



# WESTLAKE ACADEMY REQUEST FOR PROPOSAL

**PROPOSAL FOR:** Property, Liability, Umbrella, Workers Compensation, Auto, and Student Accident Insurance

**POSTED DATE:** July 9, 2021

**EFFECTIVE DATES:** September 1, 2021 to August 31, 2022

**PROPOSAL DUE DATE:** August 2, 2021

**PROPOSAL DUE TIME:** 12:00 p.m. CST

**CONTACT:** Sandy Garza, Purchasing Agent  
E-mail: [sgarza@westlake-tx.org](mailto:sgarza@westlake-tx.org)

Electronic proposals subject to the Terms and Conditions of this REQUEST FOR PROPOSAL and other provisions, must be received by the **Purchasing Agent at [sgarza@westlake-tx.org](mailto:sgarza@westlake-tx.org)** before the closing time and date shown above. The Town will retain late bids; however, they will not be opened nor considered in the evaluation of the bid. Bids may be withdrawn at any time prior to this deadline. Bids may not be altered, amended, or withdrawn after the official opening without the recommendation and approval of the Purchasing Agent. The undersigned agrees if the bid is accepted, to furnish any and all items upon which prices are offered, at the price(s) and upon the terms and conditions contained in the specifications. The period for acceptance of this proposal shall be 60 calendar days.

**THE UNDERSIGNED, BY SIGNING BELOW, YOU SIGNIFY THAT YOU HAVE READ THE ENTIRE DOCUMENT AND AGREE TO THE TERMS AND CONDITIONS THEREIN. BY SIGNING BELOW, YOU ALSO CERTIFY THAT IF A TEXAS ADDRESS IS SHOWN AS THE ADDRESS OF THE PROPOSING VENDOR, THE VENDOR QUALIFIES AS A TEXAS “RESIDENT BIDDER” AS DEFINED IN RULE 1 TAC 111.2.**

Company Name and Address:	Company’s Authorized Agent Name and Title (Typed or Printed):
	Signature
Federal ID Number (TIN) or SSN and Name	
Telephone No.	Date:
Fax No.:	Email address:

**Request for Proposal – Westlake Academy  
Property, Liability, Umbrella, Workers Compensation, and Student  
Accident Insurance**

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**ACKNOWLEDGEMENT OF RECEIPT**

**THIS FORM MUST BE COMPLETED AND RETURNED PRIOR TO THE SUBMISSION OF ANY BID FOR THIS REQUEST FOR PROPOSAL.**

Please fill in the requested information below as acknowledgement that you have received the Request for Proposal noted above. If your firm is interested in participating, please complete pages three and four (3 and 4) and return by email by July 30, 2021 to:

Sandy Garza  
Westlake Academy  
**sgarza@westlake-tx.org**

Name of Firm: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Name: (Print) \_\_\_\_\_

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

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

\_\_\_\_\_ Yes, our company does have an interest in responding.

\_\_\_\_\_ No, our company does not have an interest in responding.



# General Requirements and Instructions

## A. Information

1. The information contained in these specifications is confidential and is to be used only in connection with preparing a proposal for the following insurance services or insurance coverages:

**Commercial Property – Fire & Extended Coverage**  
**Commercial General Liability**  
**School Professional Liability**  
**Auto Liability & Physical Damage**  
**Workers' Compensation**  
**Commercial Umbrella Liability**  
**Crime**  
**International Travel Liability**  
**Student Accident Liability**  
**Cyber Liability**

2. **The effective dates of the policy period for all proposals will be from September 1, 2021 through August 31, 2022.**
3. Westlake Academy reserves the right to accept or reject all or any part of the proposals, waive minor technicalities, and award the proposal to best serve the interest of the Academy. The Academy also reserves the right to waive or dispense with any of the formalities contained herein.
3. Proposals are to be submitted on the basis of the specifications contained herein. Alternate proposals will also be considered, provided the alternatives are clearly explained. All deviations from the specifications must be clearly identified and explained.
4. The information contained in these specifications is to be basis for proposal responses. After receipt of proposal, additional information needed may be requested via e-mail at: [sgarza@westlake-tx.org](mailto:sgarza@westlake-tx.org).
5. The information contained herein is believed to be accurate and up-to-date but is not intended to be an express or implied warranty.
6. No telephone, or fax, or e-mailed proposals will be accepted. Proposals may only be accepted if delivered by email to [sgarza@westlake-tx.org](mailto:sgarza@westlake-tx.org).
7. Vendors are cordially invited view the opening of received proposals but are not required to attend. A link will be posted on the Town of Westlake Bidding page no later than July 9, 2021. Advertisements will be posted for two (2) weeks in the Town's newspaper of record (Fort Worth Star-Telegram) on July 11, 2021 and July 18, 2021.

## **%** **LEGAL**

- All parties submitting proposals are expected to comply with federal, state and local insurance laws and regulations relative to the preparation and submissions of insurance proposals. Specifically, the services to be provided are expected to be in compliance with the Americans with Disabilities Act (ADA), insurance laws and insurance regulations. All proposals that are submitted will be presumed to be in compliance with all applicable laws.

## **&** **COMMUNICATION**

1. Proposals should reference **"RFP 21-001 – Westlake Academy Property & Liability Insurance"**.

Proposer **XXXXXXXXXXXXXXXXXXXX** or questions to

**Sandy Garza**

Westlake Academy

**[sgarza@westlake-tx.org](mailto:sgarza@westlake-tx.org)**

- Proposers must provide proposals by the deadline to:

**Sandy Garza**

Westlake Academy

1500 Solana Boulevard, Bldg. 7, Ste. 7200 • Westlake, Texas 76262

#### D. COMMUNICATION WITH TOWN OF WESTLAKE/WESTLAKE ACADEMY MEMBERS

Companies submitting proposals shall not discuss this RFP with employees of the Town of Westlake, Westlake Academy or members of the Town Council/Board of Trustees. If discussion is necessary, your company will be notified in writing. **Failure to abide by this requirement may result in automatic disqualification.**

#### E. TIME FRAME

1. The RFP package will be available for download from our website at <http://www.westlake-tx.org>. Vendors **WILL NOT** be notified of additional information/addenda postings. It is the vendor's responsibility to view the web page regularly, or prior to submitting a proposal response, to ensure that no addenda or additional information have been issued for the solicitation.
2. **Proposals:** must be delivered electronically via email to [sgarza@westlake-tx.org](mailto:sgarza@westlake-tx.org), or a printed copy of proposal to 1500 Solana Boulevard, Bldg. 7, Ste. 7200 • Westlake, Texas 76262 by the deadline no later than 12:00 p.m., Monday, August 2, 2021.
3. The parties submitting the selected proposals will be notified by August 9, 2021 of the Academy's decision.
4. The effective date for proposals is September 1, 2021.
5. Policies or coverage documents are to be provided to the Academy by October 1, 2021. The Academy reserves the right to not pay any premium until valid policies or coverage documents are received.

#### F. PROPOSALS

1. Proposals must be clearly explained and identified. All costs, including optional programs, must be clearly separated and summarized. Exceptions to or deviations from the specifications **must** be explicitly identified.
2. Each party submitting a proposal is asked to screen their designated proposals for correctness and compliance with the specifications.
3. The contents of the proposals shall be kept confidential during the process of review.

#### G. DISQUALIFICATION AND REJECTION OF PROPOSALS

1. Failure to comply with the requirements or the procedures set forth herein, or to satisfy the insurance and servicing criteria as set forth in the specifications, may result in disqualification. It is not intended that these exceptions to the specifications will, in and of themselves, result in disqualification.

#### H. SELECTION OF VENDOR

1. Westlake Academy reserves the right to reject any or all of the proposals, in whole or in part; to waive any informality in any proposal, and to accept the proposal which, in its discretion, is in the best interest of the Academy. An Academy insurance consultant may review proposals for completeness and for compliance with bid specifications. Proposals will be carefully evaluated for cost effectiveness, for coverage provisions, and for compliance with the coverage and servicing criteria contained in the specifications and in accordance with Texas Education Code 44.031 and any other pertinent laws.
2. The contract will be awarded to the responsible vendor who submits a superior but economical proposal based on the relative importance of the following selection criteria:

<u>Selection Criteria</u>	<u>Maximum Points</u>
Coverage	35
Cost	35
Professional Qualifications	15
Service	15
<b>Total</b>	<b>100</b>

## I. TERMS OF AGREEMENTS

1. Westlake Academy desires to receive proposals for a one (1) year period, beginning on September 1, 2021 through August 31, 2022.
2. Westlake Academy reserves the right to terminate the agreement at the expiration of the budget period, during the term of the agreement or at the end of the anniversary date with a sixty (60) day notice. The agreement will be for current revenues only in accordance with Local Government Code Section 271.903 to terminate the agreement.
3. The agreement is to contain a cancellation provision that provides for a sixty (60) day notice of cancellation (except for non-payment) and sixty (60) days e for non-renewal or material change.

## J. QUALIFICATION OF INSURERS

1. Insurance companies must have a general policyholder's rating of A- VII or better as published by A.M. Best Company in the latest edition of its Key Rating Guide. Insurers shall be duly licensed and comply with all applicable insurance laws and requirements of the Texas State Board of Insurance.
2. Proposals will be accepted for intergovernmental risk sharing pools organized in accordance with article 4413(32c), Texas Interlocal Cooperation Act. Self-insured pools must include a current audited **financial statement** (Balance Sheet and Statement of Operations, including the auditor's opinion, and Reinsurance Provisions.)

## K. AGENT MINIMUM QUALIFICATIONS

All agents submitting proposals for this insurance must meet the following minimum qualifications:

1. The agency must be licensed in Texas.
2. The agency must have insurance for agent's errors and omissions liability with a limit of at least \$1 million per occurrence. A certificate of the agent's E&O insurance must be included with the proposal.
3. The agency must have been in business for at least five (5) years.
4. The agency must assign a minimum of one qualified account representative. This representative must have a minimum of three (3) years of experience in commercial property and liability insurance lines or hold the C.P.C.U. or A.R.M. designation.

## L. AUTHORIZED SIGNATURE

1. All proposal forms must be signed by persons who have legal authority to bind the insurer and administrator to the services that are proposed.

## M. Policy Requirements and Limits

1. All proposals must adhere to the specifications and limits as defined on the following pages for each insurance product. Any deviation or additional coverage(s) should be clearly explained. If the quote contains higher limits than specified, it should be listed separately as an **alternate quote**.

# PROPERTY, FIRE, AND EXTENDED EQUIPMENT INSURANCE

## A. BACKGROUND INFORMATION

1. Please contact Purchasing Agent at sgarza@westlake-tx.org for loss runs.
2. Schedule of Buildings and Contents limits are located on page 25 as Exhibit "A".
3. Summarized property schedule with estimated replacement cost (limits), including desired deductibles and coinsurance as of September 1, 2021 is as follows:

<u>Description</u>	<u>Limit</u>	<u>Deductible</u>	<u>Coinsurance</u>
Building Physical Property	\$ 46,505,600	\$ 5,000	100%
Building Personal Property	\$ 4,860,000	\$ 5,000	100%
Business Income and Extra Expense:	\$ 484,000		
<b>Total Property Limits</b>	<b>\$ 51,848,600</b>		

**Note: Blanket Coverage at full replacement cost is required for all property quotes.**

## B. Insurance coverage is to include the following:

1. Blanket coverage on all buildings, contents and auxiliary structures including on-site improvements.
2. Basis of Recovery is to be full replacement cost.
3. Automatic coverage on newly acquired property is to be included.
4. Coverage is to include extra expense and loss of revenue related to loss.
5. Coverage is to be for all risk, including theft of contents.
6. Quotes should include deductibles of \$5,000 with 100% coinsurance. Deductibles for wind, hail, earthquake, and floods should be \$50,000 or less with 100% coinsurance, if available. In the event a \$50,000 wind/hail deductible (or lower) is not available, the lowest deductible available should be quoted as a percentage.
7. Wind and hail deductibles may be accompanied by a "buy-down" reinsurance policy. This policy should be shown separately from the primary policy, including premiums.
8. Include a listing of endorsements, extensions, and exclusions.

## C. Quoted Coverage Provisions

1. <u>Description</u>	<u>Limit</u>	<u>Deductible</u>	<u>Coinsurance</u>
Building Physical Property	\$ 46,505,600	_____	_____
Building Personal Property	\$ 4,860,000	_____	_____
Business Income and Extra Expense:	\$ 485,000	_____	_____

2. Is automatic coverage for newly acquired property provided:  Yes  No  
If yes, please attach description.
3. Does coverage include equipment breakdown?  Yes  No  
If yes, please attach description.
4. Is there additional deductible or exclusion for wind, hail or earthquake?  Yes  No  
If yes, please attach description and/or provide additional proposal to cover this risk.

## D. Quotation

1. Property, Fire, and Extended Equipment Quote (Attach complete coverage information)

Annual Premium (Period 09/01/2021 to 08/31/2022): \$ \_\_\_\_\_

2. Alternate Property, Fire, and Extended Equipment Quote (Attach complete coverage information)

Annual Premium (Period 09/01/2021 to 08/31/2022): \$ \_\_\_\_\_





# GENERAL LIABILITY INSURANCE

## A. BACKGROUND INFORMATION

1. All coverage in Section "B" must be included. Please contact Purchasing Agent at [sgarza@westlake-tx.org](mailto:sgarza@westlake-tx.org) for loss runs.
2. Estimated student count is 880.                      Grades K-8: 555                      Grades 9-12: 325
3. Estimated number of full-time equivalent employees is 108. Total employees (including substitute teachers) is approximately 165.
4. Sports programs include: Football, basketball, volleyball, baseball, softball, track, cross country track, tennis, golf, softball, cheerleading, and soccer.

## B. Insurance coverage should include the following:

1. Incidental medical malpractice coverage for registered nurses administering first aid, dispensing prescribed medications, and maintaining students' health immunization records.
2. Coverage for the negligent act, error or omission of the Academy and/or its employees relative to the administration of employment practices and employee benefit programs.
3. Coverage is to include premises liability.
4. Persons to be covered are to include the Academy, school board members, employees, student teachers, school volunteers, or any authorized agent as designated by the Academy.
5. If coinsurance is quoted as an alternative to deductible, please list this figure separately.
6. Include a listing of coverage extensions, endorsements and exclusions.
7. If EPLI, EBLI, ELLI, and D&O coverage is not automatically included, please provide separate quote(s). These are required components of the liability coverage policy.

	<u>Per Occurrence</u>	<u>Aggregate</u>	<u>Deductible</u>
General Liability	\$ 1,000,000	\$ 2,000,000	\$0
Products/Completed Operations	\$ 1,000,000	\$ 2,000,000	\$0
Personal & Advertising Injury	\$ 1,000,000	\$ 1,000,000	\$0
Damage to Rented Premises	\$ 1,000,000	\$ 1,000,000	\$0
Medical Expenses	\$ 10,000		\$0
Employee Benefits Liability	\$ 1,000,000	\$ 3,000,000	\$1,000
Abuse & Misconduct Liability**	\$ 1,000,000	\$ 1,000,000	\$0
Educators Legal Liability* **	\$ 1,000,000	\$ 2,000,000	\$10,000
Professional Liability – D&O* **	\$ 1,000,000	\$ 2,000,000	\$10,000
Employment Practices Liability* **	\$ 1,000,000	\$ 1,000,000	\$10,000

\* Retention shown as Deductible  
 \*\* Retroactive Date 8/31/11

## C. Quoted Coverage Provisions

1. Coverage Detail	<u>Per Occurrence</u>	<u>Aggregate</u>	<u>Deductible</u>
General Liability	_____	_____	_____
Products/Completed Operations	_____	_____	_____
Personal & Advertising Injury	_____	_____	_____
Damage to Rented Premises	_____	_____	_____
Medical Expenses	_____	_____	_____
Employee Benefits Liability	_____	_____	_____
Abuse & Misconduct Liability	_____	_____	_____
Professional Liability – D&O	_____	_____	_____
Educators Legal Liability	_____	_____	_____
Employment Practices Liability	_____	_____	_____

2. Please respond to the following questions as they relate to the Professional Legal Liability coverage proposed. Please specify if there are any SUB-LIMITS, otherwise it will be assumed full policy limits are available:
  - a. Who are the "covered persons" or "named insureds?"
  - b. Is Prior Acts coverage provided? If so, what is the retroactive date?
  - c. Is corporal punishment/student discipline covered?
  - d. Describe the terms available for "Extended Reporting/Discovery Period" coverage available when either the insured or insurer cancels or non-renews? How long is the reporting period and what is the cost?
  - e. Does the policy cover non-pecuniary relief? If so, are there any sub-limits for either defense costs or damages? If sub-limits apply, please stipulate.
  - f. Are board members/employees covered as they serve on other boards within the course and scope of their employment (i.e., would coverage extend to a superintendent as he/she served on a Special Education Cooperative)?
  - g. Are claims alleging discrimination covered (e.g., 1983 Civil Rights violation)? If so, what is the Limit of Liability?
  - h. Is sexual misconduct (i.e., harassment), sexual abuse and molestation covered? If so, are there sub-limits?
  - i. Does the coverage pay on behalf of or indemnify?
  - j. Are defense costs within limits or in addition to?
  - k. Please explain the notice of claim provision and what constitutes a "demand."

**D. Quotation (Must include all coverages and limits from Section A)**

1. General Liability, EPLI, EBLLI, ELLI and D&O Quote – (Attach complete coverage information)

Annual Premium (Period 09/01/2021 to 08/31/2022): \$ \_\_\_\_\_

2. Alternate General Liability, EPLI, EBLLI, EELI, and D&O Quote (Attach complete coverage information)

Annual Premium (Period 09/01/2021 to 08/31/2022): \$ \_\_\_\_\_

**E. INSURANCE COMPANY/RISK POOL INFORMATION**

Name of Company: \_\_\_\_\_

A. M. Best Rating/Size: \_\_\_\_\_

Insurance Company:  Yes  No Risk Pool:  Yes  No

**For Alternate Quote(s):**

Name of Company: \_\_\_\_\_

A. M. Best Rating/Size: \_\_\_\_\_

Insurance Company:  Yes  No Risk Pool:  Yes  No

**F. LIST ANY DEVIATIONS OR ADDITIONAL INFORMATION:**

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## Automobile & Physical Damage Insurance

### A. BACKGROUND INFORMATION

- Please contact Purchasing Agent at [sgarza@westlake-tx.org](mailto:sgarza@westlake-tx.org) for loss runs.
- Current list of vehicles:
  - 2006 Chevrolet Girardin Bus – 18 passengers
  - 2010 Chevrolet Spartans Bus – 20 passengers
  - 2018 Blue Bird Bus – 77 passengers
  - 2020 Blue Bird Bus – 77 passengers
- All drivers have proper class endorsements and driving histories are reviewed annually.

### B. Insurance coverage is to include the following:

- Liability Limits & Coverage Desired: Auto Liability must be as follows:

	<u>Limit</u>	<u>Per</u>	<u>Deductible</u>
Bodily Injury & Property Damage	\$ 1,000,000	Accident	\$ 1,000
Personal Injury Protection	\$ 2,500	Person	\$ 0
Uninsured Motorist	\$ 1,000,000	Accident	\$ 0
Underinsured Motorist	\$ 1,000,000	Accident	\$ 0
Physical Damage Coverage			
Comprehensive	ACV/Repair	Loss	\$ 1,000
Vandalism	ACV/Repair	Loss	\$ 0
Collision	\$ 1,000,000	Accident	\$ 1,000

- Basis of Recovery is to be full repair cost or actual cash value, where applicable.
- Hired auto and non-owned auto is to be included.
- Include a listing of additional coverages, extensions, and exclusions.

### C. Quoted Coverage Provisions

1. Coverage Detail	<u>Per Occurrence</u>	<u>Aggregate</u>	<u>Deductible</u>
Bodily Injury & Property Damage	_____	_____	_____
Personal Injury Protection	_____	_____	_____
Uninsured Motorist	_____	_____	_____
Underinsured Motorist	_____	_____	_____
Medical Expenses	_____	_____	_____
Physical Damage Coverage	_____	_____	_____
Comprehensive Physical Damage	_____	_____	_____
Vandalism	_____	_____	_____
Collision	_____	_____	_____

- Does coverage include automatic coverage for substitute or newly acquired vehicles?  Yes  No  
If yes, please describe:

### D. Quotation

- Automobile Insurance Quote (Attach complete coverage information)

Annual Premium (Period 09/01/2021 to 08/31/2022): \$ \_\_\_\_\_

- Alternate Automobile Insurance Quote (Attach complete coverage information)

Annual Premium (Period 09/01/2021 to 08/31/2022): \$ \_\_\_\_\_



## Umbrella/Excess Liability Insurance

### A. BACKGROUND INFORMATION

1. No claims since inception of coverage in 2003.
2. Coverage is to be in excess of all Liability limits.

### B. Insurance coverage is to include the following:

1. Liability Limits & Coverage:

	<u>Limit</u>	<u>Per</u>	<u>Aggregate</u>
General Liability	\$ 5,000,000	Occurrence	\$ 5,000,000
Personal & Advertising Injury	\$ 5,000,000	Person/Org.	\$ 5,000,000
Wrongful Acts – Claims Made Basis	\$1,000,000	Occurrence	\$ 1,000,000
Aggregate Limit			\$ 5,000,000
Self-Insured Retention - \$10,000			

2. Include a listing of additional coverages and coverage extensions.
3. Include a listing of exclusions.

### C. Quoted Coverage Provisions

1. Coverage Detail	<u>Limit</u>	<u>Per</u>	<u>Aggregate</u>
General Liability	_____	_____	_____
Personal & Advertising Injury	_____	_____	_____
Wrongful Acts – Claims Made Basis	_____	_____	_____
Aggregate Limit			_____
Self-Insured Retention _____			

2. Is prior acts coverage provided?  Yes  No

If yes, please give effective date(s) and explanation.

### D. Quotation

1. Umbrella Insurance Quote (Attach complete coverage information)

Annual Premium (Period 09/01/2021 to 08/31/2022): \$ \_\_\_\_\_

2. Alternate Umbrella Insurance Quote (Attach complete coverage information)

Annual Premium (Period 09/01/2021 to 08/31/2022): \$ \_\_\_\_\_

### E. INSURANCE COMPANY/RISK POOL INFORMATION

Name of Company: \_\_\_\_\_

A. M. Best Rating/Size: \_\_\_\_\_

Insurance Company:  Yes  No

Risk Pool:  Yes  No



**Crime Insurance**

**A. BACKGROUND INFORMATION**

1. No claims since inception of coverage in 2003.
2. Copy of current policy declaration schedule is attached.

**B. Insurance coverage is to include the following:**

1. Crime Limits & Coverage Desired:

	<u>Single Loss Limit</u>	<u>Retention</u>
Employee Theft	\$ 250,000	\$ 2,500
ERISA Fidelity	\$ 250,000	\$ 0
Forgery or Alteration	\$ 250,000	\$ 2,500
On Premises	\$ 250,000	\$ 2,500
In Transit	\$ 250,000	\$ 2,500
Money Orders/Counterfeit	\$ 250,000	\$ 2,500
Computer Fraud	\$ 250,000	\$ 2,500
Program/Restoration Expense	\$ 100,000	\$ 2,500
Funds Transfer Fraud	\$ 250,000	\$ 2,500
Claim Expense	\$ 5,000	\$ 0

2. Include a listing of additional coverages and coverage extensions.
3. Include a listing of exclusions.

**C. Quoted Coverage Provisions**

1. Coverage Detail	<u>Single Loss Limit</u>	<u>Retention</u>
Employee Theft	_____	_____
ERISA Fidelity	_____	_____
Forgery or Alteration	_____	_____
On Premises	_____	_____
In Transit	_____	_____
Money Orders/Counterfeit	_____	_____
Computer Fraud	_____	_____
Program/Restoration Expense	_____	_____
Funds Transfer Fraud	_____	_____
Claim Expense	_____	_____

**D. Quotation**

1. Crime Insurance Quote (Attach complete coverage information)

Annual Premium (Period 09/01/2021 to 08/31/2022): \$ \_\_\_\_\_

2. Alternate Crime Insurance Quote (Attach complete coverage information)

Annual Premium (Period 09/01/2021 to 08/31/2022): \$ \_\_\_\_\_

**E. INSURANCE COMPANY/RISK POOL INFORMATION**

Name of Company: \_\_\_\_\_

A. M. Best Rating/Size: \_\_\_\_\_

Insurance Company:  Yes  No

Risk Pool:  Yes  No



**For Alternate Quote(s):**

Name of Company: \_\_\_\_\_

A. M. Best Rating/Size: \_\_\_\_\_

Insurance Company:  Yes  No

Risk Pool:  Yes  No

**F. LIST ANY DEVIATIONS OR ADDITIONAL INFORMATION:**

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## Workers Compensation Insurance

### A. BACKGROUND INFORMATION

1. Please contact Purchasing Agent at sgarza@westlake-tx.org for loss runs.
2. Experience Modifier is currently 0.67.
3. Estimated FY 21-22 payroll schedule is below.
4. Estimated number of regular employees is 108 (excluding substitute teachers & part-time coaches.)

### B. Insurance coverage is to include the following:

1. Workers Compensation Limits & Coverage Desired:

	<u>Limit</u>	<u>Per</u>
Bodily Injury by Accident	\$ 1,000,000	Accident
Bodily Injury by Disease	\$ 1,000,000	Policy Limit
Bodily Injury by Disease	\$ 1,000,000	Employee

2. Estimated FY 21-22 payroll is as follows:

<u>Payroll Code</u>	<u>Annual Amount</u>	<u>Employees</u>
8868	\$ 5,800,000	97 (does not include substitute teachers)
8810	\$ 328,000	6
9101	\$ 280,400	5
<b>Total Estimated Payroll: \$6,408,400</b>		<b>108</b>

3. Please include "Others States Coverage" where applicable, as an additional endorsement.
4. Please include "Terrorism Risk" as an additional endorsement.
5. Include a listing of additional coverage, extensions, and exclusions.
6. Include a Blanket Waiver of Subrogation.

### C. Quoted Coverage Provisions

1. Does coverage utilize a specific provider network?  Yes  No  
If yes, please provide details.

### D. Quotation

1. Workers Compensation Insurance Quote (Attach complete coverage information)

Annual Premium (09/01/2021 to 08/31/2022): \$ \_\_\_\_\_

2. Alternate Workers Compensation Insurance Quote (Attach complete coverage information)

Annual Premium (09/01/2021 to 08/31/2022): \$ \_\_\_\_\_

### E. INSURANCE COMPANY/RISK POOL INFORMATION

Name of Company: \_\_\_\_\_

A. M. Best Rating/Size: \_\_\_\_\_

Insurance Company:  Yes  No

Risk Pool:  Yes  No



## International Travel Liability Insurance

### A. BACKGROUND INFORMATION

1. No claims since inception of coverage in 2015.
2. Coverage is for employees engaged in overseas travel, and no countries excluded.
3. Coverage should include Medical Assistance, Personal Assistance, and Travel Assistance for employees and students, based on 50 participants per year.

### B. Desired Insurance coverage is to include the following:

1. Benefits	<u>Limit</u>	<u>Per</u>	<u>Aggregate</u>
Medical Expense Limit	\$ 50,000	Person	\$ 50,000
Dental Treatment	\$ 250	Tooth	\$ 500
Room and Board	Average semi-private room rate		
ICU Room and Board Charges	Twice the semi-private room rate		
Treatment of Pregnancy	Treated as any other medical condition		
Preexisting Conditions	Treated as any other medical condition		
Chiropractic Care	\$ 35	Visit	\$ 350
Emergency Medical Evacuation	100%	Expenses	
Repatriation of Remains	100%	Expenses	
Chaperone Replacement			\$ 2,000
Accidental Death & Dismemberment	\$ 10,000	Student	
Accidental Death & Dismemberment	\$ 50,000	Faculty	
Kidnap/Ransom	\$ 100,000	Event	\$ 100,000
Aggregate Limit	\$ 250,000	Benefit Max	

2. All coverage is \$0 deductible with 100% coinsurance.
3. Include a listing of additional coverages, coverage extensions, and AD&D schedule.
4. Include a listing of exclusions.

### C. Quoted Coverage Provisions

1. Coverage Detail

	<u>Limit</u>	<u>Per</u>	<u>Aggregate</u>
Medical Expense Limit	_____	_____	_____
Dental Treatment	_____	_____	_____
Room and Board	_____	_____	_____
ICU Room and Board Charges	_____	_____	_____
Treatment of Pregnancy	_____	_____	_____
Preexisting Conditions	_____	_____	_____
Chiropractic Care	_____	_____	_____
Emergency Medical Evacuation	_____	_____	_____
Repatriation of Remains	_____	_____	_____
Chaperone Replacement	_____	_____	_____
Accidental Death & Dismemberment	_____	_____	_____
Accidental Death & Dismemberment	_____	_____	_____
Kidnap/Ransom	_____	_____	_____
Aggregate Limit	_____	_____	_____

2. Does coverage include evacuation/repatriation?  Yes  No

**D. Quotation**

1. International Travel Insurance Quote (Attach complete coverage information)

Annual Premium (09/01/2021 to 08/31/22)

2. Alternate International Travel Insurance Quote (Attach complete coverage information)

Annual Premium (09/01/2021 to 08/31/2022): \$ \_\_\_\_\_

**E. INSURANCE COMPANY/RISK POOL INFORMATION**

Name of Company: \_\_\_\_\_

A. M. Best Rating/Size: \_\_\_\_\_

Insurance Company:  Yes  No

Risk Pool:  Yes  No

**For Alternate Quote(s):**

Name of Company: \_\_\_\_\_

A. M. Best Rating/Size: \_\_\_\_\_

Insurance Company:  Yes  No

Risk Pool:  Yes  No

**F. LIST ANY DEVIATIONS OR ADDITIONAL INFORMATION:**

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## Student Accident Insurance

### A. BACKGROUND INFORMATION

- Coverage is for all K-12 students participating in school sponsored activities, including sports. Liability waivers are obtained on all participants in sports programs.
- Estimated Student Enrollment Count: 885      Grades K-8: 560      Grades 9-12: 325
- Estimated Sports Participation is as follows:
 

Football (grades 9-10): 35	Football (grades 11-12): 26
All other sports (grades 9-10): 170	All other sports (grades 11-12): 180
- Batting cages or trampolines are not within the scope of the program.

### B. Insurance coverage is to include the following:

- Liability Limits & Coverage:

	<u>Limit</u>	<u>Deductible</u>
Accident Medical Expense	\$ 25,000	\$ 0
Accidental Death Benefit	\$ 15,000	\$ 0
Accidental Dismemberment	\$ 50,000	\$ 0
AD&D Aggregate Limit	\$ 500,000	

- Include a table of benefit amounts & percentages for covered medical expenses.
- Include a listing of additional coverages, coverage extensions, exclusions, and AD&D schedule.

### C. Quoted Coverage Provisions

- Coverage Detail:

	<u>Limit</u>	<u>Deductible</u>
Accident Medical Expense	_____	_____
Accidental Death Benefit	_____	_____
Accidental Dismemberment	_____	_____
AD&D Aggregate Limit	_____	

- Is arranged transportation included, prior, during, and after sponsored events?:  Yes  No  
If yes, please give effective date(s) and explanation.

### D. Quotation

- Student Accident Insurance Quote (Attach complete coverage information)

Annual Premium (Period 09/01/2021 to 08/31/2022): \$ \_\_\_\_\_

- Alternate Student Accident Insurance Quote (Attach complete coverage information)

Annual Premium (Period 09/01/2021 to 08/31/2022): \$ \_\_\_\_\_

**E. INSURANCE COMPANY/RISK POOL INFORMATION**

Name of Company: \_\_\_\_\_

A. M. Best Rating/Size: \_\_\_\_\_

Insurance Company:  Yes    No

Risk Pool:  Yes    No

**For Alternate Quote(s):**

Name of Company: \_\_\_\_\_

A. M. Best Rating/Size: \_\_\_\_\_

Insurance Company:  Yes    No

Risk Pool:  Yes    No

**F. LIST ANY DEVIATIONS OR ADDITIONAL INFORMATION:**

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## Cyber Risk Liability (optional)

### A. BACKGROUND INFORMATION

1. Coverage is intended to supplement Cyber Liability Coverage(s) that are contained within other policies quoted, or offer additional coverage excluded within those policies.
2. This should be offered as a stand-alone policy which may be accepted or rejected by Westlake Academy, without affecting the pricing of other policies.
3. Coverage should include the following or the most equivalent limits and deductible available:

### B. Insurance coverage is to include the following:

1. Liability Limits & Coverage:

	<u>Limit</u>	<u>Deductible</u>
Liability Coverages		
Networks and information security	\$ 1,000,000	\$10,000
Communications and media	\$ 1,000,000	\$10,000
Regulatory defense expenses	\$ 500,000	\$10,000
1 <sup>st</sup> Party coverage		
Crisis Management event expenses	\$ 500,000	\$10,000
Security Breach remediation and notification expenses	\$ 500,000	\$10,000
E-commerce extortion	\$ 500,000	\$10,000
Business interruption and additional Expenses	\$ 500,000	24 Hours

2. Include coverage descriptions of each insuring agreement
3. Include a listing of additional coverages, coverage extensions, and exclusions.

### C. Quoted Coverage Provisions

1. Coverage Detail:

	<u>Limit</u>	<u>Deductible</u>
Liability Coverages		
Networks and information security	_____	_____
Communications and media	_____	_____
Regulatory defense expenses	_____	_____
1 <sup>st</sup> Party coverage	_____	_____
Crisis Management event expenses	_____	_____
Security Breach remediation and notification expenses	_____	_____
E-commerce extortion	_____	_____
Business interruption and additional expenses	_____	_____

### D. Quotation

1. Cyber liability Insurance Quote (Attach complete coverage information)

Annual Premium (Period 09/01/2021 to 08/31/2022): \$ \_\_\_\_\_

2. Alternate Cyber liability Insurance Quote (Attach complete coverage information)

Annual Premium (Period 09/01/2021 to 08/31/2022): \$ \_\_\_\_\_





## **PROPOSAL SUBMITTAL FORMAT**

Quotations should be clearly labeled, using the format below. Proposals using an alternate format should have all quotes clearly labeled by policy type, and include policy limits, details, and cost. All submissions must include the completed forms below.

- 1 – Completed Questionnaire
- 2 - Property Insurance, Fire and Extended Equipment Coverage Quote
- 3 - General Liability Quote (including D&O, EPLI, EBLI and ELLI coverage)
- 4 - Automobile Liability & Physical Damage Quote
- 5 - Umbrella Liability Insurance Quote
- 6 - Crime Insurance Quote
- 7 – Workers Compensation Insurance Quote
- 8 – International Travel Insurance Quote
- 9 – Student Accident Insurance Quote
- 10 – Cyber Liability & Cyber Security Insurance Quote
- 11 - Agent's Current License, Copy of E&O Insurance Certificate
- 12 - Completed and signed Felony Conviction Notice Form
- 13 - Completed and signed Non-Collusion Certification Form
- 14 - Completed and signed Conflict of Interest Questionnaire Form
- 15 - Completed and signed W-9 Form
- 16 - Completed and signed Form 2270

**Exhibit "A" - Property Schedule**

- All buildings are located on 2600 JT Ottinger Road, Westlake TX, 76262. Blanket coverage is required for buildings and contents.

<b><u>Building</u></b>	<b><u>Sq. Footage</u></b>	<b><u>Valuation</u></b>	<b><u>Roof Type</u></b>
#1	15,600	12,775,000	100% concrete tile
#2:	20,000	9,120,800	100% concrete tile
#3	11,200	5,500,000	100% concrete tile
#4:	8,400	5,908,000	80% concrete tile, 20% flat membrane
#5:	1,500	60,000	Portable
#6:	1,500	60,000	Portable
#7:	1,500	60,000	Portable
#8:	10,853	3,036,800	75% seam metal, 25% flat membrane
#9:	9,698	3,675,000	25% concrete tile, 75% flat membrane
#10:	19,820	6,130,000	75% seam metal, 25% flat membrane
#11:	1,500	60,000	Portable
#12:	1,500	60,000	Portable
#13:	1,500	60,000	Portable

**Property (Blanket) Limits: \$46,505,600**

2. Contents: **\$4,860,000**

3. Business Income  
and Extra Expense: **\$485,000**

4. **Total Property Limits \$51,849,600**



Town of Westlake

Westlake Academy

Human Resources Department

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**FELONY CONVICTION NOTICE**

State of Texas Legislative Senate Bill No. 1, Section 44.034, Notification of Criminal History, Subsection (a), states “a person or business entity that enters into a contract with a school district must give advance notice to the district if the person or an owner or operator of the business entity has been convicted of a felony. The notice must include a general description of the conduct resulting in the conviction of a felony.

Subsection (b) states “a school district may terminate a contract with a person or business entity if the district determines that the person or business entity failed to give notice as required by Subsection (a) or misrepresented the conduct resulting in the conviction. The district must compensate the person or business entity for the services performed before the termination of contract.”

**THIS NOTICE IS NOT REQUIRED OF A PUBLICLY-HELD CORPORATION**

I, the undersigned agent for the firm named below, certify that the information concerning notification of felony has been reviewed by me and the following information furnished is true to the best of my knowledge.

VENDOR'S NAME: \_\_\_\_\_

AUTHORIZED COMPANY OFFICIAL'S NAME (PRINTED) \_\_\_\_\_

**Please check all that apply:**

- My firm is publicly-held corporation, therefore, this reporting requirement is not applicable.
- My firm is neither owned nor operated by anyone who has been convicted of a felony:
- My firm is owned or operated by the following individual(s) who has/have been convicted of a felony:

Name: \_\_\_\_\_

Details of Conviction(s):

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Contractor/Company Official Signature

\_\_\_\_\_  
Date



Town of Westlake

Westlake Academy

Human Resources Department

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### NON-COLLUSION STATEMENT

The undersigned Proposer, by signing and executing this proposal, certifies and represents to the Town of Westlake and Westlake Academy that Proposer has not offered, conferred or agreed to confer any pecuniary benefit, as defined by Section 1.07 (a)(6) of the Texas Penal Code, or any other thing of value, as consideration for the receipt of information or any special treatment or advantage relating to this proposal; the Proposer also certifies and represents that Proposer has not offered, conferred or agreed to confer any pecuniary benefit or other things of value as consideration for the recipient's decision, opinion, recommendation, vote or other exercise of discretion concerning this proposal; the Proposer certifies and represents that Proposer has neither coerced nor attempted to influence the exercise of discretion by any officer, trustee, agent or employee of the Town of Westlake and Westlake Academy concerning this proposal on the basis of any consideration not authorized by law; the

Proposer also certifies and represents that Proposer has not received any information not available to other proposers so as to give the undersigned a preferential advantage with respect to this proposal; the Proposer further certifies and represents that Proposer has not violated any state, federal or local law, regulation or ordinance relating to bribery, improper influence, collusion or the like and that Proposer will not in the future, offer, confer, or agree to confer any pecuniary benefit or other thing of value of any officer, trustee, agent or employee of the Town of Westlake and Westlake Academy in return for the person having exercised the person's official discretion, power or duty with respect to this proposal; the Proposer certifies and represents that it has not now and will not in the future offer, confer, or agree to confer a pecuniary benefit or other thing of value to any office, trustee, agent or employee of the Town of Westlake and Westlake Academy in connection with information regarding this proposal, the submission of this proposal, the award of this proposal or the performance, delivery or sale pursuant to this proposal.

Firm Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

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

Name of Representative(s): \_\_\_\_\_

Signature of Representative(s): \_\_\_\_\_

Date: \_\_\_\_\_

# CONFLICT OF INTEREST QUESTIONNAIRE

For vendor doing business with local governmental entity

## FORM CIQ

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.

This questionnaire is being filed in accordance with Chapter 176, Local Government Code, by a vendor who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the vendor meets requirements under Section 176.006(a).

By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the vendor becomes aware of facts that require the statement to be filed. See Section 176.006(a-1), Local Government Code.

A vendor commits an offense if the vendor knowingly violates Section 176.006, Local Government Code. An offense under this section is a misdemeanor.

### OFFICE USE ONLY

Date Received

**1** Name of vendor who has a business relationship with local governmental entity.

**2**  Check this box if you are filing an update to a previously filed questionnaire. (The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)

**3** Name of local government officer about whom the information is being disclosed.

\_\_\_\_\_  
Name of Officer

**4** Describe each employment or other business relationship with the local government officer, or a family member of the officer, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the local government officer. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary.

A. Is the local government officer or a family member of the officer receiving or likely to receive taxable income, other than investment income, from the vendor?

Yes       No

B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer or a family member of the officer AND the taxable income is not received from the local governmental entity?

Yes       No

**5** Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership interest of one percent or more.

**6**  Check this box if the vendor has given the local government officer or a family member of the officer one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).

**7**

\_\_\_\_\_  
Signature of vendor doing business with the governmental entity

\_\_\_\_\_  
Date

## **CONFLICT OF INTEREST QUESTIONNAIRE**

### **For vendor doing business with local governmental entity**

A complete copy of Chapter 176 of the Local Government Code may be found at <http://www.statutes.legis.state.tx.us/Docs/LG/htm/LG.176.htm>. For easy reference, below are some of the sections cited on this form.

**Local Government Code § 176.001(1-a):** "Business relationship" means a connection between two or more parties based on commercial activity of one of the parties. The term does not include a connection based on:

- (A) a transaction that is subject to rate or fee regulation by a federal, state, or local governmental entity or an agency of a federal, state, or local governmental entity;
- (B) a transaction conducted at a price and subject to terms available to the public; or
- (C) a purchase or lease of goods or services from a person that is chartered by a state or federal agency and that is subject to regular examination by, and reporting to, that agency.

**Local Government Code § 176.003(a)(2)(A) and (B):**

(a) A local government officer shall file a conflicts disclosure statement with respect to a vendor if:

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(2) the vendor:

(A) has an employment or other business relationship with the local government officer or a family member of the officer that results in the officer or family member receiving taxable income, other than investment income, that exceeds \$2,500 during the 12-month period preceding the date that the officer becomes aware that

(i) a contract between the local governmental entity and vendor has been executed;  
or

(ii) the local governmental entity is considering entering into a contract with the vendor;

(B) has given to the local government officer or a family member of the officer one or more gifts that have an aggregate value of more than \$100 in the 12-month period preceding the date the officer becomes aware that:

(i) a contract between the local governmental entity and vendor has been executed; or  
(ii) the local governmental entity is considering entering into a contract with the vendor.

**Local Government Code § 176.006(a) and (a-1)**

(a) A vendor shall file a completed conflict of interest questionnaire if the vendor has a business relationship with a local governmental entity and:

(1) has an employment or other business relationship with a local government officer of that local governmental entity, or a family member of the officer, described by Section 176.003(a)(2)(A);

(2) has given a local government officer of that local governmental entity, or a family member of the officer, one or more gifts with the aggregate value specified by Section 176.003(a)(2)(B), excluding any gift described by Section 176.003(a-1); or

(3) has a family relationship with a local government officer of that local governmental entity.

(a-1) The completed conflict of interest questionnaire must be filed with the appropriate records administrator not later than the seventh business day after the later of:

(1) the date that the vendor:

(A) begins discussions or negotiations to enter into a contract with the local governmental entity; or

(B) submits to the local governmental entity an application, response to a request for proposals or bids, correspondence, or another writing related to a potential contract with the local governmental entity; or

(2) the date the vendor becomes aware:

(A) of an employment or other business relationship with a local government officer, or a family member of the officer, described by Subsection (a);

(B) that the vendor has given one or more gifts described by Subsection (a); or

(C) of a family relationship with a local government officer.

# Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

<b>Print or type.</b> See Specific Instructions on page 3.	<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	<b>2</b> Business name/disregarded entity name, if different from above	
	<b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	Exempt payee code (if any) _____
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.	Exemption from FATCA reporting code (if any) _____
	<input type="checkbox"/> Other (see instructions) ▶ _____	<small>(Applies to accounts maintained outside the U.S.)</small>
	<b>5</b> Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
<b>6</b> City, state, and ZIP code		
<b>7</b> List account number(s) here (optional)		

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>											
				-			-				
<b>or</b>											
<b>Employer identification number</b>											
				-							

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	<b>Signature of U.S. person ▶</b>	<b>Date ▶</b>
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*



By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting*, later, for further information.

**Note:** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

## Backup Withholding

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

**Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the instructions for Part II for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships*, earlier.

## What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

## Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

## Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

### Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

**Note: ITIN applicant:** Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or “doing business as” (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C corporation, or S corporation.** Enter the entity’s name as shown on the entity’s tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a “disregarded entity.” See Regulations section 301.7701-2(c)(2)(iii). Enter the owner’s name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner’s name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity’s name on line 2, “Business name/disregarded entity name.” If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

### Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

### Line 3

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

IF the entity/person on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation
• Individual • Sole proprietorship, or • Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.	Individual/sole proprietor or single-member LLC
• LLC treated as a partnership for U.S. federal tax purposes, • LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or • LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes.	Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation)
• Partnership	Partnership
• Trust/estate	Trust/estate

### Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

#### Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys’ fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt payees 1 through 5 <sup>2</sup>
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup> However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

**Exemption from FATCA reporting code.** The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

**Note:** You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

### Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

### Line 6

Enter your city, state, and ZIP code.

## Part I. Taxpayer Identification Number (TIN)

**Enter your TIN in the appropriate box.** If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Note:** See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at [www.SSA.gov](http://www.SSA.gov). You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/Businesses](http://www.irs.gov/Businesses) and clicking on Employer Identification Number (EIN) under Starting a Business. Go to [www.irs.gov/Forms](http://www.irs.gov/Forms) to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to [www.irs.gov/OrderForms](http://www.irs.gov/OrderForms) to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note:** Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

## Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

**Signature requirements.** Complete the certification as indicated in items 1 through 5 below.

**1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.**

You must give your correct TIN, but you do not have to sign the certification.

**2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.**

You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

**3. Real estate transactions.**

You must sign the certification. You may cross out item 2 of the certification.

**4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

**5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

**What Name and Number To Give the Requester**

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
5. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee <sup>1</sup>
b. So-called trust account that is not a legal or valid trust under state law	The actual owner <sup>1</sup>
6. Sole proprietorship or disregarded entity owned by an individual	The owner <sup>3</sup>
7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor*
For this type of account:	Give name and EIN of:
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee

For this type of account:	Give name and EIN of:
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

<sup>4</sup> List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships*, earlier.

\*Note: The grantor also must provide a Form W-9 to trustee of trust.

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

**Secure Your Tax Records From Identity Theft**

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

**Protect yourself from suspicious emails or phishing schemes.**

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to [phishing@irs.gov](mailto:phishing@irs.gov). You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at [spam@uce.gov](mailto:spam@uce.gov) or report them at [www.ftc.gov/complaint](http://www.ftc.gov/complaint). You can contact the FTC at [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft) or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see [www.IdentityTheft.gov](http://www.IdentityTheft.gov) and Pub. 5027.

Visit [www.irs.gov/IdentityTheft](http://www.irs.gov/IdentityTheft) to learn more about identity theft and how to reduce your risk.

## Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.



## **Loss Runs**

In order to obtain loss run information to complete your proposal in response to “RFP 21-001 – Westlake Academy Property & Liability Insurance”, please contact Sandy Garza at [sgarza@westlake-tx.org](mailto:sgarza@westlake-tx.org).

It is recommended that you request this information that will allow sufficient time to obtain and submit your competitive bid by the deadline.