

TOWNSHIP OF WEST CALDWELL



REQUEST FOR PROPOSAL
FOR

RISK MANAGEMENT CONSULTANT

Township of West Caldwell

**SUBMISSION DEADLINE
AT WHICH TIME PROPOSALS WILL BE OPENED IS**

Friday, December 13, 2019 at 11:00 AM

ADDRESS ALL PROPOSALS TO:

**NIKOLE H. BALTYCKI, TOWNSHIP ADMINISTRATOR
TOWNSHIP OF WEST CALDWELL
30 CLINTON ROAD
WEST CALDWELL, NJ 07006**

GENERAL INFORMATION & SUMMARY

ORGANIZATION REQUESTING PROPOSAL

Township of West Caldwell
30 Clinton Road
West Caldwell, NJ 07005

CONTACT PERSON

Please direct all questions in writing to:
Township of West Caldwell
30 Clinton Road
West Caldwell, NJ 07006
Attention: Nikole H. Baltycki, Township Administrator
Phone: (973) 226-2300
Fax: (973) 226-2396
E-Mail: nbaltycki@westcaldwell.com

PURPOSE OF REQUEST

The Township of West Caldwell desires to appoint a Risk Management Consultant who will be responsible for assisting the Township in identifying its insurable exposures and to recommend professional methods to reduce, assume or transfer the risk loss. The Consultant shall review with the Township any additional coverages that the Consultant feels should be carried but are not available from the Morris County Municipal Joint Insurance Fund (hereinafter "Fund") and, subject to the Township's authorization, place such coverages outside the Fund. The Consultant shall assist the Township in the preparation of applications, renewals, statements of values and similar documents requested by the Fund. The Consultant shall review the Township's assessment as prepared by the Fund and assist the Township in the preparation of its annual insurance budget.

PERIOD OF CONTRACT

One (1) year from date of award.

CONTRACT

The contract will run concurrently with the Township's Fund membership and will be awarded for a one-year period, beginning January 1, 2020 and ending December 31, 2020.

It is also agreed and understood that the acceptance of the final payment by the Contractor shall be considered a release in full of all claims against the Township arising out of, or by reason of, the work done and materials furnished under this Contract.

**DETAILED REQUIREMENTS OF THE
REQUEST FOR PROPOSAL FOR RISK MANAGEMENT CONSULTANT
SERVICES**

SCOPE OF SERVICES:

Any persons or firms interested in providing professional services to the Township of West Caldwell (“Township”) as defined in the New Jersey Statutes, N.J.S.A. 40A:11-2(6).

1. **Appointment of Risk Management Consultant.** The Risk Management Consultant shall be appointed by the Township Council (hereinafter “Council”) by a majority vote of a quorum of its members and shall serve for a term of one (1) year from the first day of January of the year of their appointment and until a successor has been appointed and qualified. The Risk Management Consultant shall be a New Jersey licensed property/casualty insurance agent or broker with demonstrated prior experience in the management of public insurance risks. The Risk Management Consultant shall be an “Insurance Producer”, pursuant to N.J.S.A. 17:22-A, but shall not be a Fund Commissioner.

2. **Duties.**

The Risk Management Consultant (hereinafter the “Consultant”) shall:

A. Assist the Township in identifying its insurable property & casualty exposures and recommend professional methods to reduce, assume or transfer the risk loss.

B. Assist the Township in understanding and selecting the various coverages available from the Morris County Joint Insurance Fund and the Municipal Excess Liability Joint Insurance Fund.

C. Review with the Township any additional coverages that the Consultant feels should be carried but are not available from the Fund and subject to the Township’s authorization place such coverages outside the Fund.

D. Assist the Township in the preparation of applications, statements of values, and similar documents requested by the Fund, it being understood that this agreement does not include any appraisal work by the Consultant.

E. Review the Township’s assessment as prepared by the Fund and assist the Township in the preparation of its annual insurance budget.

F. Review the loss and engineering reports and generally assist the safety committee in loss containment objectives. Also, attend no less than four (4) Municipal Safety Committee meetings per annum to promote the safety objectives and goals of the municipality and the Fund.

G. Assist where needed in the settlement of claims, with the understanding that the scope of the Consultant's involvement does not include the work normally done by a public adjustor.

H. Review Certificates of Insurance from contractors, vendors, and professionals when requested by the Township.

I. Attend the majority of meetings of the Fund and perform such other services as required by the Township or the Fund.

J. Any other services required by the Fund's Bylaws.

**APPLICANT'S/PROPOSER'S RESPONSIBILITY IN RESPONDING TO
TOWNSHIP'S REQUEST FOR PROPOSALS FOR PROFESSIONAL SERVICES**

1. The Risk Management Consultant shall be a New Jersey licensed property/casualty insurance agent or broker with demonstrated prior experience in the management of public insurance risks. The Risk Management Consultant shall be an "Insurance Producer", pursuant to N.J.S.A. 17:22-A, but shall not be a Fund Commissioner.

2. Must have a minimum of five (5) years experience representing municipalities in risk management services.

3. Must have sufficient support staff to provide all services required by the Township.

4. Must list past and present public employers represented as Risk Management Consultant.

5. Proposed cost of the services or activities may be proposed as an hourly rate with a not to exceed, a flat fee, or as a percentage of annual assessment. The proposed cost should include:

- a. Meetings.
- b. Site visits and expenses.
- c. Expenses for travel, postage and telephone excluded from the hourly rate.
- d. Additional services defined beyond the scope of regular services.

6. Insurance. The applicant/proposer, as a member of a profession which is subject to suit for professional malpractice, shall provide documentation that insurance for professional liability/malpractice coverage with limits as to liability acceptable to the Township.

7. Law Against Discrimination and Affirmative Action. The applicant/proposer as a "professional" shall file a statement as to compliance with N.J.S.A. 10:5-1 et. seq. (Laws Against Discrimination) and P.L. 1975, c.127 (Affirmative Action).

8. Non-Collusion Affidavit.

9. The applicant/proposer shall submit **one (1) original, hard copy (clearly marked as “original”) and one (1) complete copy, as a PDF on a CD/DVD.**

10. The checklist, affidavits, notices and the like presented at the end of this Request for Proposal are a part of this Request for Proposal and shall be completed and submitted as part of this proposal.

BASIS for AWARD CONTRACT/AGREEMENT for PROFESSIONAL SERVICES

The Township shall award all professional service contracts or agreements based on qualification, merit and cost competitiveness. Selection criteria will include:

1. Qualifications of the individual or firm who will perform the service or activity.
2. Experience and references.
3. Ability to perform the service or activity in a timely fashion, including staffing and the staff's familiarity of the service or activity.
4. Cost Competitiveness.
5. The Township reserves the right to conduct an interview or interviews with the prospective Professional to discuss the scope of the professional services as outlined in the applicant's/proposer's proposal.
6. All awards or waivers will be by resolution acted on by the Township Council at a Township Council meeting.
7. All awards are subject to availability of funds.
8. This policy will include, but not be limited to, all of the above listed requirements.

REQUEST FOR PROPOSAL CHECKLIST

THIS CHECKLIST MUST BE COMPLETED AND SUBMITTED WITH YOUR PROPOSAL:

Please initial below, indicating that your proposal includes the itemized document.

A PROPOSAL SUBMITTED WITHOUT THE FOLLOWING DOCUMENTS IS CAUSE FOR REFUSAL

- | | INITIAL
BELOW |
|--|------------------|
| A. One (1) original and one (1) complete copy, as a PDF on a CD/DVD. | _____ |
| B. Non-Collusion Affidavit properly notarized. | _____ |
| C. Ownership Disclosure Statement, properly notarized, listing the names of all persons owning ten (10) percent or more of the proposing entity. | _____ |
| D. Authorized signatures on all forms. | _____ |
| E. Business Registration Certificate(s) - Must be submitted prior to award | _____ |

Note: N.J.S.A 52:32-44 provides that the Township shall not enter into a contract for goods or services unless the other party to the contract provides a copy of its business registration certificate for the State of New Jersey, and the business registration certificate of any subcontractors, at the time that it submits its proposal. The contracting party must also collect the state use tax where applicable.

**THE UNDERSIGNED HEREBY ACKNOWLEDGES
THE ABOVE LISTED REQUIREMENTS**

NAME OF PROPOSER:

Person, Firm or Corporation

BY: (NAME)

(TITLE)

EXHIBIT A

**MANDATORY EQUAL EMPLOYMENT OPPORTUNITY LANGUAGE
N.J.S.A. 10:5-31 et seq. (P.L. 1975, C. 127)
N.J.A.C. 17:27**

GOODS, PROFESSIONAL SERVICE AND GENERAL SERVICE CONTRACTS

During the performance of this contract, the contractor agrees as follows:

The contractor or subcontractor, where applicable, will not discriminate against any employee or applicant for employment because of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex. Except with respect to affectional or sexual orientation and gender identity or expression, the contractor will ensure that equal employment opportunity is afforded to such applicants in recruitment and employment, and that employees are treated during employment, without regard to their age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex. Such equal employment opportunity shall include, but not be limited to the following: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the Public Agency Compliance Officer setting forth provisions of this nondiscrimination clause.

The contractor or subcontractor, where applicable will, in all solicitations or advertisements for employees placed by or on behalf of the contractor, state that all qualified applicants will receive consideration for employment without regard to age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex.

The contractor or subcontractor, where applicable, will send to each labor union or representative or workers with which it has a collective bargaining agreement or other contract or understanding, a notice, to be provided by the agency contracting officer advising the labor union or workers' representative of the contractor's commitments under this act and shall post copies of the notice in conspicuous places available to employees and applicants for employment.

The contractor or subcontractor, where applicable, agrees to comply with any regulations promulgated by the Treasurer pursuant to N.J.S.A. 10:5-31 et seq., as amended and supplemented from time to time and the Americans with Disabilities Act.

The contractor or subcontractor agrees to make good faith efforts to afford equal employment opportunities to minority and women workers consistent with Good faith efforts to meet targeted Township employment goals established in accordance with N.J.A.C. 17:27-5.2, or Good faith efforts to meet targeted Township employment goals determined by the Division, pursuant to N.J.A.C. 17:27-5.2.

The contractor or subcontractor agrees to inform in writing its appropriate recruitment agencies including, but not limited to, employment agencies, placement bureaus, colleges,

universities, labor unions, that it does not discriminate on the basis of age, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex, and that it will discontinue the use of any recruitment agency which engages in direct or indirect discriminatory practices.

The contractor or subcontractor agrees to revise any of its testing procedures, if necessary, to assure that all personnel testing conforms with the principles of job-related testing, as established by the statutes and court decisions of the State of New Jersey and as established by applicable Federal law and applicable Federal court decisions.

In conforming with the targeted employment goals, the contractor or subcontractor agrees to review all procedures relating to transfer, upgrading, downgrading and layoff to ensure that all such actions are taken without regard to age, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex, consistent with the statutes and court decisions of the State of New Jersey, and applicable Federal law and applicable Federal court decisions.

The contractor shall submit to the public agency, after notification of award but prior to execution of a goods and services contract, one of the following three documents:

Letter of Federal Affirmative Action Plan Approval

Certificate of Employee Information Report

Employee Information Report Form AA302

The contractor and its subcontractors shall furnish such reports or other documents to the Division of Public Contracts Equal Employment Opportunity Compliance as may be requested by the office from time to time in order to carry out the purposes of these regulations, and public agencies shall furnish such information as may be requested by the Division of Public Contracts Equal Employment Opportunity Compliance for conducting a compliance investigation pursuant to **Subchapter 10 of the Administrative Code at N.J.A.C. 17:27.**

NON-COLLUSION AFFIDAVIT

STATE OF NEW JERSEY
TOWNSHIP OF WEST CALDWELL ss:

I am _____

Of the Firm of _____

UPON MY OATH, I DEPOSE AND SAY:

1. That I executed the said proposal with full authority so to do;
2. That this proposer has not, directly or indirectly entered into any agreement, participated in any collusion, or otherwise taken any action in restraint of fair and open competition in connection with this engagement;
3. That all statements contained in said proposal and in this affidavit are true and correct, and made with full knowledge that the Township of West Caldwell relies upon the truth of the statements contained in said proposal and in the statements contained in this affidavit in awarding the contract for the said engagement; and
4. That no person or selling agency has been employed to solicit or secure this engagement agreement or understanding for a commission, percentage, brokerage or contingent fee, except bona fide employees or bona fide established commercial of selling agencies of the proposer. (n.j.s.a.52: 34-25)

(Type or print name of Affiant under signature)

Subscribed and sworn to before me this _____ day of _____, 201_.

Notary public of _____

My Commission expires: _____, 20_____

OWNERSHIP DISCLOSURE CERTIFICATION

N.J.S.A. 52:25-24.2 (P.L. 1977 c.33)

**FAILURE OF THE BIDDER/RESPONDENT TO SUBMIT THE REQUIRED
INFORMATION IS CAUSE FOR AUTOMATIC REJECTION**

CHECK ONE:

I certify that the list below contains the names and home addresses of all stockholders holding 10% or more of the issued and outstanding stock of the undersigned.

I certify that no one stockholder owns 10% or more of the issued and outstanding stock of the undersigned.

Check which business entity applies:

Partnership Corporation Sole Proprietorship

Limited Partnership Limited Liability Partnership Limited Liability Corporation

Subchapter S Corporation Other _____

Complete if the bidder/respondent is one of the 3 types of Corporations:

Date Incorporated: _____

Where incorporated: _____

Business Address:

Street Address City State Zip

Telephone # Fax# Email

Listed below are the names and addresses of all stockholders, partners or individuals who own 10% or more of its stock of any classes, or who own 10% or greater interest therein.

Name Home Address

Name Home Address

Name Home Address

CONTINUE ON ADDITIONAL SHEETS IF NECESSARY: Yes No

Signature: _____ Date: _____

Printed Name and Title: _____

Sworn and subscribed
before me this _____
day of _____ 20____