# TOMPKINS COUNTY **COUNCIL OF GOVERNMENTS**

125 East Court Street Ithaca, NY 14850 Phone: (607) 274-5551 Fax: (607) 274-5558

Email: tccog@tompkins-co.org

Donald Barber, Chairperson

Douglas Austic, Vice-Chair

### **MEMBERSHIP**

City of: Ithaca

County of:

**Tompkins** 

Towns of:

Caroline

Danby Dryden

Enfield Groton

Ithaca

Lansing

Newfield

Ulysses

Villages of:

Cayuga Heights

Dryden

Freeville

Groton

Lansing

Trumansburg

### **Request for Proposals** Health Benefits Consortium Consultant- Phases 2 & 3 Released on March 3, 2008

The Tompkins County Council of Governments (TCCOG) invites you to submit your qualifications for consulting services to develop a health benefits plan for an intermunicipal consortium.

TCCOG is an association of local governments organized to provide a forum for discussion and negotiation leading to agreements for more efficient and fiscally responsible delivery of government services. TCCOG's goals include: expanding cooperation among taxing entities and resolving duplication of services, improving communication among local governments in Tompkins County, NY and improving involvement with school districts.

TCCOG has a goal and funding to develop a Health Benefits Consortium. TCCOG has been designing its method of governance, gathering information necessary for structuring the "plan" offering, and beginning the process of including stakeholders in discussions. While agreeing to explore health benefits options, individual TCCOG member municipalities have not yet committed to participate – or to confirm their level of participation- in the health benefits consortium. TCCOG is currently working to secure letters of intent to participate from it members.

TCCOG is looking to secure a consultant that will work with TCCOG to develop the plan design for Phase 2, and implement the plan through Phase 3. More information can be downloaded at www.Tompkins-co.org. For Phases 2 and 3, the selected independent consultant must be experienced in working with municipalities in upstate New York to establish such health benefit collaborations. The consultant will work with TCCOG to develop the plan design for Phase 2, and implement the plan through Phase 3. It is expected, but not guaranteed, that the selected consultant for Phases 2 and 3 will continue to work with TCCOG for five (5) years after the plan implementation.

Any consultant participating in this project may not have any contractual or financial relationship with any entities selling health benefit products indicated herein.

# Responses Due March 25, 2008

### 1. About Tompkins County

Tompkins County is located in the Finger Lakes region of New York State. The County's economy and housing are significantly impacted and driven by three higher education institutions – Cornell University, Ithaca College and Tompkins-Cortland Community College.

The county contains a mixture of urban, rural, agricultural, and forested areas over 476 square miles. The 2000 population is listed in the Census as 96,501, which represents a 25 percent increase over the 1970 population. Seventy percent of the County's population resides outside the City of Ithaca.

### 2. Overview of TCCOG

In Tompkins County, there are 17 separate municipal governments - six villages, nine towns, and one city, plus countywide government. All 17 participate in the Tompkins County Council of Governments (TCCOG), which formed in an effort to collectively streamline processes, save money, and build strong inter-municipal cooperation opportunities.

In late 2006, Tompkins County, on behalf of TCCOG, received a grant from the State of New York called, *Shared Municipal Services Initiative*, which describes in-depth TCCOG's strategies and approach to health benefits for members of TCCOG. A copy of the "Shared Municipal Services Initiative" grant application is available upon request from: Tompkins County Administration, 125 East Court Street, Ithaca, NY 14850; telephone number 607-274-5551. The application is available for download at:

www.tompkins-co.org

### 3. Project Overview and Objectives

To meet its goal of establishing a comprehensive health benefits program, TCCOG plans a three-phase approach:

- Phase 1—Creating a project structure for Health Benefits Consortium;
- Phase 2—Developing an health benefits program design:
- Phase 3—Implementing the new program and establishing a new administrative framework.

Phase 1. Create the Tompkins County Health Benefits Consortium and establish project structure. With the guidance of our consultant, we have drafted a Consortium agreement, outlined its method of governance, and will conduct the necessary in-depth research to finalize design and implementation steps. We have secured the services of an independent consultant experienced in working with municipalities to establish such health insurance collaborations. This phase concludes with securing of professional support to design the program during the next stage of the project. This objective includes the following action steps:

- Developed and released the "Request for Qualifications" for an independent consultant to guide Phase I of the project
- Selected independent consultant
- Drafted Health Benefits Consortium Agreement
- Finalize study elements for Phase II

**Phase 2. Develop project design.** During this stage, with the assistance of our program design consultant, we will conduct a comprehensive review of the municipalities' experience with their current health benefits programs and analyze the existing municipal health plans, comparing to industry benchmarks. This objective includes the following action steps:

- Review current employee utilization of health care and other services
- Analyze current administrative design
- Identify and address potential financial and legal barriers
- Develop health insurance and benefits plan design
- Develop and release Request for Proposals for health benefits provider or third party administrator for a self insured plan
- Analyze responses
- Recommend and select provider.

Phase 3. Implement the comprehensive health benefits program. During this final stage, we will work with the provider to develop a selection of plans and benefits for municipalities and staff, negotiating plan designs that will reduce overall spending on health benefits by at least ten percent. We will create the program administrative structure, developing technology platforms to support delivery and administration, and will provide collective bargaining incentives to expedite transition to the new system. We will educate employees about the program and will enroll individuals in the plan, which is anticipated to be operational by the end of 2009. This objective includes the following action steps:

- Finalize and implement program administrative framework
- Design employee participation incentive program
- Educate employees
- Enroll employees
- Activate comprehensive health benefits program.

While the primary focus will be on providing health insurance coverage, the consortium may also sponsor the following related benefit programs as part of this initiative.

Dental coverage

- Flexible spending accounts
- COBRA administration
- Eyeglass reimbursements
- Wellness programs, such as smoke cessation, weight loss, stress reduction, health club memberships
- Healthy Living Components
- Prescription Cards
- Other programs

# 4. Project Schedule – approximate dates

The following project schedule offers a timeline and completion dates for the activities and key action steps. The schedules have been organized by the proposed three project phases

| Phase 1- Creating a project structure for Health Benefits Consortium |         |          |  |
|--|---------|----------|--|
| Task   | Start   | Finish   |  |
| RFQ – Select Consultant to develop Consortium                        |         | 9/20/07  |  |
| Develop Draft Health Benefits Consortium                             | 9/20/07 | 11/15/07 |  |
| Agreement  |         |          |  |
| Develop Request for Proposals- Project Design                        | 2/1/08  | 3/1/08   |  |
| Begin utilization review   | 2/1/08  | 5/1/08   |  |
| Select Consultant for Phase 2 Developing an                          | 3/1/08  | 5/1/08   |  |
| health benefits program design for TCCOG                             |         |          |  |

| Phase 2- Developing a health benefits program design                                      |          |         |  |  |
|---|----------|---------|--|--|
| Task  | Start    | Finish  |  |  |
| Continue utilization review   | 5/1/08   | 6/15/08 |  |  |
| Analyze current administrative design and identify potential financial and legal barriers | 5/1/08   | 7/15/08 |  |  |
| Develop Plan Design   | 5/1/08   | 8/1/08  |  |  |
| Develop and release RFP – Provider or third party administrator                           | 7/15/08  | 9/1/08  |  |  |
| Analyze responses and select provider   | 10/15/08 | 12/1/08 |  |  |

# Phase 3 – Implementing the new program and establishing a new administrative frame work

| Task   | Start   | Finish  |
|--|---------|---------|
| Administrative implementation                  | 12/1/08 | 1/30/09 |
| Design Incentive Program                       | 2/1/09  | 2/28/09 |
| Sign inter-municipal consortium agreement      | 3/1/09  |         |
| Education and implementation                   | 3/1/09  | 8/1/09  |
| Enrollment Process                             | 11/1/09 |         |
| Initiate Comprehensive Health Benefits Program | 1/1/10  |         |

### 5. Scope of Services -

The Consultant shall meet the following service requirements:

- a. Review and achieve working knowledge of the existing health benefit structure, contracts, and funding sources for TCCOG member municipalities.
- b. Assist with all required filings.
- c. Design TCCOG Consortium Health Benefits Plan with options.
- d. Facilitate meetings of the TCCOG's Health Benefits Steering Committee.
- e. Make presentations to TCCOG committee members, the boards of the participating entities, and the entities' employees and retirees.
- f. Design and develop Request for Proposal for Phase 3 for third party administrator.
- g. Revise all prepared project documents, as directed by TCCOG's legal counsel.
- h. Provide necessary support to implement plan with participating members.

# 6. RFP Response Requirements

To be considered responsive, prospective consultants must

- Demonstrate capabilities to assist members with consulting services related to:
  - A. Health related employee benefit
  - B. Related benefit programs
  - C. Legal compliance requirements for municipal consortiums
- Outline additional services the Consultant believes necessary to ensure that TCCOG maintains a high quality, cost-competitive benefit program.
- Provide resumes and relevant experience for each member of the proposed TCCOG client management team.

- Present specific examples of experience with consortium purchasing; and governmental and healthcare entities as they relate to health benefit programs.
- Present evidence of forming and/or consulting for at least 3 Upstate New York municipal health benefits consortiums
- Include a brief history of the firm, the ownership/organizational structure; and an organizational chart showing the functions, reporting relationships, and locations of the individuals/departments that would be responsible for our account.
- Complete "Proposer's Response- Cost" page.
- Specify the cost of providing consulting services, including method of payments (such as hourly, monthly, annually, or flat rate.) Fees will be based on the ongoing services described previously. All costs, including but not limited to travel and lodging, must be included in your cost for services. The payment schedule will be determined, based upon the negotiated scope of services.
- All proposals must include a one-page summary that addresses the evaluation criteria listed below. In addition to being submitted as part of the response package, this summary must be emailed to Tompkins County Administration no later than March 25, 2008, directed to: Doreen Lauper <dlauper@tompkins-co.org>.

### 7. Evaluation Criteria

A. Qualifications and experience of RFP responders in providing services -

Replies to this request must designate specific personnel who will be assigned to the project. Resumes of staff assigned to the project should be submitted which include education, professional registration, familiarity with applicable laws and regulations, and work experience.

Greater consideration may be given to resumes indicating evidence of the following:

- Experience working with Upstate New York municipalities;
- Experience working with political bodies;
- Experience working with regions comparable to Tompkins County; and
- Experience working with consortiums

Points assigned to this category: 30 points

**B.** Past Performance - Firms responding to this request must submit in writing a synopsis of experience completing relevant projects of similar scope and nature, completed within the past five years. Respondents must indicate how these projects are relevant, and must provide at least three professional references related to these successful projects, which include the client's name, address, contact person, and telephone number(s).

Points assigned to this category: 35 points

**C. Responsiveness to RFP** – Submissions will be evaluated on presentation of the material and completeness of information submitted, related to Tompkins County and its needs.

Points assigned to this category: 10 points.

D. Resources – Respondents must demonstrate that they are capable and ready to fulfill the requirements of this project, meeting the dates and milestones indicated in the RFP and that adequate staffing will be assigned to Tompkins County's project.

Points assigned to this category: 15 points

**E. Compensation** – The proposal must specify the amount of compensation requested and the proposed method of payment.

Points assigned to this category: 10 points.

- Prospective consultants must submit one (1) original and 18 copies of the response to:
   Tompkins County Administration
   125 East Court Street
   Ithaca, NY 14850
- All questions must be submitted in writing no later than March 14, 2008, directed to:
   Stephen Whicher, County Administrator
   Tompkins County Administration
   125 East Court Street
   Ithaca, NY 14850

Or may be submitted via email to: <a href="mailto:swhicher@tompkins-co.org">swhicher@tompkins-co.org</a>

This document was produced due to the grant received from the New York State Department of State's Shared Municipal Services Initiative.

### GENERAL INSTRUCTIONS

- Proposals shall be submitted in a sealed envelope marked with the name of the respondent and the words "Sealed Proposal Health Benefits Consortium Consultant" and the proposal title marked on the outside of the envelope. Respondents must submit one original with original signatures and one copy of their proposals.
- Respondent assumes the risk of any delay in the mail. Whether sent by Mail, Courier Service, or Personal Delivery, respondent assumes responsibility for having the proposal deposited on time at the location indicated in the Request for Qualifications. Any proposals received after the designated time stated in the Request for Qualifications will not be considered and will be returned to the respondent unopened.
- 3. The proposal, as presented, shall remain valid for a period of ninety (90) days from date that it is due. No respondent may withdraw their proposal within forty-five days after the responses are due, however proposals may be withdrawn at any time before the closing time indicated in the Request for Proposals.
- 4. No charge shall be allowed for federal, state, municipal sales, and excise taxes from which the County is exempt. Exemption certificates will be forwarded to the successful bidder upon request.
- 5. Proposal pricing is to include all costs associated with delivery. In the event that a product requires installation, proposal pricing is to include all costs associated with installation.
- 6. Specifications that indicate manufacturers name and/or model numbers do so to indicate the quality and workmanship acceptable to Tompkins County. Proposals for items other than those specified must be accompanied by evidence of equivalency. Deviations to the specifications are to be so noted and fully explained. Deviations will be analyzed and if deemed to be in the best interests of the County may be waived.
- 7. It shall be the responsibility of each respondent to call to the attention of the County any apparent discrepancy in the specifications or any question of interpretation thereof. Failure to do so constitutes acceptance as written.
- 8. The County reserves the right to "Revise" or "Amend" the specifications prior to the proposal due date by "Written Addenda" up to four (4) calendar days prior to the due date. It is the responsibility of the respondent to ascertain whether any addenda have been issued by checking with the Purchasing Office.
- 9. Respondent are advised that all items proposed are to be new (unless otherwise specified), unused, and first quality. Any material delivered by a contractor which is not in accordance with specifications or is otherwise unsatisfactory, in the opinion of the County, may be retained and, if necessary, used until it is replaced with satisfactory material.
- 10. Where a delivery date or timeframe (i.e.; 5 days a/r/o) is specified, respondents are to make deliveries in accordance with the specifications.
- 11. The County reserves the right to consider a proposal "incomplete" or "non-responsive" if it is not submitted in accordance with the provisions of the specifications, or to waive informalities in any proposal as received. The County also reserves the right to reject all proposals that do not prove to be in the best interest of the County, without cause.

- 12. Tompkins County reserves the right to make any investigations deemed necessary to determine the ability of a respondent to perform the work and/or make deliveries of the items specified within the specifications. The respondent shall furnish to the County all requested information and data for this purpose. The information shall include, and not limited to, name and address of the manufacturer of the items proposed. The County also reserves the right to reject any proposal if the evidence submitted by, or the investigation of, such respondent fails to satisfy the County that such respondent is qualified to carry out the obligations of the proposal or to complete the deliveries contemplated therein.
- 13. The contractor or respondent to whom a contract is awarded is prohibited from assigning, transferring, conveying, subletting, or otherwise disposing of the same to any other person or corporation, except as provided in section 109, General Municipal Law.
- 14. In submitting a proposal, the respondent declares that they are the only person or persons interested in the said proposal, that the proposal is made without any connection any person making another proposal for the same materials; that the proposal is in all respects fair and without collusion, fraud, or mental reservation; and that no official of the County, or any person in the employ of the County, is directly or indirectly interested in said proposal, or supplies, or any portion of the profits thereof.
- 15. The contractor agrees to make no claim for damages for delay occasioned by an act or omission of the County.
- 16. If required, the successful respondent shall enter into a contract for implementation of this proposal, with Tompkins County. If a contract is required, the successful respondent shall sign a Tompkins County Contract; Tompkins County will not sign any company's service agreement, contract, or any other form of agreement. Tompkins County does reserve the right to extract certain language from a company's agreement and incorporate it into a Tompkins County Contract if mutually agreeable.
- 17. The County reserves the right to cancel a contract with no less than ten (10) days written notice to the respondent.
- 18. All proposals submitted to Tompkins County become the property of Tompkins County and are subject to Public Information Policy. Any confidential information, if required by specifications, such as a company's financial status shall be submitted in a separate sealed envelope with the word "CONFIDENTIAL" on the outside. All confidential materials submitted shall be clearly marked on the top of each page as CONFIDENTIAL.
- 19. Tompkins County encourages the payment of livable wages whenever practical and reasonable.

This table must be completed in its entirety and be included in the response to this request for proposals.

# Proposer's Response - Cost

| Phase 2 Amount   | \$ |
|--|----|
| Phase 3 Amount   | \$ |
| Phase 2 Amount + Phase 3 Amount  | \$ |
| Annual Amount for Consulting Services for 5 Years after Implementation | \$ |

TOMPKINS COUNTY FINANCE DEPARTMENT – PURCHASING 2<sup>nd</sup> FLOOR 125 E COURT ST., ITHACA, NY 14850

# **DECLINATION OF RESPONSE**

If you are not responding to this solicitation, please indicate your reasons by checking any appropriate items below and returning this form to the above address. Your cooperation will be greatly appreciated.

| We | are not responding for this reason:  |
|----|--|
|    | Items or materials not manufactured by us or not available to our company.                                   |
|    | Our items or materials do not meet these specifications.   |
|    | Specifications not clearly understood or applicable (too vague, too rigid, etc.)                             |
|    | Quantities too small.  |
|    | Insufficient time allowed for preparation of submittal.  |
|    | Incorrect address used. Our correct mailing address is:  |
|    |  |
|    |  |
|    |  |
|    | Other reason:  |
|    |  |
|    | Please respond:  |
|    | We are unable to respond at this time but would like to continue to receive specifications.                  |
|    | We are unable to respond and do not wish to receive notification of specification availability.              |
|    | /RFP/RFQ Title: Request for Proposals- Phases 2 & 3 – Tompkins County Health Benefits Consortiun<br>nsultant |
|    | Firm Name:   |
|    | Address:   |
|    | Signature:   |

### ANTI-DISCRIMINATION CLAUSE

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

- (a) The contractor will not discriminate against any employee or applicant for employment because of race, creed, color or national origin, and will take affirmative action to insure that they are afforded equal employment opportunities without discrimination because of race, color, creed, ethnicity, Vietnam-era veteran status, disabled veteran, marital status, disability, national origin, or status as an ex-offender. Such action shall be taken with reference, but not be limited, to: recruitment, employment, job assignment, promotion, upgrading, demotion, transfer, layoff or termination, rates of pay or other forms of compensation, and selection for training or retraining, including apprenticeship and on-the-job training.
- (b) The contractor will send to each labor union or representative of workers with which he has or is bound by a collective bargaining or other agreement or understanding, a notice, to be provided by the State Commissioner for Human Rights, advising such labor union or representative of the contractor's agreement under clauses (a) through (f) hereinafter called "non-discrimination clauses". If the contractor was directed to do so by the contracting agency as part of the bid or negotiation of this contract, the contractor shall request such labor union or representative to furnish him with as written statement that such labor union or representative either will affirmatively cooperate, within the limits of its legal and contractual authority, in the implementation of the policy and provisions of these non-discrimination clauses or that it consents and agrees that recruitment, employment and the terms and conditions of employment under this contract shall be in accordance with the purposes and provisions of these non-discrimination clauses. If such labor union or representative fails or refuses to comply with such a request that it furnish such a statement, the contractor shall promptly notify the State Commission for Human Rights of such failure or refusal.
- (c) The contractor will post and keep posted in conspicuous places, available to employees and applicants for employment, notices to be provided by the State Commission for Human Rights setting forth the substance of the provisions of clauses (a) and (b) and such provisions of the State's and local Tompkins County Laws against discrimination as the State Commission for Human Rights shall determine.
- (d) The contractor will state, in all solicitations or advertisements for employees placed by or on behalf of the contractor, that all qualified applicants will be afforded equal employment opportunities without discrimination because of race, creed, color or national origin.
- (e) The contractor will comply with the provisions of Sections 291-299 of the Executive Law and the Civil Rights Law, will furnish all information and reports deemed necessary by the State Commission for Human Rights under these non-discrimination clauses and such sections of the Executive Law, and will permit access to his books, records and accounts by the State Commission for Human Rights, the Attorney General and the Industrial Commissioner for purposes of investigation to ascertain compliance with these non-discrimination clauses and such sections of the Executive Law and Civil Rights Law.
- (f) This contract may be forthwith cancelled, terminated or suspended, in whole or in part, by the contracting agency upon the basis of a finding made by the State Commission for Human Rights that the Contractor may be declared ineligible for future contracts made by or on behalf of the State or a public authority or agency of the State, until he satisfies the State Commission for Human Rights that he has established and is carrying out a program in conformity with the provisions of these non-discrimination clauses. Such finding shall be made by the State Commission for Human Rights after conciliation efforts by the Commission have failed to achieve compliance with these non-discrimination clauses and after a verified complaint has been filed with the Commission, notice thereof has been given to the Contractor and opportunity has been afforded him to be heard publicly before three members of the Commission. Such sanctions may be imposed and remedies invoked independently of or in addition to sanctions and remedies otherwise provided by law. The Contractor will include the provisions of clauses (a) through (f) in every subcontract or purchase order in such a manner that such provisions be performed within the State of New York. The Contractor will take such action in enforcing such provisions of such subcontract or purchase order as the contracting agency may direct, including sanctions or remedies for non-compliance. If the Contractor becomes involved in or is threatened with litigation with a subcontractor or vendor because of such direction by the contracting agency, the Contractor shall promptly so notify the Attorney General, requesting him to intervene and protect the interests of the State of New York.

| Firm: |  |  |  |
|-------|--|--|--|

By: \_\_\_\_\_\_Title:\_\_\_\_\_

Date:

GENERAL CONDITIONS ACCEPTED BY:

### COUNTY OF TOMPKINS GENERAL CONDITIONS NON-COLLUSION CERTIFICATE

#### NON-COLLUSIVE CERTIFICATION:

- (a) By submission of this bid/proposal, each bidder/proposer and each person signing on behalf of any bidder/proposer certifies, and in the case of a joint bid/proposal each party thereto certifies as to its own organization, under penalty of perjury, that to the best of his/her/their knowledge and belief:
  - 1. The prices in this bid/proposal have been arrived at independently without collusion, consultation, communication, or agreement, for restricting competition, as to any matter relating to such prices with any other bidder/proposer or with any competitor;
  - 2. Unless otherwise required by law, the prices that have been quoted in this package have not been knowingly disclosed by the bidder/proposer prior to opening, directly or indirectly, to any other bidder/proposer or to any competitor; and
  - 3. No attempt has been made or will be made by the bidder/proposer to induce any other person, partnership, or corporation to submit or not to submit a bid/proposal for restricting competition.

| Name of Bidder/Proposer           |
|-----------------------------------|
| <br>Signature and Title of Signer |
| <br>Date                          |

#### NOTE:

A bid/proposal shall not be considered for award nor shall any award be made where (a) 1, 2 and 3 above have not been complied with; provided, however, that if in any case the bidder/proposer cannot make the foregoing certification, the bidder/proposer shall so state and shall furnish with the bid/proposal a signed statement that sets forth in detail the reason(s) therefore. Where (a) 1, 2, and 3 above have not been complied with, the bid/proposal shall not be considered for award nor shall any award be made unless the head of the purchasing unit of the political subdivision, public department, agency or official thereof to which the bid/proposal is made, or his designee, determines that such disclosure was not made for the purpose of restricting competition.

The fact that a bidder/proposer (a) has published price lists, rates or tariffs covering items being procured, (b) has informed prospective customers of proposed or pending publication of new or revised price lists for such items, or (c) has sold the same items to other customers at the same prices being bid/proposed, does not constitute, without more, a disclosure within the meaning of subparagraph (a) 1.

### TOMPKINS COUNTY INSURANCE AND INDEMNIFICATION

The Successful Bidder Shall Maintain and Agree to the Following:

(Professional), hereinafter referred to as Contractor, shall indemnify, hold harmless and defend Tompkins County, and its officers, employees, agents, and elected officials for injury or death to any person or persons or damage to property arising out of the performance of the Contractor, its employees, subcontractors or agents with the exception of all actions and claims arising out of the negligence of Tompkins County. The Contractor shall maintain the following minimum limits of insurance or as required by law, whichever is greater.

- A.) Workers' Compensation and New York Disability Statutory Coverage Employer's Liability Unlimited.
- B.) **Commercial General Liability** including, contractual, independent contractors, products/completed operations Occurrence Form required.

| • | Each Occurrence                         | \$1,000,000 |
|---|---|-------------|
| • | General Aggregate                       | 2,000,000   |
| • | Products/Completed Operations Aggregate | 2,000,000   |
| • | Personal and Advertising Injury         | 1,000,000   |
| • | Fire Damage Legal                       | 50,000      |
| • | Medical Expense                         | 5,000       |

- General Aggregate shall apply separately to the project prescribed in the contract
- Tompkins County and its officers, employees, agents and elected officials are to be included as **Additional Insureds**
- C.) Business Auto Coverage Liability for Owned, \$1,000,000 CSL or Hired and Non-Owned Autos 500,000 Per Person BI 1,000,000 Per Accident BI 250,000 PD Split Limits
- Tompkins County and its officers, employees, agents and elected officials are to be included as **Additional Insureds**
- D.) Professional Liability \$1,000,000 OR Errors and Omissions Liability \$1,000,000

All insurance shall be written with insurance carriers licensed by the State of New York Insurance Department and have a Best's rating of A XI or better. Proof of insurance shall be provided on the Tompkins County Certificate of Insurance. The accord Certificate of Insurance or insurance company certificate may be used for proof of Workers' Compensation and Disability. All Certificates shall contain a sixty (60) day notice of cancellation, non-renewal or material change to Tompkins County. All Certificates must be signed by a licensed agent or authorized representative of the insurance company. Broker signature is not acceptable. Certificates of Insurance shall be submitted with the proposal.

INSURED

NAME ADDRESS

# TOMPKINS COUNTY CERTIFICATE OF INSURANCE

A.M. BEST RATING:

BIDS CANNOT BE ACCEPTED NOR CAN WORK COMMENCE UNTIL THIS CERTIFICATE IS RECEIVED AND ACCEPTED BY COUNTY ADMINISTRATION

INSURANCE CARRIER:

| CITY,ST ZIP   |  |  | В                      |                     |  |  |
|---|--|--|------------------------|---------------------|--|--|
| PRODUCER<br>NAME  |  |  | С                      |                     |  |  |
| ADDR  |  |  | D                      |                     |  |  |
| CITY,   | ST ZIP   |  |                        |                     |  |  |
| PHON  | E:   | This could be a little to the second   |                        |                     | Abia dina  |  |
| 00  |  | This certifies that the policies liste   | d below have been issu |                     | this time.   |  |
| CO<br>LTR   | TYPE OF INSURANCE                                    | POLICY NUMBER  | EFFECTIVE DATE         | EXPIRATION DATE     | LIMITS (IN \$1   | ,000)  |
|   | GENERAL LIABILITY                                    |  |                        |                     | EACH OCCURRENCE  | \$   |
|   | ☐ OCCURRENCE FORM                                    |  |                        |                     | GENERAL AGGREGATE PRODUCTS-COMP/OP AGG.  | \$<br>\$                                       |
|   |  |  |                        |                     | PERSONAL & ADV INJURY  | \$   |
|   | □ OTHER  | (Certified Copy of policy must be submitted  | ed if other)           |                     | FIRE DAMAGE (ANY 1 FIRE)   | \$   |
|   | AUTOMOBILE LIABILITY                                 |  |                        |                     |  |  |
|   | ANY AUTO   |  |                        |                     | COMBINED SINGLE LIMIT  | \$<br>\$                                       |
|   | ☐ OWNED AUTOS ☐ HIRED AUTOS                          |  |                        |                     | BODILY INJURY (per person) BODILY INJURY (per accident)                          | \$<br>\$                                       |
|   | ☐ NON-OWNED AUTOS                                    |  |                        |                     | PROPERTY DAMAGE  | \$   |
|   | EXCESS LIABILITY  UMBRELLA FORM                      |  |                        |                     | EACH OCCURRENCE  | \$   |
|   | ☐ OTHER THAN UMBRELLA                                |  |                        |                     |  |  |
|   | WORKERS'<br>COMPENSATION AND<br>EMPLOYERS' LIABILITY |  |                        |                     | COVERAGE A COVERAGE B EACH ACCIDENT DISEASE-POLICY LIMIT DISEASE - EACH EMPLOYEE | STATUTORY //////////////////////////////////// |
|   | NYS DISABILITY                                       |  |                        |                     |  | STATUTORY                                      |
|   | PROFESSIONAL LIABILITY<br>OR ERRORS/OMISSIONS        |  |                        |                     |  | \$   |
|   | OWNERS CONTRACTORS PROTECTIVE LIABILITY              |  |                        |                     |  |  |
|   | OTHER  |  |                        |                     |  |  |
| employees   |  | vledge that the above referenced contract constitutes and a state of the state of t |                        |                     |  |  |
| Certificate Holder:   |  |  | AUTHORIZED RE          | <u>PRESENTATIVE</u> |  |  |
| TOMPKINS COUNTY ADMINISTRATION                                      |  |  |                        | Signature           |  |  |
| 125 EAST COURT STREET   |  |  |                        |                     |  |  |
| ITHACA, N.Y. 14850  |  |  |                        | Name                |  |  |
|   |  |  |                        | Title               |  | Date   |
| Phone (607) 274-5548 Fax (607) 274-5558<br>jkippola@tompkins-co.org |  |  |                        | ,                   |  | 1999   |
|   |  |  |                        |                     |  |  |