

State of Maine Procurement Justification Form

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 submitted to the Division of Procurement Services.

INSTRUCTIONS: Please provide the requested information in the white spaces below. All responses (except signatures) must be typed; no hand-written forms will be accepted. See the guidance document posted with this form on the Division of Procurement Services website (Forms page) for additional instructions.

PART I: OVERVIEW			
Department Office/Division/Program:	DPFR / Insurance		
Department Contract Administrator or Grant Coordinator:	Vanessa J. Sullivan 624.8452		
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$20,000	Advantage CT / RQS #:	20190114 2096
CONTRACT	Proposed Start Date:		Proposed End Date:
AMENDMENT	Original Start Date:	03/01/2019	Effective Date:
	Previous End Date:	02/28/2021	New End Date:
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:	Lewis & Ellis, Inc. 11225 College Blvd., Suite 320 Overland Park, KS 66210 VS0000011588		
Brief Description of Goods/Services/Grant:	Actuarial Consultation Services		

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Mark an "X" before the justification(s) that applies to this request. (Check all that apply.)			
	A. Competitive Process		G. Grant
X	B. Amendment		H. State Statute/Agency Directed
X	C. Single Source/Unique Vendor		I. Federal Agency Directed
	D. Proprietary/Copyright/Patents		J. Willing and Qualified
X	E. Emergency		K. Client Choice
	F. University Cooperative Project		L. Other Authorization

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PART III: SUPPLEMENTAL INFORMATION

Please respond to ALL of the following:

1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.

Contract 20151123 1888, dated 11/24/2015, terminated on 06/30/2019. This contract, number 20190114 2096, allows for the Provider to fulfill required actuarial support services in conjunction with the financial examination and financial analysis consultation services in conformance with NAIC prescribed practices.

The Bureau of Insurance intends to continue assigning actuarial review work to the Provider throughout the duration of the contract.

2. Provide a brief justification for the selected vendor to supplement the response in Part II.

This Provider is not unique; however, the Provider presents several attributes for consideration.

- 1) The Provider has been engaged by three of the states participating in the coordinated examination of certain Maine domiciled insurance companies;
- 2) The Provider has delivered several high-quality actuarial reviews in support of MBOI financial examinations;
- 3) The Provider has delivered several high-quality analyses under contract 20151123 1888.

To sum the MBOI considers the Provider to be effective, reliable, and timely.

3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

This Provider won RFP 201507127. RFP 201507127 PART V (B.) Section III Cost Proposal was worth 40 points out of 100. Clearly, the rates proposed by the provider, unchanged from those proposed in RFP 201507127, were among the lowest of the bidders.

The MBOI has worked with actuarial firms that charge in excess of \$600.00 per hour. The \$350.00 hourly rate is reasonable.

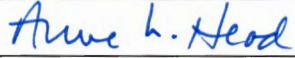

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PART III: SUPPLEMENTAL INFORMATION

4. Describe the plan for future competition for the goods or services.

The MBOI views certain actuarial projects as special cases. Factors creating special cases include, but are not limited to, product characteristics, economic impact, and time-lines. The MBOI anticipates that certain sole-source actuarial projects will continue in the future. The MBOI anticipates following the sole source contract parameters set forth by Procurement Services. The MBOI tries to follow the Purchases prescribed RFF process when practical.

PART IV: APPROVALS

Signature of requesting Department's Commissioner (or designee):	<i>By signing below, I signify that I approve of this procurement request.</i>		
			
Printed Name:	Anne L. Head	Date:	09/22/2020
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small> 		
Printed Name:	<small>41C2BA36FAF44CD...</small> Kathy Paquette	Date:	9/24/2020