REQUEST FOR INSURANCE PROPOSAL SPECIFICATIONS

NAME: ____________________________________________

DATE: ________

VALID INSURANCE PRODUCER LICENSE #: ______________________

EFFECTIVE DATES OF LICENSE: ______________________________

INS. AGENCY: _____________________________________________

I understand and agree that the Proposal Specifications are considered confidential information and certify that this information shall not be shared, in any way, with any party who is not directly involved in the underwriting process or proposal process for this RFP. I understand and agree that the Auditor of LaGrange County may, in her sole discretion, require proof of insurance licensure prior to issuing the Proposal Specifications.

I certify that the information provided within the Proposal Specifications, or otherwise provided pursuant to the insurance RFP, shall be used exclusively for the insurance underwriting process or proposal process by qualified, licensed insurance agents/brokers/carriers or related personnel. By requesting the information provided herein, or other information pursuant to this RFP, I represent and warrant that I am a licensed insurance agent, broker, carrier, or underwriter that will use the information herein exclusively for insurance underwriting purposes and providing a proposal for this RFP.

I understand and agree that if it is determined that a breach of confidentiality has occurred or the information provided within the Proposal Specifications is used in a manner other than as required herein, the below requestor and the agency listed herein will be eliminated from the proposal process and the County reserves all legal rights, including but not limited to any rights to indemnification or hold harmless, joint and severally, for all damages incurred due to the breach or misrepresentation, including attorneys fees and costs, against any bidder or requestor that breaches the confidentiality and use requirements set forth herein. Any and all action taken pursuant to this section shall be in the sole discretion of the Commissioners.

I attest under penalties of perjury that the information and certifications above are true and accurate to the best of my knowledge.

______________________________
Signed
______________________________
Print: