

**SOUTH PENINSULA HOSPITAL**  
**REQUEST FOR PROPOSAL**  
**WORKER'S COMPENSATION, CRIME, AND BUSINESS AUTO INSURANCE BROKERAGE SERVICES**  
**Issued: April 28, 2023**

**1. Overview**

South Peninsula Hospital (SPH) is seeking a vendor to provide brokerage services for worker's compensation, employer's liability (directors and officers), crime, and business auto Insurance programs. The broker shall also include insurance consulting, marketing, placement, and risk management services. The purpose of this Request for Proposal (RFP) is to solicit responses from competent and experienced vendors that are capable of providing the services as specified herein in a prompt, cost effective, and efficient manner.

**2. Inquiries**

Questions regarding this RFP must be directed in writing to Royal Brown, Director of Material Management, at [rbrown@sphosp.org](mailto:rbrown@sphosp.org). All emails must identify the RFP title in the subject line, include the contact information for the person submitting the question, and indicate the relevant RFP section number. All questions must be submitted using this format and must be received no later than 5:00pm Alaska Standard Time (AKST), May 8, 2023.

SPH will review the submitted questions and respond to all inquiries in writing by replying via email to all inquirers and interested vendors at one time. The email will provide every question received and each accompanying response. This will ensure all potential vendors receive the same information.

**3. Background Information**

SPH is a full-service hospital serving the Southern Kenai Peninsula, licensed for 22 medical beds and 28 nursing home beds, primarily located at 4300 Bartlett St., Homer, AK 99603, with various satellite locations located in the greater Homer area.

**4. Proposal Submission Requirements**

All vendors interested in submitting a proposal in response to this RFP must adhere to the following requirements. Failure to do so may result in SPH deeming the proposal to be non-responsive and therefore not eligible for consideration.

**4.1 Proposal Submittal Items**

Vendors must only submit one proposal, follow the format outlined below, and clearly identify each of the following criteria within the submittal.

- a) **Responses** – submit written, detailed response to the questions asked in Section 5. Questions, addressing all items of relevance within that requirement. Please refrain from using marketing information in this part of the proposal submittal.
- b) **Price** – submit a written price proposal to provide the service(s) as specified herein. The proposed price must include all of the vendor's costs associated with providing

service(s) as called for within this RFP and including, but not limited to, wages, administrative overhead, equipment, materials, travel, transportation, lodging, and other similar costs unless stated otherwise. No other costs will be considered for payment.

All proposals will become the property of SPH and may be returned only at the option of SPH. Any information marked as proprietary or confidential will be held in confidence to the greatest extent possible.

#### **4.3 Proposal Submission Deadline**

To be considered, a complete proposal package must be received by SPH by the deadline via either of the following methods:

a) Hand delivered or mailed to: South Peninsula Hospital

Attention: Royal Brown  
Director of Material Management  
4300 Bartlett St.  
Homer, AK 99603

b) Electronically transmitted to: [rbrown@sphosp.org](mailto:rbrown@sphosp.org)

The deadline for submission is 5:00 PM Alaska Time, May 15, 2023. Any proposals received after the deadline may not be accepted. Proposals sent via email should be sent as a single PDF document format, with the RFP title noted in the subject line.

#### **4.4 Proposal Preparation Cost**

SPH shall not be responsible for any costs associated with preparing and/or submitting a proposal in response to this RFP, in any manner or for any reason.

#### **4.5 Proposal Validity**

A vendor's price proposal will remain valid for 30 calendar days from the RFP submission deadline or until an award is made to the successful vendor, whichever is sooner. No price proposal will be accepted if marked "price prevailing at time of delivery", "estimated price", or something similar. All price proposals must be in US dollars.

### **5. Questions**

To receive full consideration, each proposal should respond to the following:

a) Background Experience and Qualifications

1. Provide a brief history and description of your firm. The description should include the size, scope, capability, and areas of specialization. Please describe the size and location of the office from which our account will be served.

2. Provide a brief personal history or resume of key personnel who will be assigned to South Peninsula Hospital, Inc.'s account. Detail their experience, and their responsibilities related to the servicing of our account.
3. Describe how your firm's internal organization will support and meet South Peninsula Hospital, Inc.'s service requirements and the way services will be furnished to South Peninsula Hospital, Inc.'s on a day-to-day basis. Have you established standards or other metrics for services delivery?
4. Provide evidence of your experience in providing services for other clients with similar insurance programs similar to South Peninsula Hospital, Inc. Provide a representative listing of other accounts the firm is serving, and the type of insurance provided.
5. Address the utilization of technology within your organization and its specific application to enhancing client services.
6. Provide the names, email and telephone numbers of at least 3 references, so that we may call them to discuss their perception of the quality and value of your services.

b) Broker Services

7. Please provide an overview of the process you would use to market our insurance program. How does your firm evaluate the financial strength and capacity of the insurance companies that may provide policies for South Peninsula Hospital, Inc.?
8. Describe your firm's Loss Control Consulting capabilities. Give examples of loss control or risk avoidance recommendations your firm has offered clients with similar risk exposures that South Peninsula Hospital, Inc. encounters in our daily operations. Please include names, experience, qualifications, and responsibilities of the key personnel.
9. Describe your firm's claims handling capabilities, as well as the means by which you would propose to provide claims related services. Include examples of claims you helped to resolve for others with experienced losses similar to those we might encounter. Please include names, experience, qualifications, and the responsibilities of the key personnel.
10. Why is your firm best suited to be a strategic partner with South Peninsula Hospital, Inc? What distinguishes your firm from your competitors?

c) Compensation

11. Describe how you propose to be compensated for the services outlined in this proposal. If you are proposing a fee, please include your fee schedule/hourly rates.

## 6. General Requirements

### 6.1 Term of Service

The agreement resulting from this RFP shall be effective from the date of execution of the agreement through the completion of services. In no event shall services under the agreement extend beyond June 30, 2026. In the event the work is not completed within this timeframe, SPH, in its sole opinion, may determine the vendor to be in breach of the terms of the agreement.

### 6.2 RFP Modification

SPH reserves the right to:

- a) Modify or otherwise alter any or all of the requirements herein. In the event of a modification, vendors will be given an equal opportunity to modify their proposals as identified in writing by SPH.
- b) Reject any proposal not adhering to the requirements set forth within this RFP, either in whole or in part.
- c) Reject any or all proposals received.
- d) Terminate this RFP at any time, without reason.

### **6.3 Order of Precedence in the Event of a Conflict**

If an agreement is awarded, all terms and conditions herein shall be incorporated into the award along with the vendor's proposal. Any change to the agreement must be through a written amendment agreed upon by both Parties. In the event of a conflict between the RFP and the vendor's proposal, the more stringent language shall apply.

### **6.4 Subcontracting**

The vendor must disclose to SPH the use and identity of all subcontractors it uses in carrying out the requirements herein. SPH reserves the right to approve all subcontractors if it so chooses. The vendor is solely responsible for the satisfactory performance of and compensation to any and all subcontractors.

### **6.5 Insurance**

The vendor shall have, maintain, and provide proof of Commercial General Liability Insurance, with coverages of \$1,000,000 each occurrence and \$3,000,000 in aggregate, and Workman's Compensation Insurance, in addition to any applicable insurance required by the State of Alaska or the vendor's primary state of location. The vendor must provide SPH with proof of the insurance required herein, with South Peninsula Hospital as additional insured. The vendor shall be financially responsible for all deductibles, costs, and self-insured retention's and/or self-insurance required herein.

### **6.6 Indemnification**

Except in the case of the sole negligence or willful misconduct of SPH, the vendor shall indemnify, defend and hold harmless SPH, and SPH's officers, agents, and employees from and against any and all liability, claims, damages, losses, expenses, actions, attorney fees and costs and lawsuits whatsoever (including without limitation all claims involving damage to real or personal property, civil rights claims, or claims of infringement of a patent, copyright, trade secret or trademark) caused by or arising out of the performance, acts, or omissions under this RFP by the vendor or any of its officers, agents, representatives, employees or subcontractors or arising from or related to a failure to comply with the requirements herein, and/or applicable state or federal statute, law, regulation, or rule.

## **7. Price and Payment**

### **7.1 Proposal Price**

**Price** – submit a written price proposal to provide the service(s) as specified herein. The proposed price must include all of the vendor’s costs associated with providing service(s) as called for within this RFP and including, but not limited to, wages, administrative overhead, equipment, materials, travel, transportation, lodging, and other similar costs unless stated otherwise. No other costs will be considered for payment.

### **7.2 Payment**

The vendor shall be paid for actual work completed in accordance with the requirements herein and the accepted price proposal. The total amount to be paid to the vendor shall not exceed the vendor’s quoted amount, unless otherwise specifically agreed to in advance with supporting justification and in writing by both parties.

Payment to the vendor is contingent on the vendor delivering a bill or invoice to the SPH on a monthly basis. SPH retains the right to require additional documentation to support the submitted invoice. SPH will provide payment to the vendor within 30 calendar days of acceptance of the invoice.

The vendor shall provide the following information with each monthly invoice:

- a) Identification of billing period;
- b) A statement describing the actual work completed with sufficient detail to reconcile the charges against the work performed and/or work product received by the SPH;
- c) Total cost billed for the billing period;
- d) Date invoice was submitted;
- e) Entity name and contact information; and
- f) Name of authorized person originating or submitting the billing for the entity.

Submit invoices to:

Accounts Payable  
South Peninsula Hospital  
PO Box 1017  
Homer, Alaska 99603

## **8. Conflict of Interests**

The Vendor certifies that to the best of their knowledge there is no conflict of interest involving a South Peninsula Hospital official or employee, including:

- A. No South Peninsula Hospital employee’s immediate family member has an ownership interest in Vendor’s company or is deriving personal financial gain from this Agreement.
- B. No South Peninsula Hospital official or employee’s immediate family member has an ownership interest in Vendor’s company or is deriving personal financial gain from this contract.
- C. No retired or separated South Peninsula Hospital official or employee who has been retired or

separated from the organization for less than one (1) year has an ownership interest in Vendor's company.

- D. No South Peninsula Hospital official or employee is contemporaneously employed or prospectively to be employed with the Vendor.
- E. Vendor hereby declares it has not and will not provide gifts or hospitality of any dollar value or any other gratuities to any South Peninsula Hospital official or employee to obtain or maintain an Agreement or similar contract.

**Vendor must disclose any relationship with any South Peninsula Hospital official or employee.**

## **9. Evaluation**

All proposals will be reviewed and evaluated on the basis of the following:

- a) Your perception of South Peninsula Hospital, Inc.'s insurance needs and the quality of your firm's proposals for meeting those needs.
- b) Your firm's demonstrated ability to establish and market insurance the size and nature now in effect for South Peninsula Hospital, Inc. and responsiveness to our ongoing requirements.
- c) The qualifications, expertise, industry experience and compatibility of the personnel to be assigned to South Peninsula Hospital, Inc.'s account, and their availability to service our account daily.
- d) Your firm's ability to provide selected support services (e.g., loss prevention and loss control, claims administration, claim analytics, etc.).
- e) Creativity and innovation in the respondent's proposal.
- f) Favorable long-term client relationships as confirmed by client references.