

DALLAS COUNTY TABULATION SHEET

Vendor No.1

Vendor No. 2

Solicitation #: 2011-058-5514  
 Annual Contract for Workers Compensation Policy for Sheriff's Courtesy Patrol  
 Opening Date: 4/7/11  
 Contract effective: 12 months upon award  
 email/web address  
 Certified M/WBE/EEO1 completed?  
 Principal Owner a D.C. taxpayer?  
 Specify if your company is a certified M/WBE/DBE/HUB.

UpShaw Insurance Agency, Inc.  
 1801 Gateway Blvd, Suite 200  
 Richardson, Tx 75080  
 Rick Clements, Regional VP  
 214-349-6067  
 FAX 214-343-8184  
 rickc@upshaw-insurance.com  
 no/yes  
 no  
 no

Roach Howard Smith & Barton  
 8750 N. Central Expressway Suite 500  
 Dallas, Tx 75231  
 Dot Hedman, Principal  
 972-231-1300  
 fax 972-231-1368  
[dhedman@rhsb.com](mailto:dhedman@rhsb.com)  
 no/yes  
 yes  
 no

Roach Howard Smith & Barton

DESCRIPTION  
 Underwriter/Carrier Name:

Travelers Public Entity Group

Texas Mutual Insurance Co

Deep East Texas Self-Insurance Fund

A Rates/Premium \$ 59,998.00

Option 1	Option 2	Annual	3yr Prepaid Premium
\$55,568	\$49,161	\$83,432	\$81,230
Note: both Options include price includes \$1600 fee for M/WBE participation and claims oversight thru 3rd party		Note: both Options include price includes \$1600 fee for M/WBE participation and claims oversight thru 3rd party	

Are premiums to be paid annually, quarterly, or monthly?

Annually

Annually

Annually

Should Dallas County desire to cancel the contract will the premiums be adjusted? If yes on what basis?

Prorata

yes, premiums for the earned coverage period are subject to adjustment

Yes with 90 day notice.

Where is your claims office located?

Richardson, Tx

Claims oversight will be handled by 1-2-1 Claims Inc. which is located at 14893 Banders Rd. Helotes, Tx

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Will you assist the County in determining losses by conducting inspection @ site of loss?

yes

yes if desired

yes if desired

State your time limit for settling claims after submission of proof of loss.

as soon as possible w/in 30 days of complete

time limit will be determined by the type of loss and state statutes

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List additional endorsements, which would expand or improve coverage or eliminate any of the exclusions

n/a

**Option 2: Quote provide for participation in Health Care Network Premium audit adjustments will be waived for the entire multi-year period**

Specify any additional comments/costs, etc. included with you bid proposal if applicable

Price is subject to Loss Control Survey that meets underwriting guidelines

n/a

n/a