



REQUEST FOR QUALIFICATIONS

Agent of Record

for

**Property, General Liability, and Worker's Compensation
Insurance**

Due Date — 1:00 PM, Wednesday, April 9, 2025

INQUIRIES AND PROPOSALS SHOULD BE DIRECTED TO:

Mark R. Morgan— Town Manager

Town of Danville

49 North Wayne Street,

Danville, IN 46122

Phone: 317-745-4180 ext. 1001

The Town of Danville is an Equal Opportunity Employer

A great place to spend an hour or a Lifetime.

**Send your completed proposal to The Town of Danville
49 N Wayne Street, Danville, IN 46122
[e-mail: mmorgan@danvillein.gov](mailto:mmorgan@danvillein.gov)**

Town of Danville - Request for Qualifications (RFQ)

Insurance agent of Record for General Liability, Automobile Liability, Umbrella Liability, Workers Compensation and Employers' Liability, Public Officials Liability, Employment Practices Liability, Law Enforcement Liability, Crime Coverage, Cyber Security, Excess Liability, Malicious Act Coverage, Inland Marine Coverage.

To: Interested Insurance Agents

Date: March 11, 2025

From: Mark R. Morgan

Subject: Request for Proposal

Your firm is invited to submit information for providing services for acquiring property, casualty, and workers compensation insurance for the Town of Danville, Indiana.

Attached to this memo are the following:

- a) Scope of Services
- b) Agent Selection Questionnaire

Seven (7) copies (10 pages maximum) of your responses to the Agent Selection Questionnaire must be mailed or delivered to:

Town of Danville
Attn: Mark Morgan
49 N. Wayne St
Danville, Indiana 46122
mmorgan@danvillein.gov

Deadline for submission is 1:00 PM on 4/9/25.

Agents that complete all documents and timelines will be asked to appear before the Danville Town Council on May 7, 2025. Times will be announced once all applications are received. Each applicant will be given approximately 10 minutes to make their presentation. Council reserves the right to ask questions during the process. Applicants will be notified when the Council makes a choice of Agent of Record.

Scope of Services

Insurance Agent will seek annual quotes, on behalf of the Town, from insurance providers for property, casualty and workers compensation insurance and will present a recommendation to the Town Council.

Insurance Agent will coordinate claims and any other related work regarding property, casualty, and workers compensation insurance.

Insurance Agent will coordinate training for Town employees regarding workers compensation, risk management and loss prevention.

Insurance Agent will coordinate other services as necessary for the implementation of property, casualty, and workers compensation insurance.

Insurance Agent is responsible for providing errors and omissions coverage.

Agent Selection Questionnaire

Contact Information

Name of Firm

Address of Firm

Phone number of Firm

Principal contact name, phone number and email for submittal

Agency Information

- 1) Provide the number of associates in your office by function
- 2) Provide the name and qualifications of the individual agent that will be the principal contact.
- 3) Describe the structure of the service team as it would be constructed.
Provide names and duties of each team member and their qualifications.
- 4) Describe the individual agent's role in the relationship.
- 5) Describe your agency's model for managing claims.
- 6) List additional services that your firm would provide.

Experience with Public Entities

- 7) Provide the names of current and previous municipal clients. Provide contact information for two of these clients who may be contacted during this process.
- 8) Describe your firm's experience serving municipal clients.
- 9) Describe the individual agents' experience serving municipal clients.
- 10) Describe what makes your firm uniquely qualified to be the best agent partner.

Compensation

- 11) Describe your agency's philosophy on determining appropriate compensation for services.