



## Request for Proposals

**Employee Benefits: Medical Plans, Dental, Vision, Basic Group Term Life/AD&D, Voluntary Group Term Life/AD&D, Short Term and Long-Term Disability, Accident, Critical Illness, Hospital Indemnity and Whole/Permanent Life. *The expectation of each carrier that responds is to build in 3% technology fee with final price.***

This Request for Proposals (RFP) is soliciting proposals to provide Employee Benefits, to **Transmaritime Inc.** (“Owner”). For the purpose of this RFP, “Respondent” refers to any entity or team that submits a proposal to provide all of the services as listed in this request. It is the intent of the Owner to select the Respondent(s) demonstrating the **best overall value** to the Owner and to enter into a single or multiple award contract with a qualified firm(s) to provide services to the Owner.

Direct Questions to: **Shana Robinson**  
**210-485-1855 or 210-483-0838**  
[shana@barrettinsurance-services.com](mailto:shana@barrettinsurance-services.com)

Proposals will be received at: **Shana Robinson**  
**Thru email:**  
[shana@barrettinsurance-services.com](mailto:shana@barrettinsurance-services.com)

Proposals will be received until: **11AM on Monday, April 18, 2022**  
***\*Proposals received after the closing date and time will be disqualified.***

*During the selection process, Transmaritime will rank proposals submitted, possible interviews/presentations, and submit the recommendation to the Executive Suite.*

Number of Copies & Proposal Presentation:

- **Submit electronic copy; the original proposal sheets, certifications, supporting data, signed.**
- **All proposals submitted must be tabbed in alphabetical order by product (Example: Accident, Basic Group Term, Critical Illness, etc.).**

SUBMISSION CRITERIA:

**INVITATION TO SUBMIT PROPOSALS:**

Transmaritime Inc. is solicitating competitive quotes through cooperative contracts for Employee Benefits. The goal of this Request for Proposals is to review the array of plans currently available for employee benefits and if the company can procure stronger products, pricing, or services available, in comparison to Transmaritime' s current plans.

The RFP includes employee information and expectations for providers as well as guidelines for application and submission, including evaluation criteria for proposal review and contract terms and conditions. Vendors awarded through this RFP will be allowed to provide services to Transmaritime Inc. for a multi-year program.

Shana Robinson has been retained as broker of record for Transmaritime Inc. and will aid in the evaluation and procurement of employee benefits that best suites the needs of Transmaritime. Transmaritime will be looking for best price, best value, and best product. Because Transmaritime Inc. realizes it cannot always provide carriers with all the information needed, we ask that you provide quotes as best as you can with the data provided.

Transmaritime Inc. reserves the right to accept or reject any items included by Vendor in this section to come up with the best combination for Transmaritime. Awards will be made to the successful Vendor based on overall best value to Transmaritime.

**HISTORY:**

Transmaritime, Inc. is a 3PL organization that specializes in providing solutions for all elements within the corporate logistics process. Our combined strength as a company is driven by the quality of our team in terms of both their knowledge and experience and our cutting-edge infrastructure. Through the utilization of these two business advantages, we're able to assure an industry leading one-stop service as a logistics innovator. Transmaritime currently has 98 employees and growing.

All interested parties should follow the formal outline, as given on the following pages, and submit response qualifications by **11 A.M. on Monday, April 18, 2022.**

**QUESTIONS:**

All questions regarding this Request for Proposal must be submitted in writing and be directed to:

Name: Shana Robinson  
Phone: 210-485-1855  
Email: [shana@barrettinsurance-services.com](mailto:shana@barrettinsurance-services.com)

Name: Azzannette Lopez  
Phone: 210-485-1855  
Email: [azzannette@barrettinsurance-services.com](mailto:azzannette@barrettinsurance-services.com)

**TERMS AND CONDITIONS:**

This solicitation shall be governed by the following documents which are incorporated herein. A copy may be obtained at [www.barrettinsurance-services.com](http://www.barrettinsurance-services.com) under the Transmaritime Inc. tab or by contacting the Purchasing Department staff listed on the cover sheet. Any exception to the terms and conditions must be included in the Respondent's proposal.

**RIGHT TO REJECT:**

Transmaritime Inc. retains the right to reject any and all proposals submitted. Transmaritime Inc. reserves the right to waive an irregularities and informalities and make any decision that is deemed in the best interest of Transmaritime Inc. Transmaritime Inc. shall take into consideration other factors, including past experience, financial stability, references, ability to provide requested services, and any other factors found necessary for quality service.

**SUBMISSION AND DUE DATE:**

Electronic copy, shall be emailed to:

**Electronic copy**  
**Shana Robinson**  
[shana@barrettinsurance-services.com](mailto:shana@barrettinsurance-services.com)

**EXCEPTIONS:**

By submitting a response to this RFP, the Respondent guarantees that all requirements and qualifications stated in this proposal will be met. In the event that certain requirements cannot be met, such deviations must be noted as an exception on the Respondent's Deviation Form found on page 15. Failure to notate any deviations to the RFP requirements and qualifications will allow Transmaritime Inc. CISD to assume the Respondent can meet all requirements and qualifications.

Upon selection and award, a contract shall be for the period of twenty-four (24) months, 6/01/2022 through 5/30/2024, with the option to renew annually for an additional two (2) years if mutually agreed upon in writing by both parties. Any awarded contract will work with the current awarded agent of record and online enrollment process, prior to the term of this contract for implementation purposes.

The Committee will recommend the approval of the rankings of the firm or firms to Transmaritime Inc. Transmaritime Inc. will attempt to negotiate an acceptable contract after the Executive team has approved the recommendation. If an acceptable contract cannot be negotiated, written notice will be provided, and negotiations will start with the next highest-ranking firm.

Respondents are requested NOT to contact Transmaritime staff. All questions or clarifications needed should be addressed to the contact person noted on page two (2) of this document or as revised through official addendum of this RFP.

**EVALUATION CRITERIA:**

An evaluation committee will review all proposals lead by the Brokerage firm. Contracts will be awarded to qualified proposers whose proposals are most advantageous to Transmaritime based upon the evaluation criteria specified below. Transmaritime reserves the right to request presentations from those organizations determined to be in a competitive range and shall use the information derived from these presentations, if applicable, in the evaluation.

All proposals will be evaluated based on the following criteria:

| <b>Category</b>   | <b>Max Points</b> |
|---|-------------------|
| Cost of Services  | 50 points         |
| Completeness of Response to Proposal                                    | 10 points         |
| Reputation and quality of the vendor and vendor's goods and/or services | 20 points         |
| The extent to which the goods and/or services meet the companies needs  | 20 points         |
| <b>Total Points</b>   | <b>100 points</b> |

**INSURANCE REQUIREMENTS:**

Transmaritime will require all Professional Service Firm(s) selected to maintain professional liability insurance with limits of not less than \$1,000,000.00

To qualify, the Sub-Consultant Firms must be insured and have maintained professional liability insurance (see insurance requirements) for one-year minimum. Firms selected for the project must agree to name Transmaritime Inc. as an additional insured. The Sub-Consultant Firm(s) must present bona-fide.

| <u>Category</u>   | <u>Limits</u>                 |
|---|-------------------------------|
| Commercial General Liability  | \$1,000,000                   |
| Products/completed operations aggregate   | \$1,000,000                   |
| Personal and advertising injury   | \$1,000,000                   |
| Each occurrence   | \$1,000,000                   |
| Fire damage   | \$50,000                      |
| Medical expense   | \$5,000                       |
| Comprehensive Automobile Liability Insurance  |                               |
| Bodily Injury (per person)  | \$500,000                     |
| Bodily Injury (per accident)  | \$500,000                     |
| Owner's and Contractor's Protective Liability Insurance                               |                               |
| Bodily Injury   | \$500,000                     |
| Property Damage   | \$500,000                     |
| Umbrella Liability Insurance written on an occurrence basis, with minimum for limits: |                               |
| <u>Contract Sum (per occurrence/aggregate)</u>  | <u>Minimum Limit Required</u> |
| Up to \$2,499,999   | \$1,000,000                   |
| \$2,500,000 to \$4,999,999  | \$2,000,000                   |
| \$5,000,000 to \$7,499,999  | \$3,000,000                   |
| \$7,500,000 and over  | \$4,000,000                   |
| Workers Compensation Coverage   |                               |
| Employer's Liability  |                               |
| Each accident   | \$500,000                     |
| Disease – Policy Limit  | \$500,000                     |
| Disease – Each Employee   | \$500,000                     |

## **SUBMISSION PROCESS**

All proposers shall be accorded fair and equal treatment with respect to the selection process. Discussions may be conducted between the Transmaritime and prospective proposers, or with proposers who have submitted proposals. During these discussions, there shall be no disclosure of information derived from proposals submitted by other proposers. Proposals may be submitted in booklet or binder format. The proposal shall be organized as shown below, with each section separated by a divider. Each divider shall have a tab clearly identifying the contents of the section. All proposals **MUST** be submitted at 12-point type, not including covers, tab dividers, financial statement, or certifications listed in Section Four (4). Please be as concise as possible in providing the requested information and follow the page limits in each section.

## **Section 1: Firm Information**

### **GENERAL INFORMATION:**

Please provide the following:

1.0 Letter of Interest (cover letter to include statement of interest):

1.1 Legal Name of Firm:

1.2 Data Universal Numbering System (DUNS):

1.3 Address 1 (Home Office):

1.4 Address 2 (Mailing Address):

1.5 Contact Person:

1.6 Phone:

1.7 Fax:

1.8 Email Address:

1.9 Type of Business/Description of Products and/or Services Provided:

1.10 Business Address of Office that will provide services (if different from above):

1.11 Purchase Orders from Transmaritime Inc. will be sent by email.

Order Processing Contact Information:

Contact Name:

Email Address:

Phone:

Alternate Email Address:

Alternate Contact:

Phone:

1.12 Type of business entity (Partnership, LLC, Sole Proprietorship, etc.):

1.13 Number of years vendor has been in continuous operation:

1.14 Does vendor have a parent company or subsidiary that currently conducts or that has previously conducted business with Transmaritime? If YES, provide name of parent company and/or subsidiary:

1.15 Has vendor conducted business with Transmaritime under another name?

If YES, provide other names:

1.16 Number of years doing business with Transmaritime Inc.?

1.17 Number of years vendor has been in business under its present business name?

1.18 Number of full-time employees:

Number of part-time employees:

1.19 Do you have experience with other companies?

Submit five (5) references within the past five (5) years:

| Company | Contact Person | Email |
|---------|----------------|-------|
|         |                |       |
|         |                |       |
|         |                |       |
|         |                |       |
|         |                |       |

1.20 Does vendor currently have approved contract with any purchasing cooperatives (example includes BuyBoard, TCPN, Tips, Choice Partners)? If YES, list name of cooperatives:

1.21 Does vendor have any owners, principal shareholders or stockholders, officers, agents, salespeople, or key employees who have been members of the Transmaritime Inc. staff during the last five (5) years? If YES, name(s) and title(s):

1.22 Does any officer, partner, owner, sales representative and/or spouse work for Transmaritime Inc.?

1.23 Does vendor have any owners, principal shareholders or stockholders, officers, agents, salespeople, or key employees who are employees or who are members of an employee's immediate family who either work or who may potentially work on this contract with Transmaritime? If YES, name(s) and title(s):

1.24 Names of authorized agents, including any person or entity authorized to "act with" or "act on your behalf", such as consultants, sub-contractors, re-sellers, lobbyists, confidants, etc., whether compensated or not compensated:

1.25 Has vendor (including any owner, principal shareholder or stockholder, officer, agent, salesperson, or employee) been involved in past, pending, or present litigation involving Transmaritime of another governmental entity? If YES, please provide the style and status of the case as well as the type of litigation.

1.26 Transmaritime Inc. can only do business with equal opportunity employers.

Do you advertise as an equal opportunity employer?



Do you have a written non-discriminatory policy of employment?

Has this policy been circulated throughout your organization?

Person to contact regarding equal opportunity information issues:

Name:

Title:

1.27 Name of contact person regarding IT issues in your company:

Contact Name:

Email Address:

Phone:

Alternate Email Address:

Alternate Contact:

Phone:

1.28 Does vendor have E-commerce capability?

## **Section 2: Certifications**

- Proposal Document and Addendum
- Vendor Response
- Attestation Forms
- Company W-9
- Felony Conviction Notice
- Child Support Certification
- Out of State Certification
- General Terms and Conditions



14213 Transportation Ave. 78045, Laredo, Texas  
Direct Line: 956-242-4682  
[www.transmaritime.com](http://www.transmaritime.com)

February 21, 2022

The following information **must be returned** along with any other information that you feel would be of benefit to your proposal. **This information must be placed in a plainly marked envelope with RFP number and description.**

**Employee Benefits**

Name of Company: \_\_\_\_\_

Name of Company Representative: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_ Section 1

\_\_\_\_\_ Proposal Document and Addendum

\_\_\_\_\_ Vendor Response

\_\_\_\_\_ Attestation Forms

\_\_\_\_\_ Company W-9

\_\_\_\_\_ Felony Conviction Notice

\_\_\_\_\_ Child Support Certification

\_\_\_\_\_ Out of State Certification

\_\_\_\_\_ General Terms and Conditions

\_\_\_\_\_ No proposal at this time, please keep the company on your notify list.

**\*THIS PAGE MUST BE COMPLETED AND RETURNED WITH YOUR PROPOSAL\***

**PROPOSAL DOCUMENT**

Company Name: \_\_\_\_\_  
Please print or type

Name and Title of Person Authorized to sign: \_\_\_\_\_  
Name – please print or type

\_\_\_\_\_  
Title – please print or type

Authorized Signature: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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

**\*THIS PAGE MUST BE SIGNED AND RETURNED WITH YOUR PROPOSAL\***

**PROPOSAL DOCUMENT**

If this document is not submitted with the bid/proposal, it may be considered non-responsive.

|                                   |  |
|-----------------------------------|--|
| Name of Company:                  |  |
| Contact Person:                   |  |
| Primary/Principal Office Address: |  |
| Telephone Number:                 |  |
| Email Address:                    |  |

Pricing Documentation is attached.

I hereby certify that our business is an Equal Employment Opportunity (EEO) employer and does not and will not discriminate in employment and in subcontracts based on race, color, sexual orientation, gender identity, national origin, sex, age, disability, or economic condition. I further attest that this policy is documented in our Employee Handbook. As an EEO employer, we prohibit retaliation, discharge, or discrimination against any employee or applicant for employment or against any subcontractor or supplier. I understand that failure to check the box as to this condition may render my proposal non-responsive.

I, \_\_\_\_\_, as \_\_\_\_\_  
Name of Individual Title & Authority

of \_\_\_\_\_, purposes to complete the project for the  
Company Name

prices listed in this Price Proposal Form for scope of work and services described in the RFP documents.

\_\_\_\_\_  
Signature

**\*THIS PAGE MUST BE SIGNED AND RETURNED WITH YOUR PROPOSAL\***

## VENDOR RESPONSE

The following criteria must be agreed upon to be considered for review of the Employee Benefits submitted:

1. Vendor must be licensed in the State of Texas and have demonstrated a history of strong performance with school district in the State. All applicable licenses must be current.
2. Vendor must be an active registered business for no less than five (5) years.
3. Vendor must work with Transmaritime's current Agent of Record and online enrollment system.
4. Vendor shall assist in plan communication and open enrollment along with the Agent of Record.

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**SIGNATURE**

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**TITLE**

### REQUIRED NARRATIVE RESPONSE:

Provide a detailed response for employee voluntary benefits for eligible Transmaritime Inc. employees. All plans must include detailed information on all aspects of the **bindable employee benefit coverage**, as well as detailed information of the skills, knowledge, experience, financial stability of the plans offered. The plans must be **comparable or tangibly better** than what is already available. All financial/pricing information must be included with the responses. Details are to be in the narrative format and include the following information:

- Financial strength and stability of the company
- Bindable coverage terms and conditions of the plan offered
- Provider networks available through the plan offered
- Costs (all tiered costs, if any) of the plan
- All Broker fees, in detail, whether flat fee or commission-based
- Customer service capabilities
- Available tools and resources to support employee communication, education and engagement

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**SIGNATURE**

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**TITLE**

**\*THIS PAGE MUST BE SIGNED AND RETURNED WITH YOUR PROPOSAL. \***

**DEVIATION/COMPLIANCE FORM**

If the undersigned Company or Individual intends to deviate from the Terms and Conditions or Item Specifications listed in this Request for Proposals document, all such deviations must be listed on this page, with complete and detailed conditions and information included or attached. Transmaritime will consider any deviation in its Request for Proposals award decisions, and the District reserves the right to accept or reject any Request for Proposals based upon any deviations indicated below or in any attachments or inclusions. In the absence of any deviation entry on this form, the Vendor assures Transmaritime of his/her full compliance with the Terms and Conditions, Item Specifications, and all other information contained in this Request for Proposals document.

No Deviation

Yes Deviations

If yes is checked, please list deviations below: On a separate page if needed.

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**Company Name:** \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**\*THIS PAGE MUST BE COMPLETED AND RETURNED WITH YOUR PROPOSAL. \***

