RFQ 2019-006 Group Health Insurance Program Addend

Issue Date: 4/19/2019
Questions Deadline: 5/2/2019 05:00 PM (CT)
Response Deadline: 5/8/2019 02:00 PM (CT)

Contact Information

Contact: Mr. Juan Guerrero Contract Administrator
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Event Information

Number:	RFQ 2019-006 Group Health Insurance Program Addend
Title:	
Type:	Request For Qualifications
Issue Date:	4/19/2019
Question Deadline:	5/2/2019 05:00 PM (CT)
Response Deadline:	5/8/2019 02:00 PM (CT)
Notes:	*Download All Attachments* Please upload your response documents in the "Response Attachments" tab before completing your submission.

Bid Attachments

RFQ 2019-006 Group Health Insurance Program.pdf Download

RFQ 2019-006

Additional Forms.pdf Download

Additional Forms

General Affidavit Purchasing Ethics.pdf Download

Affidavit

2019 Aetna RX Standard Plans exclusions.pdf Download

2019 Aetna RX Standard Plans Exclusions

2019 Benefit Plan Booklet.pdf Download

2019 Benefit Plan Booklet

Group Dental Insurance Plan.pdf Download

Group Dental Insurance Plan

Supplier Information

Company Name: Wethe & Associates, Inc

Contact Name: Kenneth D. Wethe

Address: 2607 Manor Way
P.O. Box 36021
Dallas, TX 75235

Phone: 214-350-9570

Fax: 214-350-8745

Email:

Supplier Notes

By submitting your response, you certify that you are authorized to represent and bind your company.

Kenneth D. Wethe
Print Name

Signature

15. The applicant shall have a satisfactory record of integrity and ethics. Therefore, please disclose and explain any significant negative events in you firm's recent history including criminal charges, civil litigation, or administrative actions involving allegations of legal or administrative violations by your firm or its employees, or suspension of any licenses held by members of your firm or you firm entity during the past five years.

16. Submit a brief summary of your staffing level and the experience of your staff.

17. Should your firm be chosen to represent the County, would your firm require any additional human resources? If so, please explain your firm's plan to obtain additional human resources.

18. Are there any other lines of business conducted by your firm that could conflict with your role as insurance consultant for Webb County? Please disclose any arrangements that might present an actual or apparent conflict of interest or the appearance of impropriety with the role of an independent insurance consultant.

19. The Applicant must have insurance for agent's errors and omissions liability with a limit of at least one million dollars ($1,000,000.00) per occurrence.

20. Please submit a copy of your current Professional Liability Insurance. Note: The Commissioners' Court will accept Professional Liability insurance on a project-by-project basis.