

Request for Qualifications

Property Insurance Agent of Record



RFQ # 24-05-1168 Property Insurance Agent of Record

Due Date: June 5th, 2024 at 10:00am

Property Insurance Agent of Record

Date: May 1, 2024

Contact Name: Alyse Howell, Purchasing Coordinator, (281) 229-6007 or purchasing@dickinsonisd.org

Please mark your envelope "RFQ 24-04-1168 Property Insurance Agent of Record" and mail or hand deliver to the Dickinson ISD Administration Building, located at 2218 FM 517 Dickinson, TX 77539 no later than: June 5, 2024 at 10:00 am. At which time, all responses will be opened, and the names of the participants will be read publicly.

Notes to All Vendors:

1. Vendor must provide one original, one copy and one electronic copy of the Request for Qualifications responses.
2. Questions regarding this Request for Qualifications must be referred to the contact's name designated above.
3. The Dickinson Independent School District (The District) reserves the right to reject any or all Qualifications responses, waive all irregularities and choose the best value consulting services.
4. The District reserves the right to conduct discussions and/or interviews if needed.
5. Initial contract award shall be from September 1, 2024, through August 31, 2025, with options to extend for four (4) additional twelve (12) month terms.

Submission of this response shall serve as evidence that the vendor understands and agrees to all conditions of the Request for Qualifications. Faxed or emailed responses will not be considered. All respondents must include executed Felony Conviction Form, Non-Collusion — Debarred/Suspension Notification, Conflict of Interest Questionnaire, W9, and all signed Addenda in their response submission.

Name of Vendor

Address/Zip

Date

Signature of Representative

Title

E-mail Address

Phone

REQUEST FOR QUALIFICATIONS

1. Intent and Scope of Contract

1.1 Background

The District is soliciting qualifications for property insurance consulting services from firms that have experience working with large school districts. Dickinson ISD has a total of twenty-eight occupied facilities including one high school, three junior high schools, three middle schools, seven elementary schools, two alternative schools, and seven administrative facilities. **The consulting service must have no affiliation with any insurance carriers.**

This RFQ is designed to provide interested parties with sufficient basic information to submit qualifications meeting minimal requirements, but it is not intended to limit a qualifier's content or excluding relevant or essential data.

1.2 Intent and Scope of Services

The primary goal of this RFQ process is to contract with an innovative and qualified Property Insurance Consultant who has a proven track record of providing quality and effective services at competitive rates. The successful respondent will have proven consulting excellence in all aspects of property insurance, including but not limited to, the topics listed below. Experience providing Property Insurance to one or more large public-school systems that are Non-DISD, will be viewed favorably.

- Develop, review, analyze, and manage the Request for Proposals for the District's property insurance policy
- Review vendor finalist presentations and facilitate development of recommendations
- Provide property insurance through fully insured contracts with property insurance companies or by contracting with third party administrators and supporting sub-contractors
- Assist with solicitation for qualified bids; conduct bidders' conferences as appropriate and provide follow-up answers to bidders' questions
- Insurance program and services procurement
- Regulatory compliance assistance with specific focus on nuances applicable to governmental entities
- Competitive benchmarking including comparative analysis to other District/Government programs
- Trending of claims with suggestions for risk mitigation
- District and employee advocacy with vendors
- Participate in consultation, and Board meetings
- Contract negotiation, review, and management

2. Special Requirements

This section contains minimum specific requirements that will be expected of the selected Consultant. You must indicate and confirm your ability to comply with all requirements. If you are unable to comply with one or more of these requirements, please note the item and your alternative offer in your response where indicated in this RFQ. You must respond to all requirements for your proposal to be considered complete.

2.1 Insurance Plans, Programs, Vendor Selection and Management

The selected Consultant will assist in Property Insurance Request for Proposal (RFP) development; Vendor Background Verification; Proposal Review, Analysis, and Summations; Vendor Interviews; Discussions and Negotiations; Review and Presentation of Best and Final Offers (BAFO); Preparation, Review, and Confirmation of all contractual documents in preparation for Board approval; Development of Recommendations to the Board of Directors; Presentations to Administrators and/or Board of Directors; follow-up monitoring of Awarded Contracts; and recommendations for changing of benefits and insurance programs. These activities may include but not be limited to the following:

- 2.1.1 Market the District to qualified insurance companies and/or benefits providers to include, but not limited to, canvassing of all known insurance markets, contact coordination with underwriters.
- 2.1.2 In the absence of the solicitation process (or in renewal years), the Consultant will assist in the negotiations for all renewals, but NOT without the participation and/or concurrence of the District.
- 2.1.3 Consultant must identify availability of markets for benefits coverage's including specialty coverage's; review contractual provisions; assess financial strength and stability of providers and potential providers; develop specifications for data loss reports; respond to information requests from the District; and assist in the review of claims and actuarial reports.
- 2.1.4 Consultant will read and review insurance policies and identify areas that conflict with specifications required by the District.
- 2.1.5 Monitor ratings of insurance and benefits providers that are providing services to the District to ensure the minimum ratings are maintained. Assist in obtaining replacement providers if ratings of incumbent providers fall below the minimum ratings required by the District.
- 2.1.6 Participate in audits, as requested by the District, to provide statistical and operational information to include, but not limited to, all aspects of a comprehensive, objective review of the received and processed claims to determine whether the claims are adjudicated according to contractual performance standards, appropriate benefits, and industry standards.
- 2.1.7 Develop and assist in execution of transition plans from old provider and/or Third-Party Administrator (TPA) to new provider and/or TPA as required. Assist the district in aligning insurance policies to have concurrent policy dates.

- 2.1.8 Provide services for design and management of the District's insurance programs and act as liaison and/or District advocate between District and service providers and/or TPA's.

2.2 Financial Reporting, Trending and Market Analysis

- 2.2.1 The selected Consultant will provide financial reporting, trending, and market analysis for the following programs/plans:
- a. Property, Boiler, and Terrorism
- 2.2.2 The Consultant will assist the District with premium funding projections for the property insurance plan before the annual budget process.
- 2.2.3 The Consultant will assist the District with obtaining or providing forecasting and analysis for:
- a. Short-Term budget projections
 - b. Long-Term budget projections
- 2.2.4 The selected Consultant will conduct actuarial analysis, cost containment analyses and/or trend analyses as required and provide timely recommendations to the District for its property insurance.
- 2.2.5 Provide periodic reports (status, financial, statistical, etc.) of the District's insurance program.

2.3 Consultative Support, Guidance and Education

- 2.3.1 Provide the District with overall consultative support, guidance and education with plan management, contract compliance, and quality assurance services including, but not limited to, the following:
- Awareness and education on emerging legislative changes relevant to the public-school sector
 - Coordinate claims
 - Appeals and exception processing support
 - Recommendations for innovative strategies and program design to include assistance establishing protocols and solutions for emerging risks and market changes
 - Provide advocacy services for the District with insurance vendors

3. Respondent's Submittal

Summary of Qualifications

- 3.1 The questions included in this RFQ are designed to verify the Consultant's ability and willingness to meet various requirements and expectations about the services provided to the District.

- 3.2 When responding to the questions please be concise, yet specific with answers. If a numbered question is adequately addressed in a section of your proposal, please reference that section, but still respond to question on the questionnaire. The response could be highlighted in the body of the proposal for further clarification.
- 3.3 The State of Texas Open Records Act applies to this RFQ. Proposer agrees and acknowledges that all documents submitted in response to, and all bids/proposals are subject to disclosure under the State of Texas Open Records Act. Bidder/Proposer must contact Legal Services in writing to request the information.
- 3.4 The district will not honor any attempt by a respondent either to designate its entire response as proprietary and/or to claim copyright protection for its entire response.
- 3.5 Provide a summary of why your firm is uniquely qualified to provide plans and consulting services to the District, include details outlining your firm's knowledge and understanding of the District.
- 3.6 To help us best determine your firm's overall qualifications and abilities to handle the specific items addressed "Statement of Work" sections of this RFQ, please provide the following information:
- 3.6.1 Date company founded.
 - 3.6.2 Total number of employees.
 - 3.6.3 Number of public entity clients for property & casualty insurance and number of Texas school district clients for property & casualty insurance.
 - 3.6.4 Please explain what separates your company from its competitors and what specifically qualifies you to be an agent for the District.
 - 3.6.5 Please describe your vision of the relationship with the District as the Property Insurance Agent.
 - 3.6.6 Please list three of your most significant accomplishments on behalf of a Texas Independent School District. For each accomplishment, please include a client or former client with phone number who can confirm each accomplishment. (Format provided in section 5). Provide three current references of Texas governmental clients (Format provided in section 6).
 - 3.6.7 Please describe your working relationship with insurance carriers. Are there any existing or potential relationships between your firm and insurance carriers and/or vendors that could lessen your independence and objectivity because of a perceived or actual conflict of interest?
 - 3.6.8 Please provide your firm's Errors & Omissions insurance limits, carrier name and financial rating of the carrier. Please include the effective date of the current policy.
 - 3.6.9 Please provide your company's financial rating via AM Best and Moody's.

- 3.6.10 Please provide a list of the active licenses for the Property Insurance and Consulting services of the key individuals proposed to work on the District's account.
- 3.6.11 Please list the due diligence steps you normally conduct before recommending a carrier to your client(s).
- 3.6.12 Please disclose if your firm is involved in any current or pending litigation involving any school district. Disclosure will NOT be grounds for automatic disqualification: however, failure to disclose will be grounds for disqualification/termination.
- 3.6.13 Have there been any judgments against your firm under current or former company name, or its employees within the last three (3) years in which the firm or its employee(s) was/were adjudicated liable for professional malpractice?
- 3.6.14 Within the most recent ten (10) years, has your company/agency or any of its owners been involved in any bankruptcy or reorganization proceedings?
- 3.6.15 Detail your firm's overall qualifications and abilities to handle the specific items listed in the Intent and Scope of Contract section.
- 3.6.16 The District will require that the selected company designate a Dedicated Account Representative(s) who will be available to always provide services to the District during the term of the contract. Please state who this Dedicated Account Representative will be, where they are located, and please provide a detailed summary of his/her work experience and educational background.
- 3.6.17 Please indicate whether there is an anticipated departure of the Dedicated Account Representative within the next 3 years.
- 3.6.18 Describe how the District would benefit from your market position.
- 3.6.19 Describe your company's fee structure for the services outlined in this request for qualifications.

4. Acknowledgement of Specific Requirements

Please Mark One

Name of Consulting Firm

- ☐ Consulting Firm has read and agrees to comply with all requirements contained within this section, Specific Requirements.
- ☐ Consulting Firm has read and agrees to comply with all requirements contained within this section, Specific Requirements EXCEPT: (please list section title, item number and any alternative offer)

Section Title	Item Number	Alternative Offer
Example: Request for Proposal Submission Requirements	1	If you are unable to provide 3 copies state that and explain how many you will provide.

Printed Name of Consulting Representative

Title

Signature

Date

5. Accomplishments (Reference 3.6.6)

Please list three of your most significant accomplishments on behalf of a Texas Independent School District. For each accomplishment, please include a client or former client with phone number who can confirm each accomplishment.

Submit your list in the following format:

Customer Name & Location	Contact Name/Phone Number/E-mail	Significant Accomplishment	Public Entity or School District

6. Reference

6.1 Governmental Client information (School Districts preferred)

Proposer must submit three (3) Non-DISD references for which, any or all, Property Insurance Consulting Services are provided. Educational agencies K-12 is preferred. Failure to provide references as requested may cause proposal to be deemed non-responsive.

Company

Contact Person

Phone

Email

1.

2.

3.

4.

Note: "Please indicate (by labeling this form "Confidential") whether you consider as confidential the references provided above. If so and subject to decision by the Texas Attorney General, information provided below or provided by a reference may not be publicly disclosed if such information (1) is confidential by law, (2) would give advantage to a competitor or bidder, or (3) constitutes a trade secret or commercial/financial information which, if released, would cause substantial competitive harm to the person/entity providing the information."

7. General Confirmations

Check "Yes" to state you conform to the requirements below, "No" if you do not conform to the requirements, and "Deviation" if you cannot answer with "Yes" or "No". Provide an explanation for the deviation.

	Yes	No	Deviation
You represent and warrant that all personnel that would be involved in this agreement are in good standing in the State of Texas and the state of your incorporation. In addition, you represent your firm is qualified to do business in Texas, that you have all licenses, certificates, and permits necessary or required to provide such services.			
You have provided copies of current property insurance licenses and E&O policies with this proposal for all personnel that would be working under this agreement.			
You agree not to serve the District during the term of the agreement in any other capacity where any potential conflicts of interest could be inferred.			

8. Evaluation Criteria

Proposals will be evaluated based on demonstrated competence and qualifications in accordance with the Government Code 2254.004. In addition, the District's evaluation team will review the responses and may request additional information, including conducting discussions and/or interviews as deemed appropriate.

9. Required Forms

The Suspension or Debarment Certificate, Felony Conviction Notices, Non- Collusion Disclosure, Conflict of Interest Questionnaire, HB 89, SB 252 forms **must be properly signed and returned with your responses.**

10. Insurance

10.1 All respondents are required to provide proof of the following insurance coverage with their proposal:

Minimum Insurance Requirement's Schedule

Contractor shall always purchase and maintain in force during the term of the contract, until the project is finally completed and accepted by Owner, insurance covering: Bodily injury and property damage liability insurance in at least the following types with the minimum limits as checked below:

☐

Commercial General Liability

General Aggregate Limit	\$1,000,000
Product/Completed Operations Aggregate	\$1,000,000
Personal and Advertising Injury	\$500,000
Each Occurrence Limit	\$500,000

☐

Excess Liability

Umbrella Form Aggregate	\$5,000,000
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☐

Automobile Liability covering owned, non-owned, and hired automobiles

Combined Single Limits	\$1,000,000
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☐

Workers' Compensation

All insurance must be written by insurance companies, which are rated in the A.M. Best Key Rating Guide-Property & Casualty with a policyholder's rating of "A" and a financial size category of Class VII. The Owner is to be named as additional insured in the policy and a waiver of subrogation shall be provided to the Owner. Contractor shall provide notification of cancellation, in writing, thirty (30) days prior to termination date.

☐

Errors & Omissions

Professional Liability	\$5,000,000
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DEBARMENT STATEMENT

CERTIFICATION REGARDING DEBARMENT SUSPENSION AND OTHER RESPONSIBILITY MATTERS

(Executive Order 12549, Debarment and Suspension, 34 CFR Part 85)

Consultant certifies to the best of its knowledge and belief, that it and its principals:

- 1) ARE NOT presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency.

☐

YES

☐

NO

- 2) HAVE NOT within a three-year period preceding award of this consulting agreement been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or Local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

☐

YES

☐

NO

- 3) ARE NOT presently indicted for or otherwise criminally charged by a governmental entity (Federal, State or Local) with commission of any of the offenses enumerated in 34 CFR Part 85 Paragraph (2)(b)

☐

YES

☐

NO

- 4) HAVE NOT within a three-year period preceding award of this consulting agreement had one or more public transactions (Federal, State or Local) terminated for cause or default.

☐

YES

☐

NO

Consultant Signature

Date

Typed or Printed Name

FELONY CONVICTION NOTICE

Senate Bill 1 passed by the State of Texas Legislators, Section 44.034, Notification of Criminal History, Subsection (a) states "a person or business entity that enters into a contract with a school the District must give **advance notice** to the District if the person or owner or operator of the business entity has been convicted of a felony." The notice must include a general description of the conduct resulting in the conviction of a felony.

Subsection (b) states "a school the District may terminate a contract with a person or business entity if the District determines that the person or business entity failed to give notice as required by Subsection (a) or misrepresented the conduct resulting in the conviction." The District must compensate the person or business entity for services performed before the termination of the contract.

I, the undersigned agent for the firm named below, certify that the information concerning notification of felony conviction has been reviewed by me and the following information furnished is true to the best of my knowledge.

Vendor's Name: _____

Authorized Company Official's Name (please print): _____

A. My firm is not owned nor operated by anyone who has been convicted of a felony.

Signature of Company Official _____

B. My firm is owned or operated by the following individual(s) who has/have been convicted of a felony:

Name of Felon(s) _____

Details of Conviction(s) _____

Signature of Company Official _____ Date _____

C. My firm is a publicly owned, stock-exchange corporation; therefore, this reporting requirement is not required.

Signature of Company Official _____

NON-COLLUSIVE BIDDING CERTIFICATE & ACKNOWLEDGMENT

By submission of this Bid, the Vendor certifies that: (a) the Bid has been independently arrived at without collusion with any other vendor or with any competitor. (b) The Bid has not been knowingly disclosed and shall not be knowingly disclosed, prior to the opening of Bids for this project, to any other vendor, competitor, or potential competitor. (c) No attempt has been or will be made to induce any other person, partnership, or corporation to submit or not to submit a Bid. (d) The person signing this Bid certifies that he has fully informed himself regarding the accuracy of the statements contained in this certification and under the penalties being applicable to the Vendor as well as to the person signing in its behalf.

I certify that the above information is true and correct.

☐

YES

Consultant Signature

Date

House Bill 89 Certification

I, _____, the undersigned representative of

_____ Company or Business name

(hereafter referred to as company) being an adult over the age of eighteen (18) years of age, verify that the company named above, under the provisions of Subtitle F, Title 10, Government Code Chapter 2270:

1. Does not boycott Israel currently; and
2. Will not boycott Israel during the term of the contract the above-named Company, business or individual with the Dickinson Independent School District. *Pursuant to Section 2270.001, Texas Government Code:*
 1. *"Boycott Israel" means refusing to deal with, terminating business activities with, or otherwise taking any action that is intended to penalize, inflict economic harm on, or limit commercial relations specifically with Israel, or with a person or entity doing business in Israel or in an Israeli-controlled territory, but does not include an action made for ordinary business purposes; and*
 2. *"Company" means a for-profit sole proprietorship, organization, association, corporation, partnership, joint venture, limited partnership, limited liability partnership, or any limited liability company, including a wholly owned subsidiary, majority-owned subsidiary, parent company or affiliate of those entities or business associations that exist to make a profit.*

Senate Bill 252 Ch. 2252 Certification

Pursuant to Texas Government Code, Chapter 2252, Section 2252.152, and Section 2252.153, certify that the company named above is not listed on the website of the Comptroller of the State of Texas concerning the listing of companies that are identified under Section 806.051, Section 807.051, or Section 2253.153. I further certify that should the above-named company enter into a contract that is on said listing of companies on the website of the Comptroller of the State of Texas which do business with Iran, Sudan, or any Foreign Terrorist Organization, I will immediately notify the Dickinson Independent School District's Purchasing Department.

Signature of Company Representative

Date

CONFLICT OF INTEREST QUESTIONNAIRE

FORM CIQ

For vendor doing business with local governmental entity

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.

This questionnaire is being filed in accordance with Chapter 176, Local Government Code, by a vendor who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the vendor meets requirements under Section 176.006(a).

By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the vendor becomes aware of facts that require the statement to be filed. See Section 176.006(a-1), Local Government Code.

A vendor commits an offense if the vendor knowingly violates Section 176.006, Local Government Code. An offense under this section is a misdemeanor.

OFFICE USE ONLY

Date Received

1 Name of vendor who has a business relationship with local governmental entity.

2 ☐ **Check this box if you are filing an update to a previously filed questionnaire.** (The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)

3 Name of local government officer about whom the information is being disclosed.

Name of Officer

4 Describe each employment or other business relationship with the local government officer, or a family member of the officer, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the local government officer. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary.

A. Is the local government officer or a family member of the officer receiving or likely to receive taxable income, other than investment income, from the vendor?

☐ Yes ☐ No

B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer or a family member of the officer AND the taxable income is not received from the local governmental entity?

☐ Yes ☐ No

5 Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership interest of one percent or more.

6 ☐ Check this box if the vendor has given the local government officer or a family member of the officer one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).

7

Signature of vendor doing business with the governmental entity

Date

CONFLICT OF INTEREST QUESTIONNAIRE

For vendor doing business with local governmental entity

A complete copy of Chapter 176 of the Local Government Code may be found at <http://www.statutes.legis.state.tx.us/Docs/LG/htm/LG.176.htm>. For easy reference, below are some of the sections cited on this form.

Local Government Code § 176.001(1-a): "Business relationship" means a connection between two or more parties based on commercial activity of one of the parties. The term does not include a connection based on:

- (A) a transaction that is subject to rate or fee regulation by a federal, state, or local governmental entity or an agency of a federal, state, or local governmental entity;
- (B) a transaction conducted at a price and subject to terms available to the public; or
- (C) a purchase or lease of goods or services from a person that is chartered by a state or federal agency and that is subject to regular examination by, and reporting to, that agency.

Local Government Code § 176.003(a)(2)(A) and (B):

- (a) A local government officer shall file a conflicts disclosure statement with respect to a vendor if:

- (2) the vendor:

(A) has an employment or other business relationship with the local government officer or a family member of the officer that results in the officer or family member receiving taxable income, other than investment income, that exceeds \$2,500 during the 12-month period preceding the date that the officer becomes aware that

(i) a contract between the local governmental entity and vendor has been executed;
or

(ii) the local governmental entity is considering entering into a contract with the vendor;

(B) has given to the local government officer or a family member of the officer one or more gifts that have an aggregate value of more than \$100 in the 12-month period preceding the date the officer becomes aware that:

- (i) a contract between the local governmental entity and vendor has been executed; or
- (ii) the local governmental entity is considering entering into a contract with the vendor.

Local Government Code § 176.006(a) and (a-1)

- (a) A vendor shall file a completed conflict of interest questionnaire if the vendor has a business relationship with a local governmental entity and:

(1) has an employment or other business relationship with a local government officer of that local governmental entity, or a family member of the officer, described by Section 176.003(a)(2)(A);

(2) has given a local government officer of that local governmental entity, or a family member of the officer, one or more gifts with the aggregate value specified by Section 176.003(a)(2)(B), excluding any gift described by Section 176.003(a-1); or

(3) has a family relationship with a local government officer of that local governmental entity.

- (a-1) The completed conflict of interest questionnaire must be filed with the appropriate records administrator not later than the seventh business day after the later of:

- (1) the date that the vendor:

(A) begins discussions or negotiations to enter into a contract with the local governmental entity; or

(B) submits to the local governmental entity an application, response to a request for proposals or bids, correspondence, or another writing related to a potential contract with the local governmental entity; or

- (2) the date the vendor becomes aware:

(A) of an employment or other business relationship with a local government officer, or a family member of the officer, described by Subsection (a);

(B) that the vendor has given one or more gifts described by Subsection (a); or

(C) of a family relationship with a local government officer.

**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.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	
	2 Business name/disregarded entity name, if different from above.	
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> 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 Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>	
	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. See also *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
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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.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they