P32.007_EXH_A-1

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CITY OF STAMFORD
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ADDENDUM NO. 1
August 22, 2025
2026.0069
City RFP - Worker's Compensation and Heart & Hypertension Claims Administration

This addendum is being issued to all potential bidders to provide the items and attachments set forth herein which shall act to qualify, clarify, or otherwise modify the Contract Documents previously issued regarding the above referenced project. These items, whether of omission, addition, substitution, or clarification, shall be incorporated into the proposals submitted by all bidders, and receipt of this document and its attachments must be acknowledged, either in the space provided on the Bid Form or on the Contractor's Form of Proposal. Failure to do so may subject the Bidder to disqualification.

Responses to Submitted Inquiries:

Question	**Answer**
1. Can you please provide us with a loss run containing all open and closed claims for the past five years?	See attached Loss Summaries segregated between Workers' Comp - Other than Heart & Hypertension, and Heart & Hypertension.
2. Can you please provide us with a loss run containing all open claims?	See attached Loss Summaries segregated between Workers' Comp - Other than Heart & Hypertension, and Heart & Hypertension.
3. On page 6 of the .pdf RFP, the table shows the WC and H&H program figures. Is it correct to say that the 91open H&H claims are also included in the 422 total open claims listed on the same page?	Workers' Comp - Other than Heart & Hypertension and Heart & Hypertension claims are presented separately.
4. Or are the 91 open claims for H&H counted in addition to the 422 open claims listed on the same page?	Workers' Comp - Other than Heart & Hypertension and Heart & Hypertension claims are presented separately.
5. In the Contractor Agreement on page 4 of the .pdf RFP the bidders are to answer questions about the competitive fees negotiated at the outset of the agreement. Since the services required of this RFP are dependent on the number of claims contained in the city's inventory, are we correct to assume that the City and the Bidders would engage in good faith discussions about the fees, in the event that the City were to see a material decrease or increase in the number of claims presented during the term of the contract?	The Agreement will provide that the City of Stamford is guaranteed competitive fees for the duration of the term not to exceed the fees negotiated at the outset.
6. Can you please confirm that the anticipated inception date for the contract that will result from this RFP is January 1, 2026?	Our current target is an agreement start date of January 1, 2026.

7. Can you please confirm that the WC program includes the Board of Education, in addition to the City of Stamford employees, as indicated on page 12 of the .pdf RFP?	Yes
8. Does the City of Stamford (and the Board of Education, if applicable) claims experience include surrounding benefit states?	All claims fall under the purview of the State of Connecticut Workers' Compensation Commission and not surrounding benefit states.
9. Or is the WC exposure limited to Connected by employment contract, or other means?	All claims fall under the purview of the State of Connecticut Workers' Compensation Commission and not surrounding benefit states.
10. Does the City of Stamford (and the Board of Education) have unique claims handling expectations (for example, salary continuation) that are governed by collective bargaining agreements, or other instruments?	Yes, most collective bargaining agreements contain some form of salary continuation benefits that the TPA must be aware of.
11. What is the anticipated notice of intent to award a contract resulting from this RFP?	TBD
12. In order to plan for the proposed "run in" of legacy claims, would the city entertain a 60-day transition period to transfer claims and claims data?	Our current target is an agreement start date of January 1, 2026 and the TPA should be responsible for all claims, both new and legacy.
13. Can you provide us with a complete copy of the contract with your incumbent TPA for Workers' Compensation Claims Administration Services?	Executed agreement provided. Some exhibits omitted due to proposer business confidentiality claim.
14. Are bidders permitted to show fee proposed fee increases across each of the first three years of contract term and the additional annual renewal years?	Yes
15. What is the expiration date of the current contract with your incumbent TPA for Workers' Compensation Claims Administration Services?	December 31, 2025
16. Are there any remaining optional renewal years available to the City on the incumbent TPA's contract?	No
17. Are we permitted to propose "redlines" or suggested comments with respect to the sample contract proposed at page 31 of the RFP?	Please include any exceptions to the agreement in your proposal.
Could you please provide the average number of medical bills exclusive of pharmacy bills? Could you please provide your current medical bill review savings percentage? Could you please provide your current PBM utilization percentage and the current generic utilization percentage? What are your main objectives for the next 12 to 24 months? What are the most important qualities you are looking for in a TPA partner? Do you have any concerns about moving your WC program to another TPA if you choose to do so? Do you have a Carrier and if so, could you please provide their name.	The average number of annual medical bills excluding pharmacy is 7,000. The medical bill review fee is confidential. The annual average number of scripts is 1,800. The average % of Generic Rxs is 86%. The average network penetration is 80%. The average home delivery penetration is 17% and the average % Opioids is 7.5%. The proposal selection criteria in the RFP indicates the qualities of a TPA partner. There are no concerns about moving our WC program to another TPA. The main and secondary objectives are outlined in the RFP. Our excess workers' comp insurance carrier is Safety National Casualty Corporation.
Could you please provide your current medical bill review savings percentage?	The medical bill review fee is confidential.
Could you please provide your current PBM utilization percentage and the current generic utilization percentage?	See above response
What are your main objectives for the next 12 to 24 months?	The objectives are outlined in the RFP.

What are the most important qualities you are looking for in a TPA partner?	The proposal selection criteria in the RFP indicates the qualities of a TPA partner.
Do you have any concerns about moving your WC program to another TPA if you choose to do so?	There are no concerns about moving our WC program to another TPA.
Do you have carrier coverage and if so, could you please provide their name.	Our excess workers' comp insurance carrier is Safety National Casualty Corporation.
What is the reason for issuing the RFP? a. Current Program Expiring (Y/N)? b. City of Stamford requirements to issue RFP on a periodic basis (Y/N)? c. Issues with current TPA Program (Y/N)?	The current TPA contract is expiring with no remaining renewal options.
Is this a Federally Funded program (Y/N)	No
Who is the Workers' Compensation incumbent TPA?	PMA Companies.
How long have the incumbent TPAs been serving City of Stamford for Workers' Compensation?	Current Agreement has been effective for five years.
Who is the incumbent Excess Workers' Compensation Carrier?	Safety National Casualty Corporation.
Would you provide a copy of the current TPA Contract including fees as follows? a. Current program Workers' Comp. Medical Only claim rate? b. Current program Workers' Comp. Lost Time/Indemnity claim rate? c. Current program Workers' Comp. Incident/Record Only claim rate? d. Current program Heart & Hypertension Workers' Comp. Medical Only claim rate? e. Current program Heart & Hypertension Workers' Comp. Lost Time/Indemnity claim rate? f. Current program Heart & Hypertension Workers' Comp. Incident/Record Only claim rate? g. Total for Workers' Compensation Fees?	The current TPA fees are confidential.
Is City of Stamford satisfied with the current incumbent's claim administration team (Account Executive, Workers' Comp. Supervisor, Workers' Comp. Indemnity Adjusters, Workers' Comp. Medical Only Adjusters) (Y/N)? a. If no, would you elaborate on the issue(s) or challenges?	Yes.
Is City of Stamford considering having the new TPA hire all or select adjusters from the current incumbent claim team (Y/N)? a. If yes, would the rebranding of the claim team be considered preferred or mandatory? b. Which positions would you consider rebranding to the new TPA? 1. Account Executive (Y/N)? 2. Workers' Comp. Supervisor (Y/N)? 3. Workers' Comp. Indemnity Claim Examiner(s) (Y/N)? 4. Workers' Comp. Medical Only Claim Examiner (Y/N)?	The City does not have any in-house adjusters. The TPA is to provide all adjusters, supervisors, account managers, etc.
Will the new TPA assume the takeover of the legacy open claim files?	Yes, the TPA is expected to assume all legacy claims. See the attached Loss Summaries.

a. If yes, please provide the total open claim by minor line of coverage as follows? i. Open Workers' Comp. Indemnity claim count? ii. Open Workers' Comp. Medical Only claim count? iii. Open Workers' Comp. Incident/Report Only claim count? iv. Open Heart & Hypertension Workers' Comp. Indemnity claim count? v. Open Heart & Hypertension Workers' Comp. Medical Only claim count? vi. Open Heart & Hypertension Workers' Comp. Incident/Report Only claim count?	
Would you provide a deidentified Loss Summary Listing of your open and closed Workers' Compensation and General Liability Claims as follows for at least the last 5 years? (Excel format with all fields in columns would be preferred) a. Policy Year, Calendar Year, or Fiscal Year? b. Minor Line of Coverages i. Workers' Compensation Lost Time/Indemnity (WCLT)? ii. Workers' Compensation Medical Only (WCMO)? iii. Heart & Hypertension Workers' Compensation Lost Time/Indemnity (WCLT)? iv. Heart & Hypertension Workers' Compensation Medical Only (WCMO)? c. Claim Status (Open / Closed)? d. Department? e. Cause of Accident? f. Total Incurred? g. Total Paid? h. Total Outstanding or Reserves?	See the attached Loss Summaries.
What is working well with your TPA program?	A strong partnership between the City and the TPA team.
What challenges do you have with your current TPA program?	Inherent challenges of managing claims, improving loss controls and lowering costs.
What are your key objectives for your new program over the next 12 to 24 months?	The objectives are outlined in the RFP.
What concerns do you have on moving the program to another TPA?	There are no concerns about moving our WC program to another TPA.
What is your Loss Funding Process with the TPA? a. Is an Escrow Account established (Y/N)? b. If not, please explain the City of Stamford's Loss Funding Process with the TPA?	TPA makes all claim expenses, and a wire transfer is transmitted on a daily basis from the City to the TPA.
Claim Intake - First Notice of Loss: a. What is the preferred method for reporting claims to the TPA? i. (TPA Web Site, Phone, Fax, Email, In-house System Data Feed)? 1. If there is a system-to-system feed for FNOL, what will be the frequency (ex. Daily, Hourly, Other)? b. Will an HR Eligibility File be provided (Y/N)? i. If yes, at what frequency (Monthly, Quarterly, Other)?	We are open to any effective and efficient method of reporting, whether email or fax. We currently do not use system-to-system feed for reporting a loss. HR eligibility is mainly handled in-house by the City.

Medical Management: a. Would you provide the name of your current Medical Management vendor? b. Would you provide your current Medical Bill Review per line fees. c. Would you provide your current Medical Bill Review per bill fee. d. How many medical bills are processed annually? e. Please describe your current provider's network percent of savings fees structure (e.g. 30%, 28%, 25%, other).	The current TPA's medical managed plan, including fees, is confidential.
What is your Return-to-Work Philosophy? a. Would there be interest in Medical Appointment tracking and Work Status Tracking on all WC claims (includes next office visit and release date & type), Job Offer Tracking, review claim and program level data from the TPA (Y/N)? b. Would there be interest in the TPA providing Return to Work Coordination that works with locations/departments/offices to accommodate injured workers and driving down lost days (Y/N)?	We are open to any effective and efficient process that improves return-to-work outcomes and reduces overall costs to the City.
OSHA: a. Would there be interest in an OSHA Module to maintain OSHA data in-house as a self-service option (Y/N)? b. Would you require TPA support for OSHA Recordkeeping Determination (Y/N)? c. Would you require TPA support for maintaining DART (Days Away/Restricted/Transferred) (Y/N)?	OSHA reporting is outside the scope of this RFP.
Risk Management Information System (RMIS) Capabilities a. How many total City of Stamford users will require on-line access to the RMIS? b. Of the total RMIS users, how many users will require simply to view claims data, claim financial, Notes, attachments and produce basic loss reports only? c. Of the total RMIS users, how many users will require advanced dashboards and ability to produce reports? d. Would you share examples of current reports required? Are they satisfactory? e. Please advise on Key Performance Indicators important to City of Stamford. f. Do you have a Standalone RMIS or In-house Database Solution (Y/N)? i. If yes, what is the name of the RMIS Product and RMIS Vender? ii. Will you require an Output File from the TPA Claim System to the In-house RMIS (Y/N)? 1. What Frequency (ex. Monthly, Weekly, Daily, Other)? 2. What files will be required? a. Claim Summary Level (Y/N)? b. Transactional/Payment Financials (Y/N)? c. Adjusters' Notes (Y/N)?	We expect the TPA to provide a robust RMIS. Currently, 3 City employees require access to RMIS. It should have standard and common industry reports such as a Loss Run with drill-down capabilities such as Accident Location, Injury Type, Incurred, Paid, Reserve, and drill downs to financial transactions and adjuster notes. A loss run should be provided on a monthly basis as a minimum. Summary Loss Run reports or expense reports may be necessary to satisfy annual financial audits.

Would there be interest in learning more about Leave of Absence (Occupational/Non-occupational) services?	Leave of absence programs are outside the scope of this RFP.
Will client references be required to complete a questionnaire form or simply a phone interview?	We may request references to provide information in written form and/or telephonically.

All other terms and conditions remain the same.

Erik Larson
Purchasing Agent

cc: David Villalva, Risk Manager
Purchasing Department File

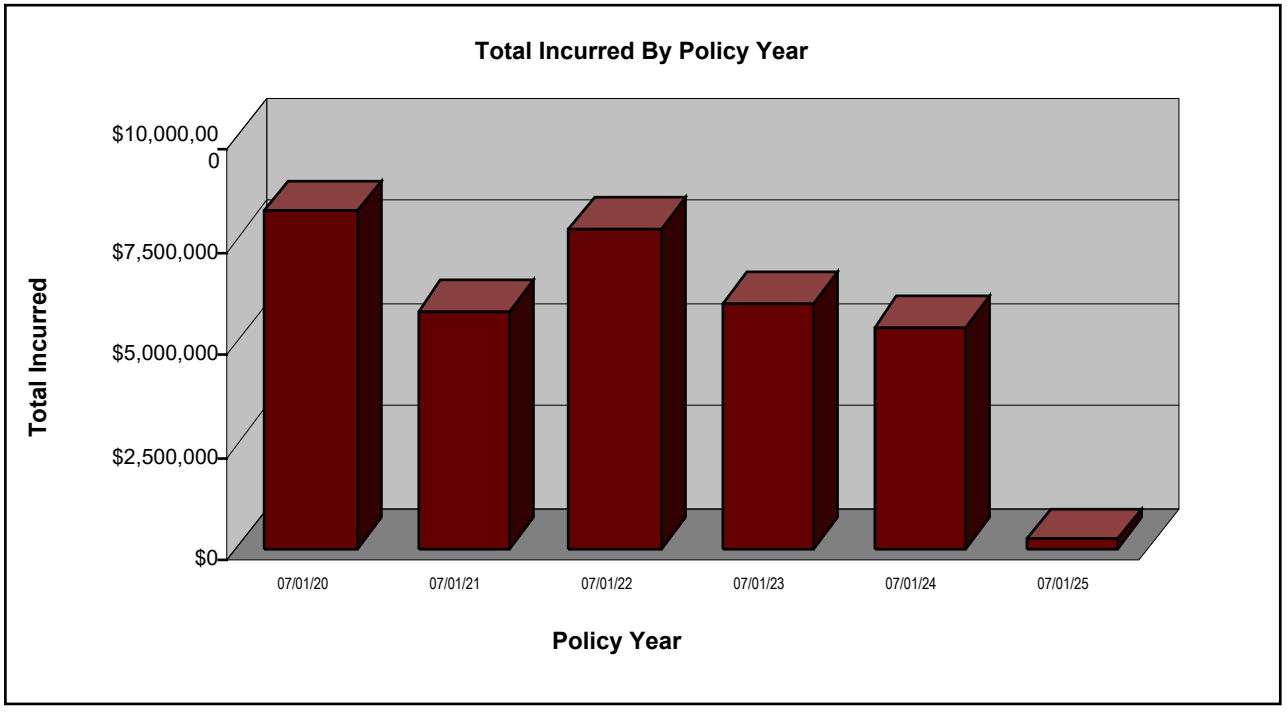
CITY OF STAMFORD

9998907

Loss Summary by Policy Year - WC

Accident Dates 7/01/20 To 8/01/25

Eff Date	Exp Date	LT Claims	MO Claims	RO Claims	Total Claims	Total Incurred	Total Paid	Total Reserve
07/01/20	07/01/21	128	291	75	494	$8,256,483	$6,397,617	$1,858,866
07/01/21	07/01/22	111	293	179	583	$5,826,193	$4,774,000	$1,052,196
07/01/22	07/01/23	114	328	41	483	$7,849,842	$5,250,426	$2,599,402
07/01/23	07/01/24	97	417	1	515	$6,006,562	$3,168,016	$2,838,542
07/01/24	07/01/25	107	371	0	478	$5,458,786	$1,754,706	$3,704,079
07/01/25	09/13/25	9	31	0	40	$242,220	$14,439	$227,780
		566	**1,731**	**296**	**2,593**	**$33,640,086**	**$21,359,205**	**$12,280,864**



Claim types shown are statutory

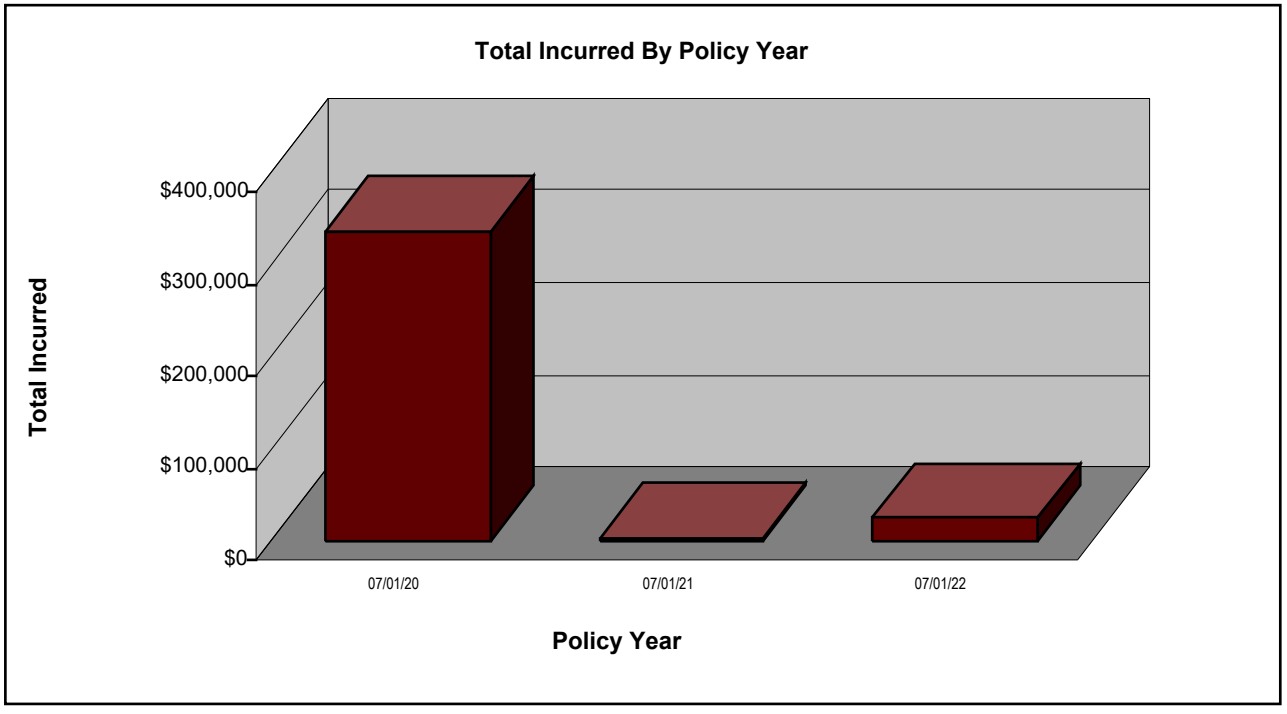
CITY OF STAMFORD

9998907

Loss Summary by Policy Year - H&H

Accident Dates 7/01/20 To 8/01/25

Eff Date	Exp Date	LT Claims	MO Claims	RO Claims	Total Claims	Total Incurred	Total Paid	Total Reserve
07/01/20	07/01/21	3	3	0	6	$335,235	$310,945	$24,290
07/01/21	07/01/22	0	2	0	2	$3,896	$3,896	$0
07/01/22	07/01/23	0	5	0	5	$24,895	$19,133	$5,762
		3	**10**	**0**	**13**	**$364,026**	**$333,974**	**$30,052**



Claim types shown are statutory

PMA Companies
Loss Summary by Policy - WC
Account #9998907 - CITY OF STAMFORD

Workers Compensation Claims to Aug 1, 2025

For Open claims for all accident dates

Claim Type/Status	Claims	Loss Line	Incurred	Paid	Reserve
Claims for policy # : 292500, Effective 07/01/25 - 09/13/25					
Lost Time Open	9	Medical	99,498	2,373	97,125
		Indemnity	85,183	7,845	77,338
		Expense	29,052	105	28,947
		Totals	**213,733**	**10,323**	**203,410**
Medical Only Open	12	Medical	22,988	3,164	19,824
		Expense	5,042	497	4,546
		Totals	**28,030**	**3,660**	**24,370**
Totals for Policy #: 292500	21	Medical	122,486	5,537	116,949
		Indemnity	85,183	7,845	77,338
		Expense	34,094	601	33,493
		Totals:	**241,763**	**13,983**	**227,780**

PMA Companies
Loss Summary by Policy - WC
Account #9998907 - CITY OF STAMFORD

Workers Compensation Claims to Aug 1, 2025

For Open claims for all accident dates

Claim Type/Status	Claims	Loss Line	Incurred	Paid	Reserve
Claims for policy # : 292400, Effective 07/01/24 - 07/01/25					
Lost Time Open	97	Medical	1,827,785	572,509	1,255,276
		Indemnity	2,551,908	695,439	1,856,469
		Expense	670,285	203,767	466,517
		Totals	**5,049,978**	**1,471,715**	**3,578,262**
Medical Only Open	41	Medical	153,205	59,802	93,402
		Indemnity	0	0	0
		Expense	49,410	16,994	32,415
		Totals	**202,615**	**76,796**	**125,817**
Totals for Policy #: 292400	138	Medical	1,980,990	632,311	1,348,678
		Indemnity	2,551,908	695,439	1,856,469
		Expense	719,695	220,762	498,932
		Totals:	**5,252,593**	**1,548,511**	**3,704,079**

PMA Companies
Loss Summary by Policy - WC
Account #9998907 - CITY OF STAMFORD

Workers Compensation Claims to Aug 1, 2025

For Open claims for all accident dates

Claim Type/Status	Claims	Loss Line	Incurred	Paid	Reserve
Claims for policy # : 292300, Effective 07/01/23 - 07/01/24					
Lost Time Open	59	Medical	2,063,632	1,136,228	927,404
		Indemnity	2,559,389	1,073,419	1,485,970
		Expense	787,657	390,276	397,380
		Totals	**5,410,678**	**2,599,924**	**2,810,755**
Medical Only Open	7	Medical	45,968	30,081	15,888
		Indemnity	0	0	0
		Expense	22,703	10,804	11,899
		Totals	**68,671**	**40,885**	**27,787**
Totals for Policy #: 292300	66	Medical	2,109,600	1,166,309	943,292
		Indemnity	2,559,389	1,073,419	1,485,970
		Expense	810,360	401,080	409,280
		Totals:	**5,479,349**	**2,640,808**	**2,838,542**

PMA Companies
Loss Summary by Policy - WC
Account #9998907 - CITY OF STAMFORD

Workers Compensation Claims to Aug 1, 2025

For Open claims for all accident dates

Claim Type/Status	Claims	Loss Line	Incurred	Paid	Reserve
Claims for policy # : 292200, Effective 07/01/22 - 07/01/23					
Lost Time Open	49	Medical	1,801,747	1,033,115	768,632
		Indemnity	3,383,955	1,864,633	1,519,322
		Expense	763,572	477,535	286,037
		Totals	**5,949,274**	**3,375,283**	**2,573,991**
Medical Only Open	2	Medical	17,256	7,853	9,403
		Expense	36,401	20,392	16,009
		Totals	**53,657**	**28,246**	**25,411**
Totals for Policy #: 292200	51	Medical	1,819,003	1,040,968	778,034
		Indemnity	3,383,955	1,864,633	1,519,322
		Expense	799,973	497,928	302,046
		Totals:	**6,002,931**	**3,403,528**	**2,599,402**

PMA Companies
Loss Summary by Policy - WC
Account #9998907 - CITY OF STAMFORD

Workers Compensation Claims to Aug 1, 2025

For Open claims for all accident dates

Claim Type/Status	Claims	Loss Line	Incurred	Paid	Reserve
Claims for policy # : 292100, Effective 07/01/21 - 07/01/22					
Lost Time Open	24	Medical	823,542	575,812	247,730
		Indemnity	1,755,043	1,127,568	627,475
		Expense	495,876	318,885	176,991
		Totals	**3,074,461**	**2,022,265**	**1,052,196**
Totals for Policy #: 292100	24	Medical	823,542	575,812	247,730
		Indemnity	1,755,043	1,127,568	627,475
		Expense	495,876	318,885	176,991
		Totals:	**3,074,461**	**2,022,265**	**1,052,196**

PMA Companies
Loss Summary by Policy - WC
Account #9998907 - CITY OF STAMFORD

Workers Compensation Claims to Aug 1, 2025

For Open claims for all accident dates

Claim Type/Status	Claims	Loss Line	Incurred	Paid	Reserve
Claims for policy # : 292000, Effective 07/01/20 - 07/01/21					
Lost Time Open	20	Medical	1,164,086	606,931	557,155
		Indemnity	2,312,756	1,127,622	1,185,134
		Expense	369,808	253,230	116,578
		Totals	**3,846,650**	**1,987,784**	**1,858,866**
Totals for Policy #: 292000	20	Medical	1,164,086	606,931	557,155
		Indemnity	2,312,756	1,127,622	1,185,134
		Expense	369,808	253,230	116,578
		Totals:	**3,846,650**	**1,987,784**	**1,858,866**

PMA Companies
Loss Summary by Policy - WC
Account #9998907 - CITY OF STAMFORD

Workers Compensation Claims to Aug 1, 2025

For Open claims for all accident dates

Claim Type/Status	Claims	Loss Line	Incurred	Paid	Reserve
Claims for policy # : 291900, Effective 07/01/19 - 07/01/20					
Lost Time Open	13	Medical	668,594	516,971	151,622
		Indemnity	792,349	598,777	193,572
		Expense	292,513	220,428	72,085
		Totals	**1,753,456**	**1,336,176**	**417,280**
Medical Only Open	1	Medical	4,750	0	4,750
		Indemnity	0	0	0
		Expense	7,411	3,353	4,058
		Totals	**12,161**	**3,353**	**8,808**
Totals for Policy #: 291900	14	Medical	673,344	516,971	156,372
		Indemnity	792,349	598,777	193,572
		Expense	299,924	223,781	76,143
		Totals:	**1,765,617**	**1,339,530**	**426,087**

PMA Companies
Loss Summary by Policy - WC
Account #9998907 - CITY OF STAMFORD

Workers Compensation Claims to Aug 1, 2025

For Open claims for all accident dates

Claim Type/Status	Claims	Loss Line	Incurred	Paid	Reserve
Claims for policy # : 291800, Effective 07/01/18 - 07/01/19					
Lost Time Open	9	Medical	177,985	102,214	75,771
		Indemnity	257,254	189,432	67,821
		Expense	59,787	34,897	24,890
		Totals	**495,026**	**326,544**	**168,482**
Medical Only Open	1	Medical	13,024	10,996	2,028
		Indemnity	0	0	0
		Expense	2,373	1,798	575
		Totals	**15,397**	**12,794**	**2,603**
Totals for Policy #: 291800	10	Medical	191,009	113,211	77,799
		Indemnity	257,254	189,432	67,821
		Expense	62,160	36,695	25,465
		Totals:	**510,423**	**339,338**	**171,085**

PMA Companies
Loss Summary by Policy - WC
Account #9998907 - CITY OF STAMFORD

Workers Compensation Claims to Aug 1, 2025

For Open claims for all accident dates

Claim Type/Status	Claims	Loss Line	Incurred	Paid	Reserve
Claims for policy # : 291700, Effective 07/01/17 - 07/01/18					
Lost Time Open	6	Medical	481,945	347,656	134,289
		Indemnity	582,387	478,482	103,904
		Expense	196,866	148,223	48,643
		Totals	**1,261,198**	**974,361**	**286,836**
Medical Only Open	1	Medical	9,474	8,474	1,000
		Expense	5,147	4,747	400
		Totals	**14,621**	**13,221**	**1,400**
Totals for Policy #: 291700	7	Medical	491,419	356,130	135,289
		Indemnity	582,387	478,482	103,904
		Expense	202,013	152,970	49,043
		Totals:	**1,275,819**	**987,582**	**288,236**

PMA Companies
Loss Summary by Policy - WC
Account #9998907 - CITY OF STAMFORD

Workers Compensation Claims to Aug 1, 2025

For Open claims for all accident dates

Claim Type/Status	Claims	Loss Line	Incurred	Paid	Reserve
Claims for policy # : 291600, Effective 07/01/16 - 07/01/17					
Lost Time Open	9	Medical	1,009,020	578,814	430,206
		Indemnity	1,357,988	1,060,069	297,919
		Expense	545,714	447,040	98,674
		Totals	**2,912,722**	**2,085,924**	**826,799**
Totals for Policy #: 291600	9	Medical	1,009,020	578,814	430,206
		Indemnity	1,357,988	1,060,069	297,919
		Expense	545,714	447,040	98,674
		Totals:	**2,912,722**	**2,085,924**	**826,799**

PMA Companies
Loss Summary by Policy - WC
Account #9998907 - CITY OF STAMFORD

Workers Compensation Claims to Aug 1, 2025

For Open claims for all accident dates

Claim Type/Status	Claims	Loss Line	Incurred	Paid	Reserve
Claims for policy # : 291500, Effective 07/01/15 - 07/01/16					
Lost Time Open	5	Medical	270,686	244,427	26,259
		Indemnity	261,444	230,893	30,551
		Expense	139,195	121,650	17,545
		Totals	**671,325**	**596,970**	**74,355**
Totals for Policy #: 291500	5	Medical	270,686	244,427	26,259
		Indemnity	261,444	230,893	30,551
		Expense	139,195	121,650	17,545
		Totals:	**671,325**	**596,970**	**74,355**

PMA Companies
Loss Summary by Policy - WC
Account #9998907 - CITY OF STAMFORD

Workers Compensation Claims to Aug 1, 2025

For Open claims for all accident dates

Claim Type/Status	Claims	Loss Line	Incurred	Paid	Reserve
Claims for policy # : 291400, Effective 07/01/14 - 07/01/15					
Lost Time Open	5	Medical	895,322	570,634	324,688
		Indemnity	535,164	403,973	131,191
		Expense	224,867	208,311	16,556
		Totals	**1,655,353**	**1,182,918**	**472,435**
Totals for Policy #: 291400	5	Medical	895,322	570,634	324,688
		Indemnity	535,164	403,973	131,191
		Expense	224,867	208,311	16,556
		Totals:	**1,655,353**	**1,182,918**	**472,435**

PMA Companies
Loss Summary by Policy - WC
Account #9998907 - CITY OF STAMFORD

Workers Compensation Claims to Aug 1, 2025

For Open claims for all accident dates

Claim Type/Status	Claims	Loss Line	Incurred	Paid	Reserve
Claims for policy # : 291300, Effective 07/01/13 - 07/01/14					
Lost Time Open	7	Medical	821,790	572,238	249,552
		Indemnity	681,470	481,074	200,396
		Expense	221,848	163,912	57,936
		Totals	**1,725,108**	**1,217,224**	**507,884**
Totals for Policy #: 291300	7	Medical	821,790	572,238	249,552
		Indemnity	681,470	481,074	200,396
		Expense	221,848	163,912	57,936
		Totals:	**1,725,108**	**1,217,224**	**507,884**

PMA Companies
Loss Summary by Policy - WC
Account #9998907 - CITY OF STAMFORD

Workers Compensation Claims to Aug 1, 2025

For Open claims for all accident dates

Claim Type/Status	Claims	Loss Line	Incurred	Paid	Reserve
Claims for policy # : 291200, Effective 07/01/12 - 07/01/13					
Lost Time Open	2	Medical	301,473	291,398	10,076
		Indemnity	66,504	66,504	0
		Expense	165,097	149,611	15,486
		Totals	**533,074**	**507,512**	**25,562**
Totals for Policy #: 291200	2	Medical	301,473	291,398	10,076
		Indemnity	66,504	66,504	0
		Expense	165,097	149,611	15,486
		Totals:	**533,074**	**507,512**	**25,562**

PMA Companies
Loss Summary by Policy - WC
Account #9998907 - CITY OF STAMFORD

Workers Compensation Claims to Aug 1, 2025

For Open claims for all accident dates

Claim Type/Status	Claims	Loss Line	Incurred	Paid	Reserve
Claims for policy # : 291100, Effective 07/01/11 - 07/01/12					
Lost Time Open	4	Medical	392,160	301,820	90,340
		Indemnity	619,374	514,770	104,603
		Expense	218,664	198,396	20,268
		Totals	**1,230,198**	**1,014,987**	**215,211**
Totals for Policy #: 291100	4	Medical	392,160	301,820	90,340
		Indemnity	619,374	514,770	104,603
		Expense	218,664	198,396	20,268
		Totals:	**1,230,198**	**1,014,987**	**215,211**

PMA Companies
Loss Summary by Policy - WC
Account #9998907 - CITY OF STAMFORD

Workers Compensation Claims to Aug 1, 2025

For Open claims for all accident dates

Claim Type/Status	Claims	Loss Line	Incurred	Paid	Reserve
Claims for policy # : 291000, Effective 07/01/10 - 07/01/11					
Lost Time Open	9	Medical	2,237,328	1,897,643	339,684
		Indemnity	2,369,891	2,196,798	173,093
		Expense	815,122	693,812	121,309
		Totals	**5,422,341**	**4,788,253**	**634,087**
Totals for Policy #: 291000	9	Medical	2,237,328	1,897,643	339,684
		Indemnity	2,369,891	2,196,798	173,093
		Expense	815,122	693,812	121,309
		Totals:	**5,422,341**	**4,788,253**	**634,087**

PMA Companies
Loss Summary by Policy - WC
Account #9998907 - CITY OF STAMFORD

Workers Compensation Claims to Aug 1, 2025

For Open claims for all accident dates

Claim Type/Status	Claims	Loss Line	Incurred	Paid	Reserve
Claims for policy # : 290800, Effective 07/01/08 - 07/01/09					
Lost Time Open	3	Medical	1,008,908	645,351	363,557
		Indemnity	378,246	378,247	0
		Expense	229,672	122,819	106,852
		Totals	**1,616,826**	**1,146,417**	**470,409**
Totals for Policy #: 290800	3	Medical	1,008,908	645,351	363,557
		Indemnity	378,246	378,247	0
		Expense	229,672	122,819	106,852
		Totals:	**1,616,826**	**1,146,417**	**470,409**

PMA Companies
Loss Summary by Policy - WC
Account #9998907 - CITY OF STAMFORD

Workers Compensation Claims to Aug 1, 2025

For Open claims for all accident dates

Claim Type/Status	Claims	Loss Line	Incurred	Paid	Reserve
Claims for policy # : 290700, Effective 07/01/07 - 07/01/08					
Lost Time Open	3	Medical	406,341	366,492	39,849
		Indemnity	233,353	231,256	2,097
		Expense	106,570	86,721	19,849
		Totals	**746,264**	**684,469**	**61,795**
Medical Only Open	1	Medical	5,000	0	5,000
		Indemnity	0	0	0
		Expense	29,177	23,089	6,088
		Totals	**34,177**	**23,089**	**11,088**
Totals for Policy #: 290700	4	Medical	411,341	366,492	44,849
		Indemnity	233,353	231,256	2,097
		Expense	135,747	109,809	25,938
		Totals:	**780,441**	**707,558**	**72,883**

PMA Companies
Loss Summary by Policy - WC
Account #9998907 - CITY OF STAMFORD

Workers Compensation Claims to Aug 1, 2025

For Open claims for all accident dates

Claim Type/Status	Claims	Loss Line	Incurred	Paid	Reserve
Claims for policy # : 290600, Effective 07/01/06 - 07/01/07					
Lost Time Open	1	Medical	15,861	11,503	4,358
		Indemnity	16,800	5,000	11,800
		Expense	2,899	1,228	1,671
		Totals	**35,560**	**17,731**	**17,829**
Medical Only Open	1	Medical	25,360	18,860	6,500
		Indemnity	0	0	0
		Expense	3,118	3,118	0
		Totals	**28,478**	**21,978**	**6,500**
Totals for Policy #: 290600	2	Medical	41,221	30,363	10,858
		Indemnity	16,800	5,000	11,800
		Expense	6,017	4,346	1,671
		Totals:	**64,038**	**39,709**	**24,329**

PMA Companies
Loss Summary by Policy - WC
Account #9998907 - CITY OF STAMFORD

Workers Compensation Claims to Aug 1, 2025

For Open claims for all accident dates

Claim Type/Status	Claims	Loss Line	Incurred	Paid	Reserve
Claims for policy # : 290500, Effective 07/01/05 - 07/01/06					
Lost Time Open	4	Medical	1,485,355	1,176,786	308,569
		Indemnity	237,706	191,124	46,582
		Expense	206,156	174,810	31,346
		Totals	**1,929,217**	**1,542,721**	**386,496**
Totals for Policy #: 290500	4	Medical	1,485,355	1,176,786	308,569
		Indemnity	237,706	191,124	46,582
		Expense	206,156	174,810	31,346
		Totals:	**1,929,217**	**1,542,721**	**386,496**

PMA Companies
Loss Summary by Policy - WC
Account #9998907 - CITY OF STAMFORD

Workers Compensation Claims to Aug 1, 2025

For Open claims for all accident dates

Claim Type/Status	Claims	Loss Line	Incurred	Paid	Reserve
Claims for policy # : 290400, Effective 07/01/04 - 07/01/05					
Lost Time Open	3	Medical	1,241,079	1,018,494	222,585
		Indemnity	578,254	482,976	95,278
		Expense	343,694	270,722	72,972
		Totals	**2,163,027**	**1,772,193**	**390,834**
Totals for Policy #: 290400	3	Medical	1,241,079	1,018,494	222,585
		Indemnity	578,254	482,976	95,278
		Expense	343,694	270,722	72,972
		Totals:	**2,163,027**	**1,772,193**	**390,834**

PMA Companies
Loss Summary by Policy - WC
Account #9998907 - CITY OF STAMFORD

Workers Compensation Claims to Aug 1, 2025

For Open claims for all accident dates

Claim Type/Status	Claims	Loss Line	Incurred	Paid	Reserve
Claims for policy # : 290300, Effective 07/01/03 - 07/01/04					
Lost Time Open	4	Medical	672,543	616,289	56,254
		Indemnity	2,436,313	2,076,047	360,266
		Expense	276,373	223,884	52,489
		Totals	**3,385,229**	**2,916,221**	**469,009**
Totals for Policy #: 290300	4	Medical	672,543	616,289	56,254
		Indemnity	2,436,313	2,076,047	360,266
		Expense	276,373	223,884	52,489
		Totals:	**3,385,229**	**2,916,221**	**469,009**

PMA Companies
Loss Summary by Policy - WC
Account #9998907 - CITY OF STAMFORD

Workers Compensation Claims to Aug 1, 2025

For Open claims for all accident dates

Claim Type/Status	Claims	Loss Line	Incurred	Paid	Reserve
Claims for policy # : 290100, Effective 07/01/01 - 07/01/02					
Lost Time Open	5	Medical	892,044	542,834	349,210
		Indemnity	448,587	358,468	90,118
		Expense	243,826	175,713	68,113
		Totals	**1,584,457**	**1,077,016**	**507,441**
Totals for Policy #: 290100	5	Medical	892,044	542,834	349,210
		Indemnity	448,587	358,468	90,118
		Expense	243,826	175,713	68,113
		Totals:	**1,584,457**	**1,077,016**	**507,441**

PMA Companies
Loss Summary by Policy - WC
Account #9998907 - CITY OF STAMFORD

Workers Compensation Claims to Aug 1, 2025

For Open claims for all accident dates

Claim Type/Status	Claims	Loss Line	Incurred	Paid	Reserve
Claims for policy # : 290000, Effective 07/01/00 - 07/01/01					
Lost Time Open	2	Medical	257,696	244,736	12,960
		Indemnity	172,322	168,816	3,507
		Expense	43,205	30,521	12,684
		Totals	**473,223**	**444,072**	**29,152**
Totals for Policy #: 290000	2	Medical	257,696	244,736	12,960
		Indemnity	172,322	168,816	3,507
		Expense	43,205	30,521	12,684
		Totals:	**473,223**	**444,072**	**29,152**

PMA Companies
Loss Summary by Policy - WC
Account #9998907 - CITY OF STAMFORD

Workers Compensation Claims to Aug 1, 2025

For Open claims for all accident dates

Claim Type/Status	Claims	Loss Line	Incurred	Paid	Reserve
Claims for policy # : 299900, Effective 07/01/99 - 07/01/00					
Lost Time Open	2	Medical	490,852	459,197	31,655
		Indemnity	466,015	342,790	123,225
		Expense	128,922	113,205	15,717
		Totals	**1,085,789**	**915,193**	**170,596**
Totals for Policy #: 299900	2	Medical	490,852	459,197	31,655
		Indemnity	466,015	342,790	123,225
		Expense	128,922	113,205	15,717
		Totals:	**1,085,789**	**915,193**	**170,596**

PMA Companies
Loss Summary by Policy - WC
Account #9998907 - CITY OF STAMFORD

Workers Compensation Claims to Aug 1, 2025

For Open claims for all accident dates

Claim Type/Status	Claims	Loss Line	Incurred	Paid	Reserve
Claims for policy # : 299800, Effective 07/01/98 - 07/01/99					
Lost Time Open	2	Medical	245,998	175,230	70,768
		Indemnity	74,129	56,289	17,840
		Expense	48,097	34,494	13,603
		Totals	**368,224**	**266,014**	**102,210**
Totals for Policy #: 299800	2	Medical	245,998	175,230	70,768
		Indemnity	74,129	56,289	17,840
		Expense	48,097	34,494	13,603
		Totals:	**368,224**	**266,014**	**102,210**

PMA Companies
Loss Summary by Policy - WC
Account #9998907 - CITY OF STAMFORD

Workers Compensation Claims to Aug 1, 2025

For Open claims for all accident dates

Claim Type/Status	Claims	Loss Line	Incurred	Paid	Reserve
Claims for policy # : 299700, Effective 07/01/97 - 07/01/98					
Lost Time Open	1	Medical	184,833	181,510	3,323
		Indemnity	36,217	36,217	0
		Expense	28,325	27,104	1,221
		Totals	**249,375**	**244,831**	**4,543**
Totals for Policy #: 299700	1	Medical	184,833	181,510	3,323
		Indemnity	36,217	36,217	0
		Expense	28,325	27,104	1,221
		Totals:	**249,375**	**244,831**	**4,543**

PMA Companies
Loss Summary by Policy - WC
Account #9998907 - CITY OF STAMFORD

Workers Compensation Claims to Aug 1, 2025

For Open claims for all accident dates

Claim Type/Status	Claims	Loss Line	Incurred	Paid	Reserve
Claims for policy # : 299600, Effective 07/01/96 - 07/01/97					
Lost Time Open	1	Medical	200,218	127,382	72,836
		Indemnity	160,409	160,409	0
		Expense	47,853	45,245	2,608
		Totals	**408,480**	**333,036**	**75,444**
Totals for Policy #: 299600	1	Medical	200,218	127,382	72,836
		Indemnity	160,409	160,409	0
		Expense	47,853	45,245	2,608
		Totals:	**408,480**	**333,036**	**75,444**

PMA Companies
Loss Summary by Policy - WC
Account #9998907 - CITY OF STAMFORD

Workers Compensation Claims to Aug 1, 2025

For Open claims for all accident dates

Claim Type/Status	Claims	Loss Line	Incurred	Paid	Reserve
Claims for policy # : 298300, Effective 07/01/83 - 07/01/84					
Lost Time Open	1	Medical	172,791	160,503	12,288
		Indemnity	1,237,824	1,225,478	12,346
		Expense	35,725	31,772	3,953
		Totals	**1,446,340**	**1,417,753**	**28,587**
Totals for Policy #: 298300	1	Medical	172,791	160,503	12,288
		Indemnity	1,237,824	1,225,478	12,346
		Expense	35,725	31,772	3,953
		Totals:	**1,446,340**	**1,417,753**	**28,587**

PMA Companies
Loss Summary by Policy - WC
Account #9998907 - CITY OF STAMFORD

Workers Compensation Claims to Aug 1, 2025

For Open claims for all accident dates

Claim Type/Status	Claims	Loss Line	Incurred	Paid	Reserve
Claims for policy # : 298200, Effective 07/01/82 - 07/01/83					
Lost Time Open	1	Medical	777,353	566,133	211,220
		Indemnity	39,214	33,482	5,732
		Expense	211,033	153,372	57,661
		Totals	**1,027,600**	**752,987**	**274,613**
Totals for Policy #: 298200	1	Medical	777,353	566,133	211,220
		Indemnity	39,214	33,482	5,732
		Expense	211,033	153,372	57,661
		Totals:	**1,027,600**	**752,987**	**274,613**

PMA Companies
Loss Summary by Policy - WC
Account #9998907 - CITY OF STAMFORD

Workers Compensation Claims to Aug 1, 2025

For Open claims for all accident dates

Claim Type/Status	Claims	Loss Line	Incurred	Paid	Reserve
Claims for policy # : 296100, Effective 07/01/61 - 07/01/62					
Medical Only Open	1	Medical	39,024	38,023	1,001
		Expense	3,735	3,620	115
		Totals	**42,759**	**41,644**	**1,115**
Totals for Policy #: 296100	1	Medical	39,024	38,023	1,001
		Expense	3,735	3,620	115
		Totals:	**42,759**	**41,644**	**1,115**
Totals for Account #: 9998907	428	Medical	23,424,514	15,820,479	7,604,034
		Indemnity	26,687,448	17,863,898	8,823,547
		Expense	8,112,790	5,610,104	2,502,684
		Totals:	**58,224,752**	**39,294,481**	**18,930,266**

PMA Companies
Loss Summary by Policy - H&H
Account #9998907 - CITY OF STAMFORD

Workers Compensation Claims to Aug 1, 2025

For Open claims for all accident dates

Claim Type/Status	Claims	Loss Line	Incurred	Paid	Reserve
Claims for policy # : 292200, Effective 07/01/22 - 07/01/23					
Medical Only Open	1	Medical	2,550	0	2,550
		Indemnity	0	0	0
		Expense	16,745	13,533	3,212
		Totals	**19,295**	**13,533**	**5,762**
Totals for Policy #: 292200	1	Medical	2,550	0	2,550
		Indemnity	0	0	0
		Expense	16,745	13,533	3,212
		Totals:	**19,295**	**13,533**	**5,762**

PMA Companies
Loss Summary by Policy - H&H
Account #9998907 - CITY OF STAMFORD

Workers Compensation Claims to Aug 1, 2025

For Open claims for all accident dates

Claim Type/Status	Claims	Loss Line	Incurred	Paid	Reserve
Claims for policy # : 292000, Effective 07/01/20 - 07/01/21					
Lost Time Open	2	Medical	24,372	8,944	15,428
		Indemnity	177,898	173,752	4,146
		Expense	26,797	22,081	4,716
		Totals	**229,067**	**204,777**	**24,290**
Totals for Policy #: 292000	2	Medical	24,372	8,944	15,428
		Indemnity	177,898	173,752	4,146
		Expense	26,797	22,081	4,716
		Totals:	**229,067**	**204,777**	**24,290**

PMA Companies
Loss Summary by Policy - H&H
Account #9998907 - CITY OF STAMFORD

Workers Compensation Claims to Aug 1, 2025

For Open claims for all accident dates

Claim Type/Status	Claims	Loss Line	Incurred	Paid	Reserve
Claims for policy # : 291900, Effective 07/01/19 - 07/01/20					
Lost Time Open	1	Medical	8,000	0	8,000
		Indemnity	48,173	48,173	0
		Expense	12,481	8,887	3,594
		Totals	**68,654**	**57,060**	**11,594**
Totals for Policy #: 291900	1	Medical	8,000	0	8,000
		Indemnity	48,173	48,173	0
		Expense	12,481	8,887	3,594
		Totals:	**68,654**	**57,060**	**11,594**

PMA Companies
Loss Summary by Policy - H&H
Account #9998907 - CITY OF STAMFORD

Workers Compensation Claims to Aug 1, 2025

For Open claims for all accident dates

Claim Type/Status	Claims	Loss Line	Incurred	Paid	Reserve
Claims for policy # : 291800, Effective 07/01/18 - 07/01/19					
Lost Time Open	3	Medical	71,397	45,730	25,667
		Indemnity	113,804	113,804	0
		Expense	44,852	31,979	12,873
		Totals	**230,053**	**191,513**	**38,540**
Totals for Policy #: 291800	3	Medical	71,397	45,730	25,667
		Indemnity	113,804	113,804	0
		Expense	44,852	31,979	12,873
		Totals:	**230,053**	**191,513**	**38,540**

PMA Companies
Loss Summary by Policy - H&H
Account #9998907 - CITY OF STAMFORD

Workers Compensation Claims to Aug 1, 2025

For Open claims for all accident dates

Claim Type/Status	Claims	Loss Line	Incurred	Paid	Reserve
Claims for policy # : 291700, Effective 07/01/17 - 07/01/18					
Lost Time Open	2	Medical	29,376	24,372	5,004
		Indemnity	51,598	51,598	0
		Expense	21,125	16,998	4,127
		Totals	**102,099**	**92,969**	**9,130**
Totals for Policy #: 291700	2	Medical	29,376	24,372	5,004
		Indemnity	51,598	51,598	0
		Expense	21,125	16,998	4,127
		Totals:	**102,099**	**92,969**	**9,130**

PMA Companies
Loss Summary by Policy - H&H
Account #9998907 - CITY OF STAMFORD

Workers Compensation Claims to Aug 1, 2025

For Open claims for all accident dates

Claim Type/Status	Claims	Loss Line	Incurred	Paid	Reserve
Claims for policy # : 291600, Effective 07/01/16 - 07/01/17					
Lost Time Open	2	Medical	7,407	3,466	3,941
		Indemnity	66,332	66,331	0
		Expense	27,553	20,831	6,722
		Totals	**101,292**	**90,628**	**10,663**
Totals for Policy #: 291600	2	Medical	7,407	3,466	3,941
		Indemnity	66,332	66,331	0
		Expense	27,553	20,831	6,722
		Totals:	**101,292**	**90,628**	**10,663**

PMA Companies
Loss Summary by Policy - H&H
Account #9998907 - CITY OF STAMFORD

Workers Compensation Claims to Aug 1, 2025

For Open claims for all accident dates

Claim Type/Status	Claims	Loss Line	Incurred	Paid	Reserve
Claims for policy # : 291500, Effective 07/01/15 - 07/01/16					
Lost Time Open	1	Medical	13,212	10,861	2,351
		Indemnity	77,844	77,844	0
		Expense	26,172	21,107	5,065
		Totals	**117,228**	**109,812**	**7,416**
Totals for Policy #: 291500	1	Medical	13,212	10,861	2,351
		Indemnity	77,844	77,844	0
		Expense	26,172	21,107	5,065
		Totals:	**117,228**	**109,812**	**7,416**

PMA Companies
Loss Summary by Policy - H&H
Account #9998907 - CITY OF STAMFORD

Workers Compensation Claims to Aug 1, 2025

For Open claims for all accident dates

Claim Type/Status	Claims	Loss Line	Incurred	Paid	Reserve
Claims for policy # : 291400, Effective 07/01/14 - 07/01/15					
Lost Time Open	2	Medical	95,358	76,582	18,776
		Indemnity	241,332	241,332	0
		Expense	45,503	39,584	5,919
		Totals	**382,193**	**357,497**	**24,695**
Totals for Policy #: 291400	2	Medical	95,358	76,582	18,776
		Indemnity	241,332	241,332	0
		Expense	45,503	39,584	5,919
		Totals:	**382,193**	**357,497**	**24,695**

PMA Companies
Loss Summary by Policy - H&H
Account #9998907 - CITY OF STAMFORD

Workers Compensation Claims to Aug 1, 2025

For Open claims for all accident dates

Claim Type/Status	Claims	Loss Line	Incurred	Paid	Reserve
Claims for policy # : 291300, Effective 07/01/13 - 07/01/14					
Medical Only Open	2	Medical	46,691	33,811	12,880
		Indemnity	0	0	0
		Expense	35,520	20,647	14,874
		Totals	**82,211**	**54,457**	**27,754**
Totals for Policy #: 291300	2	Medical	46,691	33,811	12,880
		Indemnity	0	0	0
		Expense	35,520	20,647	14,874
		Totals:	**82,211**	**54,457**	**27,754**

PMA Companies
Loss Summary by Policy - H&H
Account #9998907 - CITY OF STAMFORD

Workers Compensation Claims to Aug 1, 2025

For Open claims for all accident dates

Claim Type/Status	Claims	Loss Line	Incurred	Paid	Reserve
Claims for policy # : 291200, Effective 07/01/12 - 07/01/13					
Lost Time Open	2	Medical	30,006	20,851	9,155
		Indemnity	13,785	13,785	0
		Expense	31,317	26,888	4,429
		Totals	**75,108**	**61,524**	**13,584**
Totals for Policy #: 291200	2	Medical	30,006	20,851	9,155
		Indemnity	13,785	13,785	0
		Expense	31,317	26,888	4,429
		Totals:	**75,108**	**61,524**	**13,584**

PMA Companies
Loss Summary by Policy - H&H
Account #9998907 - CITY OF STAMFORD

Workers Compensation Claims to Aug 1, 2025

For Open claims for all accident dates

Claim Type/Status	Claims	Loss Line	Incurred	Paid	Reserve
Claims for policy # : 291100, Effective 07/01/11 - 07/01/12					
Lost Time Open	2	Medical	36,720	20,629	16,091
		Indemnity	62,150	62,150	0
		Expense	56,525	44,839	11,686
		Totals	**155,395**	**127,619**	**27,776**
Totals for Policy #: 291100	2	Medical	36,720	20,629	16,091
		Indemnity	62,150	62,150	0
		Expense	56,525	44,839	11,686
		Totals:	**155,395**	**127,619**	**27,776**

PMA Companies
Loss Summary by Policy - H&H
Account #9998907 - CITY OF STAMFORD

Workers Compensation Claims to Aug 1, 2025

For Open claims for all accident dates

Claim Type/Status	Claims	Loss Line	Incurred	Paid	Reserve
Claims for policy # : 291000, Effective 07/01/10 - 07/01/11					
Lost Time Open	2	Medical	109,429	72,133	37,296
		Indemnity	288,758	288,758	0
		Expense	140,931	129,752	11,179
		Totals	**539,118**	**490,643**	**48,475**
Totals for Policy #: 291000	2	Medical	109,429	72,133	37,296
		Indemnity	288,758	288,758	0
		Expense	140,931	129,752	11,179
		Totals:	**539,118**	**490,643**	**48,475**

PMA Companies
Loss Summary by Policy - H&H
Account #9998907 - CITY OF STAMFORD

Workers Compensation Claims to Aug 1, 2025

For Open claims for all accident dates

Claim Type/Status	Claims	Loss Line	Incurred	Paid	Reserve
Claims for policy # : 290900, Effective 07/01/09 - 07/01/10					
Lost Time Open	5	Medical	165,064	120,486	44,578
		Indemnity	293,978	293,978	0
		Expense	116,542	83,144	33,398
		Totals	**575,584**	**497,608**	**77,976**
Totals for Policy #: 290900	5	Medical	165,064	120,486	44,578
		Indemnity	293,978	293,978	0
		Expense	116,542	83,144	33,398
		Totals:	**575,584**	**497,608**	**77,976**

PMA Companies
Loss Summary by Policy - H&H
Account #9998907 - CITY OF STAMFORD

Workers Compensation Claims to Aug 1, 2025

For Open claims for all accident dates

Claim Type/Status	Claims	Loss Line	Incurred	Paid	Reserve
Claims for policy # : 290800, Effective 07/01/08 - 07/01/09					
Lost Time Open	5	Medical	207,611	159,102	48,509
		Indemnity	577,954	563,112	14,842
		Expense	177,564	152,410	25,154
		Totals	**963,129**	**874,624**	**88,504**
Totals for Policy #: 290800	5	Medical	207,611	159,102	48,509
		Indemnity	577,954	563,112	14,842
		Expense	177,564	152,410	25,154
		Totals:	**963,129**	**874,624**	**88,504**

PMA Companies
Loss Summary by Policy - H&H
Account #9998907 - CITY OF STAMFORD

Workers Compensation Claims to Aug 1, 2025

For Open claims for all accident dates

Claim Type/Status	Claims	Loss Line	Incurred	Paid	Reserve
Claims for policy # : 290700, Effective 07/01/07 - 07/01/08					
Lost Time Open	2	Medical	28,833	20,335	8,498
		Indemnity	200,911	170,992	29,919
		Expense	41,912	34,117	7,795
		Totals	**271,656**	**225,444**	**46,212**
Medical Only Open	1	Medical	10,412	7,424	2,988
		Indemnity	0	0	0
		Expense	3,846	1,432	2,414
		Totals	**14,258**	**8,856**	**5,402**
Totals for Policy #: 290700	3	Medical	39,245	27,759	11,486
		Indemnity	200,911	170,992	29,919
		Expense	45,758	35,549	10,209
		Totals:	**285,914**	**234,300**	**51,614**

PMA Companies
Loss Summary by Policy - H&H
Account #9998907 - CITY OF STAMFORD

Workers Compensation Claims to Aug 1, 2025

For Open claims for all accident dates

Claim Type/Status	Claims	Loss Line	Incurred	Paid	Reserve
Claims for policy # : 290600, Effective 07/01/06 - 07/01/07					
Lost Time Open	4	Medical	223,858	137,411	86,447
		Indemnity	278,264	278,265	0
		Expense	90,674	70,433	20,241
		Totals	**592,796**	**486,109**	**106,688**
Totals for Policy #: 290600	4	Medical	223,858	137,411	86,447
		Indemnity	278,264	278,265	0
		Expense	90,674	70,433	20,241
		Totals:	**592,796**	**486,109**	**106,688**

PMA Companies
Loss Summary by Policy - H&H
Account #9998907 - CITY OF STAMFORD

Workers Compensation Claims to Aug 1, 2025

For Open claims for all accident dates

Claim Type/Status	Claims	Loss Line	Incurred	Paid	Reserve
Claims for policy # : 290500, Effective 07/01/05 - 07/01/06					
Lost Time Open	3	Medical	233,302	211,018	22,284
		Indemnity	263,610	263,610	0
		Expense	63,679	55,357	8,322
		Totals	**560,591**	**529,985**	**30,606**
Totals for Policy #: 290500	3	Medical	233,302	211,018	22,284
		Indemnity	263,610	263,610	0
		Expense	63,679	55,357	8,322
		Totals:	**560,591**	**529,985**	**30,606**

PMA Companies
Loss Summary by Policy - H&H
Account #9998907 - CITY OF STAMFORD

Workers Compensation Claims to Aug 1, 2025

For Open claims for all accident dates

Claim Type/Status	Claims	Loss Line	Incurred	Paid	Reserve
Claims for policy # : 290400, Effective 07/01/04 - 07/01/05					
Lost Time Open	4	Medical	275,353	244,511	30,842
		Indemnity	204,818	204,818	0
		Expense	96,412	87,768	8,644
		Totals	**576,583**	**537,097**	**39,486**
Medical Only Open	1	Medical	1,000	0	1,000
		Indemnity	0	0	0
		Expense	400	20	380
		Totals	**1,400**	**20**	**1,380**
Totals for Policy #: 290400	5	Medical	276,353	244,511	31,842
		Indemnity	204,818	204,818	0
		Expense	96,812	87,788	9,024
		Totals:	**577,983**	**537,117**	**40,866**

PMA Companies
Loss Summary by Policy - H&H
Account #9998907 - CITY OF STAMFORD

Workers Compensation Claims to Aug 1, 2025

For Open claims for all accident dates

Claim Type/Status	Claims	Loss Line	Incurred	Paid	Reserve
Claims for policy # : 290300, Effective 07/01/03 - 07/01/04					
Lost Time Open	4	Medical	204,229	160,191	44,038
		Indemnity	373,707	368,679	5,028
		Expense	80,601	66,667	13,934
		Totals	**658,537**	**595,537**	**63,000**
Totals for Policy #: 290300	4	Medical	204,229	160,191	44,038
		Indemnity	373,707	368,679	5,028
		Expense	80,601	66,667	13,934
		Totals:	**658,537**	**595,537**	**63,000**

PMA Companies
Loss Summary by Policy - H&H
Account #9998907 - CITY OF STAMFORD

Workers Compensation Claims to Aug 1, 2025

For Open claims for all accident dates

Claim Type/Status	Claims	Loss Line	Incurred	Paid	Reserve
Claims for policy # : 290200, Effective 07/01/02 - 07/01/03					
Lost Time Open	3	Medical	145,930	117,910	28,020
		Indemnity	158,972	158,972	0
		Expense	89,281	77,463	11,818
		Totals	**394,183**	**354,344**	**39,838**
Totals for Policy #: 290200	3	Medical	145,930	117,910	28,020
		Indemnity	158,972	158,972	0
		Expense	89,281	77,463	11,818
		Totals:	**394,183**	**354,344**	**39,838**

PMA Companies
Loss Summary by Policy - H&H
Account #9998907 - CITY OF STAMFORD

Workers Compensation Claims to Aug 1, 2025

For Open claims for all accident dates

Claim Type/Status	Claims	Loss Line	Incurred	Paid	Reserve
Claims for policy # : 290100, Effective 07/01/01 - 07/01/02					
Lost Time Open	4	Medical	607,745	556,266	51,479
		Indemnity	368,908	368,908	0
		Expense	240,701	229,679	11,022
		Totals	**1,217,354**	**1,154,853**	**62,501**
Totals for Policy #: 290100	4	Medical	607,745	556,266	51,479
		Indemnity	368,908	368,908	0
		Expense	240,701	229,679	11,022
		Totals:	**1,217,354**	**1,154,853**	**62,501**

PMA Companies
Loss Summary by Policy - H&H
Account #9998907 - CITY OF STAMFORD

Workers Compensation Claims to Aug 1, 2025

For Open claims for all accident dates

Claim Type/Status	Claims	Loss Line	Incurred	Paid	Reserve
Claims for policy # : 290000, Effective 07/01/00 - 07/01/01					
Lost Time Open	3	Medical	492,883	465,044	27,839
		Indemnity	379,489	379,490	0
		Expense	127,003	114,233	12,770
		Totals	**999,375**	**958,768**	**40,608**
Totals for Policy #: 290000	3	Medical	492,883	465,044	27,839
		Indemnity	379,489	379,490	0
		Expense	127,003	114,233	12,770
		Totals:	**999,375**	**958,768**	**40,608**

PMA Companies
Loss Summary by Policy - H&H
Account #9998907 - CITY OF STAMFORD

Workers Compensation Claims to Aug 1, 2025

For Open claims for all accident dates

Claim Type/Status	Claims	Loss Line	Incurred	Paid	Reserve
Claims for policy # : 299800, Effective 07/01/98 - 07/01/99					
Lost Time Open	1	Medical	864,489	835,646	28,843
		Indemnity	736,184	722,219	13,965
		Expense	241,728	229,420	12,308
		Totals	**1,842,401**	**1,787,285**	**55,116**
Totals for Policy #: 299800	1	Medical	864,489	835,646	28,843
		Indemnity	736,184	722,219	13,965
		Expense	241,728	229,420	12,308
		Totals:	**1,842,401**	**1,787,285**	**55,116**

PMA Companies
Loss Summary by Policy - H&H
Account #9998907 - CITY OF STAMFORD

Workers Compensation Claims to Aug 1, 2025

For Open claims for all accident dates

Claim Type/Status	Claims	Loss Line	Incurred	Paid	Reserve
Claims for policy # : 299700, Effective 07/01/97 - 07/01/98					
Lost Time Open	2	Medical	181,676	170,465	11,211
		Indemnity	102,736	102,736	0
		Expense	46,746	42,108	4,638
		Totals	**331,158**	**315,309**	**15,849**
Totals for Policy #: 299700	2	Medical	181,676	170,465	11,211
		Indemnity	102,736	102,736	0
		Expense	46,746	42,108	4,638
		Totals:	**331,158**	**315,309**	**15,849**

PMA Companies
Loss Summary by Policy - H&H
Account #9998907 - CITY OF STAMFORD

Workers Compensation Claims to Aug 1, 2025

For Open claims for all accident dates

Claim Type/Status	Claims	Loss Line	Incurred	Paid	Reserve
Claims for policy # : 299600, Effective 07/01/96 - 07/01/97					
Lost Time Open	1	Medical	495,903	495,903	0
		Indemnity	740,017	715,939	24,078
		Expense	109,166	103,606	5,560
		Totals	**1,345,086**	**1,315,447**	**29,638**
Totals for Policy #: 299600	1	Medical	495,903	495,903	0
		Indemnity	740,017	715,939	24,078
		Expense	109,166	103,606	5,560
		Totals:	**1,345,086**	**1,315,447**	**29,638**

PMA Companies
Loss Summary by Policy - H&H
Account #9998907 - CITY OF STAMFORD

Workers Compensation Claims to Aug 1, 2025

For Open claims for all accident dates

Claim Type/Status	Claims	Loss Line	Incurred	Paid	Reserve
Claims for policy # : 299500, Effective 07/01/95 - 07/01/96					
Lost Time Open	3	Medical	297,622	266,970	30,652
		Indemnity	137,808	137,808	0
		Expense	43,622	34,033	9,589
		Totals	**479,052**	**438,811**	**40,241**
Totals for Policy #: 299500	3	Medical	297,622	266,970	30,652
		Indemnity	137,808	137,808	0
		Expense	43,622	34,033	9,589
		Totals:	**479,052**	**438,811**	**40,241**

PMA Companies
Loss Summary by Policy - H&H
Account #9998907 - CITY OF STAMFORD

Workers Compensation Claims to Aug 1, 2025

For Open claims for all accident dates

Claim Type/Status	Claims	Loss Line	Incurred	Paid	Reserve
Claims for policy # : 299400, Effective 07/01/94 - 07/01/95					
Lost Time Open	2	Medical	198,138	170,736	27,402
		Indemnity	63,797	63,796	0
		Expense	82,076	52,322	29,754
		Totals	**344,011**	**286,854**	**57,156**
Totals for Policy #: 299400	2	Medical	198,138	170,736	27,402
		Indemnity	63,797	63,796	0
		Expense	82,076	52,322	29,754
		Totals:	**344,011**	**286,854**	**57,156**

PMA Companies
Loss Summary by Policy - H&H
Account #9998907 - CITY OF STAMFORD

Workers Compensation Claims to Aug 1, 2025

For Open claims for all accident dates

Claim Type/Status	Claims	Loss Line	Incurred	Paid	Reserve
Claims for policy # : 299300, Effective 07/01/93 - 07/01/94					
Lost Time Open	2	Medical	61,734	45,328	16,406
		Indemnity	44,312	44,312	0
		Expense	16,218	11,161	5,057
		Totals	**122,264**	**100,801**	**21,463**
Totals for Policy #: 299300	2	Medical	61,734	45,328	16,406
		Indemnity	44,312	44,312	0
		Expense	16,218	11,161	5,057
		Totals:	**122,264**	**100,801**	**21,463**

PMA Companies
Loss Summary by Policy - H&H
Account #9998907 - CITY OF STAMFORD

Workers Compensation Claims to Aug 1, 2025

For Open claims for all accident dates

Claim Type/Status	Claims	Loss Line	Incurred	Paid	Reserve
Claims for policy # : 299200, Effective 07/01/92 - 07/01/93					
Lost Time Open	2	Medical	1,245,397	1,207,092	38,305
		Indemnity	1,581,341	1,463,253	118,088
		Expense	313,109	283,591	29,518
		Totals	**3,139,847**	**2,953,936**	**185,910**
Totals for Policy #: 299200	2	Medical	1,245,397	1,207,092	38,305
		Indemnity	1,581,341	1,463,253	118,088
		Expense	313,109	283,591	29,518
		Totals:	**3,139,847**	**2,953,936**	**185,910**

PMA Companies
Loss Summary by Policy - H&H
Account #9998907 - CITY OF STAMFORD

Workers Compensation Claims to Aug 1, 2025

For Open claims for all accident dates

Claim Type/Status	Claims	Loss Line	Incurred	Paid	Reserve
Claims for policy # : 299100, Effective 07/01/91 - 07/01/92					
Lost Time Open	2	Medical	413,673	398,687	14,986
		Indemnity	1,062,768	1,044,848	17,920
		Expense	125,384	105,995	19,389
		Totals	**1,601,825**	**1,549,531**	**52,295**
Totals for Policy #: 299100	2	Medical	413,673	398,687	14,986
		Indemnity	1,062,768	1,044,848	17,920
		Expense	125,384	105,995	19,389
		Totals:	**1,601,825**	**1,549,531**	**52,295**

PMA Companies
Loss Summary by Policy - H&H
Account #9998907 - CITY OF STAMFORD

Workers Compensation Claims to Aug 1, 2025

For Open claims for all accident dates

Claim Type/Status	Claims	Loss Line	Incurred	Paid	Reserve
Claims for policy # : 299000, Effective 07/01/90 - 07/01/91					
Lost Time Open	1	Medical	251,948	242,332	9,616
		Indemnity	119,630	119,630	0
		Expense	59,068	54,813	4,255
		Totals	**430,646**	**416,776**	**13,871**
Totals for Policy #: 299000	1	Medical	251,948	242,332	9,616
		Indemnity	119,630	119,630	0
		Expense	59,068	54,813	4,255
		Totals:	**430,646**	**416,776**	**13,871**

PMA Companies
Loss Summary by Policy - H&H
Account #9998907 - CITY OF STAMFORD

Workers Compensation Claims to Aug 1, 2025

For Open claims for all accident dates

Claim Type/Status	Claims	Loss Line	Incurred	Paid	Reserve
Claims for policy # : 298900, Effective 07/01/89 - 07/01/90					
Lost Time Open	1	Medical	403,570	394,902	8,668
		Indemnity	72,931	72,931	0
		Expense	73,721	67,491	6,230
		Totals	**550,222**	**535,324**	**14,898**
Totals for Policy #: 298900	1	Medical	403,570	394,902	8,668
		Indemnity	72,931	72,931	0
		Expense	73,721	67,491	6,230
		Totals:	**550,222**	**535,324**	**14,898**

PMA Companies
Loss Summary by Policy - H&H
Account #9998907 - CITY OF STAMFORD

Workers Compensation Claims to Aug 1, 2025

For Open claims for all accident dates

Claim Type/Status	Claims	Loss Line	Incurred	Paid	Reserve
Claims for policy # : 298800, Effective 07/01/88 - 07/01/89					
Lost Time Open	1	Medical	154,680	146,830	7,850
		Indemnity	19,397	19,397	0
		Expense	15,743	12,589	3,154
		Totals	**189,820**	**178,815**	**11,004**
Totals for Policy #: 298800	1	Medical	154,680	146,830	7,850
		Indemnity	19,397	19,397	0
		Expense	15,743	12,589	3,154
		Totals:	**189,820**	**178,815**	**11,004**

PMA Companies
Loss Summary by Policy - H&H
Account #9998907 - CITY OF STAMFORD

Workers Compensation Claims to Aug 1, 2025

For Open claims for all accident dates

Claim Type/Status	Claims	Loss Line	Incurred	Paid	Reserve
Claims for policy # : 298600, Effective 07/01/86 - 07/01/87					
Lost Time Open	2	Medical	75,208	64,756	10,452
		Indemnity	200,491	187,945	12,546
		Expense	60,332	48,827	11,505
		Totals	**336,031**	**301,528**	**34,503**
Totals for Policy #: 298600	2	Medical	75,208	64,756	10,452
		Indemnity	200,491	187,945	12,546
		Expense	60,332	48,827	11,505
		Totals:	**336,031**	**301,528**	**34,503**

PMA Companies
Loss Summary by Policy - H&H
Account #9998907 - CITY OF STAMFORD

Workers Compensation Claims to Aug 1, 2025

For Open claims for all accident dates

Claim Type/Status	Claims	Loss Line	Incurred	Paid	Reserve
Claims for policy # : 298500, Effective 07/01/85 - 07/01/86					
Lost Time Open	1	Vocational Rehabilitation	0	0	0
		Medical	105,751	95,226	10,525
		Indemnity	103,523	103,523	0
		Expense	36,607	32,094	4,513
		Totals	**245,881**	**230,842**	**15,039**
Medical Only Open	1	Medical	60,891	52,904	7,987
		Indemnity	0	0	0
		Expense	5,329	4,139	1,190
		Totals	**66,220**	**57,044**	**9,176**
Totals for Policy #: 298500	2	Vocational Rehabilitation	0	0	0
		Medical	166,642	148,130	18,512
		Indemnity	103,523	103,523	0
		Expense	41,936	36,233	5,703
		Totals:	**312,101**	**287,886**	**24,215**

PMA Companies
Loss Summary by Policy - H&H
Account #9998907 - CITY OF STAMFORD

Workers Compensation Claims to Aug 1, 2025

For Open claims for all accident dates

Claim Type/Status	Claims	Loss Line	Incurred	Paid	Reserve
Claims for policy # : 298400, Effective 07/01/84 - 07/01/85					
Medical Only Open	1	Medical	341,142	314,316	26,826
		Indemnity	0	0	0
		Expense	55,223	32,953	22,270
		Totals	**396,365**	**347,269**	**49,096**
Totals for Policy #: 298400	1	Medical	341,142	314,316	26,826
		Indemnity	0	0	0
		Expense	55,223	32,953	22,270
		Totals:	**396,365**	**347,269**	**49,096**

PMA Companies
Loss Summary by Policy - H&H
Account #9998907 - CITY OF STAMFORD

Workers Compensation Claims to Aug 1, 2025

For Open claims for all accident dates

Claim Type/Status	Claims	Loss Line	Incurred	Paid	Reserve
Claims for policy # : 298200, Effective 07/01/82 - 07/01/83					
Lost Time Open	1	Medical	27,331	27,331	0
		Indemnity	1,330,937	1,316,318	14,619
		Expense	4,153	3,673	481
		Totals	**1,362,421**	**1,347,322**	**15,099**
Totals for Policy #: 298200	1	Medical	27,331	27,331	0
		Indemnity	1,330,937	1,316,318	14,619
		Expense	4,153	3,673	481
		Totals:	**1,362,421**	**1,347,322**	**15,099**

PMA Companies
Loss Summary by Policy - H&H
Account #9998907 - CITY OF STAMFORD

Workers Compensation Claims to Aug 1, 2025

For Open claims for all accident dates

Claim Type/Status	Claims	Loss Line	Incurred	Paid	Reserve
Claims for policy # : 298000, Effective 07/01/80 - 07/01/81					
Lost Time Open	1	Medical	0	0	0
		Indemnity	1,604,559	1,579,585	24,974
		Expense	2,310	2,310	0
		Totals	**1,606,869**	**1,581,896**	**24,974**
Totals for Policy #: 298000	1	Medical	0	0	0
		Indemnity	1,604,559	1,579,585	24,974
		Expense	2,310	2,310	0
		Totals:	**1,606,869**	**1,581,896**	**24,974**

PMA Companies
Loss Summary by Policy - H&H
Account #9998907 - CITY OF STAMFORD

Workers Compensation Claims to Aug 1, 2025

For Open claims for all accident dates

Claim Type/Status	Claims	Loss Line	Incurred	Paid	Reserve
Claims for policy # : 297800, Effective 07/01/78 - 07/01/79					
Lost Time Open	2	Medical	501,152	472,900	28,252
		Indemnity	48,188	48,188	0
		Expense	55,881	49,578	6,303
		Totals	**605,221**	**570,665**	**34,556**
Medical Only Open	1	Medical	20,874	10,047	10,827
		Indemnity	0	0	0
		Expense	5,445	2,175	3,270
		Totals	**26,319**	**12,222**	**14,097**
Totals for Policy #: 297800	3	Medical	522,026	482,947	39,079
		Indemnity	48,188	48,188	0
		Expense	61,326	51,753	9,573
		Totals:	**631,540**	**582,888**	**48,652**

PMA Companies
Loss Summary by Policy - H&H
Account #9998907 - CITY OF STAMFORD

Workers Compensation Claims to Aug 1, 2025

For Open claims for all accident dates

Claim Type/Status	Claims	Loss Line	Incurred	Paid	Reserve
Claims for policy # : 297700, Effective 07/01/77 - 07/01/78					
Medical Only Open	1	Medical	54,770	43,476	11,294
		Indemnity	0	0	0
		Expense	5,216	4,110	1,106
		Totals	**59,986**	**47,586**	**12,400**
Totals for Policy #: 297700	1	Medical	54,770	43,476	11,294
		Indemnity	0	0	0
		Expense	5,216	4,110	1,106
		Totals:	**59,986**	**47,586**	**12,400**

PMA Companies
Loss Summary by Policy - H&H
Account #9998907 - CITY OF STAMFORD

Workers Compensation Claims to Aug 1, 2025

For Open claims for all accident dates

Claim Type/Status	Claims	Loss Line	Incurred	Paid	Reserve
Claims for policy # : 297300, Effective 07/01/73 - 07/01/74					
Lost Time Open	1	Medical	0	0	0
		Indemnity	472,477	465,146	7,331
		Expense	7	6	1
		Totals	**472,484**	**465,152**	**7,332**
Totals for Policy #: 297300	1	Medical	0	0	0
		Indemnity	472,477	465,146	7,331
		Expense	7	6	1
		Totals:	**472,484**	**465,152**	**7,332**
Totals for Account #: 9998907	91	Vocational Rehabilitation	0	0	0
		Medical	8,826,687	7,972,925	853,761
		Indemnity	12,683,381	12,395,925	287,455
		Expense	2,971,220	2,546,843	424,377
		Totals:	**24,481,288**	**22,915,693**	**1,565,594**

AGREEMENT

THIS AGREEMENT dated the 14th day of September, 2020, is by and between the **CITY OF STAMFORD**, a municipal corporation organized and existing pursuant to the laws of the State of Connecticut with a principal place of business located at 888 Washington Boulevard, Stamford, Connecticut (hereinafter the "City"), and acting herein by David R. Martin, its duly authorized Mayor, and **PMA MANAGEMENT CORP. OF NEW ENGLAND, INC.** a domestic corporation with a principal place of business located at 101 Barnes Road, Suite 300, Wallingford, Connecticut (hereinafter the "Consultant"), and acting herein by Dominic Perno, its duly authorized Senior Vice President.

WITNESSETH

WHEREAS, The City solicited Request for Proposals No. 799 for Workers' Compensation and Heart and Hypertension Claims Administration;

WHEREAS, The Consultant submitted a proposal in response to said Request for Proposals; and

WHEREAS, The City has accepted the Consultant's proposal for said work pursuant to the terms hereinafter set forth.

NOW THEREFORE, THE PARTIES AGREE AS FOLLOWS:

1. INCORPORATION OF RECITALS. The above terms and conditions are contractual in nature and not merely recitals and are hereby incorporated into this Agreement;

2. SCOPE OF SERVICES. The Scope of Services shall consist of those duties, functions, obligations, responsibilities, and tasks set forth in:

Exhibit A – The City's Request for Proposals No. 799, issued February 27, 2020;

Exhibit A-1 – The City's Addendum No. 1, dated March 21, 2020, to its Request for Proposals No. 799;

Exhibit A-2 – The City's Addendum No. 2, dated March 23, 2020, to its Request for Proposals No. 799;

Exhibit A-3 – The City's Addendum No. 3, dated March 26, 2020, to its Request for Proposals No. 731;

Exhibit B – The Consultant's Proposal, dated April 1, 2020; and

Exhibit B-1 – The Consultant's Revised Pricing Proposal dated June 10, 2020, (email)

all attached hereto and hereby made a part hereof as if fully set forth herein. Further, the Consultant shall retain and compensate, at no additional cost to the City, an independent actuarial firm to conduct annual reviews of all claim reserves on an annual basis. The Consultant shall make all applicable records available to the actuarial firm, which firm shall produce an audit for each Fiscal Year by September 1 of the following Fiscal Year;

3. COMPENSATION. The Consultant shall be compensated for the services set forth in Section 2, above, at the monthly flat rate of Eighteen Thousand One Hundred Twenty Five ($18,125.00) Dollars, plus the following allocated expenses, all subject to and as set forth in greater detail in the Consultant's Financial included in its Proposal, attached hereto as Exhibit B, and its Revised Pricing Proposal, attached hereto as Exhibit B-1:

[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
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[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]

The Consultant shall be assessed a fee of Five Thousand ($5,000.00) Dollars for each quarter-year in which any Consultant's indemnity adjuster's case load exceeds One Hundred Sixty Five (165) claims. The City shall be entitled to offset any payment due to Consultant by such fee amount(s);

4. TERM. The Term of this Agreement shall commence on the date last signed below and terminate three (3) years thereafter. The parties may, by mutual agreement, extend the Term of this Agreement for two (2) additional years provided that all other terms of this Agreement remain the same. No such extension shall be for greater than one (1) year and, under no circumstances, shall the entire Term of this Agreement, including any extension years, exceed five (5) years;

5. LIMITATION OF LIABILITY. The Consultant's sole remedy for City delays shall be an extension of time to complete the work and the Consultant hereby waives any claims for consequential damages, including, but not limited to, principal office expense, loss of financing, reputation and/or lost profit;

6. REVIEW OF WORK. The Consultant shall permit the City, its agents and/or employees to review, at any time, all work performed pursuant to the terms of this Agreement at any stage of the work;

7. INDEMNIFICATION. The Consultant shall indemnify, hold harmless and, at the City's option, defend the City, its officers, agents and employees, from third party claims for loss, cost, damage, liability, and/or injury to or death of a person, including the agents and employees of the Consultant, or loss of or damage to property, resulting directly or indirectly from the Consultant's negligent performance pursuant to this Agreement, or by any omission to perform some duty imposed by law or this Agreement upon the Consultant, its officers, agents and employees. The foregoing indemnity shall include reasonable attorneys' fees and costs of suit, if applicable, and shall not be limited by reason of any insurance coverage required pursuant to this Agreement;

8. ASSIGNMENT. The Consultant shall not assign or transfer any portion of the work set forth herein without the prior written approval of the City;

9. BOOKS AND RECORDS. The Consultant shall maintain or cause to be maintained all records, books, or other documents relative to charges, costs, expenses, fees, alleged breaches of this Agreement, settlement of claims, or any other matter pertaining to the Consultant's demand for compensation by the City for a period of not less than three (3) years from the date of the final payment for work performed under this Agreement;

10. INSURANCE. The Consultant shall procure, at its sole expense, and maintain for the entire term of this Agreement, including any extensions, insurance coverages as set forth in the City of Stamford Insurance Requirements included in the City's Request for Proposals No. 799 attached hereto as Exhibit A;

11. REPRESENTATIONS. The Consultant represents that it is qualified in relation to the work to be performed under this Agreement and further represents that it has the requisite skill, expertise, and knowledge necessary to perform the scope of services required under the terms of this Agreement, including any supplementary work. The Consultant hereby acknowledges that the City has relied upon said representations in entering into this Agreement;

12. INTERPRETATION. The Consultant agrees that, in the event of any ambiguity between the terms of this Agreement and any of the incorporated Exhibits, the City, in its sole discretion, shall determine the terms and/or document(s) which shall prevail and take precedence, except for those terms relating to the scope of the work or pricing, to which such terms this section shall not apply;

13. SUBCONTRACTING. Aside from those subconsultants disclosed in the Consultant's Proposal, attached hereto as Exhibit B**,** the Consultant is prohibited from further subcontracting the work of this Agreement or any part of it unless the City first approves such subcontracting in writing and approves, in writing, of the specific subconsultant(s) the Consultant proposes to be used. An agreement made in violation of this provision shall confer no rights on any party and shall be null and void. Should the City approve of a proposed subconsultant, the Consultant agrees to comply with the City's Code of Ordinances § 103.4;

14. CONTRACT EXTRAS. Pursuant to the City's Code of Ordinances, Section 23-18.4 C., it is specifically understood and agreed by the Consultant that all contract extras

regarding this Agreement shall be governed by the City's Charter and/or Code of Ordinances. The City shall not be liable for payment of any additional costs, except as otherwise expressly set forth in this Agreement, unless the provisions of the City's Charter and/or Code of Ordinances are fully complied with. The City's Charter and Code of Ordinances can be found at www.municode.com;

15. NON-APPROPRIATION. The Consultant acknowledges that the City is a municipal corporation, that the City's obligation to make payments under this Agreement is contingent upon the appropriation by the City's Board of Representatives of funds sufficient for such purposes for each budget year in which the Agreement is in effect, and that the City may terminate this Agreement by way of written notice to the Consultant if sufficient funds to prove for the payment(s) hereunder are not so appropriated;

16. COMPLIANCE WITH CITY CODE PROVISIONS. The Consultant hereby agrees to fully comply with the requirements of the City's Code of Ordinances, Sections 103-1 through 103-10, regarding consultants in general. Failure to so comply shall constitute a material breach of the terms of this Agreement, for which the City may unilaterally terminate this Agreement by way of written notice to the Consultant. The provisions of the City Code can be found at www.municode.com ;

17. TERMINATION.

A. TERMINATION FOR CAUSE. If, through any cause, the Consultant shall fail to fulfill, in a timely and proper manner, its obligations under this Agreement, or if the Consultant shall violate any laws or any of the covenants, agreements, or stipulations of this Agreement, the City shall thereupon have the right to terminate this Agreement for cause by giving written notice to the Consultant of such termination and specifying the effective date thereof, at least five (5) days before the effective date of such termination. In that event, all finished or unfinished reports, documents, data, studies, photographs, or other material prepared by the Consultant pursuant to its performance under this Agreement shall, at the option of the City, become the City's property. The Consultant shall be entitled to receive just and equitable compensation for any satisfactory services completed up to the effective date of termination. The Consultant shall not be responsible for any claims resulting from the City's use of the documents on another project or changes made to the documents without the Consultant's express written permission;

The term "cause" includes, without limitation the following:

1) If the Consultant furnished any statement, representation, warranty or certification in connection with this Agreement, which is materially false, deceptive, incorrect, or incomplete;

2) If the Consultant fails to perform to the City's satisfaction any material requirement of this Agreement or is in violation of any specific provision thereof or any State or Federal law or requirement; or

3) If the City reasonably determines that satisfactory performance of this Agreement is substantially endangered or can reasonably anticipate such an occurrence or default.

Should the City terminate this Agreement for cause, the Consultant shall not be relieved of liability to the City for any damages sustained by the City by virtue of any breach of this Agreement by the Consultant and the City may withhold any payment to the Consultant for the purposes of setoff until such time as the exact amount of damages due the City from the Consultant is determined.

B. TERMINATION FOR CONVENIENCE. The City may terminate this Agreement at any time the City determines that the purposes of the distribution of monies under the Agreement would no longer be served by the services provided. The City shall effect such termination by giving written notice of termination to the Consultant and specifying the effective date thereof, at least twenty (20) days before the effective date of such termination. In that event, all finished or unfinished documents and other materials as described Subsection A shall, at the option of the City, become property of the City. If the Agreement is terminated by the City as provided herein, the Consultant shall be paid an amount which bears the same ratio to the total compensation as the services actually and satisfactorily performed to the effective date of termination bear to the total services of the Consultant pursuant to the terms of the Agreement, less payments of compensation previously made, and subject to the City's right of set off for any damages pursuant to the terms of the Agreement;

18. DISPUTE RESOLUTION.

A. EXECUTIVE MEETING. The parties shall endeavor to resolve all claims, disputes, or other matters in controversy arising out of or related to this Agreement ("Claims") through a meeting of the chief executives of each party, or their respective designees ("Executive Meeting").

A request for an Executive Meeting shall be made by a party in writing and delivered to the other party. The request may be made concurrently with the filing of a non-binding mediation as set forth herein. The Executive Meeting shall be a condition precedent to mediation unless 30 days have passed after the Executive Meeting has been requested with no meeting having been held.

The Executive Meeting shall be held in the place where the Project is located, unless another location is mutually agreed upon.

B. MEDIATION. Any Claim subject to, but not resolved by, an Executive Meeting shall be subject to mediation which, unless the parties mutually agree otherwise, shall be administered by the American Arbitration Association in accordance with its applicable rules and procedures in effect on the date of this Agreement. A request for mediation shall be made in writing, delivered to the other party to this Agreement, and filed with the person or entity administering the mediation.

The request may be made concurrently with the filing of arbitration but, in such event, mediation shall proceed in advance of arbitration, which shall be stayed pending mediation for a period of 60 days from the date of filing, unless stayed for a longer period by agreement of the parties or court order. If an arbitration is stayed pursuant to this Section, the parties may nonetheless proceed to the selection of the arbitrator(s) and agree upon a schedule for later proceedings.

The parties shall share the mediator's fee and any filing fees equally. The mediation shall be held in the place where the Project is located, unless another location is mutually agreed upon. Agreements reached in mediation shall be enforceable as settlement agreements in any court having jurisdiction thereof.

C. ARBITRATION. Any Claim subject to, but not resolved by, mediation shall, in the sole discretion of the City, be subject to arbitration which, unless the parties mutually agree otherwise, shall be administered by the American Arbitration Association in accordance with its applicable rules and procedures in effect on the date of this Agreement. A demand for arbitration shall be made in writing, delivered to the other party to this Agreement, and filed with the person or entity administering the arbitration.

A demand for arbitration shall be made no earlier than concurrently with the filing of a request for mediation, but in no event shall it be made after the date when the institution of legal or equitable proceedings based on the Claim would be barred by the applicable statute of limitations. For statute of limitations purposes, receipt of a written demand for arbitration by the person or entity administering the arbitration shall constitute the institution of legal or equitable proceedings based on the Claim.

The award rendered by the arbitrator or arbitrators shall be final, and judgment may be entered upon it in accordance with applicable law.

Any judgment will be entered or court action will be brought in a court of competent jurisdiction within the State of Connecticut.

D. PERFORMANCE DURING DISPUTE. Unless otherwise directed by the City, the Consultant shall continue performance under this Agreement while matters in dispute are being resolved.

E. CLAIMS FOR DAMAGES. Should either party to this Agreement suffer injury or damage to person or property because of any act or omission of the other party or of any of its employees, agents or others for whose acts it is legally liable, a claim for damages therefor shall be made in writing to such other party within a reasonable time after the first observance of such injury or damage.

19. GOVERNING LAWS. This Agreement shall be governed by the laws of the State of Connecticut and the parties hereby waive any choice of law provisions contained therein;

20. CONFIDENTIALITY. During and after the term of this Agreement, the Consultant, including, without limitation, its employees, agents, servants and representatives, shall not directly or indirectly disclose or make available to any person, firm, corporation, association or other entity of any reason or purpose whatsoever, or use or cause to be used in any manner adverse to the interest of the City, any medical, financial, administrative or other confidential business or patient information, including both open and closed patient records, except as require by law.

21. GIFTS. During the term of this Agreement, including any extensions, the Consultant shall refrain from making gifts of money, goods, real or personal property or services to any appointed or elected official or employee of the City or the Stamford Board of Education or any appointed or elected official or employee of their Boards, Commissions, Departments, Agencies or Authorities. All references to the Consultant shall include its members, officers, directors, employees, and owners of more than 5% equity in the Consultant. Violation of this provision shall constitute a material breach of this Agreement, for which this Agreement may be summarily terminated; and

22. CODE OF ETHICS. The Consultant shall comply with the Stamford Municipal Code of Ethics as codified in Chapter 19 of the City of Stamford Code of Ordinances and shall be considered an "employee", as defined in that Chapter, strictly for the purpose of compliance thereto. The Consultant is prohibited from using its status as a consultant to the City to derive any interest(s) or benefit(s) from other individuals or organizations.

23. MORALS CLAUSE. Neither the Consultant, the Consultant's Representatives nor the Consultant's key personnel shall commit any act or do anything which might reasonably be considered: (i) to be immoral, deceptive, scandalous or obscene; or (ii) to injure, tarnish, damage or otherwise negatively affect the community and/or the reputation and goodwill associated with the City. If the Consultant, the Consultant's Representative or the Consultant's key personnel is accused of any act involving moral or ethical issues, dishonestly, theft or misappropriation, under any law, or any act which casts an unfavorable light upon its association with the community and/or the City or the Consultant is accused of performing or committing any act which could adversely impact the Consultant's events, programs, services, or reputation, the City shall have the right to terminate this contract upon fifteen (15) days written notice specifying the reason, within which period the Consultant may cure such offense. The determination of whether and to what extent the offense is cured shall be made by the City at its sole discretion.

IN WITNESS WHEREOF, the parties have hereunto set their hands and seals the day and year first above written. Signed, sealed and delivered in the presence of:

CITY OF STAMFORD

By: _____
David R. Martin, Mayor

Date 9/14/20

Valerie A. Pankosky
Print:
Witness

Print: M.A. WOLDAN
Witness

PMA MANAGEMENT CORP.
OF NEW ENGLAND, INC.

By: _____
Dominic Perno, SVP

Date: 7/31/20

Ralph McIso
Print:
Witness

Ray Ashton
Print:
Witness

Approved as to Form:

Chris Dellaselva
Asst. Corp. Counsel

Date: August 3, 2020

Approved as to Insurance:

David Villalva
Risk Manager

Date: AUGUST 3, 2020

MAYOR
DAVID R. MARTIN

PURCHASING MANAGER
ERIK J. LARSON

Phone: (203) 977-4107
Email: elarson@stamfordct.gov

CITY OF STAMFORD
OFFICE OF ADMINISTRATION
888 WASHINGTON BOULEVARD
P.O. BOX 10152
STAMFORD, CONNECTICUT 06904-2152

REQUEST FOR PROPOSALS NO. 799

Workers' Compensation and Heart and Hypertension Claims Administration

Date Issued	February 27, 2020
Proposals Due	April 2, 2020 @ 4:00 P.M.
Submit To	City of Stamford Purchasing Department 888 Washington Boulevard Stamford, CT 06904-2152
Attention	Erik J. Larson Purchasing Agent
Pre-Proposal Meeting	N/A
Mandatory	
Number of Copies Required	
# Original	1
# Copies	5
# USB	2
Name saved file as	*Proposer Name* Response to Stamford RFP No. *XXX*

INTERNET USAGE ACKNOWLEDGEMENT

Caution: The competitive bid/proposal process requires the City of Stamford provide all competitors with equal and timely access to information. To enhance our capabilities, the Purchasing Department is providing bid information over the Internet. You may use this application provided you agree with the following understandings:

1. The City cannot guarantee that the equipment involved in this technology will be available to provide information or receive transmittals. IT IS YOUR RESPONSIBILITY TO ENSURE THAT YOU HAVE CURRENT INFORMATION AND THAT QUOTATIONS ARE RECEIVED AT THE DESIGNATED LOCATION, COMPLETE AND ON TIME.

2. The City is not responsible for the confidentiality of information transmitted over the Internet.

3. The City makes no guarantee as to the completeness or accuracy of downloaded "Request for Bid", "Request for Proposal" or "Request for Qualification."

RFQ/RFP SUBMISSION REQUIREMENTS

The Purchasing Department requests that you identify clearly, with a tab or sticker, your fee proposal sheet(s), as well as your bid bond pages if applicable.

Bids/Proposals must be received in hard copy in the Purchasing Department by the due date and time in order to be considered. Please be advised that the Purchasing Department does not accept bids or proposals by email or fax. More Information: (203) 977-4108, (203) 977-4107 or (203) 977-4994.

The following documents should be returned with your RFQ/RFP:

- ☐ Contractor's Statement
- ☐ Non-Collusion Affidavit
- ☐ City of Stamford State of Connecticut Contractor Verification (in accordance with Public Act 16-67) Compliance Affidavit (**For all school projects**)
- ☐ A Certificate of Corporate Resolution signed by the Secretary of your firm, authorizing you to execute a contract.
  Or
- ☐ A Certification as to Contract Signatory for Limited Liability Companies (LLCs) signed by the Secretary of your firm, authorizing you to execute a contract.
- ☐ Proposer's Information and Acknowledgement Form
- ☐ Department of the Treasury Internal Revenue Service Form W-9
- ☐ Commission on Human Rights and Opportunities Contract Compliance Regulations Notification to Bidders Formhttp://www.ct.gov/chro/lib/chro/Notification_to_Bidders.pdf

The Purchasing Agent reserves the express right, on behalf of the City of Stamford, to waive any/all technical defects, irregularities and omissions if the best interest of the City is served.

MAYOR
DAVID R. MARTIN

PURCHASING MANAGER
ERIK J. LARSON
Phone: (203) 977-4107
Email:elarson@stamfordct.gov

CITY OF STAMFORD
OFFICE OF ADMINISTRATION
888 WASHINGTON BOULEVARD
P.O. BOX 10152
STAMFORD, CONNECTICUT 06904-2152
(Rev. 9-1-17)

Notification to Bidders

The contract awarded is subject to contract compliance requirements mandated by Sections 4a-60 and 4a-60a of the Connecticut General Statutes.

The City of Stamford is an Affirmative Action/Equal Opportunity Employer/purchaser. Small, Minority, Women and Disadvantaged Business Enterprises are encouraged to respond.

The City of Stamford aggressively solicits the participation of legitimate minority business enterprises as bidders, contractors, subcontractors and suppliers of materials. "Minority business enterprise" is defined in Section 4a-60 of the Connecticut General Statutes as a business wherein fifty-one percent or more of the capital stock, or assets belong to a person or persons: (I) Who are active in daily affairs of the enterprise; (2) who have the power to direct the management and policies of the enterprise; and (3) who are members of a minority, as such term is defined in subsection (a) of Section 32-9n." "Minority" groups are defined in Section 32-9n of the Connecticut General Statutes as"(!) Black Americans; (2) Hispanic Americans; (3) persons who have origins in the Iberian Peninsula; (4) Women; (5) Asian Pacific Americans and Pacific Islanders; and (6) American Indians. An individual with a disability is also a minority business enterprise as provided by Section 4a-60g of the Connecticut General Statutes. The City will consider the following factors when reviewing the Bidder's/Proposer's qualifications:

(a) success in implementing an affirmative action plan;
(b) where applicable, success in developing an apprenticeship program complying with Sections 46a-68-l to 46a-68-l 7 of the Administrative Regulations of Connecticut State Agencies, inclusive;
(c) a promise to develop and implement a successful affirmative action plan;
(d) submission of employment statistics contained in the Connecticut Commission on Human Rights and Opportunities ("CCHRO") "Employment Information Form", indicating that the composition of its workforce is at or near parity when compared to the racial and sexual composition of the workforce in the relevant labor market area; and
(e) a promise to set aside a portion of the contract for legitimate minority business enterprises.

2. Non-Discrimination

(a) The contractor agrees and warrants that in the performance of the contract, it will not discriminate or permit discrimination against any person or group of persons on the grounds of race, color, religious creed, age, marital status, national origin, ancestry, sex, sexual orientation, mental retardation or physical disability, including, but not limited to, blindness, unless it is

shown by such contractor that such disability prevents performance of the work involved, in any manner prohibited by the laws of the United States or of the state of Connecticut. If the contract is for a public works project, the contractor agrees and warrants that it will make good faith efforts to employ minority business enterprises as subcontractors and supplies of materials on such project. The contractor further agrees to take affirmative action to ensure that applicants with job-related qualifications are employed and that employees are treated when employed without regard to their race, color, religious creed, age, marital status, national origin, ancestry, sex, sexual orientation, mental retardation, or physical disability, including, but not limited to, blindness, unless it is shown by such contractor that such disability prevents performance of the work involved;
(b) the contractor agrees, in all solicitations or advertisements for employees placed by or on behalf of the contractor, to state that it is an "Affirmative Action-Equal Opportunity Employer" in accordance with regulations adopted by the CCHRO;
(c) the contractor agrees to provide each labor union or representative of workers with which such contractor has a collective bargaining agreement or other contract or understanding and each vendor with which such contractor has a contract or understanding, a copy of these provisions, advising the labor union or worker's representative of the contractor's commitments under these provisions and to post copies of the notice in conspicuous places available to employees and applicants for employment;
(d) the contractor agrees to comply with each provision of this section and Conn. Gen. Stat. Sections 4a-62, 32-9e, 46a-56 and 46a-68b to 46a-68k, inclusive, and with each regulation or relevant order issued by said CCHRO;
(e) the contractor agrees to provide the City with such information requested by the City, and permit access to pertinent books, records and accounts, concerning the employment practices and procedures of the contractor.

3. Subcontractors

The contractor shall include the provisions of subsection (2) in every subcontract or purchase order entered into in order to fulfill any obligation of a contract with the City and such provisions shall be binding on a subcontractor, vendor or manufacturer unless exempted by regulations or orders of the CCHRO. The contractor shall take such action with respect to any such subcontract or purchase order as the City may direct as a means of enforcing such provisions.

The contractor agrees to comply with the CCHRO's requirements as they exist on the date of this contract and as they may be adopted or amended from time to time during the term of this contract and any amendments thereto.

GIFTS:

During the term of this contract, including any extensions, the Contractor shall refrain from making gifts of money, goods, real or personal property or services to any appointed or elected official or employee of the City of Stamford or the Stamford Board of Education or any appointed or elected official or employee of their Boards, Commissions, Departments, Agencies or Authorities. All references to the Contractor shall include its officers, directors, employees, and owners of more than 5% equity in the contractor. Violation of this provision shall constitute a material breach of this Agreement, for which this Agreement may be summarily terminated.

PLEASE NOTE: THIS AGREEMENT IS PROVIDED AS AN EXAMPLE ONLY. THE ACTUAL CONTRACT SUBMITTED FOR YOUR FIRM'S SIGNATURE WILL VARY BASED UPON THE PARTICULARS OF THE SPECIFIC RFP/RFQ PACKAGE.

A G R E E M E N T

THIS AGREEMENT dated the day of , 2014, by and between the **CITY OF STAMFORD**, a municipal corporation in the State of Connecticut, hereinafter referred to as the "City", 888 Washington Boulevard, Stamford, Connecticut 06904, acting herein by David R. Martin, its Mayor, hereunto duly authorized, and

hereinafter referred to as the "Contractor", acting herein by , , duly authorized.

W I T N E S S E T H

WHEREAS, the City of Stamford solicited Request for Proposals # for ; and,

WHEREAS, the Contractor has responded to the City by submitting a Response to the Request for Proposal; and,

WHEREAS, the City has accepted the Contractor's Proposal for said work, pursuant to the terms hereinafter set forth.

NOW THEREFORE, THE PARTIES AGREE AS FOLLOWS:

1. SCOPE OF SERVICES. The scope of services shall consist of those duties, functions, obligations, responsibilities, and tasks set forth in: (a) the City's Request for Proposal # , attached hereto as Exhibit A and made a part hereof; and (b) the Contractor's Proposal, Exhibit B attached hereto and incorporated herein.

2. COMPENSATION. The City shall pay as compensation to the Contractor a fee of

3. TIME OF COMMENCEMENT AND COMPLETION OF WORK. The Contractor shall commence the work hereunder upon the execution of this Agreement by both parties and shall substantially complete said work by . It is agreed and understood that time is of the essence and that Contractor's failure to substantially complete the work within the period allowed shall constitute a breach of this Agreement. Contractor's sole remedy for delays shall be an extension of time to complete the work and Contractor hereby waives any claims for consequential damages, including, but not limited to, principal office expense, loss of financing, reputation and/or lost profit.

4. REVIEW OF WORK. The Contractor will permit the City, its officers, agents, and employees, to review, at any time, all work performed under the terms of this Agreement at any stage of the work.

5. INDEMNIFICATION. The Contractor shall indemnify and hold harmless The City, its officers, agents and employees, from loss, cost, damage, injury, liability, and claim for injury to or death of a person, including employees of The Contractor or loss of or damage to property, resulting directly or indirectly from The Contractor's negligent performance pursuant to this Agreement, or by any omission to perform some duty imposed by law or this Agreement upon

The Contractor, its officers, agents and employees. The foregoing indemnity shall include reasonable attorneys' fees and costs of suit, if applicable, and shall not be limited by reason of any insurance coverage required pursuant to this Agreement;

6. ASSIGNMENT. The Contractor shall not assign or transfer any portion of the work set forth herein without the prior written approval of the City.

7. BOOKS AND RECORDS. The Contractor shall maintain or cause to be maintained all records, books, or other documents relative to charges, costs, expenses, fees, alleged breaches of Agreement, settlement of claims, or any other matter pertaining to the Contractor's demand for compensation by the City for a period of not less than three (3) years from the date of the final payment for work performed under this Agreement.

8. INSURANCE. The Contractor shall provide and pay for such insurance as is set forth in Exhibit A – Insurance Requirements of the City of Stamford, attached hereto as Exhibit A and made a part hereof.

9. REPRESENTATIONS. The Contractor represents that it is an expert in relation to the work to be performed under this Agreement. The Contractor further represents that it has the requisite skill, expertise, and knowledge necessary to perform the scope of services required under the terms of this Agreement, including any supplementary work and the City relies upon said representation in executing this Agreement.

10. INTERPRETATION. The parties agree that in the event of any ambiguity between the terms of this Agreement, the City's Request for Proposal (Exhibit A), and the Contractor's Proposal (Exhibit B), the City in its sole discretion shall determine the terms and/or the documents which shall prevail and take precedence.

11. NON-APPROPRIATION. Contractor acknowledges that the City is a municipal corporation and that the City's obligation to make payments under this Agreement is contingent upon the appropriation by the City's Board of Representatives of funds sufficient for such purposes, for each budget year in which this Agreement is in effect. If sufficient funds to provide for the payment(s) hereunder are not appropriated, the City may terminate this Agreement upon notice in writing to the Contractor.

12. SUBCONTRACTING. Aside from those subcontractors disclosed in The Contractor's Proposal, attached hereto as Exhibit B**,** if any, the Contractor is prohibited from further subcontracting the work of this Agreement or any part of it unless The City first approves such subcontracting in writing and approves, in writing, of the specific subcontractor(s) The Contractor proposes to be used. . The Contractor shall provide the City fully executed copies of the City of Stamford State of Connecticut Contractor Verification (in accordance with Public Act 16-67) Compliance Affidavit(s) for all proposed subcontractors. An agreement made in violation of this provision shall confer no rights on any party and shall be null and void. Should The City approve of a proposed subcontractor, The Contractor agrees to comply with The City's Code of Ordinances § 103.4;

13. CONTRACT EXTRAS. Pursuant to Section 23-18.4C of the Code, it is specifically understood and agreed by the Contractor that all contract extras regarding this contract shall be governed by the City Charter and/or the Code. The City shall not be liable for payment of any additional costs unless the provisions of the City Charter and/or the Code are fully complied with. The provisions of the City Code can be found at www.municode.com

14. COMPLIANCE WITH CITY CODE PROVISIONS. The Contractor shall fully comply with the requirements of Sections 103-1 through 103-7 of the Code. Failure to so comply shall constitute a material breach of the terms of this Agreement, for which the City may unilaterally terminate the Agreement upon written notice to the Contractor. The provisions of the City Code can be found at www.municode.com

15. TERMINATION.

A. TERMINATION FOR CAUSE. If, through any cause, The Contractor shall fail to fulfill, in a timely and proper manner, its obligations under this Agreement, or if The Contractor shall violate any laws or any of the covenants, agreements, or stipulations of this Agreement, The City shall thereupon have the right to terminate this Agreement for cause by giving written notice to The Contractor of such termination and specifying the effective date thereof, at least five (5) days before the effective date of such termination. In that event, all finished or unfinished reports, documents, data, studies, photographs, or other material prepared by The Contractor pursuant to its performance under this Agreement shall, at the option of The City, become The City's property. The Contractor shall be entitled to receive just and equitable compensation for any satisfactory services completed up to the effective date of termination. The Contractor shall not be responsible for any claims resulting from The City's use of the documents on another project or changes made to the documents without The Contractor's express written permission;

The term "cause" includes, without limitation the following:

1) If The Contractor furnished any statement, representation, warranty or certification in connection with this Agreement, which is materially false, deceptive, incorrect, or incomplete;

2) If The Contractor fails to perform to The City's satisfaction any material requirement of this Agreement or is in violation of any specific provision thereof or any State or Federal law or requirement; or

3) If The City reasonably determines that satisfactory performance of this Agreement is substantially endangered or can reasonably anticipate such an occurrence or default.

Should The City terminate this Agreement for cause, The Contractor shall not be relieved of liability to The City for any damages sustained by The City by virtue of any breach of this Agreement by The Contractor and The City may withhold any payment to The Contractor for the purposes of setoff until such time as the exact amount of damages due The City from The Contractor is determined.

B. TERMINATION FOR CONVENIENCE. The City may terminate this Agreement at any time The City determines that the purposes of the distribution of monies under the Agreement would no longer be served by the services provided. The City shall effect such termination by giving written notice of termination to The Contractor and specifying the effective date thereof, at least twenty (20) days before the effective date of such termination. In that event, all finished or unfinished documents and other materials as described Subsection A shall, at the option of The City, become property of The City. If the Agreement is terminated by The City as provided herein, The Contractor shall be paid an amount which bears the same ratio to the total compensation as the services actually and satisfactorily performed to the effective date of termination bear to the total services of The Contractor pursuant to the terms of the Agreement, less payments of compensation previously made, and subject to The City's right of set off for any damages pursuant to the terms of the Agreement;

16. DISPUTE RESOLUTION.

A. EXECUTIVE MEETING. The parties shall endeavor to resolve all claims, disputes, or other matters in controversy arising out of or related to this Agreement ("Claims")

through a meeting of the chief executives of each party, or their respective designees ("Executive Meeting").

A request for an Executive Meeting shall be made by a party in writing and delivered to the other party. The request may be made concurrently with the filing of a non-binding mediation as set forth herein. The Executive Meeting shall be a condition precedent to mediation unless 30 days have passed after the Executive Meeting has been requested with no meeting having been held.

The Executive Meeting shall be held in the place where the Project is located, unless another location is mutually agreed upon.

B. MEDIATION. Any Claim subject to, but not resolved by, an Executive Meeting shall be subject to mediation which, unless the parties mutually agree otherwise, shall be administered by the American Arbitration Association in accordance with its applicable rules and procedures in effect on the date of this Agreement. A request for mediation shall be made in writing, delivered to the other party to this Agreement, and filed with the person or entity administering the mediation.

The request may be made concurrently with the filing of arbitration but, in such event, mediation shall proceed in advance of arbitration, which shall be stayed pending mediation for a period of 60 days from the date of filing, unless stayed for a longer period by agreement of the parties or court order. If an arbitration is stayed pursuant to this Section, the parties may nonetheless proceed to the selection of the arbitrator(s) and agree upon a schedule for later proceedings.

The parties shall share the mediator's fee and any filing fees equally. The mediation shall be held in the place where the Project is located, unless another location is mutually agreed upon. Agreements reached in mediation shall be enforceable as settlement agreements in any court having jurisdiction thereof.

C. ARBITRATION. Any Claim subject to, but not resolved by, mediation shall, in the sole discretion of The City, be subject to arbitration which, unless the parties mutually agree otherwise, shall be administered by the American Arbitration Association in accordance with its applicable rules and procedures in effect on the date of this Agreement. A demand for arbitration shall be made in writing, delivered to the other party to this Agreement, and filed with the person or entity administering the arbitration.

A demand for arbitration shall be made no earlier than concurrently with the filing of a request for mediation, but in no event shall it be made after the date when the institution of legal or equitable proceedings based on the Claim would be barred by the applicable statute of limitations. For statute of limitations purposes, receipt of a written demand for arbitration by the person or entity administering the arbitration shall constitute the institution of legal or equitable proceedings based on the Claim.

The award rendered by the arbitrator or arbitrators shall be final, and judgment may be entered upon it in accordance with applicable law.

Any judgment will be entered or court action will be brought in a court of competent jurisdiction within the State of Connecticut.

D. PERFORMANCE DURING DISPUTE. Unless otherwise directed by The City, The Contractor shall continue performance under this Agreement while matters in dispute are being resolved.

E. CLAIMS FOR DAMAGES. Should either party to this Agreement suffer injury or damage to person or property because of any act or omission of the other party or of any of its employees, agents or others for whose acts it is legally liable, a claim for damages therefor shall be made in writing to such other party within a reasonable time after the first observance of such injury or damage.

17. GOVERNING LAWS & VENUE. This Agreement shall be governed by the laws of the State of Connecticut and the parties hereto hereby waive any choice of law provisions contained therein. Any action arising out of the duties and obligations of this Agreement shall be brought in either the Connecticut Superior Court in Stamford, Connecticut, or the Federal District Court in Bridgeport, Connecticut;

18. GIFTS. During the term of this Agreement, including any extensions, The Contractor shall refrain from making gifts of money, goods, real or personal property or services to any appointed or elected official or employee of The City or the Stamford Board of Education or any appointed or elected official or employee of their Boards, Commissions, Departments, Agencies or Authorities. All references to The Contractor shall include its members, officers, directors, employees, and owners of more than 5% equity in The Contractor. Violation of this provision shall constitute a material breach of this Agreement, for which this Agreement may be summarily terminated; and

19. CODE OF ETHICS. The Contractor shall comply with the Stamford Municipal Code of Ethics as codified in Chapter 19 of the City of Stamford Code of Ordinances and shall be considered an "employee", as defined in that Chapter, strictly for the purpose of compliance thereto. The Contractor is prohibited from using its status as a contractor to The City to derive any interest(s) or benefit(s) from other individuals or organizations.

20. RIGHT TO WORK. The Contractor recognizes that this Agreement does not grant the Contractor the exclusive right to perform the work for the City and that the City may enter into similar agreements with other Contractors for the same work at the City's sole discretion.

21. SET-OFF OF PROPERTY TAXES OWED TO THE CITY. Pursuant to the City of Stamford Code of Ordinances Section 23-18.4.1 and Section 12-146b of the Connecticut General Statutes, as amended, the Consultant/Contractor hereby acknowledges that the City shall have the right to set-off or withhold any payment, or portion thereof, due to the Consultant/Contractor pursuant to this Agreement if any taxes levied by the City against any property, both real and personal, owned by the Consultant/Contractor are delinquent and have been so delinquent for a period of not less than one year. Any amount withheld from the Consultant/Contractor pursuant to this section shall be applied to the Consultant's/Contractor's delinquent taxes, provided, however, that no such amount withheld shall exceed the amount of tax, plus penalty, lien fees and interest, outstanding at the time of withholding

Remainder of Page Intentionally Left Blank.

Signature Page Follows

IN WITNESS WHEREOF, the parties have hereunto set their hands and seals the day and year first above written.

Signed, sealed and delivered in the presence of:

CITY OF STAMFORD

_____ By_____
Witness David R. Martin, Mayor
Print:

Date:_____

THE CONTRACTOR

_____ By_____
Witness
Print: Date:_____

Approved as to Form:

_____
Chris Dellaselva
Asst. Corp. Counsel
Date:_____

Approved as to Insurance:

_____
David S. Villalva
Risk Manager
Date:_____

Contractor's Statement

Pursuant to Section 103.1 of the Stamford Code of Ordinances, I hereby provide the following:

If a joint venture, trustee, partnership, limited liability company or partnership, the names and addresses of all joint ventures, beneficiaries, partners or members:

If a corporation, the names and addresses of all officers, and the names and addresses of all parties owning over 10% of its common stock or over 10% of its preferred stocks. If any of said stockholders is a holding corporation, the names and addresses of all persons owning a beneficial interest in over 10% if the common or preferred stock of said holding company.

The names and positions of all persons listed hereinabove who are elected or appointed officers or employees of the City of Stamford.

Name of Bidder/Proposer: _____

Signature of Bidder/Proposer: _____

Title: _____

Company Name: _____

Address: _____

Indicate if company submitting this proposal is: _____MBE _____WBE _____DBE

Non-Collusion Affidavit

The undersigned, having been duly sworn, affirms and says that to the best of his/her knowledge and belief:

1. The prices in this Proposal have been arrived at independently without collusion, consultation, communication, or agreement with any other Proposer or with any competitor for the purpose of restricting competition.

2. Unless otherwise required by law, the prices, which have been quoted in this Proposal, have not been knowingly disclosed by the Proposer and will not knowingly be disclosed by the Proposer prior to opening, directly or indirectly, to any other Proposer or to any competitor.

3. No attempt has been made or will be made by the Proposer to induce any other person, partnership or corporation to submit or not to submit a Proposal for the purpose of restricting competition.

Name of Proposer:_____

By:_____

Print Name:_____

Title:_____

ACKNOWLEDGMENT

STATE OF _____

COUNTY OF _____ ss._____

Date:_____

Personally appeared _____, as _____ of the above named firm, and attested that the foregoing statements are true and accurate to the best of his/her knowledge and belief.

_____
Signature of Notary Public
My Commission Expires:_____

EFFECTIVE: 2/24/09

City of Stamford
State of Connecticut Contractor Verification (in accordance with Public Act 16-67)

Compliance Affidavit

I, the undersigned, personally and on behalf of _____ , having
(Contractor)
been duly sworn, affirm and say that I have read, understand and am in compliance with Public Act 16-67 Concerning the Disclosure of Certain Education Personnel Records, Criminal Penalties for Threatening in Educational Settings and the Exclusion of a Minor's Name from Summary Process Complaints, and that neither I nor said Contractor, to the best or my knowledge, is in possession of any information indicating a finding of abuse or neglect or sexual misconduct, or otherwise have knowledge of such a condition(s) for any employees working on the project identified in RFQ/RFP or Bid S-_____. Further, if I or said Contractor
(RFQ/RFP or Bid Number)
become aware of any information indicating such a finding, or otherwise gain knowledge of such a condition, I and/or said Contractor will immediately forward such information to the City of Stamford.

Contractor Name:_____

Street Address:_____

City, State, Zip:_____

Title of person completing this form:_____

Signature:_____

Printed Name:_____

Date:_____

ACKNOWLEDGMENT

STATE OF _____

COUNTY OF _____ ss._____

Date:_____

Personally appeared _____, as _____ of the above named Contractor, and attested that the foregoing statements are true and accurate to the best of his/her knowledge and belief on behalf of himself and said Contractor.

_____
Signature of Notary Public

My Commission Expires:_____

CERTIFICATE OF CORPORATE RESOLUTION
RFQ/RFP

I, _____, SECRETARY OF _____

A CORPORATION EXISTING UNDER THE LAWS OF THE STATE OF _____, DO HEREBY CERTIFY THAT THE FOLLOWING IS A TRUE COPY OF CERTAIN RESOLUTIONS ADOPTED BY THE BOARD OF DIRECTORS OF SAID COMPANY, AT A MEETING THEREOF DULY CALLED AND HELD ON THE _____DAY OF _____ , 20_____.

"RESOLVED, THAT THE _____

OF THE CORPORATION BE AND IS HEREBY AUTHORIZED TO SIGN

A CONTRACT WITH THE CITY OF STAMFORD, CONNECTICUT FOR

_____, RFP/RFQ No. _____".

I, FURTHER CERTIFY THAT, _____ IS THE DULY ELECTED _____ OF _____ AND THE FOREGOING RESOLUTION HAS NOT BEEN MODIFIED OR REPEALED AND IS IN FULL FORCE AND EFFECT.

IN WITNESS WHEREOF, I HAVE, HEREUNTO, SUBSCRIBED BY NAME AND AFFIXED THE SEAL OF SAID CORPORATION THE _____DAY OF _____, 20_____.

_____

SECRETARY

CERTIFICATION AS TO CONTRACT SIGNATORY

For Limited Liability Companies (LLCs)

(Effective 9/1/2011)

I, _____ a _____ of _____,
(name of member or manager) (Member or Manager) (name of LLC)

LLC, a limited liability company organized and existing under the laws of the State of Connecticut (hereinafter the "Company"), hereby certify that:

1. that _____ is run by _____
(name of LLC) (Members or Managers)

2. that _____ is a _____ of _____
(name of contact signatory) (Member/Manager) (name of LLC)

and

3. that as such _____ is not prohibited from or
(name of Member/Manager who is contract signatory)
limited by the articles of organization from binding the LLC.

IN WITNESS HEREOF, the undersigned has affixes his/her signature this _____ day of

_____, 20_____.

(LLC Seal)
(Circle this L.S. if there is no seal)

_____
Secretary (name of Secretary)

PROPOSER'S INFORMATION AND ACKNOWLEDGEMENT FORM

RFP No:_____

Date:_____

Proposer's Name:_____

Street Address:_____

_____

City State Zip

Business Telephone:_____

Email:_____

DUNS Number:_____ Tax Id. No.:_____

Indicate (Yes/No) if company submitting this proposal is:

_____MBE _____WBE _____DBE
(If yes, attach relevant certification)

Signature:_____ Date:_____

Printed Name:_____

Title:_____

Addenda Acknowledgement – check and note date of addendum

☐ Addenda No. 1	☐ Addenda No. 2
☐ Addenda No. 3	☐ Addenda No. 4
☐ Addenda No. 5	☐ Addenda No. 6
☐ Addenda No. 7	☐ Addenda No. 8
☐ Addenda No. 9	☐ Addenda No. 10
☐ Addenda No. 11	☐ Addenda No. 12

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

▶ **Go to *www.irs.gov/FormW9* for instructions and the latest information.**

Give Form to the requester. Do not send to the IRS.

Print or type. See **Specific Instructions** on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN,* later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			–		–				

or

Employer identification number

		–							

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here **Signature of U.S. person** ▶ **Date** ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9.*

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, *later.*

COMMISSION ON HUMAN RIGHTS AND OPPORTUNITIES
CONTRACT COMPLIANCE REGULATIONS
NOTIFICATION TO BIDDERS
(Revised 09/3/15)

The contract to be awarded is subject to contract compliance requirements mandated by Sections 4a-60 and 4a-60a of the Connecticut General Statutes; and, when the awarding agency is the State, Sections 46a-71(d) and 46a-81i(d) of the Connecticut General Statutes. There are Contract Compliance Regulations codified at Section 46a-68j-21 through 43 of the Regulations of Connecticut State Agencies, which establish a procedure for awarding all contracts covered by Sections 4a-60 and 46a-71(d) of the Connecticut General Statutes.

According to Section 46a-68j-30(9) of the Contract Compliance Regulations, every agency awarding a contract subject to the contract compliance requirements has an obligation to "aggressively solicit the participation of legitimate minority business enterprises as bidders, contractors, subcontractors and suppliers of materials." "Minority business enterprise" is defined in Section 4a-60 of the Connecticut General Statutes as a business wherein fifty-one percent or more of the capital stock, or assets belong to a person or persons: "(1) Who are active in daily affairs of the enterprise; (2) who have the power to direct the management and policies of the enterprise; and (3) who are members of a minority, as such term is defined in subsection (a) of Section 32-9n." "Minority" groups are defined in Section 32-9n of the Connecticut General Statutes as "(1) Black Americans . . . (2) Hispanic Americans . . . (3) persons who have origins in the Iberian Peninsula . . . (4)Women . . . (5) Asian Pacific Americans and Pacific Islanders; (6) American Indians . . ." An individual with a disability is also a minority business enterprise as provided by Section 4a-60g of the Connecticut General Statutes. The above definitions apply to the contract compliance requirements by virtue of Section 46a-68j-21(11) of the Contract Compliance Regulations.

The awarding agency will consider the following factors when reviewing the bidder's qualifications under the contract compliance requirements:

(a) the bidder's success in implementing an affirmative action plan;
(b) the bidder's success in developing an apprenticeship program complying with Sections 46a-68-1 to 46a-68-17 of the Administrative Regulations of Connecticut State Agencies, inclusive;
(c) the bidder's promise to develop and implement a successful affirmative action plan;
(d) the bidder's submission of employment statistics contained in the "Employment Information Form", indicating that the composition of its workforce is at or near parity when compared to the racial and sexual composition of the workforce in the relevant labor market area; and
(e) the bidder's promise to set aside a portion of the contract for legitimate minority business enterprises. See Section 46a-68j-30(10)(E) of the Contract Compliance Regulations.

INSTRUCTIONS AND OTHER INFORMATION

The following BIDDER CONTRACT COMPLIANCE MONITORING REPORT must be completed in full, signed, and submitted with the bid for this contract. The contract awarding agency and the Commission on Human Rights and Opportunities will use the information contained thereon to determine the bidders compliance to Sections 4a-60 and 4a-60a CONN. GEN. STAT., and Sections 46a-68j-23 of the Regulations of Connecticut State Agencies regarding equal employment opportunity, and the bidder's good faith efforts to include minority business enterprises as subcontractors and suppliers for the work of the contract.

1) Definition of Small Contractor

Section 4a-60g CONN. GEN. STAT. defines a small contractor as a company that has been doing business under the same management and control and has maintained its principal place of business in Connecticut for a one year period immediately prior to its application for certification under this section, had gross revenues not exceeding fifteen million dollars in the most recently completed fiscal year, and at least fifty-one percent of the ownership of which is held by a person or persons who are active in the daily affairs of the company, and have the power to direct the management and policies of the company, except that a nonprofit corporation shall be construed to be a small contractor if such nonprofit corporation meets the requirements of subparagraphs (A) and (B) of subdivision 4a-60g CONN. GEN. STAT.

MANAGEMENT: Managers plan, organize, direct, and control the major functions of an organization through subordinates who are at the managerial or supervisory level. They make policy decisions and set objectives for the company or departments. They are not usually directly involved in production or providing services. Examples include top executives, public relations managers, managers of operations specialties (such as financial, human resources, or purchasing managers), and construction and engineering managers.

BUSINESS AND FINANCIAL OPERATIONS: These occupations include managers and professionals who work with the financial aspects of the business. These occupations include accountants and auditors, purchasing agents, management analysts, labor relations specialists, and budget, credit, and financial analysts.

MARKETING AND SALES: Occupations related to the act or process of buying and selling products and/or services such as sales engineer, retail sales workers and sales representatives including wholesale.

LEGAL OCCUPATIONS: In-House Counsel who is charged with providing legal advice and services in regards to legal issues that may arise during the course of standard business practices. This category also includes assistive legal occupations such as paralegals, legal assistants.

COMPUTER SPECIALISTS: Professionals responsible for the computer operations within a company are grouped in this category. Examples of job titles in this category include computer programmers, software engineers, database administrators, computer scientists, systems analysts, and computer support specialists

ARCHITECTURE AND ENGINEERING: Occupations related to architecture, surveying, engineering, and drafting are included in this category. Some of the job titles in this category include electrical and electronic engineers, surveyors, architects, drafters, mechanical engineers, materials engineers, mapping technicians, and civil engineers.

OFFICE AND ADMINISTRATIVE SUPPORT: All clerical-type work is included in this category. These jobs involve the preparing, transcribing, and preserving o f written communications and records; collecting accounts; gathering and distributing information; operating office machines and electronic data processing equipment; and distributing mail. Job titles listed in this category include telephone operators, bill and account collectors, customer service representatives, dispatchers, secretaries and administrative assistants, computer operators and clerks (such as payroll, shipping, stock, mail and file).

BUILDING AND GROUNDS CLEANING AND MAINTENANCE: This category includes occupations involving landscaping, housekeeping, and janitorial services. Job titles found in this category include supervisors of landscaping or housekeeping, janitors, maids, grounds maintenance workers, and pest control workers.

CONSTRUCTION AND EXTRACTION: This category includes construction trades and related occupations. Job titles found in this category include boilermakers, masons (all types), carpenters, construction laborers, electricians, plumbers (and related trades), roofers, sheet metal workers, elevator installers, hazardous materials removal workers, paperhangers, and painters. Paving, surfacing, and tamping equipment operators; drywall and ceiling tile installers; and carpet, floor and tile installers and finishers are also included in this category. First line supervisors, foremen, and helpers in these trades are also grouped in this category.

INSTALLATION, MAINTENANCE AND REPAIR: Occupations involving the installation, maintenance, and repair of equipment are included in this group. Examples of job titles found here are heating, ac, and refrigeration mechanics and installers; telecommunication line installers and repairers; heavy vehicle and mobile equipment service technicians and mechanics; small engine mechanics; security and fire alarm systems installers; electric/electronic repair, industrial, utility and transportation equipment; millwrights; riggers; and manufactured building and mobile home installers. First line supervisors, foremen, and helpers for these jobs are also included in the category.

MATERIAL MOVING WORKERS: The job titles included in this group are Crane and tower operators; dredge, excavating, and lading machine operators; hoist and winch operators; industrial truck and tractor operators; cleaners of vehicles and equipment; laborers and freight, stock, and material movers, hand; machine feeders and offbearers; packers and packagers, hand; pumping station operators; refuse and recyclable material collectors; and miscellaneous material moving workers.

PRODUCTION WORKERS: The job titles included in this category are chemical production machine setters, operators and tenders; crushing/grinding workers; cutting workers; inspectors, testers sorters, samplers, weighers; precious stone/metal workers; painting workers; cementing/gluing machine operators and tenders; etchers/engravers; molders, shapers and casters except for metal and plastic; and production workers.

White (not of Hispanic Origin)-All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East. Black (not of Hispanic Origin)-All persons having origins in any of the Black racial groups of Africa. Hispanic- All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.	Asian or Pacific Islander- All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes China, India, Japan, Korea, the Philippine Islands, and Samoa. American Indian or Alaskan Native- All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

BIDDER CONTRACT COMPLIANCE MONITORING REPORT

PART 1 – Bidder Information

Company Name: Street Address: City & State: Chief Executive:	Bidder Federal Employer Identification Number: Or Social Security Number:
Major Business Activity: (brief description)	Bidder Identification (response optional/definitions on page 1) -Bidder is a small contractor? Yes ☐ No ☐ -Bidder is a minority business enterprise? Yes ☐ No ☐ (If yes, check ownership category) Black ☐ Hispanic ☐ Asian American ☐ American Indian/Alaskan Native ☐ Iberian Peninsula ☐ Individual(s) with a Physical Disability ☐ Female ☐ -Bidder is certified as above by State of CT? Yes ☐ No ☐
Bidder Parent Company: (If any)	
Other Locations in CT: (If any)	

PART II - Bidder Nondiscrimination Policies and Procedures

1. Does your company have a written Affirmative Action/Equal Employment Opportunity statement posted on company bulletin boards? Yes ☐ No ☐	7. Do all of your company contracts and purchase orders contain non-discrimination statements as required by Sections 4a-60 & 4a-60a Conn. Gen. Stat.? Yes ☐ No ☐
2. Does your company have the state-mandated sexual harassment prevention in the workplace policy posted on company bulletin boards? Yes ☐ No ☐	8. Do you, upon request, provide reasonable accommodation to employees, or applicants for employment, who have physical or mental disability? Yes ☐ No ☐
3. Do you notify all recruitment sources in writing of your company's Affirmative Action/Equal Employment Opportunity employment policy? Yes ☐ No ☐	9. Does your company have a mandatory retirement age for all employees? Yes ☐ No ☐
4. Do your company advertisements contain a written statement that you are an Affirmative Action/Equal Opportunity Employer? Yes ☐ No ☐	10. If your company has 50 or more employees, have you provided at least two (2) hours of sexual harassment training to all of your supervisors? Yes ☐ No ☐ N/A ☐
5. Do you notify the Ct. State Employment Service of all employment openings with your company? Yes ☐ No ☐	11. If your company has apprenticeship programs, do they meet the Affirmative Action/Equal Employment Opportunity requirements of the apprenticeship standards of the Ct. Dept. of Labor? Yes ☐ No ☐ N/A ☐
6. Does your company have a collective bargaining agreement with workers? Yes ☐ No ☐ 6a. If yes, do the collective bargaining agreements contain non-discrimination clauses covering all workers? Yes ☐ No ☐ 6b. Have you notified each union in writing of your commitments under the nondiscrimination requirements of contracts with the state of CT? Yes ☐ No ☐	12. Does your company have a written affirmative action Plan? Yes ☐ No ☐ If no, please explain. 13. Is there a person in your company who is responsible for equal employment opportunity? Yes ☐ No ☐ If yes, give name and phone number:

1. Will the work of this contract include subcontractors or suppliers? Yes ☐ No ☐

1a. If yes, please list all subcontractors and suppliers and report if they are a small contractor and/or a minority business enterprise. (defined on page 1 / use additional sheet if necessary)

1b. Will the work of this contract require additional subcontractors or suppliers other than those identified in 1a. above? Yes ☐ No ☐

PART IV - Bidder Employment Information Date:

JOB CATEGORY *	OVERALL TOTALS	WHITE (not of Hispanic origin)		BLACK (not of Hispanic origin)		HISPANIC		ASIAN or PACIFIC ISLANDER		AMERICAN INDIAN or ALASKAN NATIVE	
		Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Management											
Business & Financial Ops											
Marketing & Sales											
Legal Occupations											
Computer Specialists											
Architecture/Engineering											
Office & Admin Support											
Bldg/ Grounds Cleaning/Maintenance											
Construction & Extraction											
Installation , Maintenance & Repair											
Material Moving Workers											
Production Occupations											
TOTALS ABOVE											
Total One Year Ago											
FORMAL ON THE JOB TRAINEES (ENTER FIGURES FOR THE SAME CATEGORIES AS ARE SHOWN ABOVE)											
Apprentices											
Trainees											

*NOTE: JOB CATEGORIES CAN BE CHANGED OR ADDED TO (EX. SALES CAN BE ADDED OR REPLACE A CATEGORY NOT USED IN YOUR COMPANY)

1. Which of the following recruitment sources are used by you? (Check yes or no, and report percent used)				2. Check (X) any of the below listed requirements that you use as a hiring qualification (X)		3. Describe below any other practices or actions that you take which show that you hire, train, and promote employees without discrimination
SOURCE	YES	NO	% of applicants provided by source			
State Employment Service	☐	☐			Work Experience	
Private Employment Agencies	☐	☐			Ability to Speak or Write English	
Schools and Colleges	☐	☐			Written Tests	
Newspaper Advertisement	☐	☐			High School Diploma	
Walk Ins	☐	☐			College Degree	
Present Employees	☐	☐			Union Membership	
Labor Organizations	☐	☐			Personal Recommendation	
Minority/Community Organizations	☐	☐			Height or Weight	
Others (please identify)	☐	☐			Car Ownership	
	☐	☐			Arrest Record	
	☐	☐			Wage Garnishments	

Certification (Read this form and check your statements on it CAREFULLY before signing). I certify that the statements made by me on this BIDDER CONTRACT COMPLIANCE MONITORING REPORT are complete and true to the best of my knowledge and belief, and are made in good faith. I understand that if I knowingly make any misstatements of facts, I am subject to be declared in non-compliance with Section 4a-60, 4a-60a, and related sections of the CONN. GEN. STAT.

(Signature)	(Title)	(Date Signed)	(Telephone)

CITY OF STAMFORD
BOARD OF EDUCATION

REQUEST FOR PROPOSALS

WORKERS' COMPENSATION AND HEART AND HYPERTENSION CLAIMS ADMINISTRATION (SELF-INSURED MUNICIPALITY)

All questions appearing in all Sections and the Appendices must be answered in full by vendors submitting proposals/responses to this Request for Proposals.

Introduction

The City of Stamford and the Board of Education for the City of Stamford in Stamford, Connecticut, with its principal facility located at 888 Washington Boulevard, invites vendors to submit bona fide proposals, which will enable the City of Stamford to select a vendor for claims administration of workers' compensation and heart and hypertension. The purpose of the Request for Proposals ("RFP") is to provide a standard from which to evaluate each vendor's services and costs as it compares to other vendors and as it pertains to the requirements of the City as defined in this document.

The City of Stamford is seeking proposals to provide workers' compensation services in the following areas: claims administration, medical management through utilization of a preferred provider organization, and administration of heart and hypertension for the City's Police Department and Fire Department. The City desires comprehensive proposals and seeks a firm capable of developing a highly effective partnership between City and vendor representatives in order to proactively administer all aspects of workers' compensation claims. The preferred provider organization must be approved by the State of Connecticut Compensation Chairman, as required by Connecticut statutes. The successful proposal will comply with all regulations and statutory requirements regarding managed medical care and all other aspects of workers' compensation claims administration. Proposals, including annual fees, are requested on a three (3) year basis with two (2) one year options to extend the contract.

The City of Stamford is a thriving city of approximately 120,000 people located in southwestern Connecticut, which is a growing center of international corporate headquarters and a major retail center for Fairfield County. The City is on the mainline of Metro North commuter rail and Amtrak, which provide daily passenger and freight service. In addition, it is served by major highways, including I-95, the Boston Post Road and Route 15. The City of Stamford operates under a Charter adopted in 1949 and most recently updated in November, 2014. The Chief Executive is the Mayor and the Legislative branch consists of the Board of Finance and the Board of Representatives. There are approximately 1300 employees in the general government and 2100 full time employees in the Board of Education. General government employees work in operations, administration, the health and social services department, the Water Pollution Control Authority, Fire Department and Police Department.

The City of Stamford maintains a self-insured workers' compensation program, subject to a $1,500,000 self-insured retention. The program covers the general government as well as the Board of Education employees. Annual self-insured payments average approximately $8 million under workers' compensation, and heart and hypertension, which is limited to the firefighters and police officers. The City has a salary continuation program for its employees in which the City's payroll department continues making regular payments to its employees while they are on workers' compensation disability based on union contracts. In addition, the City's third party administrator for workers' compensation maintains a preferred provider network, early return to work, managed medical care, medical audits, among other programs designed to minimize the cost of workers' compensation, but provide fast, effective care to City employees who sustain work related injuries or illnesses. The third party administrator is also the Account Designee for MMSEA Section 111 reporting purposes as it pertains to workers' compensation claims.

Issuing Office

This RFP is being issued by the Purchasing Department of the City of Stamford on behalf of the Risk Management Department, hereinafter referred to as the "City." The issuing office is the Purchasing Department.

Inquiries

All technical inquiries regarding this RFP must be in writing and must be addressed to:

David Villalva
Risk Manager
City of Stamford
Government Center
888 Washington Boulevard
Stamford, CT 06901
T: 203-977-4317
dvillalva@stamfordct.gov

The deadline for submitting questions related to this RFP is Thursday, March 19, 2020. Responses to all questions will be furnished through a formal addendum following the closing date listed herein.

Incurring Cost

The City of Stamford will not be held responsible for any costs incurred by the proposer for work performed in preparation and production of a proposal or for any work performed prior to the issuance of a contract.

Rejection/Acceptance of Proposals

The City of Stamford reserves the right to refuse for any reason deemed to be in the City's best interest any and/or all proposals submitted under this RFP.

This RFP is not an offer to contract. Acceptance of a proposal neither commits the City of Stamford to award a contract with any firm, even if all requirements in this RFP are met, nor limits its right to negotiate in the best interest of the City of Stamford. The City of Stamford reserves the right to contract with any firm for any reason.

Addenda to RFP

Amendments to this RFP may be necessary prior to the closing date and will be furnished to all prospective proposers. Failure to acknowledge receipt of amendments in accordance with the instructions contained in the amendment may result in the proposal not being considered.

Submission of Proposals

Each proposer must submit one original and five (5) copies, along with two (2) electronic versions (USB Drive), of the proposal in a sealed envelope bearing on the outside the name of the firm, full address, name of the project for which the proposal is submitted and the date and time the proposal is due to:

Purchasing Department
City of Stamford
888 Washington Boulevard
Stamford, CT 06901
Attn: Workers' Compensation and Heart
and Hypertension Claims Administration

These proposals must be received by the City no later than Thursday, April 2, 2020, at 4:00 p.m. Proposals received after the date and time prescribed shall not be considered for contract award and shall be returned to the proposer. Neither faxed nor emailed RFP responses will be accepted as qualified RFP submission.

Proprietary Information

The City of Stamford will not disclose any portion of the proposals except to members of the proposal evaluation team prior to contract award. The City of Stamford retains the right to disclose the name of the successful proposer, the financial considerations and any other information in the proposal that is pertinent to the selection of the proposer.

Independent Project Cost Determination and Gratuities

By submission of a proposal, the proposer certifies that in connection with its procurement:

The financial data in this offer has been arrived at independently, without consultation, communication, or agreement, for the purposes of restricting competition, as to any matter relating to such prices with any other proposer or competitor.

The financial data quoted in this offer will not change for a period of one hundred twenty (120) days after the receipt date at the City of Stamford of this offer.

Unless otherwise required by law, the financial data which has been quoted in this offer have not been knowingly disclosed by the proposer and will not knowingly be disclosed by the proposer prior to award, directly or indirectly to any other proposer or to any competitor.

No attempt has been made or will be made by the proposer to induce any other person or firm to submit or not to submit an offer for the purpose of restricting competition.

No elected official or appointed official or employee of the City of Stamford shall benefit financially or materially from this contract.

Prime Contractor Responsibility

Vendors submitting proposals to this RFP may not utilize the service of subcontractors without the prior written approval of the City of Stamford.

Availability of Funds

The contract award under this RFP is contingent upon the availability of funds to the Risk Management Department for this procurement. In the event that funds are not available, any contract resulting from this RFP will become void and of no force and effect.

Termination for Default or for the Convenience of the Contracting Agency

Performance under any contract resulting from this RFP may be terminated by the City of Stamford whenever:

The contractor shall default in the performance of his/her contract and shall default within the period specified by the contracting officer in a notice specifying default; or

The contracting officer shall determine that termination is in the best interest of the Risk Management Department or the City of Stamford.

Termination will be effected by delivery to the contractor of a notice to terminate, stating the date upon which the termination becomes effective.

Ambiguity in the Request for Proposals (RFP)

Prior to submitting the proposal, the contractor is responsible to bring to the City's attention any ambiguity in this RFP. Failure to do so shall result in the contractor forfeiting any claim for adjustment based on such ambiguity as should have been noted by a prudent contractor.

In the event of any ambiguity between the City's RFP and the proposer's proposal, then whatever shall be more favorable to the City of Stamford as determined in the sole discretion of the City shall prevail and take precedence.

Ownership Information

The City of Stamford shall have unlimited rights to use, disclose or duplicate, for any purpose whatsoever, all information developed, derived, documented or furnished by the proposer under any contract resulting from this RFP.

In the event of contract award, all data collected and other documentation produced as part of the contract will become the exclusive property of the City of Stamford and may not be copied or removed by any employee of the proposer without written permission of the City of Stamford.

Negotiated Changes

In the event negotiated changes occur after the awarding of the contract, any policies called for in the original contract will remain in effect.

Contract Agreement

All vendors should indicate if their services will be under a Contract or Service Agreement that will be filed with appropriate State and Federal agencies. If and when this Agreement is reviewed and signed by the City of Stamford, the following list must be

considered for such an agreement. This list only highlights key components required and does not preclude the City from adding or further defining additional requirements. Your response for each item is required as either "will comply" or "will not comply."

The City of Stamford requires clear and concise language as to the estimated cost for the commitment under this Agreement – as explained elsewhere in this RFP.

Although this RFP shall cover workers' compensation and heart and hypertension claims administration for a full term of three (3) years and two (2) one year options, fees and/or commissions should be quoted annually for the three (3) year period plus two (2) one year options.

Will Comply or Will Not Comply

If your company intends to file a separate tariff for the services offered within this Response, it should contain all rates and discounts associated with the Agreement. If any reference is made to other tariffs, then vendor must provide the City with copies of those tariffs. The City reserves the right to review and approve this tariff filing before it is made.

Will Comply or Will Not Comply

The Agreement will provide that the City of Stamford is guaranteed competitive fees for the duration of the term not to exceed the fees negotiated at the outset.

Will Comply or Will Not Comply

The Agreement should provide that the City of Stamford may terminate the services, without penalty or liability, at any time during the term of the Agreement, with just cause. Cause may be increase of rates, service failure, performance failure, material breach, vendor merger or divestiture, and/or failure to implement contract as directed by the City of Stamford's Risk Manager.

Will Comply or Will Not Comply

Insurance Requirements

The selected proposer, upon the signing of the formal contract, will be required to deliver an insurance certificate in amounts, companies and terms acceptable to the Risk Manager of the City of Stamford. See attached insurance requirements.

Competition Intended

It is the City's intent that this RFP permit competition. It shall be the proposer's responsibility to advise the City in writing if any language, requirement, scope, specification, etc., or any combination thereof, inadvertently restricts or limits the

requirements stated in this RFP to a single source. Such notification must be received by the City not later than seven (7) days prior to the date set for acceptance of proposals.

Tax Exempt

The City of Stamford is exempt from the payment of taxes imposed by the Federal Government and/or State of Connecticut. Such taxes must not be included in the bid price.

Scope of Services

The primary objective of this RFP is to obtain competitive quotations from vendors for claims administration of workers' compensation and heart and hypertension.

The secondary objectives for the RFP include:

1. To ensure a timely, seamless transition from the current vendor, if applicable, which should include administration of new claims only and, in the alternative, assumption of claims administration of new claims, existing and reported claims and IBNR.

2. To ensure that every City employee sustaining a work related injury or illness is provided with quality medical care and treatment on a timely basis.

3. To ensure that every City employee receives appropriate medical and rehabilitative services enabling maximum medical recovery and a safe and expedient return to work as early as possible.

4. To effectively minimize and reduce City workers' compensation and heart and hypertension costs while providing quality medical and rehabilitative services to City employees sustaining work related injuries or illness.

5. To ensure proactive, professional claims administration and supervision of all new and pending workers' compensation and heart and hypertension claims.

6. To provide guidance and assistance to the City in implementing effective loss prevention, if applicable, and loss reduction measures and initiatives.

7. To assist in instilling a safety conscious management/employee culture and significantly reduce claims frequency and severity.

8. To provide guidance and assistance to the City in enhancing limited duty or restricted return to work programs.

9. To provide educational seminars on an as needed basis for all City departments so that all City supervisors, managers and employees understand their rights and responsibilities under workers' compensation and heart and hypertension.

10. To utilize effective medical management programs to minimize the cost of workers' compensation and heart and hypertension to the City.

11. To effectively utilize all audit tools to ensure that all workers' compensation and heart and hypertension payments are in line with State mandated rates and guidelines.

12. To provide timely, professional statistical reports to the City, which cover historical payment and incurred loss summaries and claim details.

13. To provide the City's Risk Management Department with actuarially developed loss forecasted reports and analyses of outstanding liabilities under workers' compensation and heart and hypertension.

14. Coordinate benefits and workers' compensation programs to ensure that competent services are being delivered to all City employees on a timely basis without any redundancies.

15. Utilize preferred provider networks in delivery of medical services to all employees who sustain work related injuries or illnesses.

16. The third party administrator is also the Account Designee for MMSEA Section 111 reporting purposes as it pertains to workers' compensation claims.

Services shall include:

1. Claims Administration – Administration of all new workers' compensation claims submitted directly by City departments to the third party administrator ("TPA"). The City requires a simple, effective reporting mechanism, such as an "800" telephone number to call, email address, and a facsimile number to send reports to. TPA will be responsible for paying on behalf of the City all medical expenses and associated services, including permanency awards to employees, dependents and heirs, if applicable. The TPA will also calculate and report to the City appropriate temporary total disability wages and will represent the City at all informal and formal hearings. Reports regarding progress and outcomes of claims, including hearings will be made available to the City on a regular basis, if required.

2. Loss Analysis and Claims Reporting – The City requires an online TPA database for all open and closed claims. The ability to download data to City based database is also required.

3. Prior TPA Claims – TPA will provide two alternatives: assuming full responsibility for <u>all</u> existing "open" claims and administering these claims on an ongoing basis. Alternatively, to only administer new claims reported on or after July 1, 2020.

4. Managed Care – TPA will provide managed care services through managed care providers and a preferred provider organization. Independent medical exams, rehabilitation services and other services will be utilized when appropriate to hasten recovery from injury or illness and when cost effective.

5. Medical Bill Review and Cost Containment - TPA will review and, if necessary, reduce medical bills to fee schedules, use of preferred provider

organization or other medical network and directing treatment to appropriate facilities. TPA payments for medical bill review program should be based on the most cost effective payment which yields the City the most savings.

6. On-Site Services – TPA shall provide a claims adjuster to be on-site one day per week for general assistance with City staff concerning claims administration matters. TPA shall conduct a claims review meeting one day per month with the appropriate adjusters and City staff on open claims as to claim status, employee work capacity, prognosis to return to work and other related matters.

7. TPA will engage an external actuary to review all reserves on at least an annual basis, for the purpose of calculating unpaid claim liabilities as of the City's fiscal year end, and to estimate funding levels required for the subsequent fiscal year. An actuarial report shall be finalized and transmitted to the City no later than September 30 of each year.

Proposal Instructions and Response Format

Each proposal should be preceded by a **Letter of Transmittal** identifying the Single Point of Contact (SPOC) for the Response and a telephone number for that contact.

An **Executive Summary** summarizing the vendor's ability to respond to all or certain areas of the RFP should be included in the presentation. These articles should not be presented as numbered sections within the Response.

Proposals must be arranged so as to be directly and organizationally responsive to this RFP. If a section or question does not require a response, simply respond to that section by confirming your agreement and understanding. The response should be "read and understood." Page size shall be 8 ½ " x 11" and the entire proposal, including all associated literature, must be presented in a single binder. **A minimum of one (1) original and five (5) copies (along with two electronic – USB Drives) are required**.

One (1) complete copy of any Demonstration proposal will be provided with this RFP on a USB Drive, with operating instructions, for review by the City of Stamford. If a Demonstration program is unavailable, the vendor will explain how a demonstration of their proposal can be arranged for reviewing.

Structuring – Vendors are responsible for developing documents that conceptually describe the proposed structuring, financing, claims and safety and loss control of the workers' compensation and heart and hypertension claims administration.

Claims – Vendors should provide a detailed, written description of their proposed claims management program, if applicable, which encompasses all elements of the workers' compensation and heart and hypertension claims administration program.

Recommendation – Ultimately, and after describing in detail the various elements of the workers' compensation and heart and hypertension claims administration program, vendors may recommend an alternative insurance program, which is most cost effective while satisfying all the RFP requirements of the City of Stamford and the Board of Education.

Vendors should include in their responses a need for partners, particularly with respect to services that cannot be provided by the successful vendor.

Vendor Compensation – The accepted vendor will be compensated on a fee basis. All proposals must include an itemization of fees to be charged for all aspects of workers' compensation and heart and hypertension claims administration program, including claims and safety and loss control.

References

The vendor shall supply a minimum of four (4) references of a similar size and application to this project. The references must include contact name, company name, telephone number and time period during which services were provided. If your firm has experience providing similar services to municipalities, it must be noted in this section, in the form of a reference. Please utilize **Appendix 1** of this RFP to answer this section in your Response.

Vendor Corporate Information

This section requests pertinent information concerning the proposed vendor and partner(s) as well as defining their relationship. This section will assist the City of Stamford in assessing each respondent's ability to provide the services requested. It is the City's expectation that the selected vendor will assign a dedicated Account Team who has experience in workers' compensation and heart and hypertension claims and safety and loss control.

Corporate Profile:

Corporate Name
Corporate Address (headquarters address)
Number of Years Doing Business as Above
Previous Name (please fill in if answer is less than 5 years)
Corporate Mission Statement
Provide Most Recent Annual Report

Team Profile:

Name of Sales Person/Account Executive Assigned To The Project
Years of Experience
Years Employed by Current Company
Address of Sales and Support Personnel
Telephone Number(s) of Above
Account Team Organizational Chart
Telephone Number(s) of Above

Partner Profile (if applicable):

Services Specified
Name of Partner
Address of Partner
Length of Time Your Company Has Had Relationship
Total Number of Personnel with Expertise in Services to be Provided by

Organization
Number of Similar Projects Provided by Your Organization
Number of Service Contracts Currently Serviced by Partner
Provide Most Recent Annual Report of Partner

Proposal Selection Criteria

The City of Stamford will evaluate the vendors based on the following criteria:

Knowledge and experience relating to workers' compensation, heart and hypertension.

Expertise and hands-on administrative and managerial experience with respect to underwriting, marketing, financing, claims and safety and loss control.

Experience and longevity in insurance / risk management industry.

Account team commitment.

Fees / commission charge(s).

Customer references.

Vendors may be asked to present their proposals to a selection committee and/or to respond to questions. Based on the information provided in the proposal and any additional information presented, a final selection will be made.

The City of Stamford reserves the right to reject any and/or all proposals submitted, to request information from any vendor and to negotiate with any of the vendors regarding the terms of the engagement. The City of Stamford intends to select the vendor that, in its opinion, best meets the City's needs, not necessarily the vendor that proposes the lowest fees.

APPENDIX 1

CUSTOMER REFERENCES

The service provider shall be able to demonstrate their ability to satisfactorily provide services of the type and to the degree as specified herein. Please list below at least four (4) current references for which you have performed this type of work successfully and over a substantial period of time.

CLIENT/COMPANY NAME:_____

ADDRESS:_____

CONTACT PERSON/PHONE NUMBER: _____

DATE OF SERVICES:_____NUMBER OF EMPLOYEES ON TEAM: _____

CLIENT/COMPANY NAME: _____

ADDRESS:_____

CONTACT PERSON/PHONE NUMBER: _____

DATE OF SERVICES:____**NUMBER OF EMPLOYEES ON TEAM**: _____

CLIENT/COMPANY NAME: _____

ADDRESS:_____

CONTACT PERSON/PHONE NUMBER: _____

DATE OF SERVICES:__**NUMBER OF EMPLOYEES ON TEAM**: _____

CLIENT/COMPANY NAME: _____

ADDRESS:_____

CONTACT PERSON/PHONE NUMBER: _____

DATE OF SERVICES:___**NUMBER OF EMPLOYEES ON TEAM**: _____

APPENDIX 2

PROGRAM QUESTIONNAIRE

1. Scope of Services

Please indicate services provided in your proposal:
_____Claims investigation and adjustment
_____ Legal
_____Payment/check issuance
_____Medical management
_____Medical cost containment
_____PPO and utilization review
_____MMSE Section 111 reporting
_____Management information systems
_____Other (attach further explanations of services, if necessary)
_____Early return to work programs

2. Vendor identification and qualifications

A. Provide following information for firm responsible for proposal and management of the plan, if selected

Name:_____
Servicing office
address:_____
Managing office
address:_____
Contact name(s), titles, telephone numbers, facsimile numbers

B. Provide proposed contract with City of Stamford and provide copies of most recent audited financial statements and annual report. If proposal is joint venture, provide following for each participating company:

i. Services provided
ii. Servicing companies' addresses
iii. Managing office addresses
iv. Contact names

C. Provide following for each company participating in joint venture:

i. Hours of operation
ii. Years of experience in providing workers' compensation services (detail managed care)
iii. Describe approvals / submissions to workers' compensation commission

D. Describe affiliations or relationships with other organizations (e.g., HMOs, casualty insurer)

i. For claims administration, is staff dedicated to workers' compensation only?
ii. For managed care, are decisions regarding provider network totally independent of any affiliated organization?
iii. Describe proposed account management organization, including names, titles, and experience of each member (resumes desirable). Provide organizational chart.
iv. Describe individuals who will provide claims services. Discuss titles, roles, experience and workload of all individuals having responsibility for City's and Board of Education's account. Provide position description. Will they be dedicated exclusively to City's and Board of Education's account?
v. Describe firm's experience and knowledge of greater Stamford area.
vi. Provide full reference contacts for following clients handled by proposed servicing office:

(a) Connecticut municipalities
(b) Self-funded accounts in CT with at least 1,000 employees
(c) Connecticut references from current and former clients

vii. Provide current Connecticut client list for workers' compensation.
viii. Provide current municipal client list for workers' compensation.

E. Joint venture statement of vendor – Describe in detail firm's past and present working relationship with each of companies in joint venture.

1. Include names of clients, contacts, dates and duration of relationship.
2. Describe examples of success.
3. Why did your firm select each company, and why does your firm believe the affiliation is best suited to meet or exceed City's / Board of Education's plan requirements?
4. Describe firm's role and responsibilities in managing joint venture.

APPENDIX 3

COORDINATION OF ADMINISTRATORS

A. Describe your proposed claims reporting procedures.

B. What is the responsibility of each party, including the claimant and work supervisor?

C. What are the timing factors? Please provide a copy of your approved First Report of Injury.

D. Under your proposed plan for the City of Stamford/Board of Education, fully describe how a typical medical claim would be handled.

1. Include all proposed case management activities.

2. Explain actions and interactions by all parties including City/Board of Education personnel.

3. Include timing requirements.

4. Description should continue for the length of the claim.

E. What additional actions would be performed for serious claims? (include all parties)

F. What additional actions would be required for questionable claims?

G. Provide a sample memo to City employees that introduces and describes your proposed claim and medical management program.

H. Please provide a sample instruction booklet for distribution to City supervisors and employees.

I. What interaction between your representatives and the City's Risk Management department do you suggest?

1. How often?

2. What would a typical agenda include?

APPENDIX 4

ADMINISTRATION OF PRIOR CLAIMS

A. Please fully describe your proposed program for the transition of nearly 40 pre-1985 workers' compensation files and the open H&H files.

B. What is expected from the present administrator?

C. From the City Risk Management Department?

D. How long will the transition take?

E. What will be the impact on our claimants?

F. Will there be specific charges for the transition activities?

APPENDIX 5

MEDICAL MANAGEMENT

A. Describe role of medical management in the proposed plan.

B. How/When do managers coordinate with the claims administrator?

C. Discuss interaction with City personnel.

D. Describe your approved provider network.

E. What is your philosophy in its design?

F. Is your network connected in any way to a separate HMO network?

G. What is the process to add or remove providers?

H. Describe your credentialing criteria.

I. If you are associated with an HMO, is credentialing of workers' compensation providers separate from the HMO process?

J. Please provide a copy of the directory for approved networks.

K. Describe any combined performance measurements of the coalition of providers you would provide to the City.

L. Describe the fee schedule and utilization review process with your provider.

M. Describe the provider discount program.

N. Describe your recommended program regarding initial Providers.

1. Why/how are they selected?

2. What are their responsibilities?

3. Do you provide training to them?

4. How often and what issues are covered in training?

5. Do you have recommended first treatment centers in the Stamford/Norwalk area?

6. How would you approach the possibility of creating a "customized" network to meet the unique needs of the City of Stamford?

7. Describe the size and composition of a complete custom network.

8. Who would have the final authority in adding/eliminating providers from a custom network?

9. Have you done this for other large employers? Please describe in detail.

O. Please give examples of successes where effective medical management reduced a client's total workers' compensation expenses/costs.

P. Describe how quality and quantity of medical care is managed with your approved network (fee screening, peer review, service utilization review, dispute resolution procedures).

Q. Does it differ with a custom City network? Describe the "return to work" program utilized by your network providers.

R. How do you monitor and evaluate their performance in this important responsibility?

S. How would City representatives be involved in return to work decisions?

T. Please describe any specialized programs you offer that focus on heart disease and hypertension. Explain how the programs would reduce this exposure.

U. Please describe your utilization management program.

V. What services are offered and what is the criteria for utilizing these services?

W. Explain how you would assure "balance" to the responsibilities of maintaining quality care and supporting an effective return to work program.

X. Describe your prescription drug plan for workers' compensation claimants.

Y. Describe your medical management quality assurance program.

Z. Describe the results that will be shared with the City.

APPENDIX 6

CLAIMS ADMINISTRATION

A. Describe the role of the claims administrator within the proposed plan.

B. How/when do you coordinate with the medical management administrator?

C. Discuss your communications with City personnel.

D. Discuss your proposed program for file closures.

E. Who recommends stipulations and structured settlements?

F. Discuss your ability to present/support stipulation recommendations to a City council claims committee (occasional evening meetings).

G. Describe how you would address the large number of older claims.

H. What creative suggestions do you propose?

I. What legal/medical specialists might be involved?

J. Describe similar successful programs you have initiated with other clients.

K. Please describe your success in assisting other clients (especially municipalities) in enhancing their limited duty program. Focus on both management and claimant issues.

L. Describe how and when claim status reports will be supplied/discussed with City representatives.

M. What is your suggested payment authority without client approval?

N. Discuss your practice of contacting clients before issuing denials.

O. Describe your claims reserving program.

   1. How often are reserves reviewed?

   2. By whom?

P. Describe your program to discover all types of fraud.

Q. How do you prevent duplicate claims under workers' compensation and medical benefits?

R. Describe your program for audit of payments and file reviews.

   1. Who performs these functions?

S. Describe your third party recovery program.

T. Who will represent the City at informal hearings? Describe their experience.

    1. Will the City be advised of all scheduled hearings?

    2. How will the City be advised of the results of hearings?

    3. What law firm(s) do you recommend to represent us? What is your experience with them?

    4. Discuss their experience in the Stamford district office. Why are they uniquely qualified to handle our cases?

U. Do you conduct surveys of claimant satisfaction?

V. Discuss your commitment to customer service and satisfaction.

APPENDIX 7

HEART AND HYPERTENSION

A. Describe your experience in administering heart and hypertension claims under Section 7-433c.

B. How does your H & H program differ from regular workers' compensation?

C. Would you recommend the same law firm(s) for heart and hypertension cases as regular workers' compensation cases?

APPENDIX 8

INFORMATION SYSTEMS

A. Describe your information technology system.

B. If a commercial package, please submit a copy of the product brochure.

C. How would information be coordinated among claims administration, loss control and medical management?

D. Would the City Risk Management Department have access?

E. What specific information would be available?

F. Would there be charges to the City for access? If so, what are they?

G. Describe your philosophy in designing management reports.

H. How do they present "information" as well as "data"?

I. What benchmarking methods are used? How will your reports measure the success of our programs?

J. How will they identify areas for attention and improvement?

K. Please provide samples of all reports including the schedule for distribution.

L. Describe your program for file maintenance and security.

M. Do you have a disaster recovery plan?

APPENDIX 9

Miscellaneous

A. Describe what procedures would be followed upon termination of this contract agreement.

B. Will the City or its representative have the right to audit all aspects of your performance by reviewing pertinent records and documentation?

C. Are you willing to indemnify and hold the City of Stamford harmless for a failure by you or your sub-contractors to provide network and utilization of workers' compensation services to injured workers, or the negligent provision of such services?

D. Describe any other services not discussed in this proposal that would improve the City of Stamford workers' compensation program.

APPENDIX 10

FINANCIAL

A. Fees should be quoted on an annual basis for the entire length of the contract (36 months).

B. Fees for Service

C. Start-Up Fees

D. Workers' Compensation Indemnity Claims

E. Workers' Compensation Medical Only Claims

F. Workers' Compensation Incident Claims

G. Workers' Compensation Re-Open of Claim

H. Heart and Hypertension Indemnity Claim

I. Heart and Hypertension Medical Only

J. Annual Maintenance Fee, if applicable

K. Any other Claims Administration Fees

L. Network Fees

M. Early Intervention Fees

N. Case Management Fees

O. Utilization Review Fees

P. Respondent Medical Exams

Q. Hospital/Medical Bill Review Fees

R. Other Medical Management Fees (identify and quote separately)

(Describe what services are included in these charges.)

S. Subrogation Services
T. Surveillance
U. Legal Bill Auditing/Review Fees
V. Training (onsite and online)
W. Ad-Hoc Reporting
X. How will these charges be billed?

Y. Describe your proposed charges for run-off claims at the conclusion of this contract.

Z. Alternative Fee Arrangements – The City requests that you provide alternate methods of pricing your services. We would welcome the opportunity to consider flat fee charges or capitation proposals.

AA. Please fully describe the terms and limitations of our proposed plans.

BB. The City also will consider risk sharing and performance based proposals. Such plans must be based on quantitative measurements of City plan results or pre-determined criteria. Such plans should be proposed as optional payment arrangements.

CC. Processing Fees – Please identify and define all charges separately.

CITY OF STAMFORD
INSURANCE REQUIREMENTS
Workers' Compensation and Heart and Hypertension Claims Administration

The Vendor will be required to submit certificates of insurance, which contain the minimum insurance coverages described below:

1. Standard workers' compensation, which complies with all Connecticut workers' compensation statutes and regulations.

2. Employer's liability insurance, which contains limits of liability of not less than $100,000 each accident, $100,000 disease policy limit and $100,000 disease – each employee.

3. Commercial general liability insurance, with a minimum limit of liability of $2,000,000 combined single limit per occurrence for bodily injury and property damage and $5,000,000 in the aggregate. Such coverage shall include the following:

    (a) Products liability and completed operations, which shall be maintained for a period of not less than three (3) years following completion of the services under this Agreement or termination of the Agreement, whichever is later.
    (b) Contractual liability insurance, which insures any indemnities contained in the Agreement between the Vendor and the City of Stamford;
    (c) City of Stamford and its employees, agents and officers designated as additional insureds;
    (d) Policy shall be underwritten on an occurrence basis.

4. Commercial automobile liability insurance, which contains minimum limits of liability of $1,000,000 per accident, and contains, at a minimum, the following coverage provisions:

    (a) Coverage for all owned, non-owned and hired vehicles;
    (b) City of Stamford and its employees, agents and officers designated as additional insureds.

5. Professional Liability insurance, which covers the services of the Vendor as defined in this RFP with a minimum limit of liability of $2,000,000.

6. Employee Dishonesty/Crime and Fidelity insurance with a minimum limit of liability of $2,000,000 per occurrence. Coverage shall include, but not be limited to, loss of assets by the City of Stamford which are caused by or attributable to theft by the Vendor's employees, agents or officers.

7. If any insurance is underwritten on a claims made, as opposed to an occurrence basis, the retroactive date in the policy shall be the earlier of the effective date of the Agreement between the Vendor and the City of Stamford or the date the Vendor commences its services for the City. The policy shall also contain an extended reporting date of not less than three years following termination of the Agreement between the Vendor and the City of Stamford or conclusion of the services rendered by the successful Vendor, whichever is later.

8. All insurance required hereunder shall contain waivers of subrogation in favor of the City of Stamford and its employees, agents and officers. The Vendor shall waive any right of claim, loss or damage against the City of Stamford and its employees, agents and officers.

9. All insurance policies required under this Agreement shall contain thirty (30) days prior written notice to the City of Stamford's Risk Manager in the event of cancellation, termination or material change to any policy terms or conditions required hereunder.

10. The insurance required hereunder shall in no way serve to limit or reduce the liability of the Vendor under this Agreement.

11. The Vendor shall provide the Risk Manager with certificates of insurance, which evidence the insurance required hereunder. The Vendor shall provide the Risk Manager with renewal certificates of insurance within 15 days prior to the expiration of the policies. Vendor's failure to review said certificates of insurance or insurance policies shall not be deemed to be a waiver of the Vendor's obligations to comply with all provisions of these insurance requirements hereunder.

ACORD.

CERTIFICATE OF INSURANCE

PRODUCER
Full Name of Insurance Agency
Street Address
City, State Zip Code
Telephone Number / Facsimile Number

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED
Name of Named Insured
Street Address
City, State Zip Code
Telephone Number / Facsimile Number

COMPANIES AFFORDING COVERAGE

COMPANY A	Name of Insurance Company
COMPANY B	Name of Insurance Company
COMPANY C	Name of Insurance Company

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	**GENERAL LIABILITY (FOREIGN)**	*XXXXXXXXX*	*XX/XX/XX*	*XX/XX/XX*	GENERAL AGGREGATE	***$5,000,000***
	X COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG	***$2,000,000***
	CLAIMS MADE ***X*** OCCUR				PERSONAL & ADV INJURY	***$2,000,000***
	OWNER'S & CONT PROT				EACH OCCURRENCE	***$2,000,000***
					FIRE DAMAGE (Any one fire)	***$XXXXX***
					MED EXP (Any one person)	***$XXXXX***
A	**AUTOMOBILE LIABILITY**	*XXXXXXXXXX*	*XX/XX/ XX*	*XX/XX/XX*		
	X ANY AUTO				COMBINED SINGLE LIMIT	***$1,000,000***
	ALL OWNED AUTOS				BODILY INJURY (Per Person)	$
	SCHEDULED AUTOS					
	HIRED AUTOS				BODILY INJURY (Per Accident)	$
	NON-OWNED AUTOS					
					PROPERTY DAMAGE	$
	GARAGE LIABILITY				AUTO ONLY – EACH ACCIDENT	$
	ANY AUTO				OTHER THAN AUTO ONLY:	
					EACH ACCIDENT	$
					AGGREGATE	$
	EXCESS LIABILITY				EACH OCCURRENCE	***$***
	UMBRELLA FORM				AGGREGATE	***$***
	OTHER THAN UMBRELLA FORM					$
B	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY**	*XXXXXXXXXX*	*XX/XX/ XX*	*XX/XX/ XX*	X STATUTORY LIMITS	$
	EMPLOYERS' LIABILITY				EACH ACCIDENT	***$100,000***
	THE PROPRIETOR/PARTNERS/ EXECUTIVE OFFICERS ARE: INCL				DISEASE - POLICY LIMIT	***$100,000***
	EXCL				DISEASE – EACH EMPLOYEE	***$100,000***
C	Employee Dishonesty/Crime	*XXXXXXXXXX*	*XX/XX/ XX*	*XX/XX/ XX*	**$2,000,000 per Occur**	
C	Professional Liability	*XXXXXXXXXX*	*XX/XX/ XX*	*XX/XX/ XX*	**$2,000,000 per Occur**	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS:

City of Stamford and its employees, agents and officers designated as additional insureds under commercial general liability and automobile liability. All insurance required hereunder shall be primary, not excess or contributory, to any insurance maintained by or on behalf of the City of Stamford. Waiver of subrogation in favor of City of Stamford.

CERTIFICATE HOLDER

City of Stamford
888 Washington Boulevard
Stamford, CT 06904

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, INSURANCE COMPANY WILL ENDEAVOR TO MAIL _30_ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

MAYOR
DAVID R. MARTIN

PURCHASING MANAGER
ERIK J. LARSON

Phone: (203) 977-4107
Email: elarson@stamfordct.gov

CITY OF STAMFORD
OFFICE OF ADMINISTRATION
888 WASHINGTON BOULEVARD
P.O. BOX 10152
STAMFORD, CONNECTICUT 06904-2152

ADDENDUM NO. 1
(March 21, 2020)

Request for Proposals No. 799

Workers' Compensation and Heart and Hypertension Claims Administration

Addendum No. 1 is being issued to all potential bidders to provide the items and attachments set forth herein which shall act to qualify, clarify, or otherwise modify the Contract Documents previously issued regarding the above referenced project. These items, whether of omission, addition, substitution, or clarification, shall be incorporated into the proposals submitted by all bidders, and receipt of this document and its attachments must be acknowledged, either in the space provided on the Bid Form or on the Contractor's Form of Proposal. Failure to do so may subject the Bidder to disqualification.

The items and references:

- Is the current plan that is administering the workers compensation, heart and hypertension claims available for review?

  The City has a current contract, RFP#731, whose requirements are materially similar to this RFP#799.

- Also for clarification when it says "Workers Compensation" claims does that mean all workers compensation claims?

  Workers' Compensation claims includes all City and Board of Education, plus Heart & Hypertension claims.

- We would like to request claims information for the past 5 years detailing how many Indemnity, Medical Only and Report Only claims where received by year.

Claim Count - Workers' Compensation Program:

Fiscal Year	*Lost Time*	*Med Only*	*Record Only*	*Total*
14/15	*114*	*730*	*3*	*847*
15/16	*111*	*440*	*0*	*551*
16/17	*102*	*464*	*0*	*566*
17/18	*109*	*434*	*2*	*545*
18/19	*99*	*615*	*5*	*719*
19/20 YTD	*64*	*242*	*6*	*312*

Claim Count – Heart & Hypertension Program:

Fiscal Year	*Lost Time*	*Med Only*	*Record Only*	*Total*
14/15	*1*	*2*	*0*	*3*
15/16	*2*	*7*	*0*	*9*
16/17	*2*	*2*	*0*	*4*
17/18	*3*	*4*	*0*	*7*
18/19	*2*	*2*	*0*	*4*
19/20 YTD	*1*	*1*	*0*	*2*

- We would also like to request how many open Indemnity Claims there currently are.

  As of 02/29/2020 the total number of open indemnity claims was 381.

All other terms and conditions of **RFP No. 799** remain the same.

Erik J. Larson
Purchasing Agent

Cc: David Villalva, Risk Manager
Alfred C. Cava, SHRM-SCP, SPHR, Director of Human Resources
Purchasing Department File

MAYOR
DAVID R. MARTIN

PURCHASING MANAGER
ERIK J. LARSON

Phone: (203) 977-4107
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ADDENDUM NO. 2
(March 23, 2020)

Request for Proposals No. 799

Workers' Compensation and Heart and Hypertension Claims Administration

Addendum No. 2 is being issued to all potential bidders to provide the items and attachments set forth herein which shall act to qualify, clarify, or otherwise modify the Contract Documents previously issued regarding the above referenced project. These items, whether of omission, addition, substitution, or clarification, shall be incorporated into the proposals submitted by all bidders, and receipt of this document and its attachments must be acknowledged, either in the space provided on the Bid Form or on the Contractor's Form of Proposal. Failure to do so may subject the Bidder to disqualification.

The items and references:

Due to the current COVID-19 (Novel Coronavirus) situation, proposals must be received in hard copy in the Purchasing Department **or placed in the Purchasing Drop Box located in the Main Lobby of the Government Center** by the due date and time in order to be considered.

All other terms and conditions of **RFP No. 799** remain the same.

Erik J. Larson
Purchasing Agent

Cc: David Villalva, Risk Manager
Alfred C. Cava, SHRM-SCP, SPHR, Director of Human Resources
Purchasing Department File

MAYOR
DAVID R. MARTIN

PURCHASING MANAGER
ERIK J. LARSON

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ADDENDUM NO. 3
(March 26, 2020)

Request for Proposals No. 799

Workers' Compensation and Heart and Hypertension Claims Administration

Addendum No. 3 is being issued to all potential bidders to provide the items and attachments set forth herein which shall act to qualify, clarify, or otherwise modify the Contract Documents previously issued regarding the above referenced project. These items, whether of omission, addition, substitution, or clarification, shall be incorporated into the proposals submitted by all bidders, and receipt of this document and its attachments must be acknowledged, either in the space provided on the Bid Form or on the Contractor's Form of Proposal. Failure to do so may subject the Bidder to disqualification.

The items and references:

Due to the current COVID-19 (Novel Coronavirus) situation, the deadline has been extended to April 2, 2020. Proposals will no longer be received in person at the Government Center. Any hardcopy proposals which have already been received, or are received prior to the April 2, 2020 deadline will be accepted. All other proposals must be submitted online via the City of Stamford ProcureWare website by the due date and time in order to be considered.

All other terms and conditions of **RFP No. 799** remain the same.

Erik J. Larson
Purchasing Agent

Cc: David Villalva, Risk Manager
Alfred C. Cava, SHRM-SCP, SPHR, Director of Human Resources
Purchasing Department File