

TOWN OF ELIZABETHTOWN REQUEST FOR PROPOSALS

May 22, 2026

GENERAL INSTRUCTIONS

Introduction

These bid specifications have been prepared for the solicitation of competitive quotations for the Commercial Package and Workers' Compensation insurance programs of the *Town of Elizabethtown* located in southeastern North Carolina.

Effective Date

Unless otherwise specified, the effective date of the coverage will be **July 1, 2026**, at 12:01 AM Eastern Standard Time. Policies shall be proposed for one-year terms. Options for longer terms, if available, will be considered.

Preparation and Submittal of Proposals

1. Proposals must be received, in their entirety, no later than **June 22, 2026, at 5:00 PM**. Proposals received after this date will not be considered. The proposals shall be presented in a sealed envelope, clearly marked "**Town of Elizabethtown Insurance Bid**".

Proposals are to be mailed or delivered to:

Town of Elizabethtown
Attn: Regina Valenta, Finance Officer
P.O. Box 700,
805 W. Broad St.
Elizabethtown, NC 28337

2. All proposals shall be signed in ink by the authorized representatives.
3. All attachments that require execution by the bidder are to be returned with the proposal.

Adherence to Specifications

These specifications contain minimum requirements. Broader coverage may be quoted. However, if your proposal provides coverage less broad than that requested in these specifications, specific reference to the limitations must be made in the proposal.

If any type of insurance being bid cannot be written independently of the remainder of the proposal, such fact must be stated in the proposal.

Inquiries

If additional information is needed, it may be requested from *Regina Valenta*, no later than *June 5, 2026*. This information, if relevant, will then be furnished to all bidders. Bidders are invited to inspect the properties, but arrangements must be made prior to *June 5, 2026*.

Clarification of Bids

The *Town of Elizabethtown* reserves the right to accept or reject any or all bids, select some coverages and not others, split coverages between brokers/agents and insurers and reserve the right to negotiate for coverage when it is deemed to be in the best interest of the *Town*. The *Town of Elizabethtown* shall be the sole judge as to the most advantageous program of insurance coverage based on its assessment of coverage and cost.

Cancellation

The successful company or companies may not cancel the resulting contract without providing at least ninety (90) days advance written notice of cancellation.

Withdrawal of Proposals

1. All proposals submitted shall be valid for a minimum period of sixty (60) calendar days following the date established for the opening.
2. Proposals may be withdrawn on written request from the proposer at the address shown in the solicitation prior to the time of opening.
3. Negligence on the part of the proposer in preparing the proposal confers no right of withdrawal after the time fixed for the opening of the proposals.

Renewal

It is the intention to renew with the successful bidder for at least two years (three year total) unless there is dissatisfaction with service, material change in coverage, lack of competitive pricing or other aspects of importance. The *Town of Elizabethtown* reserves the right to negotiate with the current insurer or to bid the insurance package as it sees fit, subject to the current insurance market and the level of service provided.

Who is an Insured

Coverage forms should be endorsed to broaden the scope of the Insured.

Who is Insured shall include as an insured any elective or appointed officer or a member of any board or commission or agency of yours while acting within the scope of their duties as such.

Services Requested

1. Claim review meetings as necessary at the premises of the insured.
2. Detailed five-year loss reports must be furnished on an annual basis.
3. Loss Control Services to include initial comprehensive hazard survey, an analysis of past losses, a review of current loss control practices and activities to identify, control, or eliminate potential hazards, and on-site safety training program needs.

Specifications Required

The enclosed *premium summary sheets* must be *completed, signed, and returned* with the proposal. Audit rates, for any policy subject to audit, must be shown in the proposal as well.

Loss Control Service Required

1. Perform at minimum, annual on-site risk evaluations of each local government facility and operation and prepare an annual work plan and written reports with recommendations for reducing injuries and losses. Reports shall be provided to the Town of Elizabethtown within 30 days of the site visit.
2. Compile, review and make available to the Town of Elizabethtown periodic reports which include loss analysis of the number of claims and dollar losses by department, type, cause and other pertinent data. Recommend appropriate actions for minimizing adverse claim trends.
3. Conduct periodic on-site loss control/safety training seminars for the Town of Elizabethtown employees.
4. Provide unlimited free access to a loss control training video library.
5. Assist in the development of a written loss control manual tailored to municipal operations. Components of the manual will address the following issues, by areas of program activity:
 - A. General Safety Policies and Procedures
 - B. OSHA Compliance
 - C. Fleet Operations
 - D. Liability
 - E. Risk Management Procedures

6. Periodically attend safety committee meetings held by the Town of Elizabethtown and provide advice and assistance to the committee.
7. All Loss Control Services are to be agreed upon and provided on a Fiscal Year basis. Services provided will be outlined in a written "Action Plan" developed specifically for the entity's needs as identified in the initial hazard survey.

GENERAL SPECIFICATIONS

(Applicable to all Coverages)

WAIVER OF GOVERNMENTAL IMMUNITY

The Laws of the State of North Carolina waive and exclude Governmental Immunity of Political Subdivisions to the extent of coverage provided herein by the Interlocal Risk Financing Fund of North Carolina pursuant to N.C.G.S. 160A-485.

The insurer agrees to maintain coverage and defend/indemnify the Town of Elizabethtown to the same extent as if immunity did not apply, unless such coverage is specifically excluded by a valid policy endorsement.

UNINTENTIONAL ERROR OR OMISSION

It is agreed that failure of the Participant to disclose all hazards existing as of the inception or renewal date of this coverage document, shall not prejudice the insurance with respect to the coverage afforded by this coverage document, provided such failure or omission is not intentional.

KNOWLEDGE OF OCCURRENCE

It is agreed that knowledge of an occurrence by an employee of the insured shall not in itself constitute knowledge by the insured unless the city manager or authorized designee with claim reporting responsibilities shall have received such notice from its employee. However, issuance of a right to sue letter by the EEOC, upon the city manager or authorized designee with claim reporting responsibilities shall constitute knowledge of an occurrence.

FINANCIAL RATINGS

All insurance carriers or proposals should include an A.M. Best rating of -A or better with a financial rating of 7 or better.

REJECTION OF PROPOSALS

The Town reserves the right in its sole discretion to reject any or all proposals in whole or in part, without incurring any cost or liability whatsoever. All proposals will be reviewed for completeness of the submission requirements. If a proposal fails to meet a material requirement of the RFP, or if it is incomplete or contains irregularities, the proposal may be rejected. A deviation is material to the extent that a proposal is not in substantial accord with the RFP requirements.

Immaterial deviations may also cause a bid to be rejected. The Town may or may not waive an immaterial deviation or defect in a proposal. The Town's waiver of an immaterial deviation or defect shall in no way modify the RFP or excuse a bidder from full compliance with the RFT requirements.

Any proposal may be rejected where it is determined to be not really competitive or where the cost is not reasonable.

Proposals that contain misleading statements may be rejected if in the Town's opinion the information was intended to mislead the Town regarding a requirement of the RFP.

BOILER & MACHINERY SPECIFICATIONS

Coverage Scope:

Boiler and Machinery comprehensive - Property damage shall include, but not be limited to: pressure, refrigeration, mechanical, electrical damage.

Amount of Insurance:

Blanket limit of at least \$ 25,000,000 per accident.

Additional Coverages should include:

Extra Expense	100%
Expediting Expense	\$ 250,000 per accident
Hazardous Substances	\$ 100,000 per accident
Ammonia Contamination	\$ 100,000 per accident
Water Damage	\$ 100,000 per accident

Deductible:

\$ 1,000 per accident.

Locations included are as follows:

INLAND MARINE SPECIFICATIONS

Computer Equipment & Media:

Computer Equipment	Limit: \$250,000
Media/Data	Limit: Included
Transit/Off Premises	Limit: \$10,000
Extra Expense	Limit: \$10,000

Deductible: \$1,000

Mechanical Breakdown Deductible: \$1,000

Contractor's/Municipal Equipment:

Limit: \$1,000,000

Deductible \$500

- Optional Coverage for replacement cost valuation.
- Flood peril covered for Equipment.
- Leased and Rented Equipment (Limit: _____)

GENERAL LIABILITY SPECIFICATIONS

Form:

Occurrence

Limits:

Proposals must clearly identify limits quoted.

General Aggregate	\$ 1,000,000
Products/Completed Operations Aggregate	\$ 3,000,000
Personal/Advertising Injury	\$ 1,000,000
Each Occurrence Limit	\$ 1,000,000
Fire Damage Limit	\$ 100,000

Population: 3,500
 Number of Employees 60
 Operating Budget: \$8,229,560
 Special Events: _____

Deductibles: \$250 \$500 \$1,000 \$2,500 Other__

Scope of Coverage:

- Coverage is to apply to all streets, roads, highways, bridges - existence hazards, maintenance hazards and construction.
- Provide Emergency Medical Service coverage.
- Provide coverage for Herbicide/Pesticide application.
- Include volunteers under "Who is an Insured".
- Defense costs must be provided in addition to the above limits.
- Defense costs must not be subject to the deductible if a deductible is added.

Endorsements:

- N/A Delete contractual liability exclusion from personal injury perils.
- N/A Eliminate Fellow employee exclusion under "Who is an Insured".
- X Failure to Supply endorsement (Limit: Included)

Employee Benefits Liability

Claims-Made Form

Limit: \$1,000,000
 Deductible \$1,000

Optional Coverages:

- X Premises Medical Payments
- _____ No Fault Sewer Back up
- _____ No Fault Power Surge
- _____ Watercraft Liability
- _____ Liquor Liability
- X Skate Parks
- _____ BMX Facilities
- _____ Hazmat Teams

Exposure Sheet:

Please check all of the operational exposures of the public entity below.
 Note that all coverage may not be available for all operations or exposures.

Operation/Exposure	Do you have this exposure?		Is it operated by the public entity or subcontracted?*		Exposure Information
	YES	NO	Operated	Subcontracted	
Airport (COVERAGE EXCLUDED)	X		X		Number
Ambulance Service		X			
Amusement Parks/Carnivals/Fairs		X			Described in Notes section
Apartments		X			# Units
Arenas/Convention Centers*		X			Area Seating
Beaches (open to public)		X			Number
Blasting Operations*		X			
Bleachers/Stadiums/Grandstands >5,000 seating		X			Annual Sales
Bike Motor cross (BMX) course		X			design plans attached
Bridges		X			Number
Cable Company		X			Annual Sales
Cemeteries (Municipal)	X		X		
Council of Government	X				Office square footage
Dams*		X			
Day Care Centers*		X			
Downtown Development Association		X			Described in Notes section
Dwellings	X				Number
Emergency Medical Services		X			
Fire (Municipal) Department - PAID	X		X		
Fire (Municipal) Department - VOLUNTEER	X		X		
Golf Courses –(Municipal)		X			Annual Sales
Hazmat operations		X			
Housing (Public)*		X			
Lakes/Reservoirs with public access		X			Number Total Acres
Lakes/Reservoirs without public access		X			Number Total Acres
Landfill (Municipal)		X			Number
Beach Lifeguard Service		X			# Lifeguards
Piers, Docks, Marinas, Boat Slips, Boat Ramps		X			Annual Revenue Sq. Ft.
Police Department	X		X		
Recreation Department		X			
Rifle/Shooting Range (open to public)		X			Number
Skateboard Facility	X				
Streets/Roads	X		X		Number of Miles - 25
Swimming Pools		X			Number
Telephone Company		X			Annual Sales
Transportation System		X			
Utilities: Electric Distribution		X			
Utilities: Electric Generation		X			
Utilities: Gas Distribution		X			
Utilities: Water Treatment facility	X		X		
Utilities: Wastewater Treatment facility	X		X		
Vacant Land	X				Acres
Watercraft		X			Number > 26 ft HP

AUTO LIABILITY AND PHYSICAL DAMAGE SPECIFICATIONS

Covered Vehicles:

Automobile Liability - Symbol 1 (Any Auto)

Auto Physical Damage - Symbols 7 (Specifically Described Autos) and 8 (Hired Autos)

Extend Name Insured to include:

All elected and appointed officials, officers, employees, and volunteers while acting within the scope of their duties for the named insured.

Policy Form:

Comprehensive automobile policy.

Limits:

Proposals must clearly identify limits quoted.

Combined Single Limit \$1,000,000

Uninsured/Underinsured Motorists \$1,000,000

Defense costs must be provided in addition to the above limits

Hired/Non-Owned:

Hired on "if any" basis.

Non-Owned on basis of number of employees.

Physical Damage for Short-Term Rental Vehicles.

Deductibles:

Automobile Liability

\$500 \$1,000 Other \$ _____

Defense costs must not be subject to the deductible if a liability deductible is added.

Collision/ Comprehensive (Actual Cash Value Basis) -

\$500 Private Passenger Vehicles, Light Trucks & Trailers
 \$1,000 All other vehicles

\$1,000 Private Passenger Vehicles, Light Trucks & Trailers
 \$2,500 All other vehicles

Endorsements:

Provide list of endorsements that will be attached to the policy:

- Fellow employee exclusion amended to provide coverage for police, fire or rescue workers.
- Limited coverage for an automobile owned or used by a volunteer or employee, while at, responding to, or returning directly from the scene of an emergency.
- Coverage for freezing of fire truck pumps.

Optional Coverages:

Garage Liability/Garage keepers

Impounded Vehicles

Agreed Value coverage for emergency vehicles

CRIME/BOND SPECIFICATIONS

Requested Coverages:

Public Employee Dishonesty	\$ 50,000	
Forgery or Alteration	\$ 50,000	
Theft, Disappearance or Destruction	\$ 50,000 Inside	\$ 50,000 Outside
Faithful Performance of Duty	\$ 50,000	

Scheduled Public Officials Bonds (Finance Officer & Tax Collector Bonds required by North Carolina State Law):

Position: Finance Director Employee: Regina Valenta Bond Amount: \$1,000,000
 Position: Tax Collector Employee: Beverly Robinson Bond Amount: \$ 50,000
 Position: _____ Employee: _____ Bond Amount: \$ _____
 Position: _____ Employee: _____ Bond Amount: \$ _____

Deductible:

Public Employee Dishonesty Bond \$ 500 per occurrence
 Schedule Position Public Officials Bond \$ 500 per occurrence

Maximum amount of the following kept on premises:

	Location # <u>1</u> Bldg. # <u>1</u>	Location # ____ Bldg # ____	Location # ____ Bldg # ____
Cash	\$ <u>500</u> _____	\$ _____	\$ _____
Checks	\$ <u>500</u> _____	\$ _____	\$ _____

Is above kept in a safe?

Yes No

Yes No

Yes No

LAW ENFORCEMENT LIABILITY SPECIFICATIONS

Coverage Form: Occurrence Form

Limits:

Proposal must clearly identify limits quoted.

Per Occurrence Limit \$ 1,000,000

Aggregate Limit \$ 1,000,000

Defense costs must be provided in addition to the above limits

Deductible:

\$1,000 \$2,500 \$5,000 Other \$_____

Exposures:

	<u>Number</u>
Full time Officers w/arrest powers & gun control	13
Part time Officers w/arrest powers & gun control	2
Reserve & Volunteer Officers	0
Clerical	1
Dispatch	0
School Crossing Guards	0
Other employees _____	0
Police dogs	0
Police horses	0

Carrier application will be completed upon request.

PUBLIC OFFICIALS LIABILITY SPECIFICATIONS

Coverage Form: Claims-Made Form

Limits:

Proposal must clearly identify limits being quoted.

Per Occurrence Limit \$ 1,000,000

Aggregate Limit \$ 1,000,000

Deductible:

\$1,000 **\$2,500** \$5,000 Other \$_____

Coverage Scope:

Coverage on a Claim Made Basis. Claims, demands and actions seeking Monetary Damages included coverages are:

- Civil Rights
- Employment Related Practices
- Back wages
- Extended Reporting Period

Defense costs must be provided in addition to the above limits

Carrier application will be completed upon request.

Optional Coverage:

Defense coverage for non-monetary suits (Limit: \$10,000)

CYBER LIABILITY SPECIFICATIONS

Coverage Form: Claims-Made Form

Limits:

Proposal must clearly identify limits being quoted.

Per Occurrence Limit \$ 1,000,000

Business Income Limit \$1,000,000

Aggregate Limit \$ 1,000,000

Deductible:

\$1,000 **\$2,500** \$5,000 Other \$_____

Coverage Scope:

Please clearly reflect specific limits and sub-limits for each coverage part including but not limited to:

Ransomware Expense

Cyber Deception (Social Engineering)

Funds Transfer Fraud

Telephone Hacking Loss

EXCESS LIABILITY SPECIFICATIONS

Coverage Form: Claims-Made Form

Limits:

Proposal must clearly identify limits being quoted.

Per Occurrence / Claim Limit \$ 2,000,000

Aggregate Limit \$ 2,000,000

Deductible: None

Coverage Scope:

Excess over all casualty lines excluding cyber liability.

WORKERS COMPENSATION SPECIFICATIONS

Limits:

Workers Compensation: As per State of North Carolina statutory requirements.

Employers Liability: Bodily Injury by Accident \$ 500,000 each accident
Bodily Injury by Disease \$ 500,000 each employee
Bodily Injury by Disease \$ 500,000 Coverage Limit

Current Experience Modification factor: _____

FEIN: 56-6001217

Coverage for volunteer firefighters (listed on current roster)? Yes No
Coverage for Jr. Firefighters? Yes No
Coverage for Auxiliary Police Officers (w/ ordinance)? Yes No
Coverage for Inmate Labor? Yes No

Deductible:

* \$500 **X \$1,000** o \$2,500 o Other \$_____

Proposals must address any other potential costs, such as:

Medical Deductible

Board Assessments

BID PROPOSAL PREMIUM SUMMARY SHEET

PROVIDED TO: _____

<u>COVERAGE</u>	<u>LIMIT</u>	<u>DEDUCTIBLE</u>	<u>ANNUAL PREMIUM</u>
Property	\$ _____	\$ _____	\$ _____
Flood	\$ _____	\$ _____	\$ _____
Earthquake	\$ _____	\$ _____	\$ _____
Wind	\$ _____	\$ _____	\$ _____
Boiler & Machinery	\$ _____	\$ _____	\$ _____
Computer Equipment & Media	\$ _____	\$ _____	\$ _____
Municipal Equipment	\$ _____	\$ _____	\$ _____
Portable Equipment	\$ _____	\$ _____	\$ _____
Fine Arts	\$ _____	\$ _____	\$ _____
General Liability	\$ _____	\$ _____	\$ _____
Employee Benefits Liability	\$ _____	\$ _____	\$ _____
Automobile Liability	\$ _____	\$ _____	\$ _____
Automobile Comprehensive	\$ _____	\$ _____	\$ _____
Automobile Collision	\$ _____	\$ _____	\$ _____
Public Employee Dishonesty (Blanket Bond)	\$ _____	\$ _____	\$ _____
Schedule Position Bond	\$ _____	\$ _____	\$ _____
Money & Securities	\$ _____	\$ _____	\$ _____
Police Professional Liability	\$ _____	\$ _____	\$ _____
Public Officials Liability	\$ _____	\$ _____	\$ _____
Workers Compensation	\$ _____	\$ _____	\$ _____
Excess/Umbrella	\$ _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____	\$ _____
TOTAL			\$ _____

Submitted By:	_____	Signature	_____
Name of Company:	_____	Phone #:	_____
Mailing Address:	_____	Fax #:	_____
	_____	Date:	_____
	_____		_____

ATTACHMENT ONE

Loss Runs

Available upon request

ATTACHMENT TWO

Building & Contents Schedule

Available upon request

ATTACHMENT THREE

Computer Equipment & Media Schedule

No Schedule

ATTACHMENT FOUR

Contractors/Municipal Equipment Schedule

Portable Equipment Schedule

Available upon request

ATTACHMENT FIVE

Auto Schedule

(indicating which vehicles have comprehensive and collision coverage)

Available upon request

ATTACHMENT SIX

Workers' Compensation
Payroll and Class Code Information

Available upon request