***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 #2018-2**

**AGENT/BROKER SERVICES FOR DATA BREACH INSURANCE**

|  |  |
| --- | --- |
| **Request for Insurance 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:  **12/27/2018, no later than 4:00 p.m., local time** |
| **Phase One**  **Intent to Bid Submissions Due** | **Must be received by: 01/03/2019, no later than 4:00 p.m., local time**  **Submission Address:** [suzanne.m.murphy@maine.gov](mailto:suzanne.m.murphy@maine.gov) |
| **Phase Two** | Release Date**: 01/10/2019** |
| **Phase Two**  **Questions Due** | All questions **must be received by** the Coordinator identified above by**:**  **01/15/2019, no later than 4:00 p.m., local time** |
| **Phase Two**  **Policy Submission**  **Due** | **Must be received by: 02/01/2019, no later than 4:00 p.m., local time**  **Submission Address**: [suzanne.m.murphy@maine.gov](mailto:suzanne.m.murphy@maine.gov) |

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# **PUBLIC NOTICE**

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**State of Maine**

**Department of Administrative and Financial Services**

**Request for Insurance Solicitation #2018-2**

**AGENT/BROKER SERVICES FOR DATA BREACH 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 a data breach 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 or reserving or “tying up” a market may lead to disqualification from the bidding process, at the State’s discretion.**

A copy of the RFI can be obtained at the following website: <https://www.maine.gov/dafs/procurementservices/vendors/rfis>

This is a two-phase solicitation. **Phase One** responses must be received via e-mail, by [suzanne.m.murphy@maine.gov](mailto:suzanne.m.murphy@maine.gov), no later than 4:00 pm, local time on 01/03/2019. Submissions for assigned **Phase Two** bidders must be received via e-mail by [suzanne.m.murphy@maine.gov](mailto:suzanne.m.murphy@maine.gov), no later than 4:00 pm, local time, on 02/01/2019.

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

**Request for Insurance**

**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
4. **FOAA:** Maine Freedom of Access Act
5. **Bidder:** Any individual or organization submitting a response to this Request for Insurance.
6. **OIT**: Office of Information Technology
7. **RMD**: Risk Management Division

**State of Maine - Department of Administrative and Financial Services**

**Request for Insurance Solicitation #2018-2**

**AGENT/BROKER SERVICES FOR DATA BREACH INSURANCE**

# **PART I INSURANCE SOUGHT**

The Department is seeking data breach insurance policies from agents or brokers qualified and licensed to design, market and service a data breach insurance program. The current program consists of five separate policies, The State of Maine Office of Information Technology (OIT) policy and four quasi agency policies. Under the current program, four quasi policies will expire on March 15, 2019 and The State of Maine OIT policy will expire on July 1, 2019. Although the Department reserves the right to bid insurance when deemed in its best interest, historically the Department has remained with a chosen program for a three to five-year period.

**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 the data breach 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

Only insurance agents and brokers with active licenses issued by the State of Maine, Department of Professional and Financial Regulation, Bureau of Insurance are invited to submit bids in response to this Request for Insurance. Bidders must provide proof of this eligibility.

## C. Phase One

In this phase, the Department will:

1. Provide general underwriting information (**Appendix A**)
2. Provide a loss run for each policy as of 12/06/2018 (**Appendix B**)
3. Provide copies of the expiring insurance policies (**Appendix C**)
4. Select one or more Bidders to participate in **Phase Two** by assigning one or more insurance markets to each agent or broker selected in **Phase One**. The Department reserves the sole right to assign markets as it deems best to serve the Department’s needs. **(It has been past practice to assign the current market(s) to the incumbent broker) Phase One** will not result in the issuance of any policy.

In **Phase One**, the Bidder is to submit for evaluation:

* 1. A completed Notice of Intent to Bid (**Appendix D**)
  2. A completed Debarment, Performance and Non-Collusion Certification (**Appendix E**)
  3. A completed Bidder Questionnaire Form (**Appendix F**)
  4. A summary of Bidder’s Experience and Qualifications
  5. A list 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 data breach insurance in the State of Maine and which you would desire to approach with this account. (**Appendix G**)
  6. A completed Bidder Affirmation Form (**Appendix H**)

1. 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 this phase, the Department will:

1. Select one or more Bidder(s).

It is anticipated that **Phase Two** will result in the issuance of an insurance policy. Ultimately, the Department seeks and expects to receive the services set forth in this section and expects the Provider to meet or exceed insurance industry standards or best practices in doing so.

In **Phase Two**, the Bidder is to submit for evaluation:

1. Using the specifications and underwriting information provided in this solicitation, structure a data breach insurance program which meets the Department's needs.
2. Market the program on the Department's behalf to assigned markets in accordance with a proposed marketing plan submitted in this solicitation.
3. 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. **(Appendix K**)
4. 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 policies’ important coverage features, exclusions, rates and premiums, reporting requirements and other important features.
5. For each insurer submission not recommended for placement inform the Department why each is not the recommended placement using a form provided by the Department for this purpose.
6. Make recommendations as to alternatives the Department should consider (if any), given the current state of the data breach insurance market.
7. Assist the Department in making the final selection of an insurer’s program and in negotiating final terms with the insurer.
8. Between thirty and twenty-five calendar days before a policy expires, submit a quote that will remain in effect and unchanged for at least 30 days.

**E. Phase Two, Final Awarded Bidder Expectations:**

1. Upon selection of an insurer's program: finalize policy wording, place the insurance and obtain a policy or binder of insurance to be in place on current renewal dates. The original policy or binder must be in the Department’s possession prior to the policy inception date.
2. Facilitate the scheduling of an introductory meeting with the account team and any agency/broker staff identified as being part of the account team.
3. Assist in developing a well-coordinated claims program and loss control program between the Department and its insurer.
4. Identify and analyze uninsured exposures and adequacy of existing insurance.
5. Review claims reports to identify trends and training needs.
6. Monitor insurer and reinsurer solvency over the course of the policy term.
7. Keep Department informed of market conditions, availability of new coverages and trends in this line of insurance.
8. Assist in subsequent renewal placement.
9. Issue on a timely basis: binders, certificates of insurance and invoices as needed or as requested. Certificates are expected to be issued within 24 business hours of receipt of the request by our agent/broker.
10. 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.
11. Promptly submit originals of all policies and endorsements to the Department.
12. Facilitate timely issuance of accurate invoices.
13. All premium billing (inception, endorsement and renewal invoices) are to be broken down for the Department on a per schedule, per vessel basis and coverage line basis.
14. Serve as the Department’s technical resource on this insurance line.
15. Provide technical review of policy provisions at inception, at annual intervals, and on an ongoing basis, as needed.
16. Serve as a technical resource to identify and meet training needs.
17. Provide a certificate of insurance on a standard Acord form (or the equivalent) evidencing the Bidder’s general liability, professional liability and any other relevant liability insurance policies that might be associated with the proposed services.

**F. Number of Awards and Evaluation Process**

**Phase One –** The Department anticipates making multiple awards in **Phase One** by selecting agent/brokers and assigning at least one insurance company to the selected agent/broker to then participate in the **Phase Two** solicitation. This determination will be a consensus evaluation based on bidder submissions as detailed above.

**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 (60-points)

Annual Premium Cost (40-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 40 = pro-rated score

## 

## Part II Submissions

1. **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. Questions regarding this request must be in writing using theQuestions Form (**Appendix I)** and submittedby e-mail and received by the Coordinator, identified on the cover page, as soon as possible but no later than the date and time specified on the cover page.
        3. Responses to all questions will be compiled in writing and posted on the following website no later than seven (7) calendar days prior to the proposal due date: <https://www.maine.gov/dafs/procurementservices/vendors/rfps>.

1. **All Other Submissions**
   * + - 1. Must be received by the date and address as stated on the cover page of this

solicitation. Submission requirements are detailed in each phase above.

* + - * 1. Must be submitted in PDF or another searchable electronic format.

**C.** **Format**

**1.** For clarity, the response should be typed or printed.

**2.** 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 Bidder’s

name should appear on every page, including Attachments.

**3.** Include any forms provided in the package or reproduce those forms as closely as possible.

**4.** 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** **#2018-2**

This is a summary of the current program.

**Named Insureds** See **Appendix C**

**Policy Term** See **Appendix C**

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 C** (Please note the State of Maine OIT policy chose to self-insure liability coverage)

**Loss Information** See **Appendix B**

**Incumbent Agent** Aon Risk Services, Inc. is the incumbent agent and has been since 2014

**Agent Compensation Structure**

The current compensation structure is strictly commission based.

**Billing**

The Department prefers that this policy be issued on an “agency bill” basis and will require various premium breakdowns for internal allocation purposes. The Department desires an annual premium invoice. If subsequent endorsements are issued, a related invoice denoting the additional or return premium at the time of endorsement issuance should be issued. RMD will not approve an invoice for payment until receipt of the policy or the endorsement itself. The State will promptly review each invoice for accuracy and then approve for payment.

**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.

**Self-Insurance Reserve Funds**

This same statute establishes two self-insurance funds. The first is called the Self-insurance Fund and is a program for State agencies. The second is called the State Administered Fund and is a program for quasi-state agencies such as the Maine Community College System, Maine Maritime Academy and others. The two funds are maintained separately for accounting purposes and are actuarially reviewed.

**Maine Tort Claims Act**

The Maine Tort Claims Act (14 MRSA, §8101 - 8118) provides immunity from suit for governmental entities except as expressly provided by the statute. When immunity is removed, any claim for damages must be brought in accordance with the terms of the statute. The statute also establishes a limitation on damages. RMD’s self-insurance liability programs are built around this statute.

**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 bid 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**

Since 1988, RMD has utilized a risk management information system (RMIS) developed by and for Risk Management. A new cloud based RMIS will begin implementation in early 2019.

**APPENDIX B**

**State of Maine**

**Department of Administrative and Financial Services**

**LOSS INFORMATION**

**Request for Insurance Solicitation #2018-2**

**AGENT/BROKER SERVICES FOR DATA BREACH INSURANCE**

**General Exposure Underwriting Information**

**LOSS INFORMATION**

**    **

**APPENDIX C**

**State of Maine**

**Department of Administrative and Financial Services**

**POLICY INFORMATION**

**Request for Insurance Solicitation #2018-2**

**AGENT/BROKER SERVICES FOR DATA BREACH INSURANCE**

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**APPENDIX D**

**State of Maine**

**Department of Administrative and Financial Services**

**NOTICE OF INTENT TO BID**

**Request for Insurance Solicitation #2018-2**

**AGENT/BROKER SERVICES FOR DATA BREACH INSURANCE**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Bidder’s Legal Organization Name:** | |  | | | |
| **Chief Executive - Name/Title:** | |  | | | |
| **Tel:** |  | | | **Email:** |  |
| **Headquarters Street Address:** | |  | | | |
| **Headquarters City/State/Zip:** | |  | | | |
| ***(Provide information requested below if different from above)*** | | | | | |
| **Lead Point of Contact for Proposal - Name/Title:** | | | |  | |
| **Tel:** |  | | | **Email:** |  |
| **Headquarters Street Address:** | |  | | | |
| **Headquarters City/State/Zip:** | |  | | | |
| **Signature of person authorized to enter into contractual agreements with the Department:** | | | **Printed Name:** | | |
|  | | |  | | |

**APPENDIX E**

**State of Maine**

**Department of Administrative and Financial Services**

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

**Request for Insurance Solicitation #2018-2**

**AGENT/BROKER SERVICES FOR DATA BREACH INSURANCE**

|  |  |
| --- | --- |
| **Bidder’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 Bidder’s proposal, at the discretion of the Department.**

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

**APPENDIX F**

**State of Maine**

**Department of Administrative and Financial Services**

**BIDDER QUESTIONNAIRE FORM**

**Request for Insurance Solicitation #2018-2**

**AGENT/BROKER SERVICES FOR DATA BREACH 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 data breach 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 data breach 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 data breach 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 brief 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 G**

**State of Maine**

**Department of Administrative and Financial Services**

**PROPOSED INSURER FORM**

**Request for Insurance Solicitation #2018-2**

**AGENT/BROKER SERVICES FOR DATA BREACH 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 Bidder 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)**

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 data breach 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. You are not required to list more than one, but it is highly recommended that you do so. You may list more than three by attaching an additional sheet if desired.

**Preference #1**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Company name: |  | | | | | |
| Group Affiliation: | |  | | **A.M. Best #** |  | |
| A.M. Best Current Rating and Modifier | |  | | FSC: |  | |
| What percentage of your firm’s total commercial data breach 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: |  | | | | | |
| Group Affiliation: | |  | | **A.M. Best #** |  | |
| A.M. Best Current rating and Modifier | |  | | FSC: |  | |
| What percentage of your firm’s total commercial data breach 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: |  | | | | | |
| Group Affiliation: | |  | | **A.M. Best #** |  | |
| A.M. Best Current rating and Modifier | |  | | FSC: |  | |
| What percentage of your firm’s total commercial data breach 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 H**

**State of Maine**

**Department of Administrative and Financial Services**

**BIDDER AFFIRMATION**

**Request for Insurance Solicitation #2018-2**

**AGENT/BROKER SERVICES FOR DATA BREACH INSURANCE**

Exclusive of insurance policy premium, the Bidder affirms that there is no cost or service fee associated with this bid to deliver the services required. Bidder income will be derived solely from commissions and/or profit sharing paid by an insurer to the Bidder, 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 I**

**State of Maine**

**Department of Administrative and Financial Services**

**SUBMITTED QUESTIONS FORM**

**Request for Insurance Solicitation #2018-2**

**AGENT/BROKER SERVICES FOR DATA BREACH INSURANCE**

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

|  |  |
| --- | --- |
| **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 J**

**STATE OF MAINE**

**Department of Administrative and Financial Services**

## RESPONSE COVER PAGE

**Request for Insurance Solicitation #2018-2**

**AGENT/BROKER SERVICES FOR DATA BREACH INSURANCE**

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

**State of Maine**

**Department of Administrative and Financial Services**

**NOTICE TO RISK MANAGEMENT DIVISION INSURER DECLINATION TO BID Request for Insurance Solicitation #2018-2**

**AGENT/BROKER SERVICES FOR DATA BREACH INSURANCE**

*Written notice shall be made to Risk Management Division as soon as it is known that an assigned insurance company or group (or specialty program) declines to participate in this bid process. This form may be duplicated as needed.*

Please be advised that the following insurer, which I have approached on behalf of the State, will not be submitting an insurance proposal to this firm for the reason(s) noted:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Insurer: | |  | | Group Affiliation | |  |
| Underwriter: |  | | | Location (city): |  | |
| Date of Notification by Company to Agent or Broker: | | |  | | | |
|  | | | | | | |
| Reason(s): | | | | | | |
| Are any other quotes being sought from companies in this group affiliation?  Yes  No | | | | | | |

Please provide any additional information that you deem relevant or that may assist this division in future insurance bid processes.

|  |  |  |
| --- | --- | --- |
| Agency/Brokerage |  | |
|  |  | |
| Signature of Insurance Broker/Agent: |  | |
|  |  | |
|  | Date: |  |

**This form may be faxed to: (207) 287-4008 or scanned and emailed to** [**suzanne.m.murphy@maine.gov**](mailto:suzanne.m.murphy@maine.gov)