

ADDENDUM 1

To: All Proposers

From: Village of Orland Park

Date: October 11, 2013

RE: Insurance Brokerage Services RFP dated October 2, 2013

This addendum becomes part of and modifies, amends, and clarifies the Request for Proposal Documents issued for the above mentioned project. All provisions and requirements of the RFP Documents shall remain in effect except as specifically changed below:

Question 1: Who are the current carriers that insure the village? Please break carriers down by line of coverage.

Response 1:

<u>Type</u>	<u>2013 Carrier</u>
• Property/B&M/Inland Marine/Auto Physical Damage	Chubb
• Crime	Great American
• Public Entities Excess - GL, Auto Liability, E&O, EPLI & EBL	Lexington
• Excess Workers Comp	Safety National
• Excess Liability	Illinois National
• 3rd Party Administrator for all Casualty Coverages	CCMSI

Question 2: Who is the Village's current insurance broker?

Response 2:The Horton Group

Question 3: How long has the current broker represented the Village?

Response 3:Since 2003

Question 4: What is the current annual brokerage service fee?

Response 4:\$59,500

Question 5: Who are the current insurance carriers for the Village?

Response 5:See Response 1

Question 6: In order to better evaluate your current insurance program and provide conceptual program designs for the Village, can 5 years of historical loss runs be made available?

Response 6: See attached Loss Summary

Question 7: To what extent does the current broker provide Safety Engineering and Claims Advocacy services?

Response 7: The Village's current insurance broker coordinates the quarterly worker's comp and liability claims reviews with the Village and the Village's current TPA. A division of the Village's current insurance broker's firm has conducted a number of training sessions for the Village over the years. Each year, they conduct seasonal maintenance safety training and drug and alcohol training for both supervisors and employees. This year they will be conducting the training required to meet the new Hazard Communication Standards. They also have provided various programs including ergonomics review, safety program review, and driver safety programs, among others.



VILLAGE OF ORLAND PARK

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Loss Run Summary Report

All Claims Where Claim Status is Closed or Open, Date Of Loss is between 1/1/2007 and 9/30/2013 11:59 PM As of 9/30/2013 11:59 PM

	# Claims	Total Paid	Outstanding Reserves	Third Party Recovery	Total Incurred	Carrier Reimbursement	Net Incurred
Coverage: ALB							
Policy Period: 10/01/2007 - 09/30/2008	1	\$1,842.20	\$0.00	\$0.00	\$1,842.20	\$0.00	\$1,842.20
Policy Period: 10/01/2009 - 12/31/2009	5	\$25,595.24	\$0.00	\$0.00	\$25,595.24	\$0.00	\$25,595.24
Policy Period: 01/01/2010 - 12/31/2010	1	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Coverage: ALB	7	\$27,437.44	\$0.00	\$0.00	\$27,437.44	\$0.00	\$27,437.44
Coverage: ALP							
Policy Period: 10/01/2007 - 09/30/2008	5	\$5,141.37	\$0.00	\$0.00	\$5,141.37	\$0.00	\$5,141.37
Policy Period: 10/01/2008 - 09/30/2009	6	\$17,078.44	\$0.00	\$0.00	\$17,078.44	\$0.00	\$17,078.44
Policy Period: 10/01/2009 - 12/31/2009	4	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Policy Period: 01/01/2010 - 12/31/2010	5	\$4,896.50	\$0.00	\$0.00	\$4,896.50	\$0.00	\$4,896.50
Policy Period: 01/01/2011 - 12/31/2011	4	\$865.91	\$0.00	\$0.00	\$865.91	\$0.00	\$865.91
Policy Period: 01/01/2012 - 12/31/2012	1	\$2,699.57	\$0.00	\$0.00	\$2,699.57	\$0.00	\$2,699.57
Policy Period: 01/01/2013 - 12/31/2013	1	\$1,219.67	\$0.00	\$0.00	\$1,219.67	\$0.00	\$1,219.67
Coverage: ALP	26	\$31,901.46	\$0.00	\$0.00	\$31,901.46	\$0.00	\$31,901.46
Coverage: APD							
Policy Period: 10/01/2008 - 09/30/2009	5	\$53,897.34	\$0.00	\$46,672.36	\$7,224.98	\$0.00	\$7,224.98
Policy Period: 01/01/2010 - 12/31/2010	4	\$7,720.20	\$0.00	\$7,654.30	\$65.90	\$0.00	\$65.90
Policy Period: 01/01/2011 - 12/31/2011	4	\$3,973.36	\$0.00	\$3,973.36	\$0.00	\$0.00	\$0.00
Policy Period: 01/01/2013 - 12/31/2013	2	\$31,311.00	\$0.00	\$0.00	\$31,311.00	\$21,272.00	\$10,039.00
Coverage: APD	15	\$96,901.90	\$0.00	\$58,300.02	\$38,601.88	\$21,272.00	\$17,329.88
Coverage: EPL							
Policy Period: 10/01/2007 - 09/30/2008	1	\$3,678.56	\$0.00	\$0.00	\$3,678.56	\$0.00	\$3,678.56
Policy Period: 10/01/2008 - 09/30/2009	1	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Policy Period: 10/01/2009 - 12/31/2009	1	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

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	# Claims	Total Paid	Outstanding Reserves	Third Party Recovery	Total Incurred	Carrier Reimbursement	Net Incurred
Coverage: EPL							
Policy Period: 01/01/2012 - 12/31/2012	2	\$56,409.58	\$87,612.42	\$0.00	\$144,022.00	\$0.00	\$144,022.00
Coverage: EPL	5	\$60,088.14	\$87,612.42	\$0.00	\$147,700.56	\$0.00	\$147,700.56
Coverage: GLB							
Policy Period: 10/01/2007 - 09/30/2008	9	\$40,272.44	\$0.00	\$0.00	\$40,272.44	\$0.00	\$40,272.44
Policy Period: 10/01/2008 - 09/30/2009	8	\$22,154.13	\$3,430.50	\$0.00	\$25,584.63	\$0.00	\$25,584.63
Policy Period: 01/01/2010 - 12/31/2010	3	\$20.00	\$0.00	\$0.00	\$20.00	\$0.00	\$20.00
Policy Period: 01/01/2011 - 12/31/2011	5	\$6,184.90	\$81,005.85	\$0.00	\$87,190.75	\$0.00	\$87,190.75
Policy Period: 01/01/2012 - 12/31/2012	3	\$44.00	\$0.00	\$0.00	\$44.00	\$0.00	\$44.00
Policy Period: 01/01/2013 - 12/31/2013	5	\$23.50	\$1,011.00	\$0.00	\$1,034.50	\$0.00	\$1,034.50
Coverage: GLB	33	\$68,698.97	\$85,447.35	\$0.00	\$154,146.32	\$0.00	\$154,146.32
Coverage: GLP							
Policy Period: 10/01/2007 - 09/30/2008	7	\$1,408.59	\$0.00	\$0.00	\$1,408.59	\$0.00	\$1,408.59
Policy Period: 10/01/2008 - 09/30/2009	4	\$8,459.58	\$0.00	\$0.00	\$8,459.58	\$0.00	\$8,459.58
Policy Period: 01/01/2010 - 12/31/2010	3	\$4,962.20	\$0.00	\$0.00	\$4,962.20	\$0.00	\$4,962.20
Policy Period: 01/01/2011 - 12/31/2011	3	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Policy Period: 01/01/2013 - 12/31/2013	3	\$725.00	\$934.00	\$0.00	\$1,659.00	\$0.00	\$1,659.00
Coverage: GLP	20	\$15,555.37	\$934.00	\$0.00	\$16,489.37	\$0.00	\$16,489.37
Coverage: PD							
Policy Period: 01/01/2011 - 12/31/2011	1	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Coverage: PD	1	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Coverage: PFC							
Policy Period: 01/01/2012 - 12/31/2012	2	\$52,645.02	\$0.00	\$0.00	\$52,645.02	\$37,645.02	\$15,000.00

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	# Claims	Total Paid	Outstanding Reserves	Third Party Recovery	Total Incurred	Carrier Reimbursement	Net Incurred
Coverage: PFC							
Policy Period: 01/01/2013 - 12/31/2013	2	\$20,043.92	\$456.08	\$14,500.00	\$6,000.00	\$0.00	\$6,000.00
Coverage: PFC	4	\$72,688.94	\$456.08	\$14,500.00	\$58,645.02	\$37,645.02	\$21,000.00
Coverage: PLE							
Policy Period: 10/01/2007 - 09/30/2008	1	\$9.00	\$0.00	\$0.00	\$9.00	\$0.00	\$9.00
Coverage: PLE	1	\$9.00	\$0.00	\$0.00	\$9.00	\$0.00	\$9.00
Coverage: POL							
Policy Period: 10/01/2007 - 09/30/2008	1	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Policy Period: 01/01/2011 - 12/31/2011	3	\$87,836.80	\$0.00	\$0.00	\$87,836.80	\$0.00	\$87,836.80
Coverage: POL	4	\$87,836.80	\$0.00	\$0.00	\$87,836.80	\$0.00	\$87,836.80
Coverage: WC							
Policy Period: 10/01/2006 - 09/30/2007	47	\$231,575.07	\$0.00	\$10,500.00	\$221,075.07	\$0.00	\$221,075.07
Policy Period: 10/01/2007 - 09/30/2008	52	\$338,072.40	\$0.00	\$3,373.31	\$334,699.09	\$0.00	\$334,699.09
Policy Period: 10/01/2008 - 12/31/2009	55	\$370,632.45	\$60,677.46	\$2,239.24	\$429,070.67	\$0.00	\$429,070.67
Policy Period: 01/01/2010 - 12/31/2010	47	\$279,848.97	\$219,147.83	\$22,403.06	\$476,593.74	\$0.00	\$476,593.74
Policy Period: 01/01/2011 - 12/31/2011	37	\$517,829.89	\$413,259.73	\$0.00	\$931,089.62	\$0.00	\$931,089.62
Policy Period: 01/01/2012 - 12/31/2012	48	\$242,340.53	\$245,205.77	\$0.00	\$487,546.30	\$0.00	\$487,546.30
Policy Period: 01/01/2013 - 12/31/2013	33	\$131,549.53	\$260,961.60	\$0.00	\$392,511.13	\$0.00	\$392,511.13
Coverage: WC	319	\$2,111,848.84	\$1,199,252.39	\$38,515.61	\$3,272,585.62	\$0.00	\$3,272,585.62
Report Totals:							
	435	\$2,572,966.86	\$1,373,702.24	\$111,315.63	\$3,835,353.47	\$58,917.02	\$3,776,436.45

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PROPOSAL SUMMARY SHEET
(revised Addendum 1 - 10.11.13)

Insurance Brokerage Services
Project Name

IN WITNESS WHEREOF, the parties hereto have executed this proposal as of date shown below.

Organization Name: _____

Street Address: _____

City, State, Zip: _____

Contact Name: _____

Phone: _____ Fax: _____

E-Mail address: _____

FEIN#: _____

RECEIPT OF ADDENDA: The receipt of the following addenda is hereby acknowledged:

Addendum No. _____, Dated _____

Total Annual Fee for Services \$ _____

Signature of Authorized Signee: _____

Title: _____

Date: _____

ACCEPTANCE: This proposal is valid for _____ calendar days from the date of submittal.
(Note: At least 60 days should be allowed for evaluation and approval)