



Commercial Insurance Response to Request for Proposal

# Northwest Fire District

Presented by Bob Rice,  
Executive Vice President &  
Insurance Advisor

Jan. 12, 2024

**COPY**

**THE  
MAHONEY  
GROUP®**

**Confidence to Face Whatever Lies Ahead**

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To all it may concern,

Thank you for the opportunity to present The Mahoney Group's capabilities to the Northwest Fire District. We are honored to be included in your selection process. Our responses to your questions can be found on the pages that follow.

We believe we have the breadth of experience and market leverage to make us the best partner possible for the Northwest Fire District. What doesn't always come across in an RFP process is our passion for what we do or our commitment to the clients we represent. We've been in business for more than 100 years and have thousands of clients nationwide. But the real measure of our firm is in our values and priorities.

We work hard at exceeding client expectations, delivering on our promises, and building a lasting service relationship. At many brokerages, clients get lost in the race to increase volume and generate higher profits. That's not our approach and, given our history, we hope you've felt The Mahoney Group difference in all the years we've worked together.

As we have in the past, we're putting our "A" Team on your account. That includes seasoned account managers, risk managers and others with deep knowledge of the insurance industry and a commitment to understanding your unique needs.

Thank you once more for considering us. We look forward to your questions and discussing how The Mahoney Group can best serve you.

Bob Rice  
Executive Vice President  
Insurance Advisor  
The Mahoney Group



## Tab 1: Executive Summary

### Proposed Solution

Our proposal, built on five years of partnership, focuses on brokering comprehensive, cost-effective coverage specifically designed for firefighting risks. The key highlights:

**Customized Coverage, Competitive Pricing, Dedicated Support:** As we have in the past, we will continue to offer a complete risk assessment to create insurance plans covering property, liability, and personnel, addressing the unique challenges of firefighting. Leveraging our relationships with various insurers, we can confidently ensure competitive rates and coverage that best meets the district's needs. Our experienced team provides personalized and responsive service, including efficient claims handling and risk management training.

### Cost of Services

As we have over the past five years, we would continue to charge a flat fee annually on your VFIS Package. We also would continue relying on standard commissions for your Professional Liability and Cyber policies.

### Implementation Plan

Our implementation plan includes:

**Market Analysis and Strategic Marketing:** Our market analysis includes assessing the prevailing insurance landscape and identifying potential changes, trends, and emerging risks. We will then compile a comprehensive submission package that effectively presents your risk profile, loss history, and other pertinent information to insurance providers.

**Timelines and Planning:** We will collaborate closely with you to define key dates, including submission deadlines, carrier responses, and decision-making timelines.

**Annual Stewardship Review and Report:** Alongside our regular check-ins, we conduct an Annual Stewardship Review where analyze the effectiveness of the policies in place and identify areas for improvement or adjustment. This ensures our services remain relevant and valuable to you.

## Tab 2: Our History

Founded in 1915, The Mahoney Group has over the decades grown from a small, family-owned business to one of the largest independent insurance and employee benefits brokerages in the U.S. We are, in fact, the largest independent insurance agency in Arizona and have brokered liability insurance services since our inception more than 100 years ago.

Over the decades, we've seen world wars, economic downturns, moments where our own ambitions posed an existential threat. In other words, we've seen and experienced quite a lot since our company was established in Ray, a small mining town in central Arizona. It took luck, grit, and a team of incredibly talented and dedicated people to get here.

Employing 220 insurance professionals today, The Mahoney Group has 11 offices in seven states. We operate five offices in Arizona. Our Tucson address is:

**The Mahoney Group**  
**5330 N. La Cholla Blvd.**  
**Tucson, AZ 85741**

The Mahoney Group is employee-owned, and unlike publicly traded competitors whose focus seems to be on profitability above all else, we have the luxury of putting our clients' best interests first.

## Tab 3: Description of Services

We believe the role of a broker goes beyond simply facilitating transactions between clients and insurance carriers. We view our role as a trusted advisor and advocate for our clients, helping them navigate the complexities of risk management and insurance.

Our services include all items as listed in your RFP in Section 1, Scope of Services, under Special Terms and Conditions on Page 9, including:

**1. Risk Advisory:** We help our clients identify and understand their risk exposures and advise them on the most effective strategies to manage these risks.

**2. Insurer Selection and Negotiation:** We leverage our relationships with carriers to secure optimal coverage terms for our clients, ensuring their insurance programs align with their risk profiles and business goals. We seek out carriers that have a proven track record in your sector and have demonstrated their ability to provide high-quality coverage and service. We prioritize carriers that offer comprehensive coverage options, competitive pricing, financial stability, and exceptional claims service.

**3. Risk Forecasting:** To anticipate future exposures, we closely monitor industry trends, regulatory changes, and emerging risks. We also engage in scenario analysis to understand how potential changes in your operations could impact your risk profile.

**4. Risk Control and Mitigation:** Once risks are identified, we develop and implement tailored risk control strategies to minimize their likelihood and impact. This may include implementing safety protocols, enhancing operational processes, improving security measures, and adopting best practices. By proactively addressing potential risks, we aim to prevent incidents and reduce the frequency and severity of losses.

**5. Data Analysis and Insights:** We leverage advanced data analytics tools to analyze historical and real-time claims data, enabling us to identify trends, patterns, and areas of potential risk concentration. This data-driven approach helps us make informed decisions, implement targeted risk management strategies, and continuously improve risk control measures.

**5. Benchmarking.** We consider benchmarking as an integral part of our service delivery, as it provides valuable insights into industry standards and aids us in designing optimal insurance solutions for our clients. As part of our benchmarking process, we conduct a peer group analysis, comparing your insurance programs and risk management strategies against similar public entities nationwide in terms of size, operation, and exposure. This enables us to assess the competitiveness of your policies and identify potential enhancements.

By following this comprehensive philosophy for controlling the total cost of risk, we aim to optimize risk management practices, minimize financial losses, and enhance your operational efficiency.

## Tab 4: Statement of Qualifications

**Legal name:** M&O Agencies Inc.

**Years in business:** 108

**Size of our company:** 11 offices in seven states.

**No. of employees companywide:** 220 employees

**Location from which your account will be serviced:** Tucson

**No. of employees assigned to your account:** Five

**Qualifications of professional staff:** Every Mahoney Group employee on the team serving the district is a fully licensed insurance professional. Please refer to Tab 5 for biographies on principal members of the team.

**Ownership structure:** The Mahoney Group is an employee-owned corporation.

**A.** Headquartered in Mesa, Ariz., our firm serves thousands of public and private entities in Arizona and beyond, providing a comprehensive suite of services designed to manage and mitigate a host of risk exposures. That list includes:

- Insurance Brokerage Services
- Risk Assessment and Consultation
- Claims Management
- Loss Control Services
- Self-Funding Services
- Legislative and Regulatory Updates
- Safety Training

**B.** The Mahoney Group is licensed to do business in Arizona (and in every other state in the U.S.) and meets all licensing and other requirements imposed by State and Federal laws and regulations.

**C.** Our management staff includes professionals with deep industry experience serving public safety entities. The team assigned to your account would include professionals who lead practice areas in our firm, are partner-owners, have advanced insurance designations and have a cumulative 100+ years of experience.

**D.** The Mahoney Group possesses knowledge of all applicable laws, regulations and codes and is fluent with the local conditions and trends relating to liability insurance in Arizona.



**E.** The Mahoney Group has more than 100 years of experience in casualty commercial lines and serves as the insurance broker of record for public entities with annual premiums exceeding \$700,000, in Arizona and elsewhere.

**F.** The Mahoney Group, which is ranked as the 53<sup>rd</sup> largest independent brokerage in the U.S., serves a client base with total annual premium volumes that approaches \$500 million.

## Tab 5: Licensing

The insurance professionals responsible for servicing your account are all properly licensed to practice in Arizona. They include:

**Bob Rice**, Executive Vice President, Partner, license #6728772. Bob would serve as the primary insurance advisor. He has been with The Mahoney Group since 2002. Bob manages new insurance products, markets, and regulations for his clients and for the agency as a whole. He works closely with key companies that specialize in fire districts to ensure guidelines are upheld and customer satisfaction is achieved.

**Shawna Hetz**, Account Manager, Arizona license #15704677. Shawna would serve as your primary account manager. She is a designated account manager for Bob Rice and currently working as the primary account manager for several other fire districts across Arizona. She has been licensed since 2010 and holds a Certified Insurance Service Representative designation. She will be available to help the Northwest Fire District team as needed. In addition to fire districts, Shawna works on other large accounts for nonprofit organizations in Tucson.

**Teresa Moctezuma**, Client Service Agent, Arizona license #20098861. Teresa would serve as your primary Client Service Agent. Teresa has extensive background in customer service. She would be available to help NWFD as needed and will work closely with your team on ensuring uninterrupted coverage during the policy period.

**Teresa Miller**, Account Manager, Arizona license #8033868. Teresa serves as the other Account Manager on Bob Rice's team. Teresa and Shawna work closely together to set properties and manage work flows to ensure efficient, timely, and accurate processing of transactions and maintain effective communication with all clients. She has been licensed since 2004 and holds a Certified Insurance Counselor designation.

**Mary Wells**, VP, Strategic Risk Management Services, Minnesota license #21022352. A widely-known expert in risk management and workers' compensation, Mary works with employers in their efforts to control the cost of risk by identifying, preventing, and mitigating risk and developing effective claim management and cost-containment programs. Mary holds a Minnesota property and casualty insurance

license and serves on several industry boards, including the Minnesota Workers' Compensation Symposium, Claims and Litigation Management Alliance (CLM).

## Tab 6: Cost of Services

Over the past five years, The Mahoney Group has charged the District a flat fee of \$15,000 on its VFIS Package policy. We believe that this fee is below the standard percentage-based fee that most brokerages would charge. We propose to continue to receive our compensation on the VFIS Package based on \$16,500 flat fee. We also will continue the standard percentage-based commission for your Professional Liability and Cyber policies. We believe that this proposed approach not only fosters trust but guarantees that our objectives are aligned with those of our clients.

**Appendix I Cost Summary:** Can be found on the following page.

**APPENDIX I: COST SUMMARY****OFFEROR NAME:** The Mahoney Group

The dollar cost bid shall contain all pricing information relative to Liability Insurance Broker Services as described in this request for proposal. The total all-inclusive maximum price to be bid is to contain all direct and indirect costs including all out-of-pocket expenses.

<b>TAB 8 – COST SUMMARY</b>					
Use this form to indicate total costs for Liability Insurance Broker Services.					
<b>RECURRING ANNUAL COSTS</b>					
<b>Item</b>	<b>Total Annual Cost</b>				
	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Year 4</b>	<b>Year 5</b>
Liability Insurance Broker Services	\$16,500	\$16,500	\$16,500	\$16,500	\$16,500
<b>Total:*</b>	\$16,500	\$16,500	\$16,500	\$16,500	\$16,500

\*Total annual costs does not include Cyber and Professional percentage commission for Brokerage Services, as there is no way to calculate this fee based on future premiums.

**END OF APPENDIX I**

**APPENDIX II: MINIMUM QUALIFICATIONS VERIFICATION FORM****OFFEROR NAME:** The Mahoney Group

Proposals not meeting the minimum qualifications will be deemed *NON RESPONSIVE* and will not be considered for further evaluation.

If defined in this solicitation, provide documented and verifiable evidence that your firm satisfies the Minimum Requirements, and indicate what/if attachments are submitted.

ITEM NO.	MINIMUM QUALIFICATIONS	COMPLIANCE YES/NO (SELECT ONE)	DOCUMENT TITLE AND NUMBER OF PAGES SUBMITTED FOR EACH DOCUMENT
1	Minimum qualifications of the offeror's company	<input checked="" type="radio"/> Yes <input type="radio"/> No	Statement of Qualifications (2 pages)
2	Minimum qualifications of the proposed key personnel	<input checked="" type="radio"/> Yes <input type="radio"/> No	Licensing (2 pages)
3	Provide copies of license, certifications, accreditation, etc.	<input checked="" type="radio"/> Yes <input type="radio"/> No	Arizona Insurance License (4 Pages) Minnesota Department of Commerce- Resident Insurance Producer (1 Page)
4	Additional MQ if any.	Yes <input checked="" type="radio"/> No	

Submitted by (Printed Name and Title): Bob Rice, Executive Vice President Initial:  Date: 1/5/2024

**END OF APPENDIX II**

**ROBERT THOMAS RICE**  
C/O MAHONEY GROUP (THE)  
5330 N LA CHOLLA BLVD  
TUCSON AZ 85741-3815

## ARIZONA INSURANCE LICENSE

License No: 6728772

***ROBERT THOMAS RICE***

5330 N LA CHOLLA BLVD  
TUCSON AZ 85741-3815

RESIDENT

**As of January 05, 2024**

LICENSE CLASS	FIRST ACTIVE DATE	LICENSE EFFECTIVE DATE	LICENSE EXPIRATION DATE	LINES OF AUTHORITY	LOA EFFECTIVE DATE
Insurance Producer	10/01/2001	08/01/2023	07/31/2027	Casualty	10/01/2001
				Life	10/01/2001
				Property	10/01/2001
				Accident and Health or Sickness	10/01/2001

APPOINTMENT DATA IS NOT COLLECTED, TRACKED OR MAINTAINED IN ARIZONA.

Arizona Department of Insurance and Financial Institutions  
100 N 15th Ave, Suite 261  
Phoenix, AZ 85007-2630

SHAWNA J HETZ

## ARIZONA INSURANCE LICENSE

License No: 15704677

**SHAWNA J HETZ**

6245 EAST BROADWAY BLVD

TUCSON AZ 85711

RESIDENT

**As of December 22, 2023**

LICENSE CLASS	FIRST ACTIVE DATE	LICENSE EFFECTIVE DATE	LICENSE EXPIRATION DATE	LINES OF AUTHORITY	LOA EFFECTIVE DATE
Insurance Producer	06/19/2019	01/01/2023	12/31/2026	Casualty Property	06/19/2019 06/19/2019

APPOINTMENT DATA IS NOT COLLECTED, TRACKED OR MAINTAINED IN ARIZONA.

Arizona Department of Insurance and Financial Institutions

100 N 15th Ave, Suite 261

Phoenix, AZ 85007-2630



**TERESA ELAINE MILLER**  
12015 W FORMOSA LN  
MARANA AZ 85653-7934

## ARIZONA INSURANCE LICENSE

License No: 8033868

***TERESA ELAINE MILLER***

5330 N LA CHOLLA BLVD  
TUCSON AZ 85741-3815

RESIDENT

**As of January 05, 2024**

LICENSE CLASS	FIRST ACTIVE DATE	LICENSE EFFECTIVE DATE	LICENSE EXPIRATION DATE	LINES OF AUTHORITY	LOA EFFECTIVE DATE
Insurance Producer	03/30/2004	09/01/2021	08/31/2025	Life	12/10/2007
				Accident and Health or Sickness	12/10/2007
				Casualty	03/30/2004
				Property	03/30/2004

APPOINTMENT DATA IS NOT COLLECTED, TRACKED OR MAINTAINED IN ARIZONA.

Arizona Department of Insurance and Financial Institutions  
100 N 15th Ave, Suite 261  
Phoenix, AZ 85007-2630

# ARIZONA INSURANCE LICENSE

License No: 20098861

***MARIA TERESA MOCTEZUMA***

5330 N. CHOLLA BLVD  
TUCSON AZ 85741

RESIDENT

**As of December 22, 2023**

LICENSE CLASS	FIRST ACTIVE DATE	LICENSE EFFECTIVE DATE	LICENSE EXPIRATION DATE	LINES OF AUTHORITY	LOA EFFECTIVE DATE
Insurance Producer	10/12/2021	10/12/2021	03/31/2025	Casualty Property	10/12/2021 10/12/2021

APPOINTMENT DATA IS NOT COLLECTED, TRACKED OR MAINTAINED IN ARIZONA.

Arizona Department of Insurance and Financial Institutions  
100 N 15th Ave, Suite 261  
Phoenix, AZ 85007-2630



# Minnesota Department of Commerce

## Resident Insurance Producer

Casualty, Property

**MARY J WELLS**

EDEN PRAIRIE, MN 55344

**is authorized to transact business as described above**

License No: 20122352

Issue Date: 01-07-1998

Expiration Date: 05-31-2023

Generated by Sircon 267745388

**State of Minnesota  
Department of Commerce**

THIS IS TO CERTIFY THAT

**MARY J WELLS**  
EDEN PRAIRIE, MN 55344

LICENSE NUMBER: 20122352



IS HEREBY AUTHORIZED TO TRANSACT BUSINESS  
IN ACCORDANCE TO THE LICENSE DESCRIPTION  
SHOWN BELOW:

**Resident Insurance Producer**  
Casualty, Property

Issue Date: 01-07-1998

Expiration Date: 05-31-2023

Generated by Sircon 267745388

**EXHIBIT A**

**PAST PERFORMANCE VERIFICATION EVALUATION SUBMITTALS**

**LIST OF THOSE AGENCIES OR FIRMS WHO WILL BE SUBMITTING EVALUATIONS TO NWFD**

Please list the agency or firm name, address, phone number and contact information for the firms that will be providing the Past Performance Verification Form. It is the **responsibility of the firm** to ensure that NWFD receives all of the Past Performance Verification Forms prior to the submittal deadline. Failure to provide evaluations by date and time specified will result in no score for that specific evaluation.

1. Green Valley Fire District  
1285 W. Camino Encanto Green Valley, AZ 85622  
Chief Chuck Wunder  
(520) 625-9400
  
2. Drexel Heights Fire District  
5950 S. Cardinal Avenue, Tucson, AZ 85746  
Chief Douglas Chappell  
(520) 871-8700
  
3. Three Points Fire District  
10351 S Sasabe Hwy., Tucson, AZ 85736  
Monica Milburg  
(520) 822-1086

**END OF APPENDIX III**

**APPENDIX III: PAST PERFORMANCE VERIFICATION FORM (PPVF)**

Offerors shall provide a minimum of three (3) references from present or past clients. Provide contact information including name of the client, address, telephone number, and email address.

Provide this form to the Owner or Owner's representative directly responsible for oversight of the contract to complete and submit via mail or fax prior to the date and time listed below. If the form is received after the date and time specified it will not be accepted. Due Date and Time: Friday, January 12, 2024 at 11:00 am AZ time

Please email to [procurement@nwfdaz.gov](mailto:procurement@nwfdaz.gov) by the date and time shown above.

**PLEASE COMPLETE EACH AND EVERY SECTION**

Name of Vendor for whom reference is given: Green Valley Fire District...

Your organization's business name: The Mahoney Group

Your Name and title: Chief Chuck Wunder

Telephone number: (520) 625-9400 E-Mail address: cwunder@gvfire.org

- Did Vendor provide your organization with Liability Insurance Broker Services  
Yes ☐ No ☒ Service was provided from: 07/01/2015 to: Current

- Did Vendor meet all contract requirements satisfactorily: Yes ☒ No ☐

- What type of products/services did this Vendor provide to your organization?

Broker for Healthcare Insurance, Liability Insurance, and Worker's Compensation.

- How satisfied are you with the quality of services provided by Vendor?

Very Satisfied.

**PLEASE RATE THE FOLLOWING ITEMS (circle one):**

	<i>Unsatisfactory</i>	<i>Below Average</i>	<i>Average</i>	<i>Above Average</i>	<i>Exceptional</i>
1. Communications with Vendor:	0	1	2	<b>3</b>	4
Comments:					
2. Understanding of contract requirements:	0	1	2	<b>3</b>	4
Comments:					
3. Vendor knowledge of Liability Insurance Broker Services:	0	1	2	<b>3</b>	4
Comments:					
4. Vendor's record keeping and billing accuracy	0	1	2	<b>3</b>	4
Comments:					
5. Vendor's responsiveness and success at addressing problems that arise:	0	1	2	3	<b>4</b>
Comments:					
6. Overall satisfaction with Vendor.	0	1	2	3	4
Comments:					

**PAST PERFORMANCE VERIFICATION FORM (CONT.)**

7. What are their strengths as a Liability Insurance Broker Service provider?

We find the Mahoney Group to be extremely responsive to our needs and competent in the services they provide. We appreciate the work they do each year to make sure we receive the best possible value for our money. We are also pleased with our dedicated client representatives. This makes it easy to whatever concern or need we have.

8. What are their drawbacks as a Liability Insurance Broker Service and Installation provider?

We have not found any drawbacks with the Mahoney Group.

9. Any other information that you would like to share about the Vendor:

We have worked with the Mahoney Group for more than 10 years and found them to be familiar with our industry and reliable and helpful with the products of service they provide.

**APPENDIX III: PAST PERFORMANCE VERIFICATION FORM (PPVF)**

Offerors shall provide a minimum of three (3) references from present or past clients. Provide contact information including name of the client, address, telephone number, and email address.

Provide this form to the Owner or Owner's representative directly responsible for oversight of the contract to complete and submit via mail or fax prior to the date and time listed below. If the form is received after the date and time specified it will not be accepted. Due Date and Time: Friday, January 12, 2024 at 11:00 am AZ time

Please email to [procurement@nwfdaz.gov](mailto:procurement@nwfdaz.gov) by the date and time shown above.

**PLEASE COMPLETE EACH AND EVERY SECTION**

Name of Vendor for whom reference is given: Drexel Heights Fire District

Your organization's business name: The Mahoney Group

Your Name and title: Chief Douglas Chappell

Telephone number: (520) 571-8700 E-Mail address: dchappell@drexelfire.org

• Did Vendor provide your organization with Liability Insurance Broker Services  
 Yes ☒ No ☐ Service was provided from: 05/05/2015 to: Current

• Did Vendor meet all contract requirements satisfactorily: Yes ☒ No ☐

• What type of products/services did this Vendor provide to your organization?

Insurance - Property and fleet, liability

• How satisfied are you with the quality of services provided by Vendor?

Outstanding performance

**PLEASE RATE THE FOLLOWING ITEMS (circle one):**

	Unsatisfactory	Below Average	Average	Above Average	Exceptional
1. Communications with Vendor:	0	1	2	3	4
Comments:					
2. Understanding of contract requirements:	0	1	2	3	4
Comments:					
3. Vendor knowledge of Liability Insurance Broker Services:	0	1	2	3	4
Comments:					
4. Vendor's record keeping and billing accuracy	0	1	2	3	4
Comments:					
5. Vendor's responsiveness and success at addressing problems that arise:	0	1	2	3	4
Comments:					
6. Overall satisfaction with Vendor.	0	1	2	3	4
Comments:	<u>Excellent! Exceeds expectations</u>				

**PAST PERFORMANCE VERIFICATION FORM (CONT.)**

7. What are their strengths as a Liability Insurance Broker Service provider?

*Prompt response to contacts*

*Knowledge of Product.*

8. What are their drawbacks as a Liability Insurance Broker Service and Installation provider?

*None that I know of.*

9. Any other information that you would like to share about the Vendor:

*These people know their business - Great job.*



**APPENDIX III: PAST PERFORMANCE VERIFICATION FORM (PPVF)**

Offerors shall provide a minimum of three (3) references from present or past clients. Provide contact information including name of the client, address, telephone number, and email address.

Provide this form to the Owner or Owner's representative directly responsible for oversight of the contract to complete and submit via mail or fax prior to the date and time listed below. If the form is received after the date and time specified it will not be accepted. Due Date and Time: Friday, January 12, 2024 at 11:00 am AZ time

Please email to [procurement@nwfdaz.gov](mailto:procurement@nwfdaz.gov) by the date and time shown above.

**PLEASE COMPLETE EACH AND EVERY SECTION**

Name of Vendor for whom reference is given: Three Points Fire District

Your organization's business name: The Mahoney Group

Your Name and title: Monica Milburg

Telephone number: (520) 822-1086 E-Mail address: tpfd@threepointsfire.org

• Did Vendor provide your organization with Liability Insurance Broker Services  
 Yes ☒ No ☐ Service was provided from: 01/01/2015 to: Current

• Did Vendor meet all contract requirements satisfactorily: Yes ☒ No ☐

• What type of products/services did this Vendor provide to your organization?

Property & Casual Insurance including automobile

• How satisfied are you with the quality of services provided by Vendor?

Very Satisfied.

**PLEASE RATE THE FOLLOWING ITEMS (circle one):**

	<i>Unsatisfactory</i>	<i>Below Average</i>	<i>Average</i>	<i>Above Average</i>	<i>Exceptional</i>
1. Communications with Vendor:	0	1	2	3	(4)
Comments:					
2. Understanding of contract requirements:	0	1	2	3	(4)
Comments:					
3. Vendor knowledge of Liability Insurance Broker Services:	0	1	2	(3)	4
Comments:					
4. Vendor's record keeping and billing accuracy	0	1	2	3	(4)
Comments:					
5. Vendor's responsiveness and success at addressing problems that arise:	0	1	2	(3)	4
Comments:					
6. Overall satisfaction with Vendor.	0	1	2	(3)	4
Comments:					

**PAST PERFORMANCE VERIFICATION FORM (CONT.)**

7. What are their strengths as a Liability Insurance Broker Service provider?

Knowledgeable, respond to request quickly, Friendly, thorough in their account reviews, Fair & reasonable in their pricing.

8. What are their drawbacks as a Liability Insurance Broker Service and Installation provider?

N/A (Haven't Found Any yet)

9. Any other information that you would like to share about the Vendor:

They have been our broker for awhile and I've had the same POC for 7 years. They know all the intricacies of our account. Working with them is always a positive experience.



M&amp;OAGEN-01

MSCOTT

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/13/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER <b>M&amp;O Agencies, Incorporated</b> 1835 South Extension Road Mesa, AZ 85210	CONTACT NAME:		
	PHONE (A/C, No, Ext):	(480) 730-4920	FAX (A/C, No): (480) 730-4929
INSURED  <b>M&amp;O Agencies, Inc. dba The Mahoney Group</b> 1835 S. Extension Rd Mesa, AZ 85210-5942	E-MAIL ADDRESS:		
	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : <b>Cincinnati Insurance Company</b>		<b>10677</b>
	INSURER B : <b>Cincinnati Indemnity Company</b>		<b>23280</b>
	INSURER C :		
	INSURER D :		
INSURER E :			
INSURER F :			

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER:			EPP0485432	1/1/2024	1/1/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			EPP0485432	1/1/2024	1/1/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			EPP0485432	1/1/2024	1/1/2025	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	EWC051874605	1/1/2024	1/1/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Hired Auto			EPP0485432	1/1/2024	1/1/2025	Physical Damage 80,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Form #CA2054 Employee Hired Auto. Loss of use is \$20.00 per day with maximum limit of \$600. Deductible \$1,000

## CERTIFICATE HOLDER

## CANCELLATION

Proof of Insurance Coverage

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

## Tab 10: Supplementary Information

Beyond the services detailed in Tab 3, the following is a summary of our risk management offerings, all of which are designed to help identify risk, control exposures, and help protect your assets.

### Loss Control

The best way to control losses is to prevent them before they occur or mitigate the severity of losses that do occur. Our Loss Control specialists will identify common hazards and exposures. We will:

- conduct loss control visits at your offices and facilities;
- review safety programs and any procedures or protocols that are currently in place; and
- offer recommendations.

### Claims Advocacy and Administration

Losing an employee due to injury or having to defend against a liability claim can have a serious impact on your business. Navigating the claims process can be time-consuming and complex. We will serve as your voice in coverage disputes with insurance carriers when necessary. Our Claims Advocates bring decades of experience in claims administration experience to your team. Their experience includes investigation, evaluation, negotiation, and resolution of claims, with a focus on:

- accident investigation;
- prompt claims reporting;
- timely settlement of claims and distribution of loss payments;
- communicating effectively and frequently throughout a claim;
- managing the claim process to help mitigate costs and impact to your operations;
- guiding clients on how to provide proof of loss information to obtain the best results;
- preparing claim documentation for high-exposure claims; and
- proactively communicating with the carrier and adjuster.

### **In addition, we will help with:**

- development of safety and other risk control manuals;
- contractual review;
- customized invoicing/premium allocations;
- property valuations;
- assist in the development and monitoring of a safety department;
- detailed/customized loss runs data/graphs;
- detailed loss analysis;
- ad-hoc management reports;
- analysis of self-insurance plans, trusts and pools;
- risk retention studies;
- captive and risk-retention group studies;
- alternative risk financing options;
- risk management acquisition due diligence; and
- bonding (handled separately through our Surety department).

### **Risk Management Portal**

Our Succeed Risk Management Center is a secure, comprehensive risk management and safety solution platform designed to improve risk management, loss control and prevention, and OSHA compliance efforts and results.

The Risk Management Center is easy to set up, accessible anywhere and anytime, and provides a cost-effective risk management and safety center for your entire organization across all departments and locations.

You can also access a host of loss-control materials on our Risk Management Center portal including the following:

- Employee safety pamphlets and handbooks
- Workplace safety checklists
- OSHA compliance reference, training and presentation materials
- Workers' compensation materials to help you control your mod and reducing lost-time injury rates
- Ergonomics tools to reduce lost-time injuries and keep employees healthy

- Safety committee resources
- Risk management and coverage insights
- Claims cost containment forms and resources

## **OSHA Compliance**

The Mahoney Group will help you to meet OSHA program and training requirements with materials geared to your organizational needs. Our resources include the following:

- How to prepare for an OSHA official visit
- Full program planning and training resources, including:
  - Formal programs
  - Training presentations and presenter's notes
  - Employee training handouts and quizzes
  - Sign-in logs for easy recordkeeping compliance

**OFFER AND ACCEPTANCE**

**RESPONDENT SHALL COMPLETE THE FOLLOWING INFORMATION IN INK AND SUBMIT WITH THEIR BID**

Print or type in ink the requested information. **TYPEWRITTEN RESPONSES ARE PREFERRED.**

**OFFER**

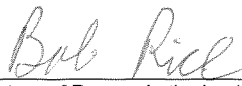
**TO THE NORTHWEST FIRE DISTRICT**

The Undersigned hereby offers and agrees to furnish the material or service in compliance with all terms, conditions, specifications, and amendments in the Invitation for Bid and any written exceptions in the offer. Signature also certifies understanding and compliance with paragraph (1) of the Northwest Fire District Standard Terms and Conditions.

**For clarification of this offer, contact:**

The Mahoney Group  
Company Name  
5330 N. La Cholla Blvd.  
Address  
Tucson, AZ 85741  
City State Zip

Name: Bob Rice  
Phone: (520) 784-6696  
Fax: (520) 795-8542  
E-mail: brice@mahoneygroup.com

  
Signature of Person Authorized to Sign  
Bob Rice  
Printed Name  
Executive Vice President  
Title

**CERTIFICATION**

By signature in the Offer Section above, the bidder certifies:

1. The submission of the offer did not involve collusion or other anti-competitive practices.
2. The bidder has not given, offered to give, nor intends to give at any time hereafter any economic opportunity, future employment, gift, loan, gratuity, special discount, trip, favor or service to a public servant in connection with the submitted offer.

Failure to provide a valid signature affirming the stipulations required by these clauses shall result in rejection of the offer. Signing the offer with a false statement shall void the offer, any resulting contract and may be subject to legal remedies provided by law.

**ACCEPTANCE OF OFFER**

The Offer is hereby accepted.

The Contractor is now bound to sell the materials or services listed by the attached contract and based upon the Request For Proposal, including all terms, conditions, specification, amendments, etc. and the Contractor's Offer as accepted by the District.

This contract shall henceforth be referred to as Contract No. 24-09-C29. The Contractor has been cautioned not to commence any billable work or to provide any material or service under this contract until Contractor receives purchase order.

**NORTHWEST FIRE DISTRICT**, a political subdivision

Approved as to form this \_\_\_\_\_ day of \_\_\_\_\_, 2024.

Awarded this \_\_\_\_\_ day of \_\_\_\_\_, 2024.

Norman K. Brad Bradley III  
As Northwest Fire District Fire Chief and not personally

George Carter  
As Northwest Fire District Chair and not personally

Thomas A. Benavidez