

**City of Coquitlam**

**PROPOSAL SUBMISSION FORM**

**RFP No. 25-048**

**Brokerage Services**

**Proposals will be received as per the date and time specified in the Key Dates Section of the RFP.**

**INSTRUCTIONS FOR PROPOSAL SUBMISSION**

Proposal submissions are to be returned in Microsoft Word and any other supporting documents to be consolidated into one PDF file and uploaded through QFile, the City’s file transfer service accessed at website: [qfile.coquitlam.ca/bid](http://qfile.coquitlam.ca/bid)

**1. In the “Subject Field” enter:** RFP Number and Name

**2. Add files and “Send Files”**

(Ensure your web browser remains open until you receive 2 emails from QFile to confirm upload is complete.)

Proponents are responsible to allow ample time to complete the Proposal Submission process. If assistance is required phone 604-927-3037.

|  |  |
| --- | --- |
| **Legal Name of Company** |  |
| **Contact Person and Title** |  |
| **Business Address** |  |
| **Telephone** |  |
| **Email Address** |  |

1. **DEPARTURES**

|  |  |
| --- | --- |
| 1. **CONTRACT -** I/We have reviewed the City’s **Standard Terms and Conditions - Purchase of Goods and Services** (per Section 2 of the RFP) and would be prepared to enter into in an agreement that incorporates the City’s Standard Terms and Conditions, amended by the following departures (list, if any): | |
| **Section** | **Requested Departure(s) / Alternative(s)** |
|  |  |

|  |
| --- |
| 1. **SERVICES -** I/We have reviewed the Scope of Services as descibed in this RFP and are prepared to meet those requirements, amended by the following departures and additions (list, if any): |
| **Requirements – Requested Departure(s) / Alternate(s) / Addition(s)** |
|  |

1. **ACCOUNT TEAM QUALIFICATIONS AND EXPERIENCE**

|  |
| --- |
| 1. **CAPABILITIES, CAPACITY AND RESOURCES** - Proponents to provide information on the following (use the spaces provided and/or attach additional pages, if necessary)**:** |
| 1. Provide an overview of the Proponent’s organizational background, including history, mission, vision, corporate structure, and years in business: |
|  |
| 1. Provide a detailed narrative as to the Proponent’s understanding of the project and objectives. |
|  |
| 1. Describe the Proponent’s current capabilities and capacity to perform the Services, including relevant resources, staffing levels, and the ability to manage this project alongside existing workloads. Describe any difficulties or challenges you might anticipate in providing the Services to the City and how you would plan to manage these. |
|  |
| 1. Provide a sample copy of an Insurance Broker Services Agreement including standard terms and conditions. |

|  |  |
| --- | --- |
| 1. **REFERENCES –** Proponent shall be competent and capable of performing the Services requested and successfully delivered service contracts of similar size, scope and complexity. The City reserves the right to contact any person(s), agency(ies) or firm(s) not listed as part of an independent review (use the spaces provided and/or attach additional pages, if necessary): | |
| **Reference No. 1** | |
| **Project Title and Description of Contract** |  |
| **Size and Scope** |  |
| **Work Performed** |  |
| **Start Date and End Date** |  |
| **Contract Value** |  |
| **Completed on budget and schedule** |  |
| **Project completed on schedule** |  |
| **Reference Information** | Company: |
| Contact Name: |
| Phone Number and Email: |

|  |  |
| --- | --- |
| **Reference No. 2** | |
| **Project Title and Description of Contract** |  |
| **Size and Scope** |  |
| **Work Performed** |  |
| **Start Date and End Date** |  |
| **Contract Value** |  |
| **Completed on budget and schedule** |  |
| **Project completed on schedule** |  |
| **Reference Information** | Company: |
| Contact Name: |
| Phone Number and Email: |
| **Reference No. 3** | |
| **Project Title and Description of Contract** |  |
| **Size and Scope** |  |
| **Work Performed** |  |
| **Start Date and End Date** |  |
| **Contract Value** |  |
| **Completed on budget and schedule** |  |
| **Project completed on schedule** |  |
| **Reference Information** | Company: |
| Contact Name: |
| Phone Number and Email: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **c) KEY PERSONNEL –**Proponents should provide information on the background and experience of all key personnel proposed to undertake the Services. Proponents are encouraged to provide a biography or resume of the key members of the team. The biographies/resumes should be no longer than one page in length, outlining their experience applicable to this account along with a reference for each key member of the team.  (use the spaces provided and/or attach additional pages, if necessary) | | | | |
| **LINE ITEM** | **NAME** | **TITLE/POSITION** | **EXPERIENCE AND QUALIFICATIONS** | **YEARS WITH YOUR ORGANIZATION** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. **RISK ADVISORY AND TECHNICAL SERVICES**

|  |
| --- |
| 1. **APPROACH and METHODOLOGY -** Summarize the key features of your Proposal and outline the Risk Advisory and Technical Approach to be used. Provide a brief description of the components required for the successful completion of the Work. |
| * + - 1. Outline your approach to assessing the City's risks, developing mitigation strategies, and securing the most appropriate insurance coverage. |
|  |
| * + - 1. Describe your expertise in emerging risk areas such as climate change, cyber threats, and infrastructure resiliency. |
|  |
| * + - 1. Describe how you support clients with liability trends, contractual risk, and alternative risk financing strategies. |
|  |
| * + - 1. Describe your capabilities related to risk retention strategies, including self-insurance and parametric insurance solutions. |
|  |
| * + - 1. Describe how the City will be provided with complete copies of all policies and endorsements and how you plan to communicate the coverage with the City to ensure understanding. |
|  |
| * + - 1. Describe your methodology and timeline for managing policy renewals and negotiating with insurers. Illustrate how the Proponent will complete the scope of Services, manage the Services, and accomplish required objectives within the City’s schedule. |
|  |
| * + - 1. Describe Optional Risk Services your firm can provide the City.   Attach a service outline, maximum one page for the following:  Policy wording/gap analysis  PML (Probable Maximum Loss) analysis  Actuarial deductible review  Loss control inspections  Other applicable services |
|  |
| * + - 1. Describe how you ensure compliance with legal and regulatory insurance requirements. |
|  |
| * + - 1. Do you provide benchmarking data or risk reports tailored to municipal clients? Please provide examples. |
|  |
| 1. Describe how you review insurance and indemnity provisions in municipal contracts, and what is your approach to recommending insurance requirements for vendors, contractors, and third parties. |
|  |

1. **INSURANCE PLACEMENT STRATEGY & MARKET ACCESS**

|  |
| --- |
| 1. Describe your firm’s access to the insurance market and provide examples of how it has negotiated favorable terms for clients. |
|  |
| 1. Describe your firm’s experience with manuscript wording, insurer relationships, and technical influence in the market. |
|  |
| 1. Explain you process for claims management. Outline your advocacy approach when representing the City to insurers during claims disputes and renewals. |
|  |

1. **SERVICE DELIVERY, TRANSITION AND RESPONSIVENESS**

|  |
| --- |
| 1. Start-up plan: Provide a description of your proposed transition plan for the migration of the City’s insurance portfolio to your firm. Provide a detailed plan including proposed time frames and resources required. |
|  |
| 1. Describe standard service levels and typical turnaround times for key deliverables, including but not limited to: policy issuance, issuance of certificates of insurance (COIs), claims reporting, and response to general inquiries. |
|  |
| 1. Describe your approach to supporting the City throughout the claims lifecycle—from notice of loss through to resolution. |
|  |
| 1. Outline proposed communication plan with the City, including frequency of updates, methods of communication, and a clearly defined escalation protocol. |
|  |
| 1. Identify the proposed account management and how they will provide ongoing support throughout the term of the contract. |
|  |
| 1. Describe what steps will you take if service level agreements or deliverable timelines are not met. |
|  |

1. **VALUE-ADDED SERVICES**

|  |
| --- |
| 1. Describe the availability and proposed use of risk management tools, including RMIS platforms, cyber risk diagnostics and cyber resiliency, loss modeling, claims analysis dashboards, catastrophic loss modelling, and access to educational content (e.g., webinars, papers, or bulletins). |
|  |
| 1. Describe how you optimize insurance programs and streamline program administration. |
|  |
| 1. Advise of any innovative service offerings or capabilities that support or align with the City’s Strategic Plan. |
|  |

Proponents must submit an all-inclusive pricing proposal in accordance with the requirements set out in the Financial section below

1. **FINANCIAL**

|  |  |  |  |
| --- | --- | --- | --- |
| **PRICE -** Prices proposed are to be all inclusive; therefore, include all labour, material, tools, equipment, transportation, fuel, supervision, disposal fees, permit fees and any other items required for provision of the services (exclude GST): | | | |
| **ITEM** | **SCOPE OF WORK** | **Unit of Measure** | **PRICE** (exclude GST) |
|  | **Annual Brokerage Services Fees**  Provide annual pricing for core brokerage services for the years 2026, and 2027 (fixed term). | Per year | $ |
|  | **Transitional/Onboarding Costs**  Costs to assume and migrate the City’s insurance portfolio to your firm. (if applicable) | Lump Sum | $ |
|  | **New Policy Placement Fees**  For policies placed outside the operational program. | Each | $ |
|  | **Project/Event-Specific Insurance**  Compensation model for project-related policies (e.g. CoC, Wrap-Up, E&O, Special Events, Block Parties). | Each | $ |
|  | **Optional Risk Services**  Provide fixed or hourly rates for any of the following (specify per item):  Policy wording/gap analysis  PML (Probable Maximum Loss) analysis  Actuarial deductible review  Loss control inspections  Other applicable risk services | Each/Hourly/Lump Sum | $ |
|  | **Bundled Pricing Options**  Total annual cost combining brokerage + consulting + any services included. | Per Year | $ |
|  | **Other not Listed:**  Specify any additional services with pricing. | Each | $ |

Brokers who receive contingent commissions or incentives based on volume, profitability of the book of business or any other funds, credits or rewards from any insurer, re-insurer, managing underwriter or wholesaler should disclose this in the RFP response. All commissions paid for placing business which is not part of the annual renewal program should be disclosed.

State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Attention Purchasing Manager:**

1. **I/We, the undersigned duly authorized representative of the Proponent**, having received and carefully reviewed all of the Proposal documents, including the RFP and any issued addenda posted on the City’s website [www.coquitlam.ca/Bid-Opportunities](http://www.coquitlam.ca/140/Bid-Opportunities) , and having full knowledge of the Site, and having fully informed ourselves as to the intent, difficulties, facilities and local conditions connected to performing the Services~~,~~ submit this Proposal in response to the RFP.
2. **/We**  agree to the rules of participation outlined in the **Instructions to Proponents** (per section 2 of RFP) and should our Proposal be selected, agree to the City’s **Standard Terms and Conditions - Purchase of Goods and Services** (per Section 2 of RFP) and will accept the City’s Contract as defined within this RFP document.
3. **I/We acknowledge** receipt of the following Addenda related to this Request for Proposals and have incorporated the information received in preparing this Proposal.

|  |  |
| --- | --- |
| **Addendum No.** | **Date Issued** |
|  |  |
|  |  |
|  |  |

**This Proposal** is submitted this \_\_\_\_day of \_\_\_\_\_\_\_, 20\_\_\_\_\_\_.

**I/We have the authority to sign on behalf of the Proponent and have duly read all documents.**

|  |  |
| --- | --- |
| **Legal Name of Company** |  |
| **Signature(s) of Authorized Signatory(ies)** | **1.** |
| **2.** |
| **Print Name(s) and Position(s) of Authorized Signatory(ies)** | **1.** |
| **2.** |