

**TABULATION SHEET**  
**Bid No. 2013-037-6314 Annual Contract for Workers**  
**Compensation Insurance for the Sheriff's Courtesy Patrol**  
**Division**

**NCTRCA Certified Vendor**  
**Certified by other Agency**  
**EEO1**  
**Dallas County Taxpayer?**  
**How were you notified?**

**DESCRIPTION:**

**1. Annual Premium - Based on Participation in Health Care Network**

Name of Agent/Broker Agency Name  
  
  
Location of Agent/Broker Agency  
  
Underwriter/Carrier Name  
Underwriter/Carrier A.M. Best or BCAR Score:  
Annual Payroll Amount: \$1,762,336.00  
Rate/per \$100.00, based annual payroll, experience modifier, and premium:  
  
Annual Premium  
Are installment payment options available?  
If, yes what is the installment billing plan (Down payment):  
Ten (10) Monthly Installments Rate  
Service Fee per Installment  
  
Optional: 2nd Year Extension Option: Annual Premium  
or - not-to-exceed, maximum % pricing rate increase and/or decrease  
  
Optional: 3rd Year Extension Option: Annual Premium  
or - not-to-exceed, maximum % pricing rate increase and/or decrease  
  
Please specify any and all other additional fees or charges (if any) not included in annual premium cost  
  
Broker Fees, Agent Fees, and/or Commission (if any)  
Administration Fees (if any)  
Claims Handling Fees (if any)  
  
Others - Specify Type and Rate Below (if any):  
  
List all endorsements included in annual premium cost:

**Vendor #1**  
Texas Associations of Counties Risk Management Pool  
  
PO Box 2131  
Austin, Tx 78768-2131  
Gene Terry  
512-478-8753  
512-478-1426  
  
No  
No  
Yes  
No - Association  
Email

**Recommended for award Item 1**

TAC RMP Pool  
  
1210 San Antonio, Austin, Tx 75708,  
512.478.8753, 512.478.1426 (fax)  
  
Coverage offered through TAC RMP  
  
TAC RMP is a risk sharing pool, not an insurance copmpay. Therefore, TAC RMP is rated by Best Guide  
  
1.33  
should be 1.3271022 vendor around up to 1.33  
  
23388.00  
  
Yes - Quarterly  
NA  
No additional charges  
No comments  
  
Not offered  
  
Not offered  
  
  
0.00  
0.00  
0.00  
  
  
No endorsements

**Vendor #2**  
Roach Howard Smith & Barton, Inc.  
  
8750 N. Central Expwy., Ste. 500  
Dallas, Texas 75231  
Dot Hedman, CPCU  
972.744.2710  
972.744.2810 fax  
  
Option 1

Roach Howard Smith & Barton Inc.  
  
8750 N. Central expwy., Ste. 500,  
Dallas, Texas 75231, 972.231.1300,  
972.231.1368 (fax)  
  
Texas Mutual Insurance Company  
  
AM Best A XIV  
  
3.02980  
  
53395.00  
  
Yes  
15%  
4538.60  
5.00  
  
Neither premium or rate guaranteed  
  
Neither premium or rate guaranteed  
  
  
1600.00  
  
No Comments

**Vendor #2A**  
Roach Howard Smith & Barton, Inc.  
  
8750 N. Central Expwy., Ste. 500  
Dallas, Texas 75231  
Dot Hedman, CPCU  
972.744.2710  
972.744.2810 fax  
  
Option 2

No Bid

**TABULATION SHEET**  
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**Division**

**NCTRCA Certified Vendor**  
**Certified by other Agency**  
**EEO1**  
**Dallas County Taxpayer?**  
**How were you notified?**

**DESCRIPTION:**

**2. Annual Premium - Based on Non-Participation in Health Care Network**

	<b>Vendor #1</b>	<b>Vendor #2</b>	<b>Vendor #2A</b>
	Texas Associations of Counties Risk Management Pool	Roach Howard Smith & Barton, Inc.	Roach Howard Smith & Barton, Inc.
	PO Box 2131 Austin, Tx 78768-2131 Gene Terry 512-478-8753 512-478-1426	8750 N. Central Expwy., Ste. 500 Dallas, Texas 75231 Dot Hedman, CPCU 972.744.2710 972.744.2810 fax	8750 N. Central Expwy., Ste. 500 Dallas, Texas 75231 Dot Hedman, CPCU 972.744.2710 972.744.2810 fax
	No No Yes No - Association Email	Option 1	Option 2
	<b>Recommended for award Item 1</b>		
Name of Agent/Broker Agency Name	TAC RMP Pool	Roach Howard Smith & Barton Inc.	Roach Howard Smith & Barton Inc.
Location of Agent/Broker Agency	1210 San Antonio, Austin, Tx 75708, 512.478.8753, 512.478.1426 (fax)	8750 N. Central expwy., Ste. 500, Dallas, Texas 75231, 972.231.1300, 972.231.1368 (fax)	8750 N. Central expwy., Ste. 500, Dallas, Texas 75231, 972.231.1300, 972.231.1368 (fax)
Underwriter/Carrier Name	Coverage offered through TAC RMP	Texas Mutual Insurance Company	Deep East Texas Self Insurance Fund
Underwriter/Carrier A.M. Best or BCAR Score:	TAC RMP is a risk sharing pool, not an insurance copmpay. Therefore, TAC RMP is not rated by Best Guide	AM Best A XIV	Not Rated
Annual Payroll Amount: \$1,762,336.00			
Rate/per \$100.00, based annual payroll, experience modifier, and premium:	1.38  should be 1.3824265 vendor rounded up to 1.38	3.43810	3.0585
Annual Premium	24363.00	60590.00	53900.00
Are installment payment options available ?	Yes - Quarterly	Yes	No
If, yes what is the installment billing plan (Down payment):	NA	15%	
Ten (10) Monthly Installments Rate	No additional charges	5150.10	
Service Fee per Installment	No comments	5.00	
Optional: 2nd Year Extension Option: Annual Premium or - not-to-exceed, maximum % pricing rate increase and/or decrease	Not offered	Neither premium or rate guaranteed	53900.00
Optional: 3rd Year Extension Option: Annual Premium or - not-to-exceed, maximum % pricing rate increase and/or decrease	Not offered	Neither premium or rate guaranteed	53900.00
Please specify any and all other additional fees or charges (if any) not included in annual premium cost			
Broker Fees, Agent Fees, and/or Commission (if any)	0.00		1800.00
Administration Fees (if any)	0.00		0.00
Claims Handling Fees (if any)	0.00	1600.00	1600.00
Others - Specify Type and Rate Below (if any):			
List all endorsements included in annual premium cost:	No endorsements	No Comments	No Comments

**Please answer the questions listed below:**

**TABULATION SHEET**  
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**Compensation Insurance for the Sheriff's Courtesy Patrol**  
**Division**

**NCTRCA Certified Vendor**  
**Certified by other Agency**  
**EEO1**  
**Dallas County Taxpayer?**  
**How were you notified?**

**DESCRIPTION:**

Did your company check Dallas County website  
(<http://www.dallascounty.org/department/purchasing/currentbids.html>  
) for any addendums, updates, and/or changes to the solicitation?

**Cancellation Provisions:**

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

**Claim Administration Services**

Name of Firm

Physical location of claim office and telephone number:

Is there 24 hour claim service?

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

Does the employer have any input in determining case manager  
services or local investigation services (local independent adjusters)?

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

Please explain in detail the type of loss control services provided and  
the number of site visits provided within each policy year.

**Provide claim reporting guidelines, as well as samples of all  
claims reporting forms and instructions with bid proposal**

**Vendor #1**  
Texas Associations of Counties Risk  
Management Pool

PO Box 2131  
Austin, Tx 78768-2131  
Gene Terry  
512-478-8753  
512-478-1426

No  
No  
Yes  
No - Association  
Email

**Recommended for award Item 1**

Yes

Yes

With 30 day notice, coverage would be  
prorated

JJ Specialty Services Inc.

Austin, Tx

Yes - Online reporting

Yes

Employer input is considered but the  
ultimate decision is the responsibility of  
the pool

TX WC claims do not settle

Please refer to the included information  
which provides on the TAC risk control  
services. The number of site visits  
provided to the account will be  
determined upon completion of a risk  
analysis by the assigned TAC risk control  
consultant.

**Vendor #2**  
Roach Howard Smith & Barton, Inc.

8750 N. Central Expwy., Ste. 500  
Dallas, Texas 75231  
Dot Hedman, CPCU  
972.744.2710  
972.744.2810 fax

Option 1

Yes

Yes

Payroll Audit

Claims oversight to be provided by 1-2-1  
Claims , Inc.

14893 Bandera Rd., #7, Helotes, Tx  
78023, 1-877-411-4121, Main Phone 210-  
695-6947

Yes

Yes

Yes

We attempt to settle claims as soon as  
resolved. Claims are set-up within 24  
hours from receipt. Files are reserved  
and should not be changed more than  
three times within the life of a claim.  
Our average time limit for closure is 90-  
120 days depending on the individual  
claim circumstances.

Provide claims reporting guidelines, as  
well as samples of all claims reporting  
forms and instructions with bid proposal.

**Vendor #2A**  
Roach Howard Smith & Barton, Inc.

8750 N. Central Expwy., Ste. 500  
Dallas, Texas 75231  
Dot Hedman, CPCU  
972.744.2710  
972.744.2810 fax

Option 2

Yes

Yes

6 months notice of cancellation required  
if cancel short of scheduled multi-year  
term and the premium for the earned  
coverage will be subject to audit.

Claims oversight to be provided by 1-2-  
1 Claims , Inc.

14893 Bandera Rd., #7, Helotes, Tx  
78023, 1-877-411-4121, Main Phone  
210-695-6947

Yes

Yes

Yes

We attempt to settle claims as soon as  
resolved. Claims are set-up within 24  
hours from receipt. Files are reserved  
and should not be changed more than  
three times within the life of a claim.  
Our average time limit for closure is 90-  
120 days depending on the individual  
claim circumstances.

Provide claims reporting guidelines, as  
well as samples of all claims reporting  
forms and instructions with bid proposal.

**TABULATION SHEET**

**Bid No. 2013-037-6314 Annual Contract for Workers Compensation Insurance for the Sheriff's Courtesy Patrol Division**

**NCTRCA Certified Vendor  
 Certified by other Agency  
 EEO1  
 Dallas County Taxpayer?  
 How were you notified?**

**DESCRIPTION:**

If a charge for administration is included, please indicate exactly the duties to be performed and provide specimen agreement.

Please indicate the frequency of Payroll Audits

Does the underwriter/carrier offer annual dividend payments?

If yes, please describe the criteria for qualifying annual dividend payments

Specify any additional comments/cost/etc. included with your bid proposal, if applicable:

Should your firm be awarded this contract, describe what (if any) portion of the solicitation requirements will be subcontracted out:

Specify Prompt/Early Payment Discount Terms (if any):

Specify the name, telephone number and email address of the account representative who will be handling and managing this account:  
**Note: It is the responsibility of the awarded bidder to notify Dallas County of any account representative and/or contact person changes.**

Does your firm/company have the required insurance coverage stated under SECTION 3 - INSURANCE REQUIREMENTS and agree to comply with these requirements during the duration of this contract?

If No, will your firm be able to acquire the required coverage within ten (10) days upon notification of contract award?

**Vendor #1**

Texas Associations of Counties Risk Management Pool

PO Box 2131  
 Austin, Tx 78768-2131  
 Gene Terry  
 512-478-8753  
 512-478-1426

No  
 No  
 Yes  
 No - Association  
 Email

**Recommended for award Item 1**

Our Workers' Compensation program requires a common renewa date of January 01. Our proposal is for may 28 2013 - January 1 2014. Thereafter the renewal date would be January 1 each year.

Annual

No

Jl Specialty Services, Inc. Is the current claims administrator for the TAAC RMP's self insured workers compensation claims.

No comments

1) Primary: Michael Shannon, 512.789.0717, michael@county.org 2) Back-up: Teril Monocivais, 512.478.8753, Terilm@county.org

Yes

**Vendor #2**

Roach Howard Smith & Barton, Inc.

8750 N. Central Expwy., Ste. 500  
 Dallas, Texas 75231  
 Dot Hedman, CPCU  
 972.744.2710  
 972.744.2810 fax

Option 1

We work with several different carriers and policies, so our services are customizable and dependant on the level of involvement requested by the client. We handle claims from one dollar and providing full investigation, reserving, and settlment to those claims where we merly provide direction and expertise. Our key personnel are in section V.F. Service Team of the RFP response. Forms can be found in Section VI. Aooendix. We are paperless and can provide electronic claims submission and communications . We accept claims 24 hours a day and provide an after hour emergency line.

Annual

Yes

Based on loss ratio and length of time with company. Dallas County Sheriff's Courtesy Patrol received divdends of \$2,117.23 in 2012

The M/WBE subcontractor being used is HUB, Small Business and NCTRA certified.

Claims oversight to be provided by 1-2-1 Claims , Inc.

No Comments

1) Primary: Courtney Woodruff, 972.744.2746, cwoodruff@rhsb.com, 2) Back-up: Helen Stuart, 972.744.2704, hstuart@rhsb.com

Yes

**Vendor #2A**

Roach Howard Smith & Barton, Inc.

8750 N. Central Expwy., Ste. 500  
 Dallas, Texas 75231  
 Dot Hedman, CPCU  
 972.744.2710  
 972.744.2810 fax

Option 2

We work with several different carriers and policies, so our services are customizable and dependant on the level of involvement requested by the client. We handle claims from one dollar and providing full investigation, reserving, and settlment to those claims where we merly provide direction and expertise. Our key personnel are in section V.F. Service Team of the RFP response. Forms can be found in Section VI. Aooendix. We are paperless and can provide electronic claims submission and communications . We accept claims 24 hours a day and provide an after hour emergency line.

No audit unless canceled or coverage moved

No

The M/WBE subcontractor being used is HUB, Small Business and NCTRA certified.

Claims oversight to be provided by 1-2-1 Claims , Inc.

No Comments

1) Primary: Courtney Woodruff, 972.744.2746, cwoodruff@rhsb.com, 2) Back-up: Helen Stuart, 972.744.2704, hstuart@rhsb.com

Yes

**TABULATION SHEET**

**Bid No. 2013-037-6314 Annual Contract for Workers  
 Compensation Insurance for the Sheriff's Courtesy Patrol  
 Division**

**NCTRCA Certified Vendor**  
**Certified by other Agency**  
**EEO1**  
**Dallas County Taxpayer?**  
**How were you notified?**

**DESCRIPTION:**

**Information on Provision of Health Insurance Coverage for  
 Employees:** Dallas County may consider the provision of health  
 insurance coverage for employees in the bid evaluation process (see  
 page 5, paragraph 5). Please complete the information below to assist  
 in this evaluation.

- a) Does your company provide health insurance coverage to its employees?  
 Yes
- b) If your company does provide health insurance coverage to its employees, does the company share in the cost a minimum of:  
 90% for employee only coverage?  
 65% for family coverage?  
 Yes
- c) If your company provides health insurance coverage to its employees, is the coverage comparable to the services provided by Dallas County as described in the attached summary plan description? (See Attachment - A)  
 Yes
- d) If your company plans to utilize subcontractors in the fulfillment of this bid, does each of the subcontractors provide health insurance coverage to their employees that compares to Dallas County's health insurance coverage and share in the cost?  
 unknown

**Vendor #1**  
 Texas Associations of Counties Risk  
 Management Pool  
  
 PO Box 2131  
 Austin, Tx 78768-2131  
 Gene Terry  
 512-478-8753  
 512-478-1426  
  
 No  
 No  
 Yes  
 No - Association  
 Email

**Recommended for award Item 1**

Yes  
  
 Yes  
 No  
 Yes  
  
 unknown

**Vendor #2**  
 Roach Howard Smith & Barton, Inc.  
  
 8750 N. Central Expwy., Ste. 500  
 Dallas, Texas 75231  
 Dot Hedman, CPCU  
 972.744.2710  
 972.744.2810 fax  
  
 Option 1

Yes  
  
 No  
 No  
 RHSB employees are offered several  
 Health plan options with the various  
 deductible and coinsurance options.  
  
 Information not available

**Vendor #2A**  
 Roach Howard Smith & Barton, Inc.  
  
 8750 N. Central Expwy., Ste. 500  
 Dallas, Texas 75231  
 Dot Hedman, CPCU  
 972.744.2710  
 972.744.2810 fax  
  
 Option 2

Yes  
  
 No  
 No  
 RHSB employees are offered several  
 Health plan options with the various  
 deductible and coinsurance options.  
  
 Information not available