

# **Great Parks Request for Proposals Comprehensive Insurance Coverage July 23, 2025**

## **I. Introduction**

Great Parks of Hamilton County (Great Parks) is requesting proposals for membership in a joint self-insurance pool authorized by ORC 2744.081 for **comprehensive insurance coverage**.

## **II. Background Information**

Great Parks was established in 1930 as a park district and is a separate political subdivision of the State of Ohio, governed by a Board of Park Commissioners.

Supported by funding from two ten-year property tax levies, grants, donations and fees, Great Parks' mission is to preserve and protect natural resources and to provide outdoor recreation and education in order to enhance the quality of life for present and future generations.

Great Parks protects 22 parks and nature preserves and 4 conservation areas totaling approximately 18,000 acres.

## **III. Scope**

Great Parks is seeking comprehensive insurance coverage by means of membership in a joint self-insurance pool authorized by ORC 2744.081. The Respondent's ability to provide risk management/reduction programs such as training, facilities evaluation, and statutory/regulatory compliance guidance will be considered. Great Parks is also interested in obtaining exceptional customer and claims service and regular and effective communications regarding the pool and Great Parks' claims, if any were to occur. Great Parks currently has coverage through the Ohio Plan Risk Management, Inc. with broker services through Stolly Insurance.

## **IV. Request for Proposal Requirements**

It is the intent of Great Parks to award a contract provided the proposal has been submitted in accordance with the requirements of this comprehensive insurance coverage Request for Proposals. Great Parks reserves the right to waive informalities

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and irregularities in a proposal received and to accept the proposal, which in Great Parks' judgment, is in Great Parks' own best interests.

In determining the best proposal, the following items will be considered and must be provided by the organization in its proposal submittal:

**A. Information Pertaining to the Organization and its Qualifications**

1. Confirm that the organization is able to offer joint self-insurance pool membership consistent with the requirements of O.R.C. 2744.081.
2. Confirm that the organization provides (and has in this submittal provided a quote to Great Parks for) policies written on **an occurrence basis**, which ensures that the insurance policy will cover claims which occur during the policy period even if the claim is filed (or not settled/resolved until) after the policy expires. **GREAT PARKS WILL NOT ACCEPT PROPOSALS FOR CLAIMS MADE POLICES OF ANY KIND AND ORGANIZATIONS WHICH DO NOT PROVIDE OCCURRENCE BASED POLICIES SHOULD NOT SUBMIT A PROPOSAL.**
3. Provide a list of the organization's reinsurers and the AM Best insurance credit rating for each.
4. Provide the name of the Agent and other key personnel who will be fully communicating with/servicing Great Parks regarding its insurance coverage and provide resumes or statements of qualifications of those persons.
5. Detail any impending changes in the organization that could impact the delivery of services.
6. Describe capability to perform comprehensive insurance services in full compliance with all Federal, State and local laws and regulations.
7. Describe your company's process for negotiating renewals.
8. Provide a list of other Park Districts which are currently members of the organization's joint self-insurance pool, with the number of years each has been a member and the contact information including telephone numbers for each.

**B. Service to Account**

1. Describe the form and frequency of meetings and communications which Great Parks can expect regarding its insurance coverage and sufficiency thereof and the status and/or resolution of any claims which might occur.

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2. Provide the name of any person who would be involved in handling any claims made against Great Parks and include a resume or statement of qualifications for those persons.

### **C. Legal Representation**

1. Provide the name and contact information for legal counsel to the joint-self insurance pool.
2. Provide the name(s) and contact information for legal counsel who might be assigned to defend Great Parks in the event of a claim.

### **D. Legal/ Compliance – Risk Evaluation and Control**

1. Detail the services, programs, training, on-site visits, resources, documentation which the organization provides to assist Great Parks to comply with legal requirements and to reduce risks. Include the frequency for the provision of such services, programs, training, on-site visits, resources, and documentation.
2. Provide the name of any person who will provide legal compliance/risk evaluation and control services to Great Parks and include a resume or statement of qualifications for those persons.

### **E. Quotation for Insurance Coverage**

Provide a quote for **occurrence based insurance policies** in the following minimum coverages and aggregate Limits:

General Liability \$12,000,000  
Automobile Liability /Physical Damage \$10,000,000  
Employee Dishonesty \$1,000,000  
Building and Contents \$74,856,859  
Inland Marine \$10,373,803  
Law Enforcement Liability \$12,000,000  
Crime \$1,000,000  
Public Officials Liability \$12,000,000  
Boiler \$74,856,859  
Cyber Liability \$1,000,000  
Malicious Act \$1,000,000  
EDP \$1,636,522  
Terrorism

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Liquor Liability \$1,000,000  
CFO Bond \$1,000,000  
CEO Bond \$25,000  
COO Bond \$25,000  
Law Enforcement Bond \$900,000  
Board of Parks Commissioners' Bonds (\$5,000. each) \$25,000.

#### **F. Renewal Option**

The initial request for proposal period will commence September 1, 2025 and end on August 31, 2028, with the option of two three-year renewals (September 1, 2028 and September 1, 2031).

All terms of the existing proposal will remain intact for any renewal thereof unless Great Parks notifies the organization for a service change and the change is agreed upon in writing.

#### **G. Compensation – Fee Structure**

1. Describe the method(s) by which the organization is compensated, such as fees, commissions, or a combination of both.

### **V. General Requirements**

#### **A. Other Documents Required**

Prior to acceptance of the proposal, the selected organization shall provided completed and executed versions of the below-required documents:

1. New Vendor Form (if applicable, for Great Parks Finance Department purposes).
2. Signed and completed Indemnification section.
3. This Request for Proposals with all pages initialed in the area provided on the footer of each page.

#### **B. Proposal Deadline**

Proposals must be received by Great Parks by **AUGUST 6, 2025 AT 4:00 P.M. EST.**

### **C. Submittal Requirements**

Organizations must submit a signed and initialed Request for Proposal, including answers and documents required therein to **Molly deJesus, Chief of Human Resources** either:

by email to [mdejesus@greatparks.org](mailto:mdejesus@greatparks.org); or

delivered to Great Parks at its Administrative Offices located at 10245 Winton Rd, Cincinnati, OH 45231.

**It is the responsibility of the organization to ensure the submittal has been received by the deadline.**

Proposals submitted shall contain the organization's name and "Comprehensive Insurance Coverage." The initiated Request for Proposal and completed indemnification section must be included with the submittal. All proposals must be submitted in writing.

### **D. Acceptance of Proposal (Award)/Reservation of Rights**

It is the intent of Great Parks to select a comprehensive insurance coverage in accordance with the requirements outlined in this Request for Proposals. Great Parks shall have the right to waive informalities and irregularities in a proposal received and to accept the proposal, which in Great Parks' judgement, is in Great Parks' own best interests, or to reject all proposals and either eliminate the Request for Proposal process or the begin the Request for Proposal process anew.

### **E. Questions/Requests for Clarification:**

Questions or requests for clarification must be directed to: Molly deJesus, Chief of Human Resources (513) 833-4563.

## ACKNOWLEDGMENT FORM

The undersigned hereby attests that the information provided to Great Parks of Hamilton County pertaining to the proposal for membership in a joint self-insurance pool authorized in ORC 2744.081 for comprehensive insurance is true and accurate to the best of the undersigned's knowledge, that the undersigned has read and understands the conditions of submitting a proposal and has tailored the proposal submitted to the information/conditions/requirements provided.

The undersigned understands that Great Parks of Hamilton County reserves the right to reject any and all proposals, to accept the proposal which it deems in the best interest of Great Parks, to waive any formalities or irregularities in the proposal process, or to obtain new proposals if in its judgment the best interests of Great Parks will be promoted thereby. The undersigned further understands that the proposal may not be changed, altered, modified or withdrawn, except as expressly permitted by law, for a period of sixty (60) days after the opening of the proposals and that the proposal is binding upon the undersigned during that period of time.

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Authorized By (print name): \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Initial: \_\_\_\_\_

## **Indemnification Agreement**

To the fullest extent permitted by law, the Joint Self Insurance Provider selected shall indemnify and hold harmless, Great Parks, Great Parks' consultants, agents, vendors and employees from and against claims, damages, losses and expenses, including but not limited to attorneys' fees, arising out of or resulting from the failure to provide the required occurrence based insurance policies. This indemnification further requires the Joint Self Insurance Provider to continue to provide defense costs and damage payments (insurance coverage) as if the required occurrence-based policy had been provided in the event of a claim filed (or not settled/resolved) after the policy period.

Company: \_\_\_\_\_

Authorized By (print name): \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Initial: \_\_\_\_\_