

**CITY OF HOPKINSVILLE**  
**INVITATION TO BID**



Office of the Chief Financial Officer  
715 South Virginia Street  
P.O. Box 707  
Hopkinsville, Kentucky 42241-0707

**WORKERS COMPENSATION AND  
BUSINESS INSURANCE COVERAGE  
BID NUMBER 107-4170-17-705**

DATE AND TIME: April 10, 2017  
2:00 P.M.

**BID OPENING LOCATION: COUNCIL CHAMBER, FIRST FLOOR  
HOPKINSVILLE MUNICIPAL CENTER  
715 South Virginia Street**

## CITY OF HOPKINSVILLE

Office of the Chief Financial Officer  
715 South Virginia Street  
P. O. Box 707  
Hopkinsville, Kentucky 42241

### WORKERS COMPENSATION AND BUSINESS INSURANCE COVERAGE BID NUMBER 107-4170-17-705

#### DOCUMENTS ENCLOSED

A. INVITATION TO BID	Page 3
B. GENERAL CONDITIONS	Page 4-6
C. CONFIDENTIALITY AGREEMENT	Page 7
D. BID FORM	Page 8-10

#### **\*\*Information Notice\*\***

- Bid Document C will need to be signed and returned to CFO office prior to release of Loss Run Detail Reports.
- City 2016-2017 Operational Budget is available on City of Hopkinsville website at the following url address:  
[http://www.hopkinsvilleky.us/document\\_center/Finance/Budgets/FY%2016-17%20BUDGET%20FINAL%20COUNCIL%20APPROVED.pdf](http://www.hopkinsvilleky.us/document_center/Finance/Budgets/FY%2016-17%20BUDGET%20FINAL%20COUNCIL%20APPROVED.pdf)

The following pages contain the Invitation to Bid, General Conditions, Confidentiality Agreement, Bid Form and Attachments.

**IMPORTANT:** If you do not receive all of the pages, please contact the Chief Financial Officer immediately.

**BID DOCUMENT A**  
**BID NUMBER 107-4170-17-705**

**INVITATION TO BID**

**CITY OF HOPKINSVILLE**

Office of the Chief Financial Officer  
715 South Virginia Street  
P. O. Box 707  
Hopkinsville, Kentucky 42241

Sealed bids addressed to the Chief Financial Officer for:

**WORKERS COMPENSATION AND  
BUSINESS INSURANCE COVERAGE  
BID NUMBER 107-4170-17-705**

will be received at the Hopkinsville Municipal Center, 715 South Virginia Street, P. O. Box 707, Hopkinsville, Kentucky **until 2:00 p.m.** local time, on **April 10, 2017**, at which time the bids will be opened and read aloud publicly in the Council Chambers, First Floor, at the same address.

GENERAL CONDITIONS

1. INSTRUCTIONS, CONDITIONS AND FORMS: Instructions, Conditions and Forms may be obtained in person or by mail from the Chief Financial Officer, City of Hopkinsville, P. O. Box 707, 715 South Virginia Street, Hopkinsville, KY. 42241. Telephone (270) 890-0239 or on our website at [www.hopkinsvilleky.us](http://www.hopkinsvilleky.us)

(a) All bids are to be submitted on and in accordance with the attached Bid Form. Bids should match current coverage as outlined in the attachments as closely as possible. Bids for alternative coverage will be entertained. The form must be signed, notarized and dated in the appropriate space. Supplemental information as appropriate may be attached to the Bid Form.

(b) All bids submitted must be accompanied with the bidder's history of providing Workers Compensation and Business Insurance coverage in the State of Kentucky. Also include a list of other Kentucky municipalities for which you are currently providing Workers Compensation and Business Insurance coverage.

(c) Each bid must be submitted in a sealed envelope and clearly and prominently marked on the outside of the envelope with the following:

**“SEALED BID – WORKERS COMPENSATION & BUSINESS  
INSURANCE COVERAGE – BID NUMBER 107-4170-17-705”**

(d) If forwarded by mail, the sealed envelope containing the proposal must be enclosed in another envelope marked “SEALED BID – WORKERS COMPENSATION & BUSINESS INSURANCE COVERAGE” and mailed to the Chief Financial Officer at P. O. Box 707, 715 South Virginia Street, Hopkinsville, KY 42241, allowing sufficient time for such mailing to reach this address prior to the scheduled closing time for receipt of bids.

(e) Additional information or clarification of any of the instructions or information contained herein may be obtained from the Office of the Chief Financial Officer.

(f) Any bidder or bidders finding any discrepancy in or omission from the conditions, in doubt as to their meaning, or believing that the conditions are discriminatory, shall notify the Chief Financial Officer in writing within 5 days of the scheduled opening of bids. Exceptions as taken in no way obligate the City to change the conditions. The Chief Financial Officer will notify all bidders in writing, of any interpretations made of conditions or instructions.

**BID DOCUMENT B**  
**BID NUMBER 107-4170-17-705**

(g) The City will assume no responsibility for oral instructions or suggestions. All official correspondence in regard to the conditions should be directed to and will be issued by the Chief Financial Officer.

(h) The successful insurance agent/broker will be required to purchase a City of Hopkinsville vendor's license prior to the official award of the bid.

(i) Any bidder may withdraw his bid either in person or in writing at any time prior to the scheduled time for closing the receipt for bids. Withdrawals after the scheduled time for closing the receipt of bids will not be permitted.

**2. AWARD OF CONTRACTS**

(a) All bids will be judged on the basis of best coverage for the City and compliance with the General Instructions and conformance with the conditions. **The City reserves the right to reject any and all bids.**

(b) Any other considerations or basis for judgment will be stated in the specifications.

(c) Preference will be given to company with a local office and agent established in the City of Hopkinsville, KY.

PRICE .....	50
CONFORMANCE WITH MINIMUM SPECIFICATIONS ...	45
LOCAL PREFERENCE .....	05
<b>TOTAL</b>	<b>100</b>

**3. DELIVERY**

Contract will begin July 1, 2017 through June 30, 2018 with option for multi-year rate guarantee.

**4. DISPUTES**

In case of disputes, as to whether or not an item or service quoted or delivered meets conditions, the decision of the Chief Financial Officer, or authorized representatives, shall be final and binding on all parties.

**BID DOCUMENT B**  
**BID NUMBER 107-4170-17-705**

5. EXCEPTIONS

The submission of a bid shall be considered an agreement to all the terms, conditions and specifications provided herein and in the various bid documents, unless specifically noted otherwise in the space provided on the Bid Form.

6. BID BINDING

Unless otherwise specified, all formal bids submitted shall be irrevocable for sixty (60) calendar days.

7. CONFIDENTIALITY AGREEMENT

An executed confidentiality agreement must be returned to the Chief Financial Officer before the City's current insurance policies and requested renewal information will be available for review.

**CONFIDENTIALITY AGREEMENT**

**Terms to Review & Quote Workers Compensation & Business Insurance Coverage**

**City of Hopkinsville, Kentucky  
July 1, 2017 Renewal**

- The City of Hopkinsville, Kentucky and its related entities (City) seek to obtain a competitive and comprehensive insurance proposal for its workers compensation and business insurance renewal program. For this reason, the City agrees in good faith to release both confidential and proprietary information concerning but not limited to the following entities and their employees:

City of Hopkinsville, Kentucky and its related entities

- As consideration for being allowed to review such information, it is agreed that all insurance agents, their staff, and their insurance companies shall only disclose and utilize this information to those third parties that might benefit the City. It is further agreed that all steps will be taken by all parties to reasonably maintain the confidentiality of this information (while within his/her possession), including its electronic transmission.
- If it later appears that any City related confidential and proprietary information has been released or obtained through the negligence by the party indicated below (or his/her representatives), it is agreed that the City can receive immediate injunctive relief and pursue all negligent parties for monetary damages.
- It is agreed that this Confidentiality Agreement shall be binding upon the successors and assigns of both signing party and this Agreement shall be governed by the laws of the Commonwealth of Kentucky.

Signed this \_\_\_\_\_, 2017 by the following parties:

\_\_\_\_\_  
Robert W. Martin, CFO  
City of Hopkinsville & related entities  
Hopkinsville, Kentucky

\_\_\_\_\_  
Agent/Broker

\_\_\_\_\_  
Insurance Agency/Carrier Represented

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip