***This is being issued by the State of Maine under 5 M.R.S.A, Chapter 152 §1728-A***

**STATE OF MAINE**

**Department of Administrative and Financial Services**

***Risk Management Division***



**-**

**REQUEST FOR INSURANCE – Solicitation # 2019-1**

**AGENT/BROKER SERVICES FOR AVIATION INSURANCE**

|  |  |
| --- | --- |
| **RFI Coordinator** | *All communication regarding this RFI must be made in writing through the RFI Coordinator identified below*.  **Name:** Suzanne Murphy **Title:** Risk Assessor  **Contact Information:** [suzanne.m.murphy@maine.gov](mailto:suzanne.m.murphy@maine.gov) |
| **Phase One**  **Questions Due** | All questions **must be received** by the Coordinator identified above by:  **April 17, 2019, no later than 4:00 p.m., local time** |
| **Phase One**  **Intent to Bid Submissions Due** | **Must be received by: May 6, 2019, no later than 4:00 p.m., local time**  **Submission Address:** [suzanne.m.murphy@maine.gov](mailto:suzanne.m.murphy@maine.gov) |
| **Phase Two** | Estimated Release Date**: May 20, 2019** |
| **Phase Two**  **Questions Due** | All questions **must be received by** the Coordinator identified above by**:**  **June 7, 2019, no later than 4:00 p.m., local time** |
| **Phase Two**  **Policy Submission Due** | **Must be received by: July 8, 2019, no later than 4:00 p.m., local time**  **Submission Address**: [suzanne.m.murphy@maine.gov](mailto:suzanne.m.murphy@maine.gov) |

TABLE OF CONTENTS

[**Public Notice 3**](#_Toc398203735)

**[DEFINITIONS AND ABBREVIATIONS 4](#_Toc398203737)**

[**PART I INSURANCE SOUGHT**](#_Toc398203741)  **5**

[**PART ii SUBMISSION REQUIREMENTS**](#_Toc398203746) **… 9**

**Appendix A - General Underwriting Information…...............................................................10**

**Appendix B - Submitted Questions Form…………………………………………….…………15**

**Appendix C - Debarment, Performance and Non-Collusion Certification………...........16**

**Appendix D - Respondent Questionnaire Form……………………………………….……….17**

**Appendix E - Proposed Insurer Form…………………………………………………………...18**

**Appendix F - Respondent Affirmation………………………………………………….………21**

**Appendix G - Response Cover page………………………………………………………….…...22**

**Appendix H - Aviation Policy……………………………………………………………….……23**

**Appendix I - Premium/Loss History………………………………………………………….…24**

**Appendix J - Claim Detail…………………………………………………………………….….25**

# **PUBLIC NOTICE**

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**State of Maine**

**Department of Administrative and Financial Services**

**Request for Insurance Solicitation# 2019-1**

**AGENT/BROKER SERVICES FOR AVIATION INSURANCE**

The State of Maine, Department of **Administrative and Financial Services**/Office of the State Controller, Risk Management Division, has a requirement for agent/broker services for an aviation insurance program.

**No insurance agent or broker is authorized to approach any insurer or reinsurer in relation to this Request for Insurance solicitation until given written permission to do so by the coordinator. Failure to comply with this restriction by reserving or “tying up” a market may lead to disqualification from the bidding process, at the State’s discretion.**

A copy of the RFI, as well as the Question & Answer Summary and all other related documents to this RFI, can be obtained at the following website: <https://www.maine.gov/dafs/bbm/procurementservices/vendors/rfps>

This is a two-phase solicitation. Responses must be received via email to [suzanne.m.murphy@maine.gov](mailto:suzanne.m.murphy@maine.gov). **Phase One** responses must be received no later than 4:00 pm, local time on 05/06/2019. Submissions for assigned **Phase Two** bidders must be received no later than 4:00 pm, local time, on 07/08/2019.

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

**RFI DEFINITIONS/ACRONYMS**

The following terms and acronyms shall have the meaning indicated below as referenced in this Request for Insurance:

1. **RFI:** Request for Insurance
2. **State:** State of Maine
3. **Department:** Department of Administrative and Financial Services, Risk Management Division
4. **FOAA:** Maine Freedom of Access Act
5. **Respondent:** Any individual or organization submitting a response to this RFI.
6. **RMD:** Risk Management Division
7. **UAV:** Unmanned Aerial Vehicle
8. **FARS:** Federal Aviation Regulations

**State of Maine**

**Department of Administrative and Financial Services**

**Request for Insurance Solicitation # 2019-1**

**AGENT/BROKER SERVICES FOR AVIATION INSURANCE**

# **PART I. INSURANCE SOUGHT**

The Department of Administrative and Financial Services (“Department”) is seeking submissions from agents or brokers qualified and licensed to design, market and service an aviation insurance program as defined in this Request for Insurance (RFI). This document provides instructions for submissions, the procedure and criteria of selection, and the terms which will govern the relationship between the State of Maine (“State”) and the selected agent or broker.

**No insurance agent or broker is authorized to approach any insurer or reinsurer in relation to this Request for Insurance solicitation until given written permission to do so by the coordinator. Failure to comply with this restriction or reserving or “tying up” a market may lead to disqualification from the bidding process, at the State’s discretion.**

This solicitation will have a two-phase selection process. Only those selected in Phase One, will be able to participate in Phase Two.

**A. Objectives**

The Department’s objectives are to:

1. Partner with an agent/broker and an insurer offering aviation insurance expertise, experience and market access needed to best insure the State’s exposure for annual policies for at least 3 years and up to 5 years; and
2. Match or improve the existing insurance program’s coverage and terms; and
3. Match or improve the level and quality of services currently provided; and
4. Pay competitive premium rates.

## B. Eligibility

Insurance agents and brokers who hold active licenses issued by the State of Maine, Department of Professional and Financial Regulation, Bureau of Insurance are invited to submit proposals in response to this Request for Insurance.

**All submissions in response to this RFI will be considered public records available for public inspection** pursuant to the State of Maine Freedom of Access Act (FOAA) (1 M.R.S. §§ 401 et seq.).

<http://www.mainelegislature.org/legis/statutes/1/title1sec401.html>

**C. PHASE ONE**

A two-part RFI process will be utilized. **This RFI is Phase One.** The phase two RFI anticipated release date is May 2019. Only selected respondents in phase one may participate in phase two.

In **Phase One**, the Department will:

* Provide general exposure and underwriting information **(Appendix A)**; and
* Provide a copy of the expiring policy **(Appendix H).**
* The Department will choose at least one but no more than two, agent(s) or broker(s) to participate in Phase Two.
* Phase One will not result in the issuance of a contract.

In Phase One, the Respondent is to submit for evaluation:

* Complete and return **Appendices C, D, E, F, G** and
* Copies of applicable Maine insurance licenses
* Provide a Certificate of Insurance for professional liability (errors and omissions) insurance in an amount equal to or greater than $1,000,000 naming the State of Maine as certificate holder.
* A summary of Bidder’s Experience and Qualifications
* A list of all current litigation in which the Bidder is named and a list of all closed cases that have closed within the past five (5) years in which Bidder paid the claimant either as part of a settlement or by decree.  For each, list the entity bringing suit, the complaint, the accusation, amount, and outcome.  If no litigation will be included, write “none” on submitted attachment.

**D**. **PHASE TWO**

In **Phase Two** the Department intends to:

* Assign one or more insurance markets to the selected Phase One agent(s) or broker(s). (The Department reserves the sole right to assign markets as it deems best to serve the Department’s needs.); and
* Provide pilot and usage information and any other information requested which the

Department deems available or economically feasible to provide; and

* Select one servicing agent or broker and one insurance program.

**Phase Two** will result in the issuance of an insurance policy and may result in the issuance of a servicing contract. Ultimately, the Department seeks and expects to receive the services set forth in this section and expects the Respondent(s) to meet or exceed insurance industry standards or best practices in doing so.

**Phase Two** Respondent expectations**:**

* Using the specifications and underwriting information provided in the RFI, structure an aircraft insurance program which meets the Department's needs.
* Market the program on the Department's behalf to assigned markets in accordance with a proposed marketing plan submitted in Phase One of this RFI. The Department will not complete insurance policy applications for this purpose.
* During the marketing process, promptly inform the Department if an assigned market declines to participate using a form provided by the Department for this purpose.
* Evaluate all insurer submissions/quotations and issue a comprehensive market report to the Department, such report to include a recommendation for placement. At a minimum, this report should compare (to the Department’s existing policy) important coverage features, exclusions, rates and premiums, reporting requirements and other important features.
* For each insurer submission/quotation not recommended for placement inform the Department why each is not the recommended placement using a form provided by the Department for this purpose.
* Make recommendations as to alternatives the Department should consider (if any), given the current state of the aviation insurance market.
* The Respondent **must submit a cost proposal that covers the entire period** of the contract, including any optional renewal periods. Please use the expected contract start date of 08/06/2019 – 08/06/2020 and two optional renewal periods 08/06/2020-08/06/2021 and 08/06/2021-08/06/2022 in preparing this section.

**E. Respondent Expectations Following RFI Phase Two Selection:**

* Assist the Department in making the final selection of an insurer’s program and in negotiating final terms with the insurer.
* Upon selection of an insurer's program: finalize policy wording, place the insurance and obtain a binder of insurance to be effective August 6, 2019. The original binder must be in the Department’s possession prior to the policy inception date.
* Facilitate the scheduling of an introductory meeting with the agency/broker staff identified as the account team.
* Facilitate effective communications between Department and insurer personnel. The Department requests and values direct access to the account underwriter(s) and other insurance company personnel.
* Assist in developing a well-coordinated claims program and loss control program between the Department and its insurer.
* Identify and analyze uninsured exposures to the adequacy of existing insurance.
* Obtain answers to insurance coverage questions when requested to do so by the Department.
* Review claims reports. Report trends and training needs to the Department.
* Monitor insurer and reinsurer solvency over the course of the policy term.
* Keep Department informed of market conditions, availability of new coverage and trends in this line of insurance.
* If requested by the Department, assist in subsequent renewal placement.
* Issue binders, certificates of insurance and invoices as requested. Certificates are expected to be issued within 24 hours of receipt of the request by our Respondent.
* Check policy, endorsements, invoices, claim reports and any other document received from the insurer for accuracy. Obtain revisions as needed. Maintain an aggressive diary system for document requests.
* Promptly submit originals of all policies and endorsements to the Department.
* Facilitate timely issuance of accurate invoices.
* All premium billings (inception, endorsement and renewal invoices) are to be broken down for the Department on a per aircraft by coverage line (liability and hull) basis.
* Serve as the Department’s technical resource on this insurance line.
* Provide technical review of policy provisions at inception, at annual intervals as needed.
* Serve as a technical resource to identify and meet training needs.
* Periodically draft or review insurance requirements for State aviation contracts.

**F. Evaluation of Responses Received**

**Phase One**

The Department anticipates selecting at least one but not more than two, agent(s)/broker(s) and assigning at least one insurance company to the selected agent(s)/broker(s) to then participate in the Phase Two solicitation. Selection will based on the Respondent having at least one available market and other factors such as experience, premium volume, references, etc.

# **Phase Two**

The Department anticipates making one (1) single award with an agent/broker and insurance company.

This award will be made based on a 100-point determination, valued as follows:

Services and Insurance Policy (70-points)

Annual Premium Cost (30-points)

The Phase Two determination will be made on a consensus evaluation based on the Phase One and

Phase Two submissions. The Annual Premium Cost will be assigned a score according to the following:

(Lowest submitted Annual Premium Cost bid / Annual Premium Cost of bid being scored) x 30 = pro

rated score

**PART II. SUBMISSIONS**

## Questions

1. It is the responsibility of each interested party to examine the entire RFI and to seek clarification, in writing, if they do not understand any information or instructions.
2. Interested parties should use **Appendix B** – Submitted Questions Form – for submission of questions.
3. The Submitted Questions Form must be submitted by e-mail and received by the RFI Coordinator, identified on the cover page of this RFI, as soon as possible but no later than the date and time specified on the RFI cover page.
4. Submitted Questions must include the RFI Number and Title in the subject line of the e-mail. The Department assumes no liability for assuring accurate/complete/on time e-mail transmission and receipt.
5. Responses to all questions will be compiled in writing and posted on the following website: <https://www.maine.gov/dafs/bbm/procurementservices/vendors/rfps> .

## Submitting the Response

1. **Responses Due**

Responses must be received by the date and time listed on the cover page of this RFI document.

1. **Delivery Instructions**

Responses must be submitted to the RFI Coordinator, via e-mail, listed on the cover page of this RFI document.

## Format

**1.** All pages should be numbered consecutively beginning with number 1 on the first page of the narrative (this does not include the cover page or table of contents pages) through to the end, including all forms and attachments. For clarity, the Respondent’s name should appear on every page, including Attachments. Each Attachment should reference the section or subsection number to which it corresponds.

**3.** Respondents are asked to be brief and to respond to each question and instruction listed in the “Submission Requirements” section of this RFI. Number each response to correspond to the relevant question or instruction of the RFI.

**4.** Include any forms provided in the package or reproduce those forms as closely as possible. All information should be presented in the same order and format as described in the RFI.

**5.** Please provide all information requested in the RFI package at the time of submission.

# 

**APPENDIX A**

**State of Maine**

**Department of Administrative and Financial Services**

**General Underwriting Information**

**Request for Insurance Solicitation** **#2019-1**

This is a summary of the current program.

**Named Insureds** State of Maine, et al

|  |
| --- |
|  |
| Department of Agriculture, Conservation and Forestry (ACF), including Bureau of Forestry, Forest Protection |
| Department of Inland Fisheries & Wildlife (IFW), including Maine Warden Service |
| Department of Marine Resources (MR), including Maine Marine Patrol |
| Department of Public Safety (PS), including Maine State Police, Air Wing |
| Northern Maine Community College |

**Departments**

**Scheduled on**

**policy**

|  |  |
| --- | --- |
| **Insured’s Interest** | Owners and Operators  The State owns fourteen aircraft, three are UAVs. Seven aircraft are owned by the U.S. Forest Service, an agency of the U.S. Department of Agriculture whose financial interest is protected on the policy. One UAV is owned by Northern Maine Community College, operated by a certified pilot; used for student training and marketing. The state solely operates its aircraft on State of Maine business. |

**Policy Term** See **Appendix H**

The State of Maine optimally would like a three-year policy term, with rates guaranteed and an option for two additional years, beyond the first three. The department obviously understands that if an exposure significantly changes or a new exposure is added, rates may be adjusted accordingly.

**Coverage limits**: See **Appendix H**

**Loss Information** See **Appendix I**

**Incumbent Agent** Marsh USA, Inc.

**Agent Compensation Structure**

The current compensation structure is strictly commission based.

**Billing**

The Department will require this policy to be issued on an “agency bill” basis and will require various premium breakdowns for internal allocation purposes.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **AIRCRAFT AND COVERAGE INFORMATION** | | | | | | | | | |
| **#** | **Insured Dept.** | **FAA #** | **Type** | **Year** | **Make and Model** | **# Crew** | **#  Pass** | **Liability  Limit** | **Hull Limit** |
| 1 | ACF | N2751A | Rotorcraft | 1979 | Bell 206B | 1 | 4 | $3,000,000 | $400,000 |
| 2 | ACF | N905MF | Rotorcraft | 2007 | Bell 407 | 1 | 6 | $3,000,000 | $3,000,000 |
| 3 | ACF | N9494N | Fixed Wing | 1981 | Cessna A185F | 1 | 3 | $500,000 | $175,000 |
| 4 | ACF | N64835 | Fixed Wing | 1951 | Cessna 305A | 1 | 1 | $500,000 | $0 |
| 5 | ACF | N965MF | Rotorcraft | 1966 | Bell UH-1H | 2 | 9 | $500,000 | $0 |
| 6 | ACF | N925MF | Rotorcraft | 1965 | Bell UH-1H | 2 | 9 | $500,000 | $0 |
| 7 | ACF | N935MF | Rotorcraft | 1965 | Bell UH-1H | 2 | 9 | $500,000 | $0 |
| 8 | ACF | N945MF | Rotorcraft | 1966 | Bell UH-1H | 2 | 9 | $500,000 | $0 |
| 9 | ACF | N955MF | Rotorcraft | 1969 | Bell UH-1H | 2 | 9 | $500,000 | $0 |
| 10 | ACF | N64RF | Fixed Wing | 1991 | Aerofad Lake Sea Wolf | 1 | 4 | $500,000 | $0 |
| 11 | ACF | N162NR | Fixed Wing | 1957 | Cessna 180A | 1 | 3 | $500,000 | $0 |
| 12 | IFW | N4953E | Fixed Wing | 1979 | Cessna A185F | 1 | 3 | $3,000,000 | $247,000 |
| 13 | IFW | N61368 | Fixed Wing | 1980 | Cessna A185F | 1 | 3 | $3,000,000 | $247,000 |
| 14 | IFW | N185SL | Fixed Wing | 1981 | Cessna A185F | 1 | 3 | $3,000,000 | $247,000 |
| 15 | IFW | N880WS | Fixed Wing | 2015 | Cessna 172S | 1 | 3 | $3,000,000 | $620,795 |
| 16 | MR | N714JQ | Fixed Wing | 1983 | Cessna A185F | 1 | 3 | $3,000,000 | $247,000 |
| 17 | PS | N5339N | Fixed Wing | 1980 | Cessna 182Q | 1 | 3 | $3,000,000 | $63,000 |
| 18 | PS | N9544Q | Fixed Wing | 1998 | Cessna 182S | 1 | 3 | $3,000,000 | $180,000 |
| 19 | PS | FA3HH7THR7 | UAV | 2017 | DJI MATRICE 200 | 0 | 0 | $500,000 | $0 |
| 20 | PS | FA3HH7XCWW | UAV | 2017 | DJI MATRICE 200 | 0 | 0 | $500,000 | $0 |
| 21 | PS | FA3HH937YM | UAV | 2017 | DJI MATRICE 200 | 0 | 0 | $500,000 | $0 |
| 22 | NMCC | FA3E9KNPTE | UAV | 2017 | DJI MAVIC PRO FLY | 0 | 0 | $500,000 | $0 |

**Risk Management Division**

The Risk Management Division (RMD) provides insurance advice and services to State government and designated quasi-state entities. With the exception of workers' compensation and health insurance, RMD administers all insurance and self-insurance plans and programs for State government. The division derives its authority from this statute: 5 MRSA, §1728-A to 1737.

**Web Site**

Additional detail on Risk Management Division and its programs can be found at this link:

<https://www.maine.gov/osc/riskmgmt/index.shtml>

**Current Management**

The current management of RMD draws on years of experience in the insurance industry to manage the State of Maine’s risk management needs.

**Director: David A. Fitts**

David joined the Risk Management Division in 1988 as a risk assessor and was promoted to director in 1992. He graduated from the University of Maine - Farmington in 1977 with a Bachelor of Science degree. David began his insurance career in 1981 with Mid-State Adjustment and has over 30 years’ experience in the claims and loss control fields as an adjuster.

**Risk Assessor: Suzanne M. Murphy, CPCU, ARM, AIC, AINS, MCM, AIE**

Suzanne joined the Risk Management Division in 2016, bringing with her several years of experience as a multi-line claims adjuster, personal lines underwriter and insurance regulator.

**Case Manager: G. Scott Kibler**

Scott joined the Risk Management Division in 2004, bringing with him extensive experience in claims handling for public entities. As case manager Scott is responsible for investigation, negotiation and settlement of claims. He is the division’s subject matter expert who works closely with legal counsel and outside vendors to provide appropriate claims resolution.

**Additional Support**

The management team is supported by one additional professional staff and one clerical support employee. In addition, RMD has available the resources of other State agencies. RMD utilizes counsel from the Office of the Attorney General.

**Insurance Administration**

The professional staff uses sound underwriting practices to analyze exposure to loss, provide proper insurance coverage, maintain appropriate pricing and administer the insurance programs. Each separate policy is contained in a policy file along with endorsements, underwriting notes, rating methodology and billing. Prior to each policy renewal, losses are analyzed for continued insurability, loss control and rating purposes. A diary system is maintained. State agencies are assisted with certificates of insurance, contractual insurance clauses and exposure identification. Every three to five years, each large commercial policy is put out to RFI to secure the best coverage terms and pricing for the State.

**Claims Processing**

Procedures are in place for the reporting of all claims or potential claims by participating agencies. Prompt reporting is essential to allow RMD to meet its service standards.

**Loss Prevention**

By statute, RMD is authorized to expend up to five percent of the self-insurance fund balances for loss prevention programs each fiscal year. The existence and innovative use of this program allows the state to take positive action when a loss control need is identified.

**System Support**

A new cloud based risk management information system (RMIS) with is being implemented. This will assist the staff with claims handling, policy management, underwriting and billing.

**APPENDIX B**

**State of Maine**

**Department of Administrative and Financial Services**

**SUBMITTED QUESTIONS FORM**

**Request for Insurance Solicitation #2019-1**

**AGENT/BROKER SERVICES FOR AVIATION INSURANCE**

|  |  |
| --- | --- |
| **Organization/Responder’s Name:** |  |

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| --- | --- |
| **RFI Section & Page Number** | **Question** |
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*\* If a question is not related to any section of the RFI, state “N/A” under “RFI Section & Page Number”.*

*\*\* Add additional rows, if necessary.*

**APPENDIX C**

**State of Maine**

**Department of Administrative and Financial Services**

**DEBARMENT, PERFORMANCE and NON-COLLUSION CERTIFICATION**

**Request for Insurance Solicitation #2019-1**

**AGENT/BROKER SERVICES FOR AVIATION INSURANCE**

|  |  |
| --- | --- |
| **Respondent’s Organization Name:** |  |

*By signing this document, I certify to the best of my knowledge and belief that the aforementioned organization, its principals and any subcontractors named in this proposal:*

1. *Are not presently debarred, suspended, proposed for debarment, and declared ineligible or voluntarily excluded from bidding or working on contracts issued by any governmental agency.*
2. *Have not within three years of submitting the proposal for this contract been convicted of or had a civil judgment rendered against them for:*
   1. *Fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a federal, state or local government transaction or contract.*
   2. *Violating Federal or State antitrust statutes or committing embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;*
   3. *Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or Local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and*
   4. *Have not within a three (3) year period preceding this proposal had one or more federal, state or local government transactions terminated for cause or default*.
3. *Have not entered into a prior understanding, agreement, or connection with any corporation, firm, or person submitting a response for the same materials, supplies, equipment, or services and this proposal is in all respects fair and without collusion or fraud. The above-mentioned entities understand and agree that collusive bidding is a violation of state and federal law and can result in fines, prison sentences, and civil damage awards.*

**Failure to provide this certification may result in the disqualification of the Respondent’s proposal, at the discretion of the Department.**

|  |  |
| --- | --- |
| Name (Print): | Title: |
| Authorized Signature: | Date: |

**APPENDIX D**

**State of Maine**

**Department of Administrative and Financial Services**

**RESPONDENT QUESTIONNAIRE FORM**

**Request for Insurance Solicitation #2019-1**

**AGENT/BROKER SERVICES FOR AVIATION INSURANCE**

Firm’s Name:       Mailing Address:      Telephone:     Fax:     Web Site:

Total number of years in business:      Approximate number of personnel in the firm:      Number of these employees devoted to aviation insurance:      Of your firm’s total book of business, what estimated percentage of total premium volume is written for:

State governments (excluding higher education)      %

Other public entities?     %Self-insured pools?      %

Higher education institutions      %Of your firm’s total book of business, what estimated percentage of total premium volume is comprised of aviation insurance?      %

What percentage of your commercial insurance is written for public entities (vs. non-public?)      %What is your firm’s total premium volume in commercial insurance? $      What is your firm’s total premium volume in the aviation line of insurance? $      Have you previously done similar work for State of Maine government?      Yes      No If yes, specify nature of work and time frame:       Servicing Office (This refers to the office that will service this specific account.)

Mailing Address:       Physical Location:      Telephone:      Fax:

Servicing Personnel (This refers to the personnel who will service this specific account.)

Name of account manager:

Email address:

What percentage of our work will be done by the account manager?     %

**Please attach a resume for each person who will work on this account.**

As a minimum, please be sure the following information is included:

• Name and position

• Length of time in insurance business

• Length of time in this firm

• Nature of their work on this account

• Experience with cyber insurance

• Experience with self-insurance property and casualty pools

• Experience with governmental business

**APPENDIX E**

**State of Maine**

**Department of Administrative and Financial Services**

**PROPOSED INSURER FORM**

**Request for Insurance Solicitation #2019-1**

**AGENT/BROKER SERVICES FOR AVIATION INSURANCE**

|  |
| --- |
| **Important**  **No insurance agent/broker is authorized to approach an insurer or reinsurer**  **in relation to this solicitation until given written permission to do so by the**  **State of Maine Risk Management Division.** |

**Market Allocation**

Each Respondent selected to participate in **Phase Two** of this solicitation process will be assigned by the Department one or more insurance company groups from which to solicit a **Phase Two** policy for property insurance. **(It has been past practice to assign the current market(s) to the incumbent broker)**

**It is important to list all markets available to your firm**

List below **in your order of preference** those insurers with which you are legally authorized to transact this line of insurance, with which you are licensed to place aviation insurance in the State of Maine and which you would desire to approach with this account. Failure to list at least one insurer or specialty program will result in an automatic rejection of your bid.

**Preference #1**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Company name: |  | | | | | |
| Parent Affiliation: | |  | | **A.M. Best #** |  | |
| A.M. Best Current Rating and Modifier | |  | | FSC: |  | |
| What percentage of your firm’s total commercial aviation insurance book is placed with this company? | | | | | | % |
| What percentage of your firm’s total commercial insurance book is placed with this company? | | | | | | % |
| How many years have you been licensed with this company? | | | | | |  |
| What reinsurer(s) does this company use, if known? | | |  | | | |

**Preference #2**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Company name: |  | | | | | |
| Parent Affiliation: | |  | | **A.M. Best #** |  | |
| A.M. Best Current rating and Modifier | |  | | FSC: |  | |
| What percentage of your firm’s total commercial aviation book is placed with this company? | | | | | | % |
| What percentage of your firm’s total commercial insurance book is placed with this company? | | | | | | % |
| How many years have you been licensed with this company? | | | | | |  |
| What reinsurer(s) does this company use, if known? | | |  | | | |

**Preference #3**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Company name: |  | | | | | |
| Parent Affiliation: | |  | | **A.M. Best #** |  | |
| A.M. Best Current Rating and Modifier | |  | | FSC: |  | |
| What percentage of your firm’s total commercial aviation insurance book is placed with this company? | | | | | | % |
| What percentage of your firm’s total commercial insurance book is placed with this company? | | | | | | % |
| How many years have you been licensed with this company? | | | | | |  |
| What reinsurer(s) does this company use, if known? | | |  | | | |

**Preference #4**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Company name: |  | | | | | |
| Parent Affiliation: | |  | | **A.M. Best #** |  | |
| A.M. Best Current Rating and Modifier | |  | | FSC: |  | |
| What percentage of your firm’s total commercial aviation insurance book is placed with this company? | | | | | | % |
| What percentage of your firm’s total commercial insurance book is placed with this company? | | | | | | % |
| How many years have you been licensed with this company? | | | | | |  |
| What reinsurer(s) does this company use, if known? | | |  | | | |

**Preference #5**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Company name: |  | | | | | |
| Parent Affiliation: | |  | | **A.M. Best #** |  | |
| A.M. Best Current Rating and Modifier | |  | | FSC: |  | |
| What percentage of your firm’s total commercial aviation insurance book is placed with this company? | | | | | | % |
| What percentage of your firm’s total commercial insurance book is placed with this company? | | | | | | % |
| How many years have you been licensed with this company? | | | | | |  |
| What reinsurer(s) does this company use, if known? | | |  | | | |

**Preference #6**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Company name: |  | | | | | |
| Parent Affiliation: | |  | | **A.M. Best #** |  | |
| A.M. Best Current Rating and Modifier | |  | | FSC: |  | |
| What percentage of your firm’s total commercial aviation insurance book is placed with this company? | | | | | | % |
| What percentage of your firm’s total commercial insurance book is placed with this company? | | | | | | % |
| How many years have you been licensed with this company? | | | | | |  |
| What reinsurer(s) does this company use, if known? | | |  | | | |

**Preference #7**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Company name: |  | | | | | |
| Parent Affiliation: | |  | | **A.M. Best #** |  | |
| A.M. Best Current Rating and Modifier | |  | | FSC: |  | |
| What percentage of your firm’s total commercial aviation insurance book is placed with this company? | | | | | | % |
| What percentage of your firm’s total commercial insurance book is placed with this company? | | | | | | % |
| How many years have you been licensed with this company? | | | | | |  |
| What reinsurer(s) does this company use, if known? | | |  | | | |

**Preference #8**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Company name: |  | | | | | |
| Parent Affiliation: | |  | | **A.M. Best #** |  | |
| A.M. Best Current Rating and Modifier | |  | | FSC: |  | |
| What percentage of your firm’s total commercial aviation insurance book is placed with this company? | | | | | | % |
| What percentage of your firm’s total commercial insurance book is placed with this company? | | | | | | % |
| How many years have you been licensed with this company? | | | | | |  |
| What reinsurer(s) does this company use, if known? | | |  | | | |

**Preference #9**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Company name: |  | | | | | |
| Parent Affiliation: | |  | | **A.M. Best #** |  | |
| A.M. Best Current Rating and Modifier | |  | | FSC: |  | |
| What percentage of your firm’s total commercial aviation insurance book is placed with this company? | | | | | | % |
| What percentage of your firm’s total commercial insurance book is placed with this company? | | | | | | % |
| How many years have you been licensed with this company? | | | | | |  |
| What reinsurer(s) does this company use, if known? | | |  | | | |

**Preference #10**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Company name: |  | | | | | |
| Parent Affiliation: | |  | | **A.M. Best #** |  | |
| A.M. Best Current Rating and Modifier | |  | | FSC: |  | |
| What percentage of your firm’s total commercial aviation insurance book is placed with this company? | | | | | | % |
| What percentage of your firm’s total commercial insurance book is placed with this company? | | | | | | % |
| How many years have you been licensed with this company? | | | | | |  |
| What reinsurer(s) does this company use, if known? | | |  | | | |

**Preference #11**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Company name: |  | | | | | |
| Parent Affiliation: | |  | | **A.M. Best #** |  | |
| A.M. Best Current Rating and Modifier | |  | | FSC: |  | |
| What percentage of your firm’s total commercial aviation insurance book is placed with this company? | | | | | | % |
| What percentage of your firm’s total commercial insurance book is placed with this company? | | | | | | % |
| How many years have you been licensed with this company? | | | | | |  |
| What reinsurer(s) does this company use, if known? | | |  | | | |

**Once market assignments are made, it will be the State’s discretion if other insurance companies, groups or specialty programs will subsequently be assigned.**

**APPENDIX F**

**State of Maine**

**Department of Administrative and Financial Services**

**RESPONDENT AFFIRMATION**

**Request for Insurance Solicitation #2019-1**

**AGENT/BROKER SERVICES FOR AVIATION INSURANCE**

Exclusive of insurance policy premium, the Respondent affirms that there is no cost or service fee associated with this submission to deliver the services required. Respondent income will be derived solely from commissions and/or profit sharing paid by an insurer to the Respondent, both of which will be fully disclosed to the State upon request. I understand that it will not be necessary to enter into a State of Maine Agreement to Purchase Services.

Firm Name:

State of Maine Insurance Department License Number for Firm:

Typed Name of Firm Representative:

State of Maine Insurance Department License Number for Firm Representative:

Date:

Signature of Firm Representative:

**APPENDIX G**

**STATE OF MAINE**

**Department of Administrative and Financial Services**

## RESPONSE COVER PAGE

**Request for Insurance Solicitation #2019-1**

**Agent/Broker Services for Aviation Insurance**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Lead Point of Contact - Name/Title:** | | |  | | |
| **Organization Name (if applicable):** | | |  | | |
| **Tel:** |  | | **Fax:** |  | |
| **E-Mail:** |  | | **Website (if applicable):** | |  |
| **Street Address:** | |  | | | |
| **City/State/Zip:** | |  | | | |

**APPENDIX H**

**STATE OF MAINE**

**Department of Administrative and Financial Services**

## AVIATION POLICY

**Request for Insurance Solicitation #2019-1**

**Agent/Broker Services for Aviation Insurance**

The Aviation Policy may be obtained in a .pdf format by double clicking on the document icons below.



**APPENDIX I**

**STATE OF MAINE**

**Department of Administrative and Financial Services**

## PREMIUM/LOSS HISTORY- 10 YEAR

**Request for Insurance Solicitation #2019-1**

**Agent/Broker Services for Aviation Insurance**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PREMIUM AND LOSS HISTORY** | | | | | |
| **Term** | **Total** | **Endorsements** | **Total** | **Gross** | **Loss Ratio** |
| **Renewal** | **Premium** | **Incurred** |
| **Premiums** |  | **Losses** |
| 08/06/08-09 | $48,400 | $0 | $48,400 | $0 | 0% |
| 08/06/09-10 | $40,626 | $1,246 | $41,872 | $0 | 0% |
| 08/06/10-11 | $64,295 | $2,437 | $66,732 | $191,067 | 286% |
| 08/06/11-12 | $66,635 | $435 | $67,070 | $19,461 | 29% |
| 08/06/12-13 | $69,555 | $0 | $69,555 | $11,115 | 16% |
| 08/06/13-14 | $69,555 | $2,137 | $71,692 | $0 | 0% |
| 08/06/14-15 | $61,260 | $0 | $61,260 | $14,400 | 24% |
| 08/06/15-16 | $57,350 | $1,884 | $59,234 | $0 | 0% |
| 08/06/16-17 | $60,341 | $1,971 | $62,312 | $0 | 0% |
| 08/06/17-18 | $75,136 | ($1,544) | $73,592 | $176,425 | 240% |
| 08/06/18-19 | $81,321 | $347 | $81,668 | $0 | 0% |
| **Totals** | **$694,474** | **$8,913** | **$703,387** | **$412,468** | **59%** |
|  |  |  |  |  |  |
| *Through 04/03/19* | | |  |  |  |
| Ten Year Loss Ratio | | 66% |  |  |  |
| Five Year Loss Ratio | | 56% |  |  |  |
| Three Year Loss Ratio | | 81% |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Prior to 08/06/2010, the State of Maine self-insured its aircraft hull exposure. | | | | | | |  |
| This is the related premium and loss history (one loss). | | | | |  |  |  |
|  |  |  |  | Date of Loss: 04/14/2007  Insured Agency: IFW/MWS  Amount Paid: $55,183  Incident description: (N4756E)  Pilot had landed on lake with no issue. As he started to turn left, he may have turned too quickly, putting too much of a side load on the aircraft, causing it to tip over onto its right wing and propeller. | | | |
| POLICY TERM | PREMIUM | LOSSES | LOSS RATIO |
| 08/06/04-05 | $38,580 | $0 | 0% |
| 08/06/05-06 | $33,219 | $0 | 0% |
| 08/06/06-07 | $40,837 | $55,183 | 135% |
| 08/06/07-08 | $41,523 | $0 | 0% |
| 08/06/08-09 | $31,424 | $0 | 0% |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**APPENDIX J**

**STATE OF MAINE**

**Department of Administrative and Financial Services**

## CLAIM DETAIL- 10 YEAR

**Request for Insurance Solicitation #2019-1**

**Agent/Broker Services for Aviation Insurance**

|  |  |  |
| --- | --- | --- |
| **Occurrence ID** | **Loss Date** | **Claim Detail** |
| JY11J0145079 | 3/24/2011 | INSURED AGENCY: IFW/MWS (N742MT) |
|  | This crash during a snow squall resulted in the death of the pilot and the total loss of the aircraft. Three payments against the policy were made as follows: $176,050 (Hull), $ 9,914 (Reimbursement for recovery and storage expenses), and $5,000 (Medical Payments Limit). |
| JY12J0361658 | 12/15/2011 | INSURED AGENCY: IFW/MWS (N7901) |
| Due to a sudden snow squall, Pilot chose to abort a planned SAR flight. While taxiing back to the ramp/tie down area, Pilot missed the runway due to the reduced visibility and propeller struck some ice and snow as aircraft taxied through a small ditch. |
| Reason for late reporting: After the incident, the Pilot inspected the propeller, cleaned the tips of the prop with a file and did not believe there was sufficient propeller damage to investigate further. However, during an annual July aircraft inspection, the mechanic expressed concern about the propeller and it was sent to New England Propeller for further inspection where it was determined that a repair was needed to return it to serviceable condition. |
| JY13J0232441 | 5/14/2013 | INSURED AGENCY: ACF/MFS (N2751A) |
| This incident occurred during training. While completing the 6th or 7th touchdown auto of the day, the aircraft came to an abrupt slowdown/stop after sliding over a repaired portion of the runway, where the new pavement was lower than the old pavement. This discrepancy allowed the titanium portion of the skid shoe to grab the lip of the payment as the helo slid over the top, damaging the support, mount and drag pin assembly and plate. |
| JY14J0554488 | 9/12/2014 | INSURED AGENCY: ACF/MFS (N2751A) |
| This was a hull claim for the helicopter with tail number N2751A. It had suffered Tail Boom damage during shipment to FBO. Paid $15,000 for the damages. The shipping company reimbursed the insured $600 based on the regulated value per pound. |
| KY17K52446807 | 12/20/2017 | INSURED AGENCY: MWS (N4756E) |
| This was a hull claim for the helicopter with tail number N4756E.Aircraft landed on ice and broke through resulting in total loss. No injuries resulted. |