



## **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

Address: 1110 Washington St.

Suite 101

Laredo, TX 78040

Phone: (956) 523-4149

Email: [juguerrero@webbcountytx.gov](mailto:juguerrero@webbcountytx.gov)

## 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

RFQ 2019-006

Download

### Additional Forms.pdf

Additional Forms

Download

### General Affidavit Purchasing Ethics.pdf

Affidavit

Download

### 2019 Aetna RX Standard Plans exclusions.pdf

2019 Aetna RX Standard Plans Exclusions

Download

### 2019 Benefit Plan Booklet.pdf

2019 Benefit Plan Booklet

Download

### Group Dental Insurance Plan.pdf

Group Dental Insurance Plan

Download

**Supplier Information**

Company Name: Wetue & Associates, Inc  
Contact Name: Kenneth D. Wetue  
Address: 2607 Manor Way  
P.O. Box 36021  
Dallas, TX 75235  
Phone: 214-350-9570  
Fax: 214-350-8745  
Email: \_\_\_\_\_

**Supplier Notes**

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

Kenneth D. Wetue  
Print Name

  
Signature



## Request for Qualifications (RFQ)

RFQ # 2019-006

### *"Independent Consulting Services for Webb County's Group Health Insurance Program"*

Due: May 8, 2019 @ 2pm

**Notice** is hereby given that Webb County is seeking Requests for Qualifications to solicit and select an "Independent" insurance/benefits consultant (hereinafter referred to as Independent Consultant) to advise the County of Webb regarding the management of Webb County's Group Health And Dental Containment Services Self-Funded Program, and auxiliary products. This solicitation will comply with the Texas Government Code, Section 2254, Sub-Chapter A (Professional Services) & B (Consulting Services).

The accompanying RFQ with its terms, conditions, attachments and all other forms in this RFQ package are due by or before 2 p.m. (Central Time) on May 8, 2019. ***RFQ received after the due date and time will not be accepted.*** All RFQ meeting the required deadline will be read publicly at the following location in accordance with Webb County Purchasing Policies and Procedures:

Webb County Purchasing Department  
1110 Washington St., Ste. 101  
Laredo, Texas 78040

This RFQ solicitation can be viewed at the following online address. Interested Contractors may submit their proposals by registering on Webb County's eBid site and uploading their file to our "Response Attachments" Tab. Should anyone need assistance please contact Mr. Juan Guerrero, Contract Administrator at (956) 523-4125.



<https://webbcountyebid.ionwave.net/Login.aspx>

*Webb County reserves the right to reject any and all RFQ, to waive informalities in the RFQ process, or to terminate the RFQ process at any time, if deemed in the best interest for Webb County.*

THIS FORM MUST BE INCLUDED WITH RFQ PACKAGE; PLEASE CHECK OFF EACH ITEM INCLUDED WITH RFQ PACKAGE AND SIGN BELOW TO CONFIRM SUBMITTAL OF EACH REQUIRED ITEM.

**RFQ # 2019-006**

***"Independent Consulting Services for Webb County's Group Health Insurance Program"***

Public Notice

Proposer Information

References

Capacity to Perform Questionnaire

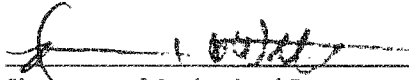
Conflict of Interest form (Form CIQ)

Certification regarding Debarment (Form H2048)

Certification regarding Federal lobbying (Form 2049)

Proof of No Delinquent Tax Owed to Webb County

Purchasing Ethics Affidavit

  
\_\_\_\_\_  
Signature of Authorized Representative

05-06-2019  
\_\_\_\_\_  
Date Signed

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## **1. Scope of Work**

Webb County is seeking Requests for Qualifications to solicit and select an "Independent" insurance/benefits consultant (hereinafter referred to as Independent Consultant) to advise the County of Webb regarding the management of Webb County's Group Health And Dental Containment Services Self-Funded Program and Auxiliary programs, act as its representative as needed with third party providers and other parties.

The Independent Consultant shall evaluate and recommend the most advantageous options for benefit plans or placement of insurance coverage including but not limited to the terms and conditions of coverage, continuity, and cost. In addition, the Independent Consultant must be capable of providing a full range of value-added services, including but not limited to, those outlined in the Scope of Services section. The consulting services shall be strictly those of an Insurance Counselor and shall be compensated by fee negotiated with the County. Absolute independence from insurers is required and no commission-based services are permitted in the scope of this engagement.

### **Scope of Services: as needed, but are not limited to:**

#### **A. Group Health and Dental Containment Services Self-Funded Program**

1. Prepare and evaluate request for proposals/bid specifications and analyze the bids/proposals received from prospective providers and claims services administrators [TPAs]. - Project
2. Negotiate renewal terms with current providers and claims service administrators [TPAs] or negotiate terms with prospective providers and claims service administrators [TPAs] for the policy year beginning January 1, 2020. Discuss cost containment alternative to help control current and future plan costs in conjunction with the rate review. Review plan documents for content and legal requirements.
3. Provide an annual cost impact analysis as benefit changes are anticipated or recommended. Calculate, with the County, the appropriate employee funding and premium requirements, as well as case specific trend factors and reserve calculations.
4. Prepare Requests for Proposals for insurance services of other employee benefit programs (i.e. vision, life, ancillary products etc.); analyze and make appropriate recommendations.
5. Participate in Commissioners Court Agenda meetings as determined by the County's management.
6. Semi-Annually review insurance carriers contracts and third party administrators contract to assure the most cost effective provider utilization. Review specific stop loss limits. Review and analyze claims experience data, claims service, efficiency and accuracy of claims administration to ensure that COUNTY is receiving optimum service and benefits from all carriers and vendors.
7. Assist in COBRA, HIPAA, and other regulatory compliance and reporting to include Summary Plan Descriptions and other Plan Documents. Act as a technical resource and provide periodic updates on legislative developments and emerging trends. On a needed basis – Hourly Rate

8. Conduct claim audit of the Third Party Administrator (TPA) to include medical claim payment functions and to evaluate the performance of the third party claims administrator.
9. Provide appropriate actuarial cost analysis of the current WEBB County Health and Dental Benefit Plan. Prepare GASB 75 actuarial valuation for the Group Health and Dental Self-Funded Retiree program for three fund years ending September 30, 2019. County's group health experience, including census, Administrative fees, stop loss premiums, run-off fees and run-off liabilities.
10. Prepare the County's Employees Health Benefits Year-end for Incurred But Not Reported (IBNR) for medical and prescription claims along with provider's reports to support the estimate.
11. Prepare the County's OPEB (Other Postemployment Benefits) report for the County's annual financial audit.
12. Prepare the County's Annual PCORI (Patient-Centered Outcomes Research Institute) report for IRS filing for year end 2019.

## **2. Proposal Preparation Cost**

Webb County will not be liable in any way for any costs incurred by proposer in the preparation of its qualifications in response to this RFQ, nor for any presentation by it and/or participation in any discussions or negotiations.

## **3. Term of Agreement**

To be Determined after selection and award of the most qualified consulting firm.

## **4. Instructions to Proposers:**

RFQ Proposals shall include the following:

- A. Cover Letter and Cover Page
- B. Executive Summary
- C. Management Component
  1. Company Information
  2. Name of the proposed firm and name of the representative submitting the proposal. Include all contact information.
  3. Provide an overview of your firm and its ownership/organizational structure, philosophy/culture and number of employees.
  4. Describe, if applicable, how your firm is legally and/or functionally tied to any insurer, broker or provider of service and how that relationship may influence your ability to provide Consultant services to COUNTY.



5. Identity members of your staff that would be assigned to this contract and provide a summary of their qualifications and experience, percentage of their time you anticipate they would be dedicating to this contract and their availability to travel to WEBB COUNTY and/or other field locations.

D. Experience/Qualifications of Firm:

1. Please describe your firm's development of similar or related projects as described above in Scope of Work. Please provide a listing of client projects and client contact person.
  2. Describe your firm's expertise in each of the following areas:
    - a. Health, Dental, Life, Vision and LTD and ancillary products
    - b. Benchmarking
    - c. Actuarial/Underwriting
    - d. Benefits Administration
  3. Describe your firm's marketplace advantage in negotiating with carriers in regards to rates, policy terms and plan design.
  4. Describe your view of the role of a Consultant in this type of relationship and what differentiates your firm from other consulting firms.
  5. Please indicate how many insurance consulting service agreements your firm is currently engaged in or has been engaged in the immediate past five years that are or were funded by the state, counties, municipalities, and/or school districts.
  6. Please provide a list of the firm's current engagements to provide insurance consulting services to other entities and the names and addresses of said entities.
  7. Please describe whether and how many of your consulting services involve fully funded and/or self-funded insurance plans.
  8. Please submit your TDI (Texas Department of Insurance) listing of appointments; as well as a percentage breakdown of the carriers you have recommended in your agreements with Public Entities.
6. Consultant Management:
- a) Please identify the member[s] of your firm to be in charge of this project. Include the members' educational background, qualifications, training certifications, and experience for this type of work and list the specific duties each will be assigned.
  - b) Please identify other consultants or personnel to be involved in this project. Include the educational background, qualifications, training certifications and experience for all other individuals to be assigned to this project.

## **5. Disqualification**

Reasons for disqualification include, but are not limited to:

- Failure to provide any information requested in this document.
- Failure to provide satisfactory documentation of resources (financial, personnel, & equipment).
- If, in the County's opinion, firm/Contractor lacks sufficient financial, personnel, or equipment resources deemed necessary to adequately perform the services described in this document.
- Unsatisfactory performance record or insufficient experience, as determined by Webb County.

## **6. Licensing & Certifications:**

Prospective professional provider must affirmatively demonstrate their responsibility to meet the following requirements and have at least 15 years of experience in the industry and at least 5 years of experience in consulting services (i.e.: Fully and Self-Funded Group Health Insurance plans, Stop-Loss, Life and AD & D and Voluntary Benefit Plans etc.)

**The independent consultant must hold the following (Please identify and attach copies):**

- a. Life and Health Insurance Counselor License awarded by the Texas Department of Insurance under Chapter 4052, Texas Insurance Code;
- b. Risk Manager License issued by the Texas Department of Insurance pursuant to CHAPTER 4153, Texas Insurance Code;

Additional Licensing: Please identify and attach copies, INCLUDING BUT NOT LIMITED TO, the following LICENSES AND/OR DESIGNATIONS held by any members of applicant's firm or by individual applicants:

- a. Designation as chartered life underwriter (CLU);
- b. Designation as chartered financial consultant (ChFC);
- c. Designation as a certified financial planner (CFP);
- d. Designation as a certified insurance counselor (CIC) from the national Society of Certified Insurance Counselors;
- e. Life Underwriting Training Counsel Fellow (LUTCF)
- f. any and all other Certifications/Accreditations/Awards, etc.

## **7. Conflict of Interest**

The contract or contracts in this solicitation are subject to Texas Govt. Code Sec. 2261.252(b), which prohibits the Webb County from entering into contracts with certain private vendors in which certain Webb County officers and employees have a financial interest. Each respondent shall include in its proposal a statement that it is not prohibited from entering into a contract with Webb County as a result of a financial interest as defined under Texas Govt. Code Sec. 2261.252(b).

Webb County requires that its consultants and sub consultants be able to work solely in Webb County's interest, without conflicting financial or personal incentives. Webb County reserves the right to disqualify any prime provider or sub providers, or to place contractual limits on work or on personnel, if there is a conflict of interest that might affect or might be seen to affect the prime provider's or sub providers' duty to act solely in the interest of Webb County.

A conflict of interest may involve conflicting incentives with regard to the firm as a whole, or any employee. The conflict may arise between the provider's work under a contract entered as a result of this solicitation

and a relationship involving Webb County, a construction contractor, another engineering firm, a materials testing firm, a third party affected by the project, a sub provider for any other consultant or contractor, or any other entity with an interest in a project on which work is performed under a contract entered as a result of this solicitation.

During the term of the agreement, since the Consultant will assist the County in evaluating, negotiating, and contracting for insurance and benefits services, Consultant (or individual/firm) will be prohibited from bidding or directly/indirectly representing any other vendor who bids on Webb County Group Health And Dental Containment Services Self-Funded Program or third party services. Further, Consultant and his employer or any other organization that directly/indirectly controls the Consultant, will not directly or indirectly receive any compensation or benefit (including any rebate, commission, fees, etc.) from any insurer, broker, service provider or any other person relating to the County's benefit products or services, County's Group Health And Dental Containment Services Self-Funded Program.

***It is mandatory that the Consultant and his applicable employer, and any other organization that directly/indirectly controls the Consultant, shall not be engaged in the business of selling insurance.***

### **8. Ethical Standards**

The County of Webb will ensure that it will promote and enforce proper ethical conduct by all Vendors, Procurement Officials, Elected Officials and County employees directly or indirectly involved in the procurement process. All vendors wishing to participate in any solicitation must sign and notarize the affidavit form included as part of this solicitation package and upload with your electronic submission. Failure to submit form will disqualify your bid or proposal package from being considered. The Ethics Policy can be viewed at the Webb County Purchasing Agents website for vendors to read prior to signing and submitting the affidavit form.

When responding to an Active Solicitation, Vendors shall be required to disclose donations and campaign contributions by the Vendor or any individual or entity acting on the Vendor's behalf to the Purchasing Agent or his designee made within six (6) months prior to the date of the Active Solicitation. Failure by a Vendor to accurately disclose such contributions may result in the Vendor's disqualification, debarment, or contract voidance as per Section 18 of the Ethics Policy.

The Webb County Purchasing Board approved the Code of Ethics policy on April 19, 2018 and adopted by the Webb County Commissioners Court on May 14, 2018.

### **9. Texas Ethics Commission Requirement Notification:**

In 2015, the Texas Legislature adopted House Bill 1295, which added section 2252.908 of the Government Code. The law states that a governmental entity or state agency may not enter into certain contracts with a business entity unless the business entity submits a disclosure of interested parties to the governmental entity or state agency at the time the business entity submits the signed contract to the governmental entity or state agency. The law applies only to a contract of a governmental entity or state agency that either (1) requires an action or vote by the governing body of the entity or agency before the contract may be signed or (2) has a value of at least \$1 million. The disclosure requirement applies to a contract entered into on or after January 1, 2016.

A signed and notarized Form 1295 shall be tendered to Webb County by providers selected to receive a contract prior to contract execution. Webb County will not evaluate the information provided, or respond to any questions on how to interpret the Texas Ethics Commission's rules.

For additional information, please reference the Texas Ethics Commission webpage at <https://www.ethics.state.tx.us/tec/1295-Info.htm>

**10. General Conditions**

Interested Firms shall familiarize themselves with conditions relating to the scope, specifications, and restrictions regarding the execution of work to be performed. It is the firm’s responsibility to obtain any additional information it deems necessary to submit in its RFQ proposal, as well as in the performance of the contract. Questions shall be submitted under the “Questions” tab before the deadline stated on the RFQ Schedule. Each question, along with the County’s response will be provided in writing to all prospective proposers under the “Questions” tab. Any verbal communication regarding this request for qualifications will be considered non-binding on either party. Information contained in this document should not be considered all-inclusive.

All clarifications regarding this RFQ proposal request must be submitted to in writing to via email to Mr. Juan Guerrero, Purchasing Contract Administrator at [juguerrero@webbcountytx.gov](mailto:juguerrero@webbcountytx.gov) & copy Mr. Jose Angel Lopez III, Purchasing Agent at [joel@webbcountytx.gov](mailto:joel@webbcountytx.gov)

**11. Consulting-Only References:**

Please provide references from current or former clients, preferably of similar size, type, and complexity to our COUNTY where your firm provided or is currently providing insurance consulting services within the last three (3) years. The COUNTY will contact the references provided.

**12. Independence:**

The consulting services shall be strictly those of an Insurance Counselor and shall be compensated by fee negotiated with the County. Absolute independence from insurers is required and no commission-based services are permitted in the scope of this engagement. By signing below you certify that your firm is not in the business of providing insurance services and does not receive any commissions or fees for the brokerage of any insurance related services.

**13. RFQ Evaluation**

Qualifications will be scored according to the following criteria:

1.	Experience relevant to Scope of Services	35 points
2.	Licenses & Certifications	25 points
3.	Team Qualifications	30 points
4.	Consulting-Only References	10 points
	Total points	100

During the RFQ process, firms may be required to attend interviews, give presentations as requested to the evaluation committee. The evaluation committee may conduct the following tasks but is not an all-inclusive list of tasks that may be conducted by committee:

- Review all RFQs received for compliance with RFQ terms and conditions.
- Prepare a comparative summary of Qualifications.
- Prepare a preliminary ranking of RFQs using a quantitative method based on the criteria presented in the RFQ document and other criteria as directed by committee.
- Conduct reference checks.

- Request clarification from firms.
- Prepare a final ranking of the RFQs proposals.

The top three (3) qualifying consulting firms will be required to attend public interviews during a regular/special called Commissioner Court meeting. At the discretion of the Commissioners Court, an award of this RFQ may be made after all three (3) qualifying firms have presented to Commissioners Court or a decision to finalize RFQ may be made at a later date. \*\*County reserves the right to select either individually or jointly, Statements of Qualifications for Property and Casualty Consultant and Employee Benefit Consultant.

**14. Evaluation Team:**

The following Webb County employees are involved in the selection process for this procurement:

- Mr. Leroy Medford, Executive Administrator to Commissioners Court
- Dr. Pedro Alfaro, Risk Management Director
- Mr. Ernesto Guajardo, Human Resources Director

**Note:** Do not contact these individuals about this active solicitation. Since the procurement process has started, these Webb County employees will not respond to questions about this procurement, all inquiries must comply with Section 10 (General Conditions).

**15. Proposal Schedule**

Activity	Time	Date	Responsible Party
Public Notice/Newspaper	n/a	Apr. 24 <sup>th</sup> , May 1 <sup>st</sup>	Webb Co. Purchasing Dept.
RFQ on Website	n/a	Apr. 19 <sup>th</sup> - Award	Webb Co. Purchasing Dept.
Questions Due to County	No later than 5pm	May 2 <sup>nd</sup>	Proposer/Contractor
Posting of Answers	No later than 5pm	May 3 <sup>rd</sup>	Webb Co. Purchasing Dept.
Sealed Proposals Due	10 am	May 8 <sup>th</sup>	Proposer/Contractor
Evaluation of Proposals	TBD	May 9 <sup>th</sup> – May 10 <sup>th</sup>	Webb Co. Evaluation Team
Award of Contract	TBD		Governing Body
Finalization of Contract Doc	TBD		Webb County/Contractor
Commencement of Service	TBD		Webb County/Contractor

**Footnote:** County reserves the right to adjust time and dates on above projected schedule if it's in the best interest for Webb County.

**16. Special Accommodations:**

To request special accommodations pursuant to the Americans with Disabilities Act (ADA), please notify the contact shown below, a minimum of 48 hours prior to a scheduled meeting. Mr. Juan Guerrero, Purchasing Contract Administrator at (956) 523-4125 or email at [juguerrero@webbcountytexas.gov](mailto:juguerrero@webbcountytexas.gov)

***RFQ # 2019-006***

***“Independent Consulting Services for Webb County's  
Group Health Insurance Programs”***

**ATTACHMENTS**



Proposer Information

Name of Company: Wetche & Associates, Inc  
Address: 2607 Mauer Way  
City and State: Dallas, TX 75235  
Phone: 214 350 9570  
Email Address: Ken.wetche@sbccglobal.net

Signature of Person Authorized to Sign:

[Handwritten Signature]  
Signature

Kenneth D. Wetche  
Print Name

President  
Title

Indicate status as to "Partnership", "Corporation", "Land Owner", etc.

Corporation

05-06-2019  
(Date)

Note:

All submissions relative to these RFQ shall become the property of Webb County and are nonreturnable.

**References: (See section 11 for instructions)**

<b>Name of Local / State government or private company</b>	<b>Address</b>	<b>Phone</b>	<b>Name of Contact</b>	<b>Project Name when was it completed</b>

*Webb County will accept proposers own format on references. It must include the information being requested above.*



## References

References and scope of work for current clients are the following:

- a) Los Fresnos CISD is located in Cameron County. Retainer client for Group Health, Dental, Employee Benefits and Property & Casualty Insurance for more than fifteen years.  
Contact Person: David Young  
Title: Chief Financial Officer  
Email: [dyoung@lfcisd.net](mailto:dyoung@lfcisd.net)  
Telephone: 956-254-5038
- b) Pharr-San Juan-Alamo ISD is located in Hidalgo County. Retainer client for Group Health, Dental, Employee Benefits and Property & Casualty Insurance for more than fifteen years.  
Contact Person: Janet Robles  
Title: Chief Financial Officer  
Email: [janet.robles@psjaisd.us](mailto:janet.robles@psjaisd.us)  
Telephone: 956-354-2019
- c) United ISD is located in Webb County. Project/Hourly basis client for Group Health, Dental and Employee Benefits for more than fifteen years.  
Contact Person: Ofelia Dominguez  
Title: Risk Manager  
Email: [odominguez@uisd.net](mailto:odominguez@uisd.net)  
Telephone: 956-473-6391
- d) Brownsville Public Utilities Board is located in Cameron County, TX. Retainer client for Group Health, Dental and Employee Benefits for more than five years.  
Contact Person: Lucy Hernandez  
Title: Director of Administration  
Email: [LHernandez@brownsville-pub.com](mailto:LHernandez@brownsville-pub.com)  
Telephone: 956-983-6820
- e) Brownville Navigation District is located in Cameron County. Project/Hourly basis client for Group Health, Dental and Employee Benefits for more than eight years.  
Contact Person: Jaime Martinez  
Title: Human Resources Manager  
Email: [jmartinez@portofbrownsville.com](mailto:jmartinez@portofbrownsville.com)  
Telephone: 956-838-7034
- f) Intercultural Development Research Association (IDRA) is located in Bexar County. Retainer client for Group Health, Dental and Employee Benefits for more than ten years.  
Contact Person: Rey Flores  
Title: Business Manager  
Email: [rey.flores@idra.org](mailto:rey.flores@idra.org)  
Telephone: 210-444-1710

**Capacity to Perform Questionnaire:**

1. Vendor Selection Process
  - a. Describe how your firm would handle the review, selection and recommendation of insurance carriers and other service providers for Webb County.
  - b. Describe your firm's consulting approach for bidding and selecting the most appropriate insurance plan alternative.
2. Can you provide the completion dates for project activities? If yes, please provide time chart. If no, please explain.
3. Submit a brief summary report on your approach to management of projects. Also, include a statement identifying your firm's methodology in the development of such a plan.
4. Various elements of the plan will require review and/or approval of different County offices and departments as well as other entities (i.e. County Commissioners, etc.). Please submit a brief summary of your approach regarding the coordination of these efforts.
5. Describe the process your firm utilizes to manage and administer a benefit package of our size throughout a contract.
6. What strategy does your firm utilize to manage and forecast a benefit package over a 2-3 year period?
7. Describe all services your firm will offer WEBB COUNTY.
8. What type of performance measures would your firm use to evaluate customer service and COUNTY employee satisfaction? Are you willing to provide performance guarantees to COUNTY for your services?
9. Describe your procedure for dealing with employee inquiries.
10. Do you offer assistance with claims and/or coverage questions?
11. Describe the action that would be taken, the support provided, and the personnel who would be involved in investigating and settling a disputed claim.
12. Please describe how you will provide the services identified in the Scope of Services page.
13. The applicant possesses or is able to obtain adequate financial resources as required to perform the Scope of services. Should your firm be chosen to represent the County, would your firm require additional financial resources? If so, please explain your firm's plan to obtain additional financial resources.
14. Ability to comply with the required or proposed delivery schedule. Please provide a detailed summary of how your firm shall meet the proposed delivery schedule.

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.

Capacity to Perform Questionnaire:

1.
  - a. Request For Proposals (RFP) will be used, as opposed to a bid process. The RFP will allow negotiation to obtain Best & Final Offer (BAFO).
  - b. For Health Insurance there will be three components which are:
    - a) Claim Administration
    - b) Provider Network
      - 1) Medical
      - 2) Prescription Drug
        - a) Prescription Drug Rebates
    - c) Stop Loss Insurance
      - 1) Specific Stop Loss
      - 2) Aggregate Stop Loss
  - c. For Dental Insurance there will also be three components which are:
    - a) Claim Administration
    - b) Provider Network – If Applicable
    - c) Stop Loss Insurance – Only Aggregate Stop Loss
2. Completion dates for project activities will be based on issuing RFP three months prior to the anniversary date for the Health Insurance, Dental Insurance and Ancillary Insurance plans.
3. Our recommendation is a January 1st anniversary date for the Health and Dental insurance plans since benefit out-of-pocket maximum are on a calendar year basis. We recommend an October 1st anniversary date for the other employee benefit plans since this is the beginning of Webb County fiscal year.
4. The date for the RFP's should allow 30 days for report to be reviewed and presented to County administration staff, plus 30 days for open enrollment process.
5. Monthly on-site meetings or conference calls are recommended after receipt of monthly enrollment/claim expense reports are received and analyzed.
6. The strategy is to do RFP on a 3-year basis, with annual on-site review for each plan year.
7. The services to be provided will be defined after discussion with Webb County staff.
8. We cannot provide performance guarantee but will work with Webb County to develop performance standards.
9. We do not deal directly with employees but will be available to the Risk Management Department to resolve employee issues.
10. We will provide assistance to Risk Management Department in resolving issues.
11. For a disputed claim, we will coordinate response between Webb County staff and the claim administrator.

12. We will provide services as described in the Scope of Services page.
13. We will provide services as described in the Scope of Services page with our current staff.
14. We will be able to comply with proposed delivery schedule.
15. There have been no significant negative events in our Firm's recent history.
16. We have a professional staff of three that are licensed for both Life & Health Counselor and Risk Manager. The Risk Manger's license is needed to obtain stop loss insurance coverage for the health benefit plan from Property and Casualty Insurance companies.
17. No additional staff will be needed if we are selected to be the consultant for Gregg County.
18. We have no other lines of business than pure consulting services.
19. Attached is our certificate of insurance for general liability.
20. Attached is our certificate of insurance for professional liability
21. Attached are current Texas Department Insurance License information for our company & individual consultants.

## MINIMUM INSURANCE REQUIREMENTS

During the term of the Contract, the Contractor at its sole cost and expense shall provide primary commercial insurance of such type and with such terms and limits as may be reasonably associated with the Contract. As a minimum, the Contractor shall provide and maintain the following coverage and limits:

**Workers Compensation**, as required by the laws of Texas, and Employers' Liability, as well as All States, USL&H and other endorsements if applicable to the project, and in accordance with state law.

Employers' Liability

Each Accident: \$1,000,000

Disease – Each Employee:

\$1,000,000 Policy Limit:

\$1,000,000

**Commercial General Liability**, including but not limited to the coverage indicated below. Coverage shall not exclude or limit Products/Completed Operations, Contractual Liability, or Cross Liability. Webb County shall be named Additional Insured on primary/non-contributory basis.

Each Occurrence: \$1,000,000

Personal and Advertising Injury:

\$1,000,000 Products/Completed

Operations: \$1,000,000 General

Aggregate (per project): \$2,000,000

**Automobile Liability**, including coverage for all owned, hired, and non-owned vehicles used in connection with the contract. Webb County shall be named Additional Insured on primary/non-contributory basis.

Combined Single Limit-Each Accident: \$1,000,000

**Umbrella/Excess Liability** (Webb County shall be named Additional Insured on primary/non-contributory

basis) Each Occurrence/Aggregate: \$1,000,000

**Professional/Errors & Omissions Liability** (if applicable) Each Occurrence/Aggregate: \$1,000,000

Policies of insurance required by the contract shall waive all rights of subrogation against the County, its officers, employees and agents. If any applicable insurance policies are cancelled, materially changed, or non-renewed, contractor shall give written notice to the County at least 30 days prior to such effective date and within 30 days thereafter, shall provide evidence of suitable replacement policies. Failure to keep in force the required insurance coverage may result in termination of the contract. Upon request, certified copies of original insurance policies shall be furnished to the County.

**CONFLICT OF INTEREST QUESTIONNAIRE**  
For vendor doing business with local governmental entity

**FORM CIQ**

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.  
This questionnaire is being filed in accordance with Chapter 176, Local Government Code, by a vendor who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the vendor meets requirements under Section 176.006(a).  
By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the vendor becomes aware of facts that require the statement to be filed. See Section 176.006(a-1), Local Government Code.  
A vendor commits an offense if the vendor knowingly violates Section 176.006, Local Government Code. An offense under this section is a misdemeanor.

**OFFICE USE ONLY**

Date Received

1 Name of vendor who has a business relationship with local governmental entity.

None

2  Check this box if you are filing an update to a previously filed questionnaire. (The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)

3 Name of local government officer about whom the information is being disclosed.

None

Name of Officer

4 Describe each employment or other business relationship with the local government officer, or a family member of the officer, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the local government officer. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary.

A. Is the local government officer or a family member of the officer receiving or likely to receive taxable income, other than investment income, from the vendor?

Yes

No

B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer or a family member of the officer AND the taxable income is not received from the local governmental entity?

Yes

No

5 Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership interest of one percent or more.

None

6  Check this box if the vendor has given the local government officer or a family member of the officer one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).

7 [Signature]  
Signature of vendor doing business with the governmental entity

05-06-2019  
Date

**CONFLICT OF INTEREST QUESTIONNAIRE**  
**For vendor doing business with local governmental entity**

A complete copy of Chapter 176 of the Local Government Code may be found at <http://www.statutes.legis.state.tx.us/Docs/LG/htm/LG.176.htm>. For easy reference, below are some of the sections cited on this form.

**Local Government Code § 176.001(1-a):** "Business relationship" means a connection between two or more parties based on commercial activity of one of the parties. The term does not include a connection based on:

- (A) a transaction that is subject to rate or fee regulation by a federal, state, or local governmental entity or an agency of a federal, state, or local governmental entity;
- (B) a transaction conducted at a price and subject to terms available to the public; or
- (C) a purchase or lease of goods or services from a person that is chartered by a state or federal agency and that is subject to regular examination by, and reporting to, that agency.

**Local Government Code § 176.003(a)(2)(A) and (B):**

(a) A local government officer shall file a conflicts disclosure statement with respect to a vendor if:

\*\*\*

(2) the vendor:

(A) has an employment or other business relationship with the local government officer or a family member of the officer that results in the officer or family member receiving taxable income, other than investment income, that exceeds \$2,500 during the 12-month period preceding the date that the officer becomes aware that

- (i) a contract between the local governmental entity and vendor has been executed; or
- (ii) the local governmental entity is considering entering into a contract with the vendor;

(B) has given to the local government officer or a family member of the officer one or more gifts that have an aggregate value of more than \$100 in the 12-month period preceding the date the officer becomes aware that:

- (i) a contract between the local governmental entity and vendor has been executed; or
- (ii) the local governmental entity is considering entering into a contract with the vendor.

**Local Government Code § 176.006(a) and (a-1)**

(a) A vendor shall file a completed conflict of interest questionnaire if the vendor has a business relationship with a local governmental entity and:

- (1) has an employment or other business relationship with a local government officer of that local governmental entity, or a family member of the officer, described by Section 176.003(a)(2)(A);
- (2) has given a local government officer of that local governmental entity, or a family member of the officer, one or more gifts with the aggregate value specified by Section 176.003(a)(2)(B), excluding any gift described by Section 176.003(a-1); or
- (3) has a family relationship with a local government officer of that local governmental entity.

(a-1) The completed conflict of interest questionnaire must be filed with the appropriate records administrator not later than the seventh business day after the later of:

(1) the date that the vendor:

- (A) begins discussions or negotiations to enter into a contract with the local governmental entity; or
- (B) submits to the local governmental entity an application, response to a request for proposals or bids, correspondence, or another writing related to a potential contract with the local governmental entity; or

(2) the date the vendor becomes aware:

- (A) of an employment or other business relationship with a local government officer, or a family member of the officer, described by Subsection (a);
- (B) that the vendor has given one or more gifts described by Subsection (a); or
- (C) of a family relationship with a local government officer.



**CERTIFICATION**  
REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY  
EXCLUSION FOR COVERED CONTRACTS

**PART A.**

Federal Executive Orders 12549 and 12689 require the Texas Department of Agriculture (TDA) to screen each covered potential contractor to determine whether each has a right to obtain a contract in accordance with federal regulations on debarment, suspension, ineligibility, and voluntary exclusion. Each covered contractor must also screen each of its covered subcontractors.

In this certification "contractor" refers to both contractor and subcontractor; "contract" refers to both contract and subcontract.

By signing and submitting this certification the potential contractor accepts the following terms:

1. The certification herein below is a material representation of fact upon which reliance was placed when this contract was entered into. If it is later determined that the potential contractor knowingly rendered an erroneous certification, in addition to other remedies available to the federal government, the Department of Health and Human Services, United States Department of Agriculture or other federal department or agency, or the TDA may pursue available remedies, including suspension and/or debarment.
2. The potential contractor will provide immediate written notice to the person to which this certification is submitted if at any time the potential contractor learns that the certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
3. The words "covered contract", "debarred", "suspended", "ineligible", "participant", "person", "principal", "proposal", and "voluntarily excluded", as used in this certification have meanings based upon materials in the Definitions and Coverage sections of federal rules implementing Executive Order 12549. Usage is as defined in the attachment.
4. The potential contractor agrees by submitting this certification that, should the proposed covered contract be entered into, it will not knowingly enter into any subcontract with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the Department of Health and Human Services, United States Department of Agriculture or other federal department or agency, and/or the TDA, as applicable.

Do you have or do you anticipate having subcontractors under this proposed contract?

Yes

No

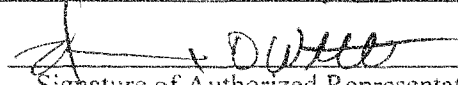
5. The potential contractor further agrees by submitting this certification that it will include this certification titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion for Covered Contracts" without modification, in all covered subcontracts and in solicitations for all covered subcontracts.
6. A contractor may rely upon a certification of a potential subcontractor that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered contract, unless it knows that the certification is erroneous. A contractor must, at a minimum, obtain certifications from its covered subcontractors upon each subcontract's initiation and upon each renewal.
7. Nothing contained in all the foregoing will be construed to require establishment of a system of records in order to render in good faith the certification required by this certification document. The knowledge and information of a contractor is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
8. Except for contracts authorized under paragraph 4 of these terms, if a contractor in a covered contract knowingly enters into a covered subcontract with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the federal government, Department of Health and Human Services, United States Department of Agriculture, or other federal department or agency, as applicable, and/or the TDA may pursue available remedies, including suspension and/or debarment.

**PART B. CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION FOR COVERED CONTRACTS**

Indicate in the appropriate box which statement applies to the covered potential contractor:

- The potential contractor certifies, by submission of this certification, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this contract by any federal department or agency or by the State of Texas.
- The potential contractor is unable to certify to one or more of the terms in this certification. In this instance, the potential contractor must attach an explanation for each of the above terms to which he is unable to make certification. Attach the explanation(s) to this certification.

Name of Contractor	Vendor ID No. or Social Security No.	Program No.
Weche & Associates, Inc.	75-2706385	

  
 \_\_\_\_\_  
 Signature of Authorized Representative

05-06-2019  
 \_\_\_\_\_  
 Date

Kenneth D. Weche  
 President  
 \_\_\_\_\_  
 Printed/Typed Name and Title of  
 Authorized Representative

**CERTIFICATION REGARDING FEDERAL LOBBYING**  
**(Certification for Contracts, Grants, Loans, and Cooperative Agreements)**

**PART A. PREAMBLE**

Federal legislation, Section 319 of Public Law 101-121 generally prohibits entities from using federally appropriated funds to lobby the executive or legislative branches of the federal government. Section 319 specifically requires disclosure of certain lobbying activities. A federal government-wide rule, "New Restrictions on Lobbying", published in the Federal Register, February 26, 1990, requires certification and disclosure in specific instances.

**PART B. CERTIFICATION**

This certification applies only to the instant federal action for which the certification is being obtained and is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$100,000 for each such failure.

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No federally appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, or the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.
2. If any funds other than federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with these federally funded contract, subcontract, subgrant, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying", in accordance with its instructions. (If needed, contact the Texas Department of Agriculture to obtain a copy of Standard Form-LLL.)

3. The undersigned shall require that the language of this certification be included in the award documents for all covered subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all covered subrecipients will certify and disclose accordingly.


Do you have or do you anticipate having covered subawards under this transaction?

Yes

No

Name of Contractor/Potential Contractor	Vendor ID No. or Social Security No.	Program No.
Wetzel & Associates, Inc	75-2706385	

Name of Authorized Representative	Title
Kenneth D. Wetzel	President

  
Signature – Authorized Representative

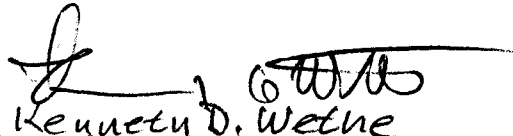
05-06-2019  
Date

PROOF OF NO DELINQUENT TAXES OWED TO WEBB COUNTY

Name Kenneth D. Wethe owes no delinquent property taxes to Webb County.

Wethe & Associates, Inc owes no property taxes as a business in Webb County.  
(Business Name)

Kenneth D. Wethe owes no property taxes as a resident of Webb County.  
(Business Owner)

  
Kenneth D. Wethe  
Person who can attest to the above information

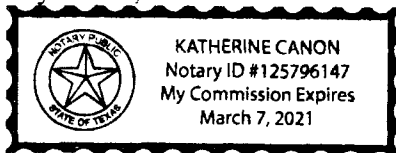
**\* SIGNED NOTORIZED DOCUMENT AND PROOF OF NO DELINQUENT TAXES TO WEBB COUNTY.**

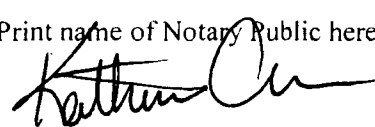
The State of Texas  
County of Webb

Before me, a Notary Public, on this day personally appeared Kenneth D. Wethe know to me (or proved to me on the oath of Texas Drivers License to be the person whose name is subscribed to the forgoing instrument and acknowledged to me that he executed the same for the purpose and consideration therein expressed.

Given under my hand and seal of office this 6<sup>th</sup> day of May 2019.

Notary Public, State of Texas



K. Canon  
(Print name of Notary Public here)  


My commission expires the 7<sup>th</sup> day of March 2021

**WEBB COUNTY PURCHASING DEPT.  
QUALIFIED PARTICIPATING VENDOR CODE OF ETHICS  
AFFIDAVIT FORM**

STATE OF TEXAS       \*  
COUNTY OF WEBB     \*

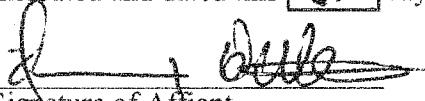
KNOW ALL MEN BY THESE PRESENTS:

BEFORE ME the undersigned Notary Public, appeared Kenneth D. Wethe the herein-named "Affiant", who is a resident of Dallas County, State of Texas and upon his/her respective oath, either individually and/or behalf of their respective company/entity, do hereby state that I have personal knowledge of the following facts, statements, matters, and/or other matters set forth herein are true and correct to the best of my knowledge.

*I personally, and/or in my respective authority/capacity on behalf of my company/entity do hereby confirm that I have reviewed and agree to fully comply with all the terms, duties, ethical policy obligations and/or conditions as required to be a qualified participating vendor with Webb County, Texas as set forth in the Webb County Purchasing Code of Ethics Policy posted at the following address: <http://www.webbcountytexas.gov/PurchasingAgent/PurchasingEthicsPolicy.pdf>*

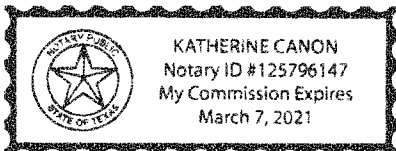
*I personally, and/or in my respective authority/capacity on behalf of my company/entity do hereby further acknowledge, agree and understand that as a participating vendor with Webb County, Texas on any active solicitation/proposal/qualification that I and/or my company/entity failure to comply with the Code of Ethics policy may result in my and/or my company/entity disqualification, debarment or make void my contract awarded to me, my company/entity by Webb County. I agree to communicate with the Purchasing Agent or his designees should I have questions or concerns regarding this policy to ensure full compliance by contacting the Webb County Purchasing Dept. via telephone at (956) 523-4125 or e-mail to the Webb County Purchasing Agent to [joel@webbcountytexas.gov](mailto:joel@webbcountytexas.gov).*

Executed and dated this 6<sup>th</sup> day of May, 2019.

  
Signature of Affiant  
Kenneth D. Wethe, President  
Wethe & Associates, Inc  
Printed Name of Affiant/Company/Entity

SWORN to and subscribed before me, this 6<sup>th</sup> day MAY, 2019

  
NOTARY PUBLIC, STATE OF TEXAS





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
04/10/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Sleeper Sewell Insurance 12400 Coit Road, Suite 1100  Dallas TX 75251-2039	<b>CONTACT NAME:</b> Linda Hackler <b>PHONE (A/C, No, Ext):</b> (972) 419-7500 <b>FAX (A/C, No):</b> (972) 419-7555 <b>E-MAIL ADDRESS:</b> linda.hackler@sleepersewell.com	
<b>INSURED</b> Wethe & Associates, Inc. P O Box 36021 2607 Manor Way Dallas TX 75235	<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Scottsdale Indemnity Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	<b>NAIC #</b> 15580A

**COVERAGES** CERTIFICATE NUMBER: 19/20 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>						EACH OCCURRENCE	\$
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER: _____						PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$
							PRODUCTS - COM/OP AGG	\$
								\$
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/>						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/>						EACH OCCURRENCE	\$
	DED: _____ RETENTION \$ _____						AGGREGATE	\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				PER STATUTE	OT-HER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
A	Professional Liability			EKI3289274	04/13/2019	04/13/2020	each claim	1,000,000
							aggregate	1,000,000
							retention each claim	5,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

## CERTIFICATE HOLDER

\*\*FOR INFORMATION &/OR BID PURPOSES ONLY\*\*

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Von E. Breau



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/14/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b>  USI SOUTHWEST INC 2711 N HASKELL AVE STE 2000 DALLAS, TX 752042914 (888) 661-3938	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): (888) 661-3938 FAX (A/C, No): (877) 872-7604 E-MAIL ADDRESS: selectresponse@travelers.com INSURER(S) AFFORDING COVERAGE INSURER A : THE PHOENIX INSURANCE COMPANY INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :
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**COVERAGES** **CERTIFICATE NUMBER:** 881934745041813 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> HIRED AUTO <input checked="" type="checkbox"/> NON OWNED AUTO GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	X		880-951W3662-18	11/15/2018	11/15/2019	EACH OCCURRENCE	\$1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,000
							MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	\$2,000,000
							PRODUCTS - COMP/OP AGG	\$2,000,000
								\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB						EACH OCCURRENCE	\$
	EXCESS LIAB						AGGREGATE	\$
	DED RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		N/A				PER STATUTE	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

AS RESPECTS TO GENERAL LIABILITY, THE CITY OF BROWNSVILLE AND THE BROWNSVILLE PUBLIC UTILITIES BOARD, ALONG WITH THEIR RESPECTIVE COMMISSIONERS, BOARD MEMBERS, OFFICERS, AND EMPLOYEES IS ADDITIONAL INSURED - BLANKET ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS, CG D1 05, BUT ONLY AS RESPECTS TO WORK PERFORMED BY THE INSURED.

### CERTIFICATE HOLDER

BROWNSVILLE PUBLIC UTILITIES BOARD  
ATTENTION: PURCHASING DEPARTMENT  
P.O. BOX 3270  
BROWNSVILLE, TX 78523

### CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

*Mary Kuckelmann*

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## Life and Health Insurance Counselor

**KENNETH DAVID WETHE**

PO BOX 36021

DALLAS, TX 75235-0021

**is authorized to transact business as described above**

License No: 1196027

Issue Date: 09-06-2002

Expiration Date: 06-30-2021

Generated by Sircon 190672600

<p><b>TEXAS</b> DEPARTMENT OF INSURANCE THIS IS TO CERTIFY THAT</p> <p><b>KENNETH DAVID WETHE</b> PO BOX 36021, DALLAS, TX 75235-0021</p> <p>LICENSE NUMBER: 1196027</p>	<p>IS HEREBY AUTHORIZED TO TRANSACT BUSINESS IN ACCORDANCE TO THE LICENSE DESCRIPTION SHOWN BELOW:</p> <p><b>Life and Health Insurance Counselor</b></p> <p>Issue Date: 09-06-2002      Expiration Date: 06-30-2021</p> <p>Generated by Sircon 190672600</p>
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**Risk Manager**

**KENNETH DAVID WETHE**  
PO BOX 36021  
DALLAS, TX 75235-0021


**is authorized to transact business as described above**

License No: 1210029

Issue Date: 01-09-2003

Expiration Date: 06-30-2021

Generated by Sircon 190672849

<p><b>TEXAS</b> DEPARTMENT OF INSURANCE THIS IS TO CERTIFY THAT</p>  <p>KENNETH DAVID WETHE PO BOX 36021, DALLAS, TX 75235-0021</p> <p>LICENSE NUMBER: 1210029</p>	<p>IS HEREBY AUTHORIZED TO TRANSACT BUSINESS IN ACCORDANCE TO THE LICENSE DESCRIPTION SHOWN BELOW:</p> <p><b>Risk Manager</b></p> <p>Issue Date: 01-09-2003      Expiration Date: 06-30-2021</p> <p>Generated by Sircon 190672849</p>
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## Life and Health Insurance Counselor

**SHIRLEY KAY WETHE**

PO BOX 36021  
DALLAS, TX 75235

**is authorized to transact business as described above**

License No: 1198811

Issue Date: 09-25-2002

Expiration Date: 01-31-2021

Generated by Sircon 179920282

<p><b>TEXAS</b> DEPARTMENT OF INSURANCE THIS IS TO CERTIFY THAT</p> <p>SHIRLEY KAY WETHE PO BOX 36021, DALLAS, TX 75235</p> <p>LICENSE NUMBER: 1198811</p>	<p>IS HEREBY AUTHORIZED TO TRANSACT BUSINESS IN ACCORDANCE TO THE LICENSE DESCRIPTION SHOWN BELOW:</p> <p><b>Life and Health Insurance Counselor</b></p> <p>Issue Date: 09-25-2002      Expiration Date: 01-31-2021</p> <p>Generated by Sircon 179920282</p>
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**Risk Manager**

**SHIRLEY KAY WETHE**

PO BOX 36021  
DALLAS, TX 75235


**is authorized to transact business as described above**

License No: 489468

Issue Date: 12-30-1998

Expiration Date: 01-31-2021

Generated by Sircon 179789036

<p><b>TEXAS</b> DEPARTMENT OF INSURANCE THIS IS TO CERTIFY THAT</p> <p><b>SHIRLEY KAY WETHE</b> PO BOX 36021, DALLAS, TX 75235</p> <p>LICENSE NUMBER: 489468</p>	 <p>IS HEREBY AUTHORIZED TO TRANSACT BUSINESS IN ACCORDANCE TO THE LICENSE DESCRIPTION SHOWN BELOW:</p> <p><b>Risk Manager</b></p> <p>Issue Date: 12-30-1998      Expiration Date: 01-31-2021</p> <p>Generated by Sircon 179789036</p>
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## **Life and Health Insurance Counselor Agency**

**WETHE & ASSOCIATES, INC.**

P O BOX 36021  
DALLAS, TX 75235


**is authorized to transact business as described above**

License No: 1563184

Issue Date: 04-14-2009

Expiration Date: 04-14-2021

Generated by Sircon 188235308

<p><b>TEXAS</b> DEPARTMENT OF INSURANCE THIS IS TO CERTIFY THAT</p>  <p><b>WETHE &amp; ASSOCIATES, INC.</b> P O BOX 36021, DALLAS, TX 75235</p> <p>LICENSE NUMBER: 1563184</p>	<p>IS HEREBY AUTHORIZED TO TRANSACT BUSINESS IN ACCORDANCE TO THE LICENSE DESCRIPTION SHOWN BELOW:</p> <p><b>Life and Health Insurance Counselor Agency</b></p> <p>Issue Date: 04-14-2009      Expiration Date: 04-14-2021</p> <p>Generated by Sircon 188235308</p>
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**Risk Manager Agency**  
**WETHE & ASSOCIATES, INC.**  
P O BOX 36021  
DALLAS, TX 75235


**is authorized to transact business as described above**

License No: 1563179

Issue Date: 04-14-2009

Expiration Date: 04-14-2021

Generated by Sircon 188236774

<p><b>TEXAS</b> DEPARTMENT OF INSURANCE THIS IS TO CERTIFY THAT</p>  <p>WETHE &amp; ASSOCIATES, INC. P O BOX 36021, DALLAS, TX 75235</p> <p>LICENSE NUMBER: 1563179</p>	<p>IS HEREBY AUTHORIZED TO TRANSACT BUSINESS IN ACCORDANCE TO THE LICENSE DESCRIPTION SHOWN BELOW:</p> <p><b>Risk Manager Agency</b></p> <p>Issue Date: 04-14-2009      Expiration Date: 04-14-2021</p> <p>Generated by Sircon 188236774</p>
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**General Lines Agent**

Life, Accident, Health and HMO

**KATHRYN ANN GRUBBS**

1409 LIVY LN

LEWISVILLE, TX 75056-6598


**is authorized to transact business as described above**

License No: 1862522

Issue Date: 10-22-2013

Expiration Date: 01-28-2020

Generated by Sircon 160661569

<p><b>TEXAS</b> DEPARTMENT OF INSURANCE THIS IS TO CERTIFY THAT</p> <p><b>KATHRYN ANN GRUBBS</b> 1409 LIVY LN, LEWISVILLE, TX 75056-6598</p> <p>LICENSE NUMBER: 1862522</p>	<p></p> <p>IS HEREBY AUTHORIZED TO TRANSACT BUSINESS IN ACCORDANCE TO THE LICENSE DESCRIPTION SHOWN BELOW:</p> <p><b>General Lines Agent</b> Life, Accident, Health and HMO</p> <p>Issue Date: 10-22-2013      Expiration Date: 01-28-2020</p> <p>Generated by Sircon 160661569</p>
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## Life and Health Insurance Counselor

**KATHRYN ANN GRUBBS**

1409 LIVY LN  
LEWISVILLE, TX 75056-6598


**is authorized to transact business as described above**

License No: 1365543

Issue Date: 12-29-2005

Expiration Date: 01-28-2020

Generated by Sircon 160661499

<p><b>TEXAS</b> DEPARTMENT OF INSURANCE THIS IS TO CERTIFY THAT</p> <p><b>KATHRYN ANN GRUBBS</b> 1409 LIVY LN, LEWISVILLE, TX 75056-6598</p> <p>LICENSE NUMBER: 1365543</p>	 <p>IS HEREBY AUTHORIZED TO TRANSACT BUSINESS IN ACCORDANCE TO THE LICENSE DESCRIPTION SHOWN BELOW:</p> <p><b>Life and Health Insurance Counselor</b></p> <p>Issue Date: 12-29-2005      Expiration Date: 01-28-2020</p> <p>Generated by Sircon 160661499</p>
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**Risk Manager**

**KATHRYN ANN GRUBBS**  
1409 LIVY LN  
LEWISVILLE, TX 75056-6598


**is authorized to transact business as described above**

License No: 1800511

Issue Date: 11-26-2012

Expiration Date: 01-28-2020

Generated by Sircon 160661535

<p><b>TEXAS</b> DEPARTMENT OF INSURANCE THIS IS TO CERTIFY THAT</p> <p><b>KATHRYN ANN GRUBBS</b> 1409 LIVY LN, LEWISVILLE, TX 75056-6598</p> <p>LICENSE NUMBER: 1800511</p>	 <p>IS HEREBY AUTHORIZED TO TRANSACT BUSINESS IN ACCORDANCE TO THE LICENSE DESCRIPTION SHOWN BELOW:</p> <p><b>Risk Manager</b></p> <p>Issue Date: 11-26-2012      Expiration Date: 01-28-2020</p> <p>Generated by Sircon 160661535</p>
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