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Application Workflow

Sourcing Events

Vendor Response Creation - TWIA/TFP...

Response Form Completed

Vendor Response Creation - TWIA/TFP...

Record

## Vendor Response Creation - TWIA/TFPA Claims Service Provider RFQual 2024 - December 2

Fields marked with an asterisk (\*) are required. Response Form for TWIA/TFPA's 2024 Claims Service Provider Request for Qualifications > ☐ Business and Contact Information **Business Full Legal Name** Test **Business Address** Name of Primary Point of Contact (POC) Test Job Title of POC Test **Phone Number of POC Email Address of POC** vendormanagement@twia.org Additional Point/s of Contact Please include POC name, title, phone number, and email address Test ☐ Acknowledgement Statement By submitting a response to this RFQ, your firm agrees to provide honest and professional answers to all questions. Any responses containing falsified information may result in disqualification from consideration. ■ On behalf of myself and the firm I represent, I agree to provide honest and professional answers to all questions within this response form. Brooke adam 12/2/24 2:59 PM ☐ Claims Services When considering when applying for service/s, please do not count adjusters multiple times across multiple services; each adjuster should only be counted once. The number of adjusters per service are required in each service section and the total will be required in Question 16. (Q1+Q4+Q7+Q10=Q16) Services being applied for: Please select at least one service your firm is applying for. Residential Desk Adjusting Services Commercial Desk Adjusting Services Residential Field Adjusting Services Commercial Field Adjusting Services

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☐ Residential Desk Adjusting Services
1. Number of adjusters the Respondent will have certified to TWIA/TFPA specifications for this service each June 1st? Please do not count adjusters multiple times across multiple services, each adjuster should only be counted once. Test
2. Will the Respondent maintain a staff level that will always meet the adjuster experience, caseload, investigation, and reporting requirements of the contract?  Yes
3. Did the Respondent provide this service to TWIA/TFPA at any time from January 1, 2020 to August 1st 2024?  No
3a. New Respondents ONLY: Please provide an explanation of the manner in which you will meet and ensure compliance with the above qualifications. This should be on a per-service-applied-for basis.
☐ RFQ Test Doc.pdf Uploaded 3 minutes ago by Brooke Adam
☐ Commercial Desk Adjusting Services
Commercial Desk Adjusting Services  4. Number of adjusters the Respondent will have certified to TWIA/TFPA specifications for this service each June 1st? Please do not count adjusters multiple times across multiple services, each adjuster should only be counted once. Test
4. Number of adjusters the Respondent will have certified to TWIA/TFPA specifications for this service each June 1st? Please do not count adjusters multiple times across multiple services, each adjuster should only be counted once.

6. Did the Respondent provide this service to TWIA/TFPA at any time from January 1, 2020 to August 1st 2024? 6a. New Respondents ONLY: Please provide an explanation of the manner in which you will meet and ensure compliance with the above qualifications. This should be on a per-service-applied-for basis. RFQ Test Doc.pdf  $\overline{\bot}$ Uploaded 3 minutes ago by Brooke Adam

☐ Residential Field Adjusting Services

7. Number of adjusters the Respondent will have certified to TWIA/TFPA specifications for this service each June 1st? Please do not count adjusters multiple times across multiple services, each adjuster should only be counted once. Test

8. Will the Respondent maintain a staff level that will always meet the adjuster experience, caseload, investigation, and reporting requirements of the contract?

Yes

9. Did the Respondent provide this service to TWIA/TFPA at any time from January 1, 2020 to August 1st 2024?

9a. New Respondents ONLY: Please provide an explanation of the manner in which you will meet and ensure compliance with the above qualifications. This should be on a per-service-applied-for basis.

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☐ Commercial Field Adjusting Services
10. Number of adjusters the Respondent will have certified to TWIA/TFPA specifications for this service each June 1st? Please do not count adjusters multiple times across multiple services, each adjuster should only be counted once.  Test
11. Will the Respondent maintain a staff level that will always meet the adjuster experience, caseload, investigation and reporting requirements of the contract?  Yes
12. Did the Respondent provide this service to TWIA/TFPA at any time from January 1, 2020 to August 1st 2024? No
12a. New Respondents ONLY: Please provide an explanation of the manner in which you will meet and ensure compliance with the above qualifications. This should be on a per-service-applied-for basis.
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☐ Contract Requirements

13. Does the Respondent agree to reconcile invoices within 180 days from issuance?

Yes

14. Does the Respondent agree to manage accurate invoices in an effort to eliminate invoicing errors and help streamline invoice payments?

Yes

15. Is the Respondent willing to share in the cost of the Resource Management System (RMS) as identified and required by TWIA/TFPA?

Yes

16. TOTAL number of adjusters across all services applied for. Please do not count adjusters multiple times across multiple services, each adjuster should only be counted once. (Q1+Q4+Q7+Q10=Q16)

Test

17. How many adjusters from Question 16 live in the state of Texas?

Test

18. Does the Respondent utilize W2s or 1099s?

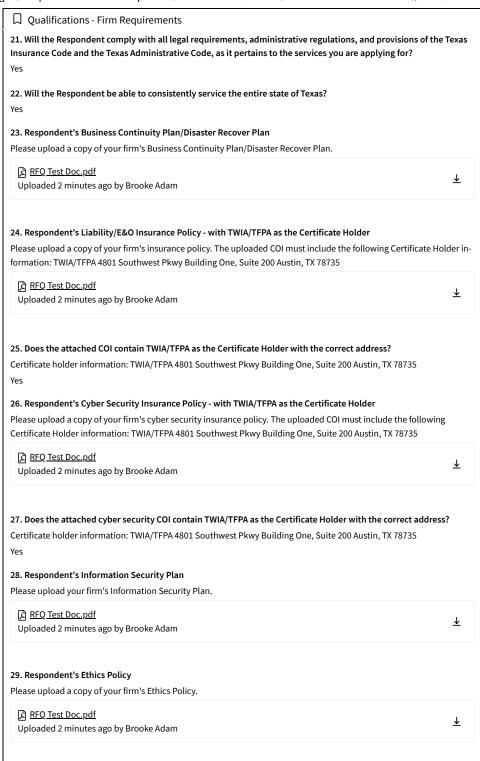
Test

19. Does the Respondent have a specialized contents adjuster program?

Yes

20. Does the Respondent have a specialized customer care unit program?

Yes



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Qualifications - Personnel Requirements
30. Respondent's Texas Adjuster License Number Test
31. Will the Respondent ensure that all relevant personnel are properly licensed to adjust property claims in the state of Texas?  Yes
32. Will the Respondent ensure all relevant personnel have been certified to handle TWIA/TFPA claims by TWIA/TFPA through its designated certification program?  Yes
33. Will the Respondent provide appropriate training and supervision for all personnel? Yes
34. Will the Respondent provide supervisor/s and support team/s? Yes
35. Does the Respondent provide appropriate translation services as needed for all personnel? Yes
35a. What translation service/s does the Respondent use? Test
36. Will the Respondent ensure all personnel possess or are provided with all required equipment to perform the services required?  Yes
37. Will the Respondent provide work stations, technical support, and necessary equipment for subcontractors to perform services required by TWIA/TFPA using TWIA/TFPA systems in the manner TWIA/TFPA intends and dictates? Yes
38. When requested by TWIA/TFPA, will the Respondent provide after hours, weekend, and holiday service coverage? Yes
39. Please provide the physical address of the primary location where the work stations will be utilized.  Building Name (if applicable) Street Address Building Number, Suite Number (if applicable) City, State, Zip Code  Test
40. Will more than one physical location/address be utilized for work stations? Yes
40a. Please upload a PDF listing the physical addresses of every work station location that will be utilized.
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41. Total number of work stations available for TWIA/TFPA at the above address/es. Test
42. Will the Respondent follow reporting thresholds and guidelines set forth for the handling of claims by TWIA/TFPA including the Outside Quality Assurance Guidelines? Yes
43. Will the Respondent review the work product for quality and compliance with guidelines set forth for the handling of claims by TWIA/TFPA?  Yes

https://twia.logicgate.com/records/2qaQWyjW

☐ Review Certification

Upon review of this form in its entirety, does the Respondent wish to make any further edits prior to signature and submission?

No, I do not have any edits to make and I am ready to proceed to signature and submission of this RFQ response form.

By submitting this response to the Request for Qualifications (RFQ), I hereby affirm on behalf of myself and the firm I represent that all information provided is truthful, accurate, and presented in a professional manner. I acknowledge and accept that submission of a response does not guarantee award of a contract with Texas Windstorm Insurance Association (TWIA) and/or Texas FAIR Plan Association (TFPA).

Upon submission, this response will be considered final, and no further edits or amendments will be permitted. Requests to modify a final submission may result in the deletion of the original response, requiring the Respondent to complete the entire RFQ submission process again. All submissions will remain sealed and confidential until the RFQ submission window closes at 5:00 PM CST on January 3, 2025.

I agree to the above statement.

Brooke adam

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