Burke County Board of Commissioners

602 N. Liberty Street
Waynesboro, GA 30830

REQUEST FOR PROPOSALS

Property & Casualty Insurance

ISSUE DATE: May 15, 2026
RESPONSE DUE DATE: July 8, 2026 at 12:00 PM

- ***SUBMISSION OF PROPOSALS***: **Two (2) complete sets** of all RFP documents shall be sealed and **marked** **RFP Property & Casualty Insurance.** These may be mailed or delivered to:

  Burke County Board of Commissioners
  Attn: Michael Wiseman, Chief Financial Officer
  P.O. Box 89
  602 N. Liberty Street
  Waynesboro, GA 30830

- Alternate form of delivery – Email One (1) complete set to mwiseman@burkecounty-ga.gov.

- Questions concerning this RFP process shall be directed to Michael Wiseman, Chief Financial Officer, by email to: mwiseman@burkecounty-ga.gov

- All proposals submitted by shipping carrier or U.S. mail must be sealed.

- All proposals should have a clear, bottom-line cost associated with the proposed coverage.

- The proposal must be signed and dated by a representative.

- Proposals will be received and publicly acknowledged at the Burke County Board of Commissioners' Finance Committee meeting on or around July 9, 2026. Awarding of the RFP will follow within a few days after the meeting.

- **Any proposal received after the date and/or hour set for RFP opening will not be accepted.** If your proposal is sent by mail, the bidder shall be responsible for actual delivery of their proposal. If mail is delayed beyond the date and hour set for the RFP opening, the RFP will not be considered.

QUESTIONS/RESPONSES:

QUESTIONS: Respondent questions, requests and/or inquiries for additional information regarding this RFP process must be emailed to Michael Wiseman at mwiseman@burkecounty-ga.gov.

RFP Submission Requirements

- **Completed and signed Forms including *RFP Signature Form, Certification of Eligibility* and *Vendor References*. Vendor shall submit original forms with original signatures.**

- **Insurance Certificates – Respondents must submit all Insurance Certificates with proposal.**

- **Company profile, including experience. Also, include information regarding any pending or past major lawsuits within the past 10 years**

- **Financials**
  Include information on the proposed carrier's financial stability.

- **Proposal**: Include proposed plan and approach to support Burke County and its insurance program. Include quality and details of your services. Include any additional services your company can provide.

- **Required Forms**
  Completed forms with original Signatures. (See forms section of this document). Completed specifications, coverage, premium, and deviations per line of business.

PROJECT SCOPE OF WORK

SERVICES REQUIRED

1. Full-Service Broker of Record

   The County is seeking a full-service property and casualty broker of record to represent the County in all property and casualty insurance policies. Policies will be fully insured, and no self-insurance proposals will be considered.

2. Loss Prevention

   The County would like each of the agents submitting proposals to include a description of safety and loss prevention services, if appropriate for the line of coverage. A general outline of proposed services and inspections should be submitted including the cost for such services, if not included in premium. These opportunities should include training materials and classes offered to employees for liability, safety, and general personnel purposes.

3. Claim Service

   The County requests timely processing of all property and casualty claims by the agent. The preferred process will be submission of a claim to the agent via the agent's preferred method (electronic, etc.) and submission to the insurance company by the agent. A combination of the two will be acceptable if the broker of record is involved in the process. The County seeks prompt and accurate loss runs quarterly showing all paid and outstanding (reserved) claims. Each of the companies involved in this offer is invited to submit a proposal or plan which states the specific ways in which it intends to augment claims, loss prevention, and other services available.

4. Proposal and Policy Format

   Proposer is reminded that clearly outlined coverage, in an easily understood format, will receive the most favorable consideration.

MISCELLANEOUS

All agents submitting proposals for this insurance must meet the following minimum qualifications:

- If selected, the agent (agency) must carry agents' errors and omissions insurance with a limit of at least $1 million per occurrence and submit evidence of such coverage in the proposal.

- Include a copy of the agent's license assigned to the County's insurance program.

COPIES OF POLICIES

An example policy should be furnished with each quotation.

ALTERNATIVES

The County expects all offerors to quote on a basis that duplicates proposed coverage. Proposed coverage amounts/limits are exhibited at the end of this RFP. The County welcomes suggestions to improve its Risk Management through property and casualty insurance amounts/limits. However, quotes should be based upon the schedule provided at the end of this RFP.

COVERAGE REQUIREMENTS (Applicable to all policies)

NAMED INSURED

Burke County Board of Commissioners and all elected or appointed officials, board members, and all employees of the County, including the Development Authority of Burke County.

CANCELLATION AND RENEWAL

All policies are to contain a ninety (90) day cancellation clause pertaining to cancellation by the insurer, in lieu of customary provisions.

POLICY EFFECTIVE DATE AND TERM

All policies are to be effective October 1, 2026, unless otherwise indicated. Coverage should be for an annual term with four (4) annual renewal options unless otherwise stated in your proposal.

UNINTENTIONAL ERRORS AND OMISSIONS

All policies are to contain the following clause:

It is agreed that failure of the insured to disclose all facts existing as of the inception date of the policy shall not prejudice the insurance with respect to the coverage afforded by this policy provided such failure or any omission is not intentional.

RATING PLANS

Burke County desires a casualty program written on an occurrence basis. Any claims-made offerings should have full prior acts. The retroactive date for Professional Liability is 10/01/2016.

WAIVER OF IMMUNITY

All liability policies must include the following endorsements:

With respect to such insurance as is afforded by the policy it is agreed that:

1. The company will not use, either in the adjustment of claims or in the defense of suits against the insured, the immunity of the insured from tort liability except upon written request of the named insured.
2. The insured agrees that the waiver of the defense of immunity shall not subject the company to liability for any portion of a claim verdict or judgment in excess of the limits of liability stated in the policy.

Evaluations

The County will conduct an evaluation of all Proposals received in response to this RFP. Each proposal will be analyzed to determine the overall responsiveness and qualification under the RFP.

The Burke County Board of Commissioners reserves the right to reject any and all proposals.

Liability limits and deductibles for RFP

Line of coverage	Deductible	Limits of Insurance	Description of Limits
Commercial Property (co-insurance 90%) *	$10,000	$178,941,000	Replacement value of approximately 50 building locations and contents/additional structures. Additionally, approximately 775 acres of Industrial Development land inventory. Lists available upon request.
Earthquake/Volcano endorsement	$50,000	$1,000,000	Blanket coverage
Flood coverage endorsement	$50,000	$1,000,000	Blanket coverage
Contractor's Equipment (Inland Marine)	$5,000	$6,120,000	100 units covered plus $250,000 blanket for "unlisted" small units. List available upon request.
Employee Theft	$2,500	$100,000	Per occurrence
Forgery or Alteration	$2,500	$250,000	Per occurrence
Theft of money/money orders/counterfeit	$2,500	$250,000	Per occurrence
Commercial General Liability	-	$3,000,000	$3,000,000 aggregate limit; Personal injury limit $1,000,000; Per occurrence limit $1,000,000; Employee Benefits $1,000,000
Sexual Abuse	-	$1,000,000	Per occurrence and aggregate
Unmanned aircraft	-	$25,000	Aggregate limit
Firefighters Elective Surgery	-	$50,000	$50,000 aggregate annually; $25,000 per employee limit
Cyber coverage *	$5,000	$250,000	Aggregate for computer attacks, network security, ransomware, business interruption, and electronic media. $250,000 per occurrence.
Data Compromise *	$5,000	$250,000	$250,000 aggregate; $250,000 per occurrence

Line of coverage	Deductible	Limits of Insurance	Description of Limits
Automobiles *	$2,500	$1,000,000	292 automobiles and trailers with tags in the fleet; Total cost new $19,928,000; $1,000,000 liability limit; Uninsured motorists limit $75,000 each accident; Bodily injury each person limit $500,000; Bodily injury total limit $700,000; Property damage $50,000
Law Enforcement Liability	$100,000	$1,000,000	Each wrongful act; annual aggregate both $1,000,000
Public Officials' Liability	$25,000	$1,000,000	Each wrongful act; annual aggregate both $1,000,000
Employment Practices Liability	$75,000	$1,000,000	Each wrongful act; annual aggregate both $1,000,000; back wages limit $50,000
Airport *	-	$1,000,000	Personal injury, malpractice, and each occurrence all $1,000,000 each.
Canine mortality	-	$23,000	Police (2 Belgian Malinois) $11,500 each
Terrorism Risk Insurance	-	-	Federal share 80%

RFP Forms

VENDOR REFERENCES

Please list three (3) references for current customers who can verify the quality of service your company provides. The County prefers Georgia local government customers of similar size and scope of work to this RFP if possible.

REFERENCE ONE:

COMPANY NAME:
ADDRESS/CITY/STATE/ZIP:
CONTACT NAME/TITLE:
BUSINESS PHONE/EMAIL:
CONTRACT PERIOD: SCOPE OF WORK:

REFERENCE TWO:

COMPANY NAME:
ADDRESS/CITY/STATE/ZIP:
CONTACT NAME/TITLE:
BUSINESS PHONE/EMAIL:
CONTRACT PERIOD: SCOPE OF WORK:

REFERENCE THREE:

COMPANY NAME:
ADDRESS/CITY/STATE/ZIP:
CONTACT NAME/TITLE:
BUSINESS PHONE/EMAIL:
CONTRACT PERIOD: SCOPE OF WORK:

COMPLIANCE WITH FEDERAL AND STATE LAWS

CERTIFICATION OF ELIGIBILITY

By submitting a Proposal in response to this solicitation, the Respondent certifies they are not on the Federal Government's list of suspended, ineligible, or debarred entities.

In the event of placement on the list between the time of Proposal submission and time of award, the Respondent will notify Burke County. Failure to do so may result in terminating this contract for default.

Signature:_____ **Date:**_____

Printed Name:_____

RFP SIGNATURE FORM

The undersigned, on behalf of and as the authorized representative of Respondent, agrees this Proposal becomes the property of Burke County after the official opening.

The undersigned agrees, on behalf of Respondent, that if this Proposal is accepted, to furnish all materials and services upon which price(s) are offered, at the price(s) and upon the terms and conditions contained in the specifications.

The undersigned affirms that they are duly authorized to execute this form, that this Proposal has not been prepared in collusion with any other Respondent, nor any employee of Burke County, and that the contents of this Proposal have not been communicated to any other Respondent or to any employee of Burke County prior to the official opening of this Proposal.

The undersigned affirms that they have read and do understand the specifications and any attachments contained in this solicitation.

Signature:_____ **Date:**_____

LEGAL NAME AND ADDRESS OF RESPONDENT:

Name_____ Title_____

Tel. No._____ Email:_____

Address:_____