UTAH COUNTIES INDEMNITY POOL

Request for Proposal (RFP)
for
ACTUARIAL SERVICE ENGAGEMENT

The Utah Counties Indemnity Pool (UCIP) will be accepting Proposals for the purpose of obtaining a qualified Fellow of the Actuarial Casualty Sciences to perform actuarial analysis for UCIP.

Proposals must be received by the Chief Executive Officer of UCIP no later than 5:00 PM, January 9, 2012. Failure to deliver Proposal on time may result in rejection of the Proposal at UCIP’s discretion.

Inquiries regarding this Proposal may be directed in writing to:

Johnnie R. Miller, CEO
Utah Counties Indemnity Pool
P.O. Box 95730
South Jordan, UT 84095
801-565-8500
jmiller@ucip.utah.gov
GENERAL TERMS AND CONDITIONS OF PROPOSALS

1) No Proposer may withdraw his/her proposal for a period of thirty (30) days after the date and hour set for the delivery of proposals.

2) Any exceptions or deviations from written specifications shall be shown in writing and attached to the Proposal.

3) The enclosed Non Collusion Affidavit and Business Relationship Affidavit must be signed, notarized and returned with the Proposal.

4) UCIP reserves the right to reject any and all Proposals and to waive any technicalities in this RFP document, the RFP process and/or any Proposal received.

5) Proposal price shall be valid for a period of sixty (60) days after the Proposal delivery date.

6) Contact with any members of the UCIP Board of Trustees regarding this RFP may be grounds for elimination from the selection process.

AWARD OF ENGAGEMENT

This Engagement shall be awarded to the firm who, in the opinion of UCIP, is judged most advantageous to UCIP, considering the factors identified in this Request for Proposal. Only the UCIP Board of Trustees shall have the authority to award the engagement.

In addition to price, the following factors shall be considered:

1) The ability, capacity, skill and experience of the Proposer to fulfill the terms of the engagement or provide the service required.

2) Whether the Proposer can fulfill the terms of the engagement or provide the service promptly or within the time specified without delay or interference.

3) The character, integrity, reputation, judgment, experience and efficiency of the Proposer.

4) The quality of fulfillment of the terms of previous engagements or services provided UCIP or others.

5) The previous and present compliance of the Proposer with laws and ordinances relating to the engagement or service.

6) The sufficiency of the financial resources and ability of the Proposer to fulfill the terms of the engagement or provide the services required.
7) The quality, availability and adaptability of the engagement services to the particular use required.

8) The number and scope of the conditions attached to the Proposal.

Proposals should provide adequate information for UCIP to consider these factors including:

a. Draft Engagement Letter sufficient to be accepted by UCIP as is or with modification as requested by UCIP. All statements made in the proposal may be incorporated by reference or by amendment to the draft engagement letter.

b. Profile of Firm.

c. Resumes of persons who will work directly on the UCIP engagement.

d. Governmental Experience and more specifically experience with Utah governmental subdivisions.

e. Insurance Entity Experience and more specifically experience with governmental risk pools.

f. References and more specifically any references from governmental agencies, insurance companies or governmental risk pools.

GENERAL INFORMATION

Utah Counties Indemnity Pool (UCIP or the Pool) was incorporated in December, 1991, as the Utah Association of Counties Insurance Mutual, or UACIM, (or the Mutual). In July, 2003, the Mutual was renamed the Utah Counties Insurance Pool. In December, 2011, the membership voted to change the name to the Utah Counties Indemnity Pool. UCIP is a public agency insurance mutual exempt from most insurance statutes of the State of Utah per 31A-1-103(7). UCIP is an interlocal entity formed under UCA 11-13-101 et seq., as amended. UCIP is a joint program to provide for the pooling of risks among the counties of Utah and their related entities. All of the pool’s business is conducted in Utah. UCIP pools risks in its Multiline Program. The Workers Compensation Program is a group purchase program, and required no actuarial services.

SPECIFICATIONS OF SERVICES REQUIRED

A. General

UCIP is soliciting the services of qualified actuarial firms to provide actuarial analysis of its programs. Primary services include analysis of adequacy of reserves for the fiscal year ending December 31, 2012, quarterly estimates of reserve changes throughout the
calendar year and a rate adequacy analysis to assist in setting rates for 2013. Services will also include an annual calculation of member equity based on total Pool equity. It is anticipated that the firm selected to serve as UCIP’s independent actuary will be retained for at least three (3) years, with annual evaluations made of the firm’s services.

B. Scope of Work

UCIP desires the actuary to prepare, provide and report on:

i. Estimates of the required reserves as of 12/31/11. The report will estimate the ultimate incurred losses of the prior policy periods for financial statement reporting.

ii. Quarterly interim reviews of estimated required reserves in letter form to evaluate if losses are developing as expected.

iii. Indicated premium for the 1/1 to 12/31/13 policy period.

iv. Calculation of equity by member based on total Pool equity as of 12/31/12.

C. Other Considerations

The following lines of coverage should be analyzed individually as well as providing a compilation of all lines of coverage:

i. Property including auto physical damage
ii. General Liability
iii. Auto Liability
iv. Public Officials Liability

In addition to the reports listed above, the actuary will be required to provide assistance to the Pool and their independent auditors in compiling financial statements.

The actuary will be readily available to answer questions throughout the year and meet with UCIP staff or the Board if requested.


All working papers and reports must be retained, at the actuary’s expense, for a minimum of five (5) years, unless the firm is notified in writing by UCIP of the need to extend the retention period. The actuary will be required to make working papers available, upon request, to the following parties:

• UCIP
• Parties designated by the federal or state government or by UCIP as part of any audit or quality review process
• Auditors of entities with which UCIP transacts primary insurance, excess insurance, or reinsurance
In addition, the firm shall respond to the reasonable inquires of successor actuaries and allow successor actuaries to review working papers relating to matters of continuing significance.

E. Report Requirements

All reports shall be provided electronically and in bound hard copy format (up to 20 bound copies at the firm’s expense).

The firm may be required to present the final reports in person to an audit committee and/or the UCIP Board of Trustees.

F. UCIP Responsibilities

UCIP staff will provide claims, premium and exposure data in electronic format for periods required to conduct the actuarial analysis contemplated in this RFP. UCIP staff will also provide other data and information which is reasonably required for the actuary to complete the services required by this RFP.

FEE PROPOSALS

Fee Proposals submitted in response to this RFP should provide a maximum all-inclusive price to perform the services required by this RFP. The fee information should include a total price for the actuarial analysis for the 2011 fiscal year and an estimate for each of the two succeeding fiscal years. Include in the proposal a minimum of the following information:

- Budgeted hours by type of staff
- Hourly rate proposed by type of staff
- Manner of billing including interim or progress payment billings
- Total not-to-exceed fee, including expenses

INSTRUCTIONS FOR PROPOSAL SUBMITTAL

Two (2) copies of your proposal must be submitted to Chief Executive Officer, UCIP, P.O. Box 95730, South Jordan, UT 84095. Failure to deliver Proposal on time may result in rejection of the Proposal at UCIP’s discretion.

Remember, the attached “Non Collusion Affidavit” and “Business Relationship Affidavit” must accompany your proposal.

UCIP reserves the right to reject any and/or all Proposals.
NON COLLUSION AFFIDAVIT

State of______________________________ )
County of____________________________ ) ss

__________________________, of lawful age, being first sworn on oath says that (s)he is the agent authorized by the firm to submit the attached proposal. Affiant further states that the firm has not been a party of any collusion with other firms in restraint of freedom of competition by agreement to provide a proposal at a fixed price or refrain from submitting a proposal; or with State, County, or City officials or employees as to the quantity, quality, or price in prospective contract, or any other terms of said prospective contract; or in any discussions between the firm and any State, County, or City official concerning exchange of money or any other thing of value for special consideration in the submission or acceptance of the proposal.

AFFIANT

____________________________________
Name

____________________________________
Title

____________________________________
Signature

NOTARY PUBLIC

Subscribed and sworn before me this _______ day of____________________, 20__.

____________________________________
Name

____________________________________
Signature

My Commission Expires:___________
BUSINESS RELATIONSHIP AFFIDAVIT

State of_______________________________

County of_____________________________)

_______________________________, of lawful age, being first duly sworn on oath states that (s)he is the agent authorized by the firm to submit the attached proposal.

Affiant further states that the nature of any partnership, joint venture, or other business relationship presently in effect or which existed within one (1) year prior to the date of this statement between the firm and UCIP or any of its officers, employees or agents is as follows:

__________________________________________________

__________________________________________________

__________________________________________________

Affiant further states that the names of all persons who have any such business relationships and the positions they hold with their respective companies or firms are as follows:

__________________________________________________

__________________________________________________

__________________________________________________

(If none of the business relationships hereinabove mentioned exists, affiant should so state)

AFFIANT

__________________________________________________

Name

__________________________________________________

Title

__________________________________________________

Signature

NOTARY PUBLIC
Subscribed and sworn before me this ________
 day of__________________________, 20__.

__________________________________________________

Name

__________________________________________________

Signature

My Commission Expires: __________