

**REQUEST FOR QUALIFICATIONS  
FOR  
PROPERTY & CASUALTY ACTUARY**

**Issued by the Office of the Executive Director  
of  
Burlington County Insurance Commission**

**Date Issued: October 5, 2020**

**Responses Due by: October 21, 2020, 3:00 PM**

**REQUEST FOR QUALIFICATIONS  
FOR  
PROPERTY & CASUALTY ACTUARY**

**I. PURPOSE AND INTENT**

Through this Request for Qualifications, the Burlington County Insurance Commission (hereinafter, the COMMISSION) is requesting proposals from qualified individuals and firms to provide Actuarial Services including providing loss fund assessment allocation(s) by line of coverage for the Commission's constituent members. This allocation should reflect the members' exposures and experience for the period January 1, 2021 – December 31, 2021 commencing upon appointment. This contract will be awarded through a fair and open process pursuant to NJSA 19:44A-20.4 et seq. and complies with the best practices recommended by Office of the State Controller.

**II. PROPOSAL SUBMISSION**

Submit (a) one original paper copy, clearly marked as the "ORIGINAL" plus 2 copies. The proposal must be addressed to:

Burlington County Insurance Commission  
Att: Cathy Dodd  
9 Campus Drive, Suite 216  
Parsippany, NJ 07054  
(Contains BCIC RFQ)

The price quote must be received by **October 21, 2020 at 3:00 PM**

**Faxed or E-Mailed proposals will NOT be accepted.**

**Any inquiry concerning this proposal should be directed in writing to:**

Cathy Dodd [cdodd@permainc.com](mailto:cdodd@permainc.com) or Joseph Hrubash [jhrubash@permainc.com](mailto:jhrubash@permainc.com)

This Request for Qualifications is to solicit professional services. All documents/information submitted in response to this solicitation shall be available to the general public as required by the New Jersey Open Public Records Act N.J.S.A. 47:1A-1 et seq. The COMMISSION will not be responsible for any costs associated with the oral or written and/or presentation of the proposals. The COMMISSION reserves the right to reject any and all proposals, with or without cause, and waive any irregularities or informalities in the proposals. The COMMISSION further reserve the right to make such investigations as it deems necessary as to the qualifications of any and all vendors submitting proposals. In the event that all proposals are rejected, the reserves the right to re-solicit proposals.

### **III. GENERAL INFORMATION ON THE FUNCTIONS OF THE COMMISSION**

The Commission is organized pursuant to N.J.S.A. 40A: 10-56 to provide property/casualty insurance to its member local units. The Commission also provides members with a comprehensive risk control and claims management program. The Commission is controlled by Board of Commissioners that annually elects an executive committee. The Commission is regulated by the Department of Banking and Insurance and the Department of Community affairs. The current self insured claims budget for the Commission is \$2,903,434.

### **IV. MINIMUM QUALIFICATIONS**

See Exhibit A.

### **V. SCOPE OF SERVICES**

See Exhibit B for Scope of Services. This sets forth a representative listing of the services to be provided under this contract. Responder's fee proposal should be based on the representative listing of services. To the extent a responder proposes modifications to the services, they should clearly describe the modifications and the impact, if any, on the fee proposal. The Commission reserves the right, in the best interests of the Commission, to make modifications to the scope of services based upon the RFQ responses received.

### **VI. MANDATORY CONTENTS OF PROPOSAL**

In its proposal, the firm must include the following:

- 1) Contact Information: Provide the name and address of the firm, the name, telephone number, fax number, and e-mail address of the individual responsible for the preparation of the proposal.
- 2) A fee proposal for 2021.
- 3) A statement detailing how the responder meets minimum qualifications in Exhibit A. List the first item in the exhibit followed with the specific response, followed with the next item and the response, and so on. Also include a staffing plan listing those persons who will be assigned to the engagement if selected, including the designation of the person who would be the responder's officer responsible for all services required under the engagement. This portion of the proposal should include the relevant resume information for the individuals who will be assigned. This information shall further include, at a minimum, a description of the person's relevant professional experience, years and type of experience, and number of years with the responder.

The responder shall also include in an addendum a copy of the Data Forms required by the Department of Banking and Insurance pursuant to NJAC 11:15 – 2.6 (c) 8, a Political Disclosure statement, a Non-Collusion Certificate and a Disclosure of Investment Activities in Iran attached as Exhibits C, D, E and F.

- 4) A description of the responder's experience in performing services of the type described in this RFQ. Specifically identify client size and specific examples of similarities with the scope of services required under this RFQ.
- 5) A description concerning specific and quantifiable cost savings the responder can demonstrate from similar engagements and the rationale why the Commission should consider this experience when evaluating the responder's cost proposal.
- 6) A description of resources of the responder (i.e., background, location, experience, staff resources, financial resources, other resources, etc.).
- 7) The location of the office or offices at which the responder proposes to perform services required under this RFQ. Specifically, the responder must state in its proposal whether or not the responder is registered as a small business enterprise ("SBE") with the New Jersey Commerce and Economic Growth Commission New Jersey's Set-Aside Program.
- 8) At least five references including the contact names, titles and phone numbers.
- 9) Any existing or potential conflicts of interest. Disclose any representation of parties or other relationships that might be considered a conflict of interest with regard to this engagement, or the Commission.
- 10) Contract will be in accordance with NJAC 17:44-2.2 - which requires all vendors to maintain all documentation related to the services provided for a period of five years from the date of final payment. Records to be made available to the state office of comptroller upon request.

## **VI. INTERVIEW**

The Commission reserves the right to interview any or all of the applicants submitting a proposal. Although interviews may take place, the proposal should be comprehensive and complete on its face. The Commission reserves the right to request clarifying information subsequent to submission of the proposal.

## **VII. SELECTION PROCESS**

All proposals will be reviewed to determine responsiveness. Non-responsive proposals will be rejected without evaluation. For vendors that satisfy the minimum requirements, the Commission will evaluate proposals based on the following evaluation criteria, separate or combined in some manner, and not necessarily listed in order of significance:

- (a) The vendor's general approach to providing the services required under this RFQ.
- (b) The vendor's documented experience in successfully completing contracts of a similar size and scope to the engagement addressed by this RFQ

(c) The experience of the vendor's management, supervisory or other key personnel assigned to the engagement, with emphasis on documented experience in successfully completing work on contracts of similar size and scope to the services required by this RFQ.

(d) The overall ability of the vendor to mobilize, undertake and successfully complete the engagement within the timeline. This criterion will include, but not be limited to, the following factors: the number and qualifications of management, supervisory and other staff proposed by the vendor to perform the services required by this RFQ; the availability and commitment to the engagement of the vendor's management, supervisory and other staff proposed; the vendor's contract management plan, including the vendor's contract organizational chart.

## **VIII. SELECTION CRITERIA AND CONTRACT**

The Commission will select the vendor or vendors deemed most advantageous to the Commission, price and other factors considered. "These contract(s) will be awarded through a "fair and open" process."

**Request for Qualifications**  
**Exhibit A**  
**Minimum Qualifications**

Applicant vendors must establish that they meet the following minimum qualifications:

**Actuary:**

As a minimum, the applicant shall have seven years' experience as Actuary for a joint insurance fund or County Insurance Commission in the State of New Jersey **or** ten years' experience as an actuary for other large self-insured governmental entities. The applicant must demonstrate a high degree of knowledge of (1) workers compensation, liability and property matters involving New Jersey governmental entities, and (2) financial matters pertaining to joint insurance funds or other large self-insured governmental entities, including budgets, assessments, monitoring reports, investments, audit controls, fund year accounting and closed fund year accounting. The applicant must also be a person who is a fellow in good standing of the Casualty Actuarial Society with three years recent experience in loss reserving; an associate in good standing of the Casualty Actuarial Society with five years recent experience in loss reserving; or an associate in good standing of the American Academy of Actuaries who has been approved as qualified for signing casualty loss reserve opinions by the Casualty Council of the American Academy of Actuaries and who has seven years recent experience in loss reserving.

**Request for Qualifications**  
**Exhibit B**  
**Scope of Services**

Attend through its designated representative, such meetings of the COMMISSION as may be requested. In addition, if someone other than the designated representative will be attending the meeting, SERVICE PROVIDER agrees to give notification to the Executive Director/Administrator of the COMMISSION no later than five (5) working days prior to the meeting.

Review all new applicants to the COMMISSION, compute annualized loss projections by line of coverage and assist the Executive Director/Administrator in developing an appropriate assessment.

To professionally perform such other duties as may be determined by the COMMISSION by the COMMISSION Bylaws, as well as the Regulations under N.J.A.C. 11:15-2.

On a quarterly basis, calculate the Incurred But Not Reported (I.B.N.R.) claims for the purpose of establishing loss reserves in conjunction with the case reserves established by the COMMISSION's Claim Service Company. All calculations must be submitted to the COMMISSION's Executive Director/Administrator and Auditor within 45 days of the close of each quarter.

Certify to the actuarial soundness of the COMMISSION, and report to the COMMISSION in a manner prescribed by them, no later than five (5) working days after receipt of the finalized December 31 auditors statement.

Certify loss reserves, reserves for Incurred But Not Reported (I.B.N.R.) losses and unearned assessments.

Promulgate the loss COMMISSIONS for the upcoming year by line of coverage. Computations must be submitted to the COMMISSION's Executive Director/Administrator by September 1 of the current year.

Certify the adequacy of the upcoming year's budgeted loss accounts by November 15 of the current year.

To make no change in the designated representative without the consent of the COMMISSION. The designated representative shall be a person who is a member of the American Academy of Actuaries qualified in loss reserves and rate making according to professional guides, recommendations, interpretations and opinions of the Academy, or a member of the Casualty Actuarial Society

**BASIS OF AWARD**

(To be completed by the Insurance Commission evaluation committee)

<p style="text-align: center;"><b>EVALUATION FACTORS</b></p> <p>Points awarded will be based on the information contained in the technical proposal, any supplemental information obtained and information gathered during the interview, if one is conducted.</p>	<p style="text-align: center;"><b>SCORE</b></p>
<p><b>A. Proposal contains all required checklist information</b> <u>    5    </u> points</p>	
<p><b>B. Relevance and Extent of Qualifications, Experience, and Training of Personnel to be assigned</b> <u>   25   </u> points</p>	
<p><b>C. Relevance and Extent of Similar Engagements performed</b> <u>   25   </u> points</p>	
<p><b>D. Plan for performing engagement is realistic, thorough, and demonstrates knowledge of requirements and personnel availability</b> <u>   25   </u> points</p>	
<p><b>E. Reasonableness of Cost Proposal</b> <u>   20   </u> points</p>	
<p style="text-align: center;"><b>TOTALS</b></p>	



**DATA FORM**  
**Exhibit C**

(Print or Type)

Name and Address of Administrator or Servicing Organization

In connection with the above-named company, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NONE" or "NO EXCEPTION", SO STATE.

- 1. Affiant's Full Name: \_\_\_\_\_
- 2. Other Names Used at any Time: \_\_\_\_\_
- 3. Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_
- 4. Social Security Number: \_\_\_\_\_
- 5. For the last 10 years, I have lived at the following address or addresses:

ADDRESS	CITY	DATES
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- 6. Schooling:
  - College: \_\_\_\_\_
  - Graduate: \_\_\_\_\_
  - or Professional: \_\_\_\_\_
  - Degree (List): \_\_\_\_\_

ATTACH LIST OF ALL EDUCATIONAL INSTITUTIONS AND LOCATION-CITY AND STATE)

- 7. Member Of Professional Societies Or Associations (List):  
\_\_\_\_\_

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8. I presently hold or have held, in the past, the following professional, occupational, and vocational licenses issued by public or governmental licensing agencies or authorities (state date license issued, issuer of license, date terminated, reason for termination):

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9. Present Chief Occupation:

Position or Title: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_

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How long in this position? \_\_\_\_\_

How long with this employer? \_\_\_\_\_ Where? \_\_\_\_\_

10. Other jobs, positions, directorates or officerships concurrently held at present.

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11. Complete Employment Record for Past 20 Years:

DATES	EMPLOYER AND ADDRESS	TITLE
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12. I control directly or indirectly or own legally or beneficially 10% or more of the outstanding capital stock (in voting power) of the following companies:

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12a. If any of the above stock is pledged or hypothecated in any way, please detail fully:

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13. I have never been adjudicated as bankrupt, except as follows:
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14. I have never been convicted or had a sentence imposed or suspended, or had pronouncement of a sentence suspended, or been pardoned for conviction of, or pleaded guilty of an nolo contendere to an information an indictment charging a felony for embezzlement, theft or larceny, mail fraud, or violating any corporate securities statute or any insurance law, nor have I been the subject of a cease and desist order or consent order \_\_\_\_\_ of any federal or state regulatory agency, except as follows:
- 
15. During the last 10 years, I have neither been refused a professional, occupational vocational license by any public or governmental licensing agency or regulatory authority, nor has such a license held by me ever been suspended or revoked, except as follows: \_\_\_\_\_
- 
16. I have never been an officer, director, key employee or controlling stockholder of a company which, while I occupied any such position or capacity with respect to it, became insolvent or was enjoined from or ordered to cease and desist from violating any law, except as follows: \_\_\_\_\_
- 
17. Neither I nor any company of which I was an officer, director or key management person at the time has ever been subject to any civil action alleging fraud, negligence or violation of any applicable racketeering statutes (state or federal), except as follows:
- 
18. I am not and none of the employees, officers or directors of: \_\_\_\_\_ (name of company) is an employee, officer or director of any other administrator, program manager, servicing organization or insurance producer of the Commission, nor do I or any of the employees, officers or directors of \_\_\_\_\_ (name of company) \_\_\_\_\_ have a direct or indirect financial interest in any other administrator, program manager, servicing organization or insurance producer of the Commission, except as follows:
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18a. Any direct or indirect financial interest or any position held as employee, officer or director in any other administrator, program manager, servicing organization, or insurance producer of the Commission, as described above, has been disclosed to the Commissioners or executive committee, as applicable. (Yes/No)

\_\_\_\_\_

Dated and signed this \_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_.

I hereby certify under penalty of perjury that the foregoing statements are true and correct to the best of my knowledge and belief and further, by the affixation of my signature hereon, I hereby give my certified consent to the New Jersey Department of Insurance to verify the representations and information supplied in response to all questions on the biographical data form, with any Federal, State, municipal or other agency which may have knowledge and/or information thereon.

\_\_\_\_\_  
(Signature of Affiant)

State of \_\_\_\_\_

County of \_\_\_\_\_

Personally appeared before me the above named \_\_\_\_\_ personally known to me, who, being duly sworn, deposes and says that affiant executed the above instrument and that the statements and answers contained therein are true and correct to the best of affiant's knowledge and belief.

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_ .

\_\_\_\_\_  
Notary Public

My Commission Expires \_\_\_\_\_

(SEAL)

**DATA FORM SUMMARY**

**YEAR \_\_\_\_\_**

Firm Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax. No. \_\_\_\_\_

1.) List all parties having or deriving any interest, right or benefit in the firm.

<u>Name</u>	<u>Address</u>	<u>Interest</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2.) List all senior officers and directors who will be servicing the Commission along with a description of professional qualifications.

<u>Name</u>	<u>Title</u>	<u>Qualifications</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby certify that the information on this disclosure is accurate and complete, and that I am an officer of the firm and am duly authorized to supply this information on behalf of the firm.

Signature: \_\_\_\_\_ Print: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

## Request for Qualifications Exhibit D

### SERVICE PROVIDER POLITICAL CONTRIBUTION DISCLOSURE CERTIFICATION

Service provider business entity: \_\_\_\_\_

Date the contract or engagement is to be authorized: \_\_\_\_\_

1) Names and home addresses of all persons (a) holding 10% or more of the issued and outstanding stock of the service provider business entity, (b) entitled to receive the benefit of 10% or more of the revenues and/or profits of the service provider business entity and (c) any other individual who will have a significant role in servicing this engagement:

Name	Address

2) List all reportable contributions made during the 12 month period preceding the date that the contract or engagement is legally authorized to any official, candidate, joint candidates committee or political party representing elected officials or candidates as defined pursuant to N.J.S.A. 19:44A-3(p), (q) and (r) of any member local unit insured by the Burlington County Insurance Commission. (List of Members Attached.)

Local Unit	Contributor	Date	Recipient	Amount

#### Service Provider Affirmation

The undersigned, being authorized and knowledgeable of the circumstances, does hereby certify the above is complete and accurate. The undersigned is fully aware that if I or any of the persons listed above have misrepresented in whole or part this affirmation and certification, I and/or the service provider business entity will be liable for any penalty permitted under law.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

Print Name: \_\_\_\_\_

If necessary, attach additional sheets.

## LIST OF MEMBERS

1. Burlington County
2. Burlington County Bridge Commission
3. Burlington County Board of Social Services
4. Rowan College at Burlington County

**Request for Qualifications  
Exhibit E**

**NON-COLLUSION AFFIDAVIT**

STATE OF NEW JERSEY

ss:

COUNTY OF

I \_\_\_\_\_ of the City of \_\_\_\_\_

in the County of \_\_\_\_\_ and the State of \_\_\_\_\_

of full age, being duly sworn according to law on my oath depose and say that:

I am \_\_\_\_\_

Of the firm of \_\_\_\_\_

the bidder making the Proposal for the above named project, and that I executed the said Proposal with full authority so to do; that said bidder has not, directly or indirectly, entered into any agreement, participated in any collusion, or otherwise taken any action in restraint of free, competitive bidding in connection with the above named project; and that all statements contained in said Proposal and in this affidavit are true and correct, and made with full knowledge that the Burlington County Insurance Commission relies upon the truth of the statements contained in said Proposal and in the statements contained in this affidavit in awarding the contract for the said project.

I further warrant that no person or selling agency has been employed or retained to solicit or secure such contract upon an agreement or understanding for a commission, percentage, brokerage or contingent fee, except bona fide employees or bona fide established commercial or selling agencies maintained by

\_\_\_\_\_  
(Name of Contractor) (N.J.S.A. 52:34-15)

\_\_\_\_\_  
(Also type or print name of affiant under signature)

Subscribed and sworn to before me this

Day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
Notary Public of

My commission expires:



# Request for Qualifications Exhibit F

## DISCLOSURE OF INVESTMENT ACTIVITIES IN IRAN Page 1 of 2

**Bid Name:** \_\_\_\_\_

**Bid Due Date:** \_\_\_\_\_

**Bidder:** \_\_\_\_\_

### **PART 1:**

Pursuant to Public Law 2012, c. 25, any person or entity that submits a bid or proposal or otherwise proposes to enter into or renew a contract must complete the certification below to attest, under penalty of perjury, that the person or entity, or one of the person or entity's parents, subsidiaries, or affiliates, is not identified on a list created and maintained by the NJ Department of the Treasury as a person or entity engaging in investment activities in Iran. If the Director of the NJ Department of Treasury finds a person or entity to be in violation of the principles which are the subject of this law, he/she shall take action as may be appropriate and provided by law, rule or contract, including but not limited to, imposing sanctions, seeking compliance, recovering damages, declaring the party in default and seeking debarment or suspension of the person or entity.

I certify, pursuant to Public Law 2012, c. 25, that the person or entity listed above for which I am authorized to bid/renew:

is not providing goods or services of \$20,000,000 or more in the energy sector of Iran, including a person or entity that provides oil or liquefied natural gas tankers, or products used to construct or maintain pipelines used to transport oil or liquefied natural gas, for the energy sector of Iran, AND

is not a financial institution that extends \$20,000,000 or more in credit to another person or entity, for 45 days or more, if that person or entity will use the credit to provide goods or services in the energy sector in Iran.

**In the event that a person or entity is unable to make the above certification because it or one of its parents, subsidiaries, or affiliates has engaged in the above-referenced activities, a detailed, accurate and precise description of the activities must be provided in part 2 below to the BURLINGTON COUNTY INSURANCE COMMISSION under penalty of perjury. Failure to provide such will result in the proposal being rendered as non-responsive and appropriate penalties, fines and/or**

**PART 2 is required to be completed if both certification boxes in PART 1 were not certified.**

**PART 2: PLEASE PROVIDE FURTHER INFORMATION RELATED TO INVESTMENT ACTIVITIES IN IRAN**

You must provide a detailed, accurate and precise description of the activities of the bidding person/entity, or one of its parents, subsidiaries or affiliates, engaged in the investment activities in Iran outlined above by completing the section below.

**PLEASE PROVIDE THOROUGH ANSWERS TO EACH QUESTION. IF YOU NEED ADDITIONAL ROOM, ADD ADDITIONAL PAGES.**

Name \_\_\_\_\_ Relationship to Bidder/Offeror \_\_\_\_\_

Description of Activities \_\_\_\_\_

Duration of Engagement \_\_\_\_\_ Anticipated Cessation Date \_\_\_\_\_

**PART 3: CERTIFICATION SIGNATURE:**

Certification: I, being duly sworn upon my oath, hereby represent and state that the foregoing information and any attachments thereto to the best of my knowledge are true and complete. I attest that I am authorized to execute this certification on behalf of the above-referenced person or entity. I acknowledge that the **Burlington County Insurance Commission** is relying on the information contained herein and thereby acknowledge that I am under a continuing obligation from the date of this certification through the completion of any contracts with the **Burlington County Insurance Commission** to notify the **Burlington County Insurance Commission** in writing of any changes to the answers of information contained herein. I acknowledge that I am aware that it is a criminal offense to make a false statement or misrepresentation in this certification, and if I do so, I recognize that I am subject to criminal prosecution under the law and that it will also constitute a material breach of my agreement(s) with the **Burlington County Insurance Commission** and that the **Burlington County Insurance Commission** its option may declare any contract(s) resulting from this certification void and unenforceable. Parts 1 and 3 or Parts 2 and 3 must be completed and signed to be responsive to the specifications. Failure to complete Parts 1 and 3 or Parts 2 and 3 will render the bid non-responsive and the bid shall not be considered for an award.

\_\_\_\_\_ Signature \_\_\_\_\_ Print Name

\_\_\_\_\_ Title \_\_\_\_\_ Date