

ATTACHMENT A PROPOSAL SUBMISSION COVER SHEET

OFFEROR INFORMATION, AMENDMENTS, CERTIFICATIONS, PREFERENCES AND CHECKLIST

OFFEROR INFORMATION: This form shall be the cover page for the Offeror's Technical Response portion of their proposal. In the space provided, enter the requested Offeror identification information. Use this form to indicate your acknowledgement of the response conditions.

RFP Number:	RFP 2019-0200-4001
RFP Name:	Workers' Compensation Third Party Administrator
Company Name:	
Mailing Address:	
Contact Person:	
Title:	
Telephone Number:	
Alternate Phone:	
Federal Tax Id #:	
E-Mail Address:	
Fax Number:	

AMENDMENT ACKNOWLEDGEMENT: Offeror acknowledges receipt of the following amendments and has incorporated the requirements of such amendments into the Proposal. *(List all amendments issued for this RFP):*

No.	Date	No.	Date	No.	Date
No.	Date	No.	Date	No.	Date

OFFEROR CERTIFICATION: Acknowledge the following statements, condition, and information by clearly marking the space provided. Failure to comply with this item may cause the Proposal to be determined nonresponsive and the Proposal may be rejected, or the State may terminate the contract or consider the Contractor in default.

	Section 1.04 Minimum Experience and Minimum Requirements	
1	<p>Industry Experience:</p> <ul style="list-style-type: none"> Adjusting Alaska Workers' Compensation Claims Providing Claims Adjustment services to at least one government employer and/or once private employer Processing over 1000 claims annually 	<input type="checkbox"/> YES
2	<p>Adjusting Staff:</p> <ul style="list-style-type: none"> A claims Manager experienced in project management, familiar with industry standards, who will supervise, manage, and oversee the Adjusting Staff/Key Personnel proposed in Section 3.12 Contract Personnel. An Adjusting Staff comprised of comprehensive personnel that have experience in claims adjusting services. Account support staff with skills sufficient to support arranging travel and reconciling travel expenses, entering payments and obtaining W-9 tax information. A paralegal to compile and forward discovery packets to the department of law. Information technology staff to support claim system interface, document scanning, and electronic data exchange. 	<input type="checkbox"/> YES
3	<p>Adjusting Staff Experience:</p> <ul style="list-style-type: none"> Lead Adjusters shall have at least five years' experience in adjusting Alaska Workers' Compensation Claims and Alaska Workers' compensation Board hearings (AWCB) Time Loss Adjusters shall have at least two years' experience in adjusting workers' compensation claims. Medical Only Adjusters shall have at least one-year experience in workers' compensation claims. All Adjusters must provide proof of a valid State of Alaska Independent Adjuster License. 	<input type="checkbox"/> YES

STATE OF ALASKA PREFERENCES: Are you claiming the State of Alaska preferences? If yes, please answer the following questions.

	Questions	RESPONSE
1	<p>Do you currently hold an Alaska business license? If yes: Alaska Business License Number _____</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
2	<p>Is the company name submitted on this Proposal the same name that appears on the current Alaska Business License?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
3	<p>Has your company maintained a place of business within the State of Alaska staffed by the Offeror or an employee of the Offeror for a period of six months immediately preceding the date of the Proposal?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO

4	Is your company incorporated or qualified to do business under the laws of the State, is a sole proprietorship and the proprietor is a resident of the State, is a limited liability company organized under AS 10.50 and all members are residents of the State, or is a partnership under former AS 32.05, AS 32.06, or AS 32.11 and all partners are residents of the State?	<input type="checkbox"/> YES <input type="checkbox"/> NO
5	If your company is a joint venture, is it composed entirely of ventures that qualify under (1-4) of this table?	<input type="checkbox"/> YES <input type="checkbox"/> NO
6	If claiming the Alaskans with Disabilities Preference, or the Employment Program Preference, do you have a copy of your certification letter from Division of Vocational Rehabilitation?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Please list below all Alaska preferences claimed in this proposal:

PROPOSAL CHECKLIST: The following documents are required with proposal submission. Acknowledge you have submitted each document in the proper format by clearly marking in the space provided.

DOCUMENT	REQUIREMENT	INCLUDED?
Proposal Submission Cover Sheet	<ul style="list-style-type: none"> Required Document – Must be submitted with proposal. 	<input type="checkbox"/> YES
Cost Sheet	<ul style="list-style-type: none"> Required Document – Must be submitted with Proposal; separate from technical proposal 	<input type="checkbox"/> YES

DOCUMENT	Documents below are required if claiming Alaska preferences	
AK Business License	<ul style="list-style-type: none"> Required Document – Must be received with the Proposal if claiming the Alaska Offeror Preference. 	<input type="checkbox"/> YES
Certification Letter	<ul style="list-style-type: none"> Required Document – Must be received with the Proposal if claiming the Alaskans with Disabilities Preference or the Employment Program Preference 	<input type="checkbox"/> YES

PROPOSAL SIGNATURE: All responses must be signed by a duly constituted official legally authorized to bind the Offeror to its response, including the cost schedule.

Signed: _____

Printed Name: _____

Title: _____

Date: _____