman Ave
Fulton, MO 65251

EMS Station 2
249 Karen Drive
Holts Summit, MO 65043

EMS Station 3
5844 Old US Hwy 40
Kingdom City, MO 65262

Selection of Proposals

The Callaway County Ambulance Board of Directors will make all decisions regarding selection of the finalists and award of the contract. The decision of the Board of Directors will be considered final.

Proposal Format

Proposals should be written in a concise, straightforward and forthright manner. Superficial marketing statements and materials should be avoided. Proposals should be organized in the following manner, using required forms where applicable.

1. Company background information
2. Description of work to be performed
3. Proposal fees and costs
4. Representations, certifications, and other statements of bidding
5. Proof of insurance coverage

6. Statement that the proposal constitutes a firm offer which may be accepted at any time within sixty (60) days from and after the date of the proposal opening
7. Name, address, and telephone number of the people with authority to bind the company and to answer questions or provide clarification concerning the company's proposal
8. List of three (3) references

Signature Affidavit

By submitting this proposal, we certify that the following:

- We have not directly or indirectly entered into any agreement or participated in any collusion or otherwise taken any action in restraint of free competition.
- No attempt has been made to induce any other person or firm to submit or not to submit a proposal.
- This bid has been independently arrived at without collusion with any other bidder, competitor or potential competitor.
- This bid has not been knowingly disclosed prior to the opening of bids to any other bidder or competitor.
- Under the penalty of perjury, the above statements are accurate.

The undersigned, submitting this proposal, hereby agrees with all the terms, conditions and specifications required by the Callaway County Ambulance District in this RFP, and declares that the attached bid and pricing are in conformity therewith.

Name (Type or Print)

Title

Signature

Company or Firm

Address

City

State

Zip

Telephone

Fax

E-Mail