

BROWNSVILLE PUBLIC UTILITIES BOARD

Request for Proposals (RFP)

For

Property Insurance

P 011-23

Policy Inception: April 1, 2023

Proposals due: January 11, 2023 no later than 5:00 p.m.

Brownsville Public Utilities Purchasing Office

1155 FM 511

Olmito, Texas 78575

Proposals Acknowledged: January 12, 2023 at 10:30 a.m.

TABLE OF CONTENTS

	<u>Page Number</u>
A. REQUEST FOR PROPOSAL FORMS	
Legal Notice.....	3
Engagement Letter.....	4
Acknowledgement Form.....	5
Notice to Proposers.....	6
Introduction.....	7
Insurance Agency Questionnaire	11
Property Questionnaire	12
Boiler & Machinery / Equipment Breakdown Questionnaire.....	19
Required Forms.....	22
BPUB Disaster Response and Partnerships Summary.....	31
Capital Planning Schedule Summary.....	31
B. EXHIBITS	
• Schedule of Values	
• Property Engineering Reports	
• Claim Loss Reports	



**LEGAL NOTICE
AND
INVITATION FOR SEALED PROPOSALS
PROPOSAL No: P011-23**

The Brownsville Public Utilities Board (hereafter referred to as the BPUB) will accept sealed proposals for PROPERTY INSURANCE until **5:00 P.M., local time, Wednesday, January 11, 2023** in the Brownsville Public Utilities Purchasing Office, 1155 FM 511, Olmito, Texas. Proposals will be opened and acknowledged publicly on Thursday, January 12, 2023 at 10:30 A.M. This is a procurement for property insurance in a municipality with population in excess of 100,000 pursuant to the competitive sealed proposal procedure outlined in the Texas Local Government Code Chapter 252, Subchapter B, Sections 252.021 (c); 252.041 (b); 252.042 (a), (b); 252.043 (b); and 252.049 (b). At the proposal opening, only the identity of the proposers will be disclosed by the BPUB. The proposals will be forwarded to BPUB's insurance committee for review, tabulation and analysis. The contents of each proposal will not be disclosed in order to protect the integrity of the follow-on negotiation process with short-listed candidates. To obtain the best and final offer(s), revisions by short-listed candidates may be permitted after original proposal submission, and before contract award. All proposals will be made available later to the public for inspection after the contract is awarded. If a proposer indicates and justifies in his proposal(s) that certain information in the proposal(s) is confidential or a trade secret, the BPUB will review those materials with the proposer prior to releasing the materials for public inspection after the contract award.

Detailed specifications may be obtained at the following website: https://www.brownsville-pub.com/rfp_status/open/. Firms can call in at 10:30 AM, January 12, 2023 to (956) 214-6020 to listen to the proposal opening.

Please mark on the outside of the submitted envelope & on the carrier's envelope: **"P011-23 SEALED PROPOSAL FOR PROPERTY INSURANCE, January 11, 2023, no later than 5:00 P.M."** and send to the attention of Diane Solitaire, Purchasing Department, 1155 FM 511, Olmito, Texas 78575.

The BPUB reserves the right to reject any or all competitive sealed proposals and waive any irregularities contained therein and to accept any competitive sealed proposals deemed most advantageous to the BPUB, any competitive sealed proposal received after **5:00 P.M., local time, Wednesday, January 11, 2023**, will be automatically rejected and returned to the proposer unopened. **BPUB will not accept faxed or emailed proposals.**

The Brownsville Public Utilities Board will not be responsible in the event that the U.S. Postal Service or any other carrier system fails to deliver the sealed proposal to the Brownsville Public Utilities Board, Purchasing Office by the given deadline above.

By:
Diane Solitaire
Purchasing Department
Phone: (956) 983-6366



November 30, 2022

TO WHOM IT MAY CONCERN:

RE: Property Insurance

The Brownsville Public Utilities Board (BPUB) has engaged Paul D. Pousson with Arthur J. Gallagher & Co. to review our property insurance program. Mr. Pousson is authorized to obtain information on our behalf related to his review and analysis of BPUB's property insurance program and to negotiate terms and conditions on our behalf as well.

Mr. Pousson is performing services in a consultant capacity and receives a fee for services rendered directly from the BPUB. He does not receive any type of compensation from the insurance policies written for BPUB.

Please extend to Mr. Pousson every courtesy you would extend to an employee of the BPUB.

Sincerely,

A handwritten signature in blue ink, appearing to read "Marilyn Gilbert".

Marilyn Gilbert
Interim General Manager & CEO

c: File

Please submit this page upon receipt

ACKNOWLEDGEMENT FORM

PROPERTY INSURANCE

P011-23

For any clarifications, please contact Diane Solitaire at Brownsville PUB Purchasing Department at (956) 983-6366 or e-mail: dsolitaire@brownsville-pub.com.

Please email this page upon receipt of the RFP package or legal notice. If you only received the legal notice and you want the RFP package mailed please provide a method of shipment with account number in the space designated below.

Check one:

☐ **Yes, I will be able to send a RFP; obtained RFP package from website.**

☐ **Yes, I will be able to send a RFP; please email the RFP package.**

Email: _____

☐ **Yes, I will be able to send a RFP; please mail the RFP package using the carrier & account number listed below:**

Carrier: _____

Account: _____

☐ **No, I will not be able to send a RFP for the following reason:**

If you are unable to send your proposal, kindly indicate your reason above and return this form **via email to dsolitaire@brownsville-pub.com**. This will ensure you remain active on our vendor list.

PROPERTY INSURANCE SCHEDULE OF VALUES

Upon return of this acknowledgement form, the Property Insurance Schedule of Values will be provided to the email address listed below. The company listed below agrees that the information to be provided is confidential and is to only be used in connection with preparing a proposal for property insurance. The company also agrees not to release this information and to comply with Federal and State privacy and insurance laws and regulations and notify BPUB in writing within five (5) days if they receive a request for such information.

Date _____

Company: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

NOTICE TO PROPOSERS

Information provided in these specifications is to be used for purposes of preparing a proposal detailing costs of providing the services and insurance specified. It is further expected that each proposer will read these specifications with care, since failure to meet each condition or a combination of specified conditions may annul the proposal.

The Brownsville Public Utilities Board (hereafter referred to as the BPUB) reserves the right to reject any or all proposals or any portion thereof and to accept the proposal deemed most advantageous to the BPUB.

Proposers are required to submit proposals on the basis of these specifications. Alternative proposals (for service on a basis different from requested in these specifications) will receive consideration if such alternatives are clearly explained. Any exceptions to coverage requested herein must be clearly noted in writing and be included as a part of the proposal.

BPUB believes that the data contained in these specifications is sufficient for preparation of a proposal. The information is believed to be accurate and is based upon the latest available information, but it is not to be considered in any way as a warranty. Requests for additional information should be directed in writing to Diane Solitaire, Purchasing, 1155 FM 511, Olmito, TX 78575; or Email to: dsolitaire@brownsville-pub.com.

THE BPUB SYSTEM

The City, located in Cameron County on the Rio Grande approximately 23 miles from the Gulf of Mexico, is a home rule city organized and existing under the laws of the state of Texas, including the City's Charter, as amended (the "charter"). The City owns and operates a combined electric, water, and wastewater utilities system (collectively, the "system") serving the City and certain areas outside the city. The City's authority with regard to public utility ownership and services is generally exercised through the Brownsville Public Utilities Board (the "Board"). The Board, created and established by Article VI of the Charter as a separate and distinct agency of the city, has authority to control, manage, and operate the system and to expand and apply System revenues, subject to certain limitations. The Charter provides that the power to issue bonds; to encumber, sell, or hypothecate the system; and the city retains to fix rates, fees, and charges of the system. The mailing address of the Board is Post Office Box 3270, Brownsville, Texas 78520-3270, and the telephone number of the Board is (956) 983-6100. The Board's fiscal year is the 12-month period ended September 30 of each year and is referred to herein as the "fiscal year."

1.0 INTRODUCTION: Request for Competitive Sealed Proposal

1.1 General Information

BROWNSVILLE PUBLIC UTILITIES BOARD (BPUB) desires to secure a competitive insurance program that will provide the broadest coverage at the most competitive price available. These specifications will enable BPUB to select the agent and carrier that can provide such a program.

In no case is it the desire of BPUB for insurers to use illegal forms or in any manner to deviate from approved or acceptable insurance practice in the State of Texas.

Please note that a “no” answer to certain requests will not necessarily result in a disqualification or complete rejection of the entire proposal. Where specifications call for specific information please provide it.

1.2 Timetable

1.2.1 Specifications will be available on or after **December 5, 2022**.

1.2.2 Proposals are due in duplicate **January 11, 2023 no later than 5:00 P.M. local time**. Sealed envelopes will be acknowledged via conference call on January 12, 2023 at 10:30 A.M. in such a manner as to avoid disclosure. The contents of the proposals shall be kept confidential through the negotiation process. After the insurance contracts are awarded all proposals will be available for inspection. Please label any trade secrets or confidential information to avoid public disclosure.

1.2.3 Proposals will be considered at the first scheduled board meeting in February. It is anticipated, but not certain, that a decision will be reached on that date. The selected proposer will be notified after the board meeting in which the contract is awarded.

1.2.4 Binders are to be delivered to **BPUB** a minimum of ten days before requested effective date of April 1, 2023.

1.2.5 Policies are due to **BPUB within 60 days of the April 1, 2023 effective date**. Brownsville Public Utilities Board reserves the right to withhold payment until coverage documents/policies are received. It is desired that the policies be provided in three formats: hard copy, electronic and jump drive.

1.2.6 Agents are required to meet all state and federal insurance regulations concerning the coverage submitted.

1.3 Selection

BPUB reserves the right to accept or reject all or part of the proposals, waive technicalities, and award the proposal that best serves its interest. The contract will be awarded to the vendor who submits the most responsive proposal based on coverage afforded, reasonably anticipated premiums, insurance company financial condition, reputation, and the quality of service. It is Brownsville PUB's intention that the selected agent service this account for the next three years.

1.4 Submission of Proposal

The proposal shall be submitted in duplicate in a sealed envelope. On the front of the envelope & on the carrier's envelope shall be written the following words:

“P011-23 SEALED PROPOSAL FOR PROPERTY INSURANCE, January 11, 2023, no later than 5:00 P.M.”

Proposals must be submitted in duplicate to the BPUB, Attn.: Ms. Diane Solitaire, Purchasing Department, 1155 FM 511, Olmito, Texas 78575, to arrive by **5:00 P.M.** local time on **Wednesday, January 11, 2023 in order to be considered.**

Proposals must be received at or before time on the due date. Telephone, telephonic email or fax proposals will not be accepted. BPUB or its' agents will not be responsible for misdirected mail or packages. Any delay in mail or delivery is at the risk of the proposer. Proposals received after the deadline will be returned unopened.

1.5 Underwriting Information

Quotations shall be based on the underwriting information furnished in these specifications.

Due care and diligence have been used in preparation of the specifications and/or applications and the information contained therein is believed to be substantially correct. The ultimate responsibility, however, for determining the full extent of the exposures and the verification of information rests solely on the proposer.

1.6 Company Eligibility

All proposals must include the name of the insurance company. Each company must have a general policyholder's rating of A- VII or better as published by the A.M. Best Company, Inc. of its Key Rating Guide. Please provide most recent published A.M. Best rating.

Please provide published rating.

Plans organized under the terms of the Interlocal Cooperation Act (Chapter 791, Title 7, Government Code) will be considered. The most recent audited financial statements with auditor opinion letter reinsurance provisions are required with the proposal and reinsurance provisions.

1.7 Proposal

Proposals are to be submitted in accordance with these specifications. Any restrictions, deviations, or other modifications, which either restrict or broaden coverage, should be noted in the proposals. In the absence of notification of these modifications, companies will be held to the specifications.

1.7.1 Best and Final Offer

This RFP is being solicited under the State of Texas Local Government Code established purchasing guidelines. Brownsville PUB reserves the right to negotiate price, terms and conditions and other factors with this RFP and request a Best and Final Offer which will result in the “best value” for Brownsville PUB.

1.7.2 Criteria Used in Evaluating Proposals

Proposals will be first evaluated on technical factors other than cost, including coverage (20%), services (15%) and financial stability (15%). After a preliminary evaluation of the technical criteria, cost will be included in the evaluation process. Cost criteria (50%) will be evaluated on an equal basis with the technical criteria (50%).

1.8 Qualifications of Agents

The proposer must meet these qualifications:

- 1.8.1 The recording agent must have been licensed to conduct property and casualty insurance business in Texas for the last five years.
- 1.8.2 The agency must be producing a minimum annual gross property and casualty premium income of at least \$750,000 average for each of the past five years.
- 1.8.3 The agency must provide a certificate of errors and omissions coverage minimum limits of \$2,000,000 annual aggregate with a maximum deductible of \$50,000. BPUB shall be shown as certificate holder. The certificate shall be provided as part of the proposal documents.
- 1.8.4 Provide a description of your agency and resumes on the personnel who would be assigned to service Brownsville Public Utilities Board.
- 1.8.5 Provide an organizational chart of the office that will handle BPUB's account.
- 1.8.6 Provide information on any cost-free services, claims handling (including carrier adjuster information), risk management assistance, engineering services, and loss control. Please also include information concerning your agency's method of handling: underwriting concerns, endorsement requests, inspections required (if any), policy review, policy corrections and statement of value maintenance. Please note, you will see further in the RFP a request for flood zone studies every two years as well as access to the modeling studies run on behalf of BPUB.

1.9 Questions Concerning These Specifications

Questions or requests for additional information (including property inspection) should be directed in writing to Diane Solitaire, P.O. Box 3270, Brownsville, TX 78523-3270; or Email to: dsolitaire@brownsville-pub.com.

1.9.1 Correction

Any interpretation, correction, or change to the request for proposal will be made BY ADDENDUM. Changes or corrections will be issued by the Brownsville PUB Purchasing Department. **Addenda will be emailed to all who have returned the Proposal Acknowledgement Form.** Addenda will be issued as expeditiously as possible. It is the responsibility of the respondents to determine whether all addenda have been received. It will be the responsibility of all respondents to contact the Brownsville PUB prior to submitting a response to the proposal to ascertain if any addenda have been issued, and to obtain any OR all addenda, execute them, and return addenda with the response to the request for proposal. Addenda may also be posted on BPUB's website.

1.10 Specimen Policy to be Submitted

Please enclose with your proposal a complete, legible specimen policy with all endorsements, forms, policy jackets and examples of declaration pages.

1.11 General Policy Conditions

1.11.1 Named Insured and Address

Brownsville Public Utilities Board, the Board of Directors, all past and present Directors, employees and volunteers acting for or on behalf of the utility all while acting within the scope of their duties on behalf of Brownsville Public Utilities Board.

1425 Robinhood Drive
Brownsville, TX 78521

1.11.2 Term of Policy

BPUB is seeking insurance contracts for an annual term with the option to renew for two (2) additional one (1) year periods.

1.11.3 Cancellation Provisions

60 days notice of cancellation (except for non-payment) and 60 days notice of non-renewal or material change.

1.12 Disqualification Provision

It is necessary for the proposer/vendor to provide the documentation requested and complete response pages. Failure to comply may result in disqualification.

1.13 Unauthorized Communications

After release of this solicitation, Proposer's contact regarding this RFP with members of the RFP evaluation, interview or selection panels, and employees of the BPUB or officials of the BPUB other than the Purchasing Manager or Purchasing Staff is prohibited and may result in disqualification from this procurement process. No officer, employee, agent or representative of the Proposer shall have any contact or discussion, verbal or written, with any members of the BPUB Board of Directors, members of the RFP evaluation, interview, or selection panels, BPUB staff, or directly or indirectly through others, seek to influence any BPUB Board member, BPUB staff regarding any matters pertaining to this solicitation, except as herein provided. If a representative of any Proposer violates the foregoing prohibition by contacting any of the above listed parties with whom contact is not authorized, such contact may result in the Proposer being disqualified from the procurement process.

1.14 Conflict of Interest Statement

No employee, officer or agent must participate in the selection, award or administration of a contract supported by a federal or non-federal award if he or she has a real or apparent conflict of interest.

1.15 Last Day to Submit Questions

The last day to submit questions is January 4, 2023 by 3:00 P.M.

2.0 AGENCY QUESTIONNAIRE

Each proposing agent must complete the following:

1. Name of Agency: _____
2. Has the agency been licensed more than 5 years to conduct property and casualty insurance business in Texas? Yes ___ No ___
3. Does the agency produce a minimum of \$750,000 in gross premium annually? Is this true for each of the last 5 years? Yes ___ No ___
4. Did you attach a certificate showing the required limits of your errors & omissions policy? Yes ___ No ___
5. Have you attached a resume on each of the individuals who will be assigned to this account? Yes ___ No ___
6. Have you attached information regarding your agency business experience placing property insurance for insureds with catastrophe exposed properties? Yes ___ No ___

General Certifications

1. Do policies provide at a minimum, 60 days notice of cancellation, non-renewal, or material change in policy terms, conditions, or premiums? Please indicate exceptions: Yes ___ No ___
2. Do you acknowledge that unless you have specifically made comment otherwise, you will be held to strict compliance with these specifications? Yes ___ No ___

Agency Signature

Agency Name

Authorized Signature (Failure to sign will disqualify proposal)

Address

Type Signatory's Name & Title

Telephone Number

Fax Number

Date

Signatory's Email Address

3.0 PROPERTY

3.1 General Information

Property and Boiler & Machinery/Equipment Breakdown insurance may be presented on a package or monoline basis. It is desired that coverage be equal to or broader than the terms listed below. Additionally, please offer more competitive deductible options for consideration. Please detail any and ALL differences in your proposal.

3.2 Current Program Summary

\$400,000,000 Total Insured Limit

Sub-Limits (Per Occurrence and in the Annual Aggregate):

- \$100,000,000 Earth Movement
 - Except in a High Hazard Earth Movement Zone - \$20,000,000
- \$400,000,000 Flood
 - Except in a High Hazard Flood Area - \$30,000,000
- \$100,000,000 Named Windstorm

Deductibles (Per Occurrence)

- \$500,000 All Losses, Except:
- \$500,000 Non-Generating / Non-Transmission Locations
- \$1,000,000 Gas & Steam Turbine Generators
- \$500,000 Diesel Engine Turbine Generators with Power Rating equal to or more than 5MW
- \$500,000 Diesel Engine Turbine Generators with Power Rating below 5MW
- \$1,000,000 Transformers rated at 100 MVA or larger
- \$2,500,000 for all losses involving the following transformer: 33-MVA, 12.5kv to 69-kv, No. 6 GSU manufactured by Westinghouse, serial #6991495
- \$500,000 for losses at Desalination Plant, except
- \$500,000 Transit
- \$10,000 Electronic Data Processing Equipment
- High Hazard FLOOD: Power Generation locations
 - 2.5% of value of location affected subject to a minimum of \$1,000,000
- High Hazard FLOOD: Non-Power Generation locations
 - 2.5% of value of location affected subject to a minimum of \$1,000,000
- NAMED WINDSTORM: 2.5% of value of location affected subject to a minimum of \$1,000,000 and \$10,000,000 maximum deductible, per occurrence
- EARTH MOVEMENT: 2% of value of location affected subject to a minimum of \$100,000

3.3 Desired Program

3.3.1 The policy form should be special form and cover, at minimum, perils including: fire, named windstorm, flood, earthquake and all other perils. Blanket coverage is preferred. Coverage is to be provided on a replacement cost basis, without co-insurance. Requested minimum limit per occurrence **is to be \$400,000,000**. Refer to property schedule in appendix. Please offer as an option- deletion of any exclusion related to extra expenses necessary to buy replacement power.

3.3.2 The program should cover all buildings – permanent and portable, contents, fences, signage, outdoor lighting, structures, etc. Please list any special condition on the deviations page.

- 3.3.3 Alternate quote is requested for full value of property \$748,758,966.
- 3.3.4 Alternate quotes should also be provided for stand-alone terrorism, extra expense for power generating locations, and business interruption as more fully described in other sections of this RFP.
- 3.3.5 It is desired that options for the Named Windstorm Deductible be provided on a percentage basis subject to a minimum and maximum amount per occurrence. Please provide the definition of Named Windstorm, including a detailed description of the Named Windstorm Deductible options in your response.
- 3.3.6 BPUB desires full transparency with regards to any contract of insurance issued on our behalf. Please include the identification of any and all wholesalers or other intermediaries used with regards to this placement and provide the percentage commission earned by the wholesaler(s) or other intermediaries as part of your response to this RFP. Please include your revenue structure- as the retail agent for this placement - to include any and all compensation.
- 3.3.7 Please confirm if successful, that your office - every two years - will run the flood zone identification / determination reports for each of the insured properties. Please confirm that this will be accomplished at no charge to BPUB. These reports will be used for purposes of compliance with relevant federal regulations such as the Stafford Act.
- 3.3.8 Please include in your RFP response, the catastrophe modeling studies done on behalf of BPUB, both RMS and AIR. If you are unable to provide these studies, please explain why.
- 3.3.9 Please describe the loss control / engineering services to be provided as part of this proposal (policy) and the associated cost.

3.4 Proposed Policy Questionnaire

1. Is this proposal (policy) providing “all risk” coverage? Yes ____ No ____
2. Does this proposal (policy) include blanket coverage for building and contents? Will you provide? Yes ____ No ____
3. Is there a co-insurance clause applicable to property coverage? Yes ____ No ____
If so, what is the co-insurance percentage? _____
4. Is the basis of recovery replacement cost new, both on buildings and contents? Yes ____ No ____
5. Does the proposal (policy) cover all buildings, contents, fences, structures, etc? Yes ____ No ____
List conditions if any: _____
6. Has a specimen policy been submitted? Yes ____ No ____
7. Does the proposal (policy) provide coverage on buildings under construction? Yes ____ No ____
If yes, please describe: _____
8. Does the proposal (policy) provide a joint loss agreement if the property insurer is not the same as the Boiler & Machinery insurer? Please describe the claims adjustment process to be utilized under this proposal (policy) Yes ____ No ____

9. Does the proposal (policy) exclude environmental claims such as those for fungus, mold and mildew? Yes ____ No ____
10. Does the proposal include any loss control services? Yes ____ No ____
If yes, please describe: _____
11. Please do not include TRIA/TRIPRA coverage and provide separate quote for stand-alone Terrorism coverage. This coverage should include both certified and non-certified acts of terrorism with limits of \$100,000,000 and a \$25,000 deductible. Please include the policy specimen for this coverage.
12. Please include an optional quote for business interruption coverage based on business interruption values of \$45,204,28 for each insured event with a 30-Day Waiting Period for all perils. Please include the policy language for this coverage

<u>Requested Coverage – Sub-limits of Liability</u>	<u>Description</u>
Earth Movement	_____
Flood - All Hazard	_____
Flood - High Hazard	_____
Named Windstorm	_____
Windstorm	_____
Transit	_____
Demolition/Increased Cost of Construction	_____
Accounts Receivable	_____
Newly Acquired Property	_____
Course of Construction	_____
Extra Expense*	_____
Valuable Papers and Records	_____
Miscellaneous Unnamed Locations	_____
Debris Removal	_____
Expediting Expense	_____
Electronic Data Processing/Media	_____
Errors & Omissions	_____
Mobile Equipment on Premises	_____
Rented and/or Leased Equipment	_____
Fine Arts	_____
Fire Department Charges	_____
Personal Property Temporarily Off Premises	_____
Professional Fees / Claim Preparation Fees	_____
Trees, Shrubs, Plants & Lawns	_____
Tunnels & Underground Utilities	_____
Pavements & Roadways	_____
Land & Water Clean Up Expense	_____
Contingent Extra Expense	_____
Electronic Data Processing, Data & Media	_____
Fungus, Mold or Mildew	_____

Requested Coverage – Sub-limits of Liability	Description
Pair and Set	_____
Arson or Theft Reward	_____
Money & Securities	_____
Vehicles on Premises	_____

Tenant's Legal Liability & Expense _____
Civil Authority _____
Ingress/Egress _____

*Extra Expense Coverage not presently provided for transmission, distribution, replacement or generation of electric power. Please offer this as an option for consideration.

3.5 Quotations (Please complete this section for each of the following: the Desired Program; Full TIV Coverage; Terrorism Coverage; Extra Expense for Transmission, Distribution, Replacement and/or Generation of Electric Power; and Business Interruption Coverage.

Option: Desired Program

Limit of Insurance - Each Occurrence \$400,000,000

Annual Aggregate Limit (if Applicable) _____

Deductible(s): _____
(Please list separately)

Proposed Premium: _____

Policy Term: _____
(Note any multi-year term and/or
Rate guarantee)

Wholesaler(s) Commission Structure: _____

Retail agent's Commission Structure: _____

Please confirm if any contingent revenue is possible on the placements: _____

Option: Full TIV Coverage

Limit of Insurance - Each Occurrence \$748,758,966

Annual Aggregate Limit (if Applicable) _____

Deductible(s): _____
(Please list separately)

Proposed Premium: _____

Policy Term: _____
(Note any multi-year term and/or
Rate guarantee)

Wholesaler(s) Commission Structure: _____

Retail agent's Commission Structure: _____

Please confirm if any contingent revenue is possible on the placements: _____

Option: Terrorism

Limit of Insurance - Each Occurrence _____

Annual Aggregate Limit (if Applicable) _____

Deductible(s): _____
(Please list separately)

Proposed Premium: _____

Policy Term: _____
(Note any multi-year term and/or
Rate guarantee)

Wholesaler(s) Commission Structure: _____

Retail agent's Commission Structure: _____

Please confirm if any contingent revenue is possible on the placements: _____

Option: Extra Expense for Transmission, Distribution, Replacement and/or Generation of Electric Power

Limit of Insurance - Each Occurrence _____

Annual Aggregate Limit (if Applicable) _____

Deductible(s): _____
(Please list separately)

Proposed Premium: _____

Policy Term: _____
(Note any multi-year term and/or
Rate guarantee)

Wholesaler(s) Commission Structure: _____

Retail agent's Commission Structure: _____

Please confirm if any contingent revenue is possible on the placements: _____

Option: Business Interruption Coverage

Limit of Insurance - Each Occurrence \$45,204,728

Annual Aggregate Limit (if Applicable) _____

Deductible(s): _____
(Please list separately)

Proposed Premium: _____

Policy Term: _____
(Note any multi-year term and/or
Rate guarantee)

Wholesaler(s) Commission Structure: _____

Retail agent's Commission Structure: _____

Please confirm if any contingent revenue is possible on the placements: _____

3.6 Exact Name of Insurer(s) (Not company group or wholesaler) _____

3.7 Insurer(s) Current Financial Rating as published by A.M. Best:

3.8 Deviations from Specifications

Please describe ANY coverage deviations, restrictions, modifications, and recommendations, not outlined in your answers above or provide any other information you feel is appropriate and will clarify the proposal or benefit BPUB. Attach additional page(s) if necessary.

Company Signature

Company Name

Authorized Signature (Failure to sign will disqualify proposal)

Address

Type Signatory's Name & Title

Telephone Number Fax Number

Date

Signatory's Email Address

4.0 BOILER AND MACHINERY/EQUIPMENT BREAKDOWN

4.1 Requested Program

We are requesting coverage to include all machinery, switch gear, air handlers, chillers, boilers and any other machinery generally considered a part of the current boiler & machinery / equipment breakdown coverage.

Please enclose with your proposal a complete, legible specimen policy with all endorsements, riders, terms and conditions. Refer to property section for required limits and deductibles.

Coverage may be provided on a standalone basis or as an endorsement to the property policy.

4.2 Proposed Policy Questionnaire

1. Does the proposed policy include comprehensive coverage including but not limited to: power generating and non-power generating equipment? Yes ____ No ____
2. Are all locations covered? Yes ____ No ____
3. Does the policy include repair and replacement coverage? Yes ____ No ____
4. Will the underwriter provide a Joint Loss Agreement? Yes ____ No ____
5. Have you included a specimen policy? Yes ____ No ____
6. Does the quote include business interruption, extra expense and consequential damage coverage? If sub-limited, please provide sub-limits applicable: _____
Yes ____ No ____
7. Please provide sub-limits applicable to the following:
Extra Expense _____
Expediting Expense _____
Hazardous Substance _____
Ammonia Contamination _____
Water Damage _____

4.3 Quotations

Limit of Insurance: _____

Deductible: _____

Proposed Premium: _____

Policy Term: _____

Wholesaler commission structure _____

Retail agent commission structure _____

4.4 Exact Name of Insurer (not company group or wholesaler) _____

4.5 Companies Current Financial Rating as published by A.M. Best:

4.6 Deviations from Specifications

Please describe coverage deviations, restrictions, modifications, recommendations, not outlined in your answers above or provide any other information you feel is appropriate and will clarify the proposal or benefit BPUB.

Company Signature

Company Name

Address

Date

Authorized Signature (Failure to sign will disqualify proposal)

Type Signatory's Name & Title

Telephone Number

Fax Number

Signatory's Email Address

REQUIRED FORMS CHECKLIST

The following documents are to be submitted as a part of the Bid/RFP/RFQ document

NAME	FORM DESCRIPTION	SUBMITTED WITH BID	
		YES	NO
Required Forms (if applicable)	Acknowledgement Form	<input type="checkbox"/>	<input type="checkbox"/>
	Debarment Certificate	<input type="checkbox"/>	<input type="checkbox"/>
	Ethic Statement	<input type="checkbox"/>	<input type="checkbox"/>
	Conflict of Interest Questionnaire	<input type="checkbox"/>	<input type="checkbox"/>
	W9 or W8 Form	<input type="checkbox"/>	<input type="checkbox"/>
	Direct Deposit Form (will be provided to the awarded Firm)	<input type="checkbox"/>	<input type="checkbox"/>
	Residence Certification Form	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
Special Instructions (if applicable)	Bid Schedule/Cost sheet completed and signed	<input type="checkbox"/>	<input type="checkbox"/>
	Cashier Check or Bid Bond of 5% of Total Amount of Bid	<input type="checkbox"/>	<input type="checkbox"/>
	OSHA 300 Log	<input type="checkbox"/>	<input type="checkbox"/>
	Contractor Pre-Bid Disclosure completed, signed and notarized	<input type="checkbox"/>	<input type="checkbox"/>
	Sub-Contractor Pre-Bid Disclosure completed, signed, and notarized	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
References	Complete the Previous Customer Reference Worksheet for each reference provided	<input type="checkbox"/>	<input type="checkbox"/>
Addenda		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

ETHICS STATEMENT (Complete and Return this form with Proposal)

The undersigned firm, by signing and executing this proposal, certifies and represents to the Brownsville Public Utilities Board that firm has not offered, conferred or agreed to confer any pecuniary benefit, as defined by (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 of advantage relating to this proposal; the firm also certifies and represents that the firm has not offered, conferred or agreed to confer any pecuniary benefit or other thing of value as consideration for the recipient's decision, opinion, recommendation, vote or other exercise of discretion concerning this proposal, the firm certifies and represents that firm has neither coerced nor attempted to influence the exercise of discretion by any officer, trustee, agent or employee of the Brownsville Public Utilities Board concerning this proposal on the basis of any consideration not authorized by law; the firm also certifies and represents that firm has not received any information not available to other firms so as to give the undersigned a preferential advantage with respect to this proposal; the firm further certifies and represents that firm has not violated any state, federal, or local law, regulation or ordinance relating to bribery, improper influence, collusion or the like and that firm 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 Brownsville Public Utilities Board in return for the person having exercised their person's official discretion, power or duty with respect to this proposal; the firm 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 officer, trustee, agent, or employee of the Brownsville Public Utilities Board 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.

The vendor shall defend, indemnify, and hold harmless the Brownsville Public Utilities Board, all of its officers, agents and employees from and against all claims, actions, suits, demands, proceeding, costs, damages, and liabilities, arising out of, connected with, or resulting from any acts or omissions of contractor or any agent, employee, subcontractor, or Supplier of contractor in the execution or performance of this proposal.

I have read all of the specifications and general proposal requirements and do hereby certify that all items submitted meet specifications.

COMPANY: _____

AGENT NAME: _____

AGENT SIGNATURE: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP CODE: _____

TELEPHONE: _____ TELEFAX: _____

FEDERAL ID#: _____ AND/OR SOCIAL SECURITY #: _____

DEVIATIONS FROM SPECIFICATIONS IF ANY:

NOTE: QUESTIONS AND CONCERNS FROM PROSPECTIVE CONTRACTORS SHOULD BE RAISED WITH OWNER AND ITS CONSULTANT (IF APPLICABLE) AND RESOLVED IF POSSIBLE, PRIOR TO THE PROPOSAL SUBMITTAL DATE. ANY LISTED DEVIATIONS IN A FINALLY SUBMITTED PROPOSAL MAY ALLOW THE OWNER TO REJECT A PROPOSAL AS NON-RESPONSIVE.

CERTIFICATION REGARDING
DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY
MATTERS (Complete and Return this form with Proposal)

Name of Entity: _____

The prospective participant certifies to the best of their knowledge and belief that they and their principals:

Are not presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from covered transactions by any Federal department or agency:

Have not within a three year period preceding this proposal been convicted of, or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

Are not presently indicted for or otherwise criminally or civilly charged by a government entity (Federal, State, Local) with commission of any of the offenses enumerated in paragraph (1) (b) of this certification; and have not within a three year period preceding this application/proposal had one or more public transactions (Federal, State, Local) terminated for cause or default.

I understand that a false statement on this certification may be grounds for rejection of this proposal or termination of the award. In addition, under 18 USC Section 1001, a false statement may result in a fine up to a \$10,000.00 or imprisonment for up to five (5) years, or both.

Name and Title of Authorized Representative (Typed)

Signature of Authorized Representative

Date

☐ I am unable to certify to the above statements. My explanation is attached.

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:

(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.

BROWNSVILLE PUBLIC UTILITIES BOARD
RESIDENCE CERTIFICATION

In accordance with Art. 601g, as passed by the 1985 Texas Legislature, the following will apply. The pertinent portion of the Act has been extracted and is as follows:

Section 1. (a)

(1) "Nonresident bidder" means a bidder whose principal place of business is not in this state, but excludes a contractor whose ultimate parent company or majority owner has its principal place of business in this state.

(2) "Texas resident bidder " means a bidder whose principal place of business is in this state, and includes a contractor whose ultimate parent company or majority owner has its principal place of business in this state.

Section 1. (b)

The state or governmental agency of the state may not award a contract for general construction, improvements, services, or public works projects or purchases of supplies, materials or equipment to a nonresident bidder unless the nonresident's bid is lower than the lowest bid submitted by a responsible Texas resident bidder by the same amount that a Texas resident bidder would be required to underbid a nonresident bidder to obtain a comparable contract in the state in which the nonresident's principal place of business is located.

I certify that _____(Company Name) is a **resident Texas bidder** as defined in Art. 601g.

Signature: _____

Print Name: _____

I certify that _____(Company Name) is a **nonresident bidder** as defined in Art. 601g. and our principal place of business is:

(City and State)

Signature: _____

Print Name: _____

Previous Customer Reference Worksheet

Name of Customer:		Customer Contact:
Customer Address:		Customer Phone Number:
		Customer Email:
Name of Company Performing Referenced Work:		

[illegible]

**Request for Taxpayer
Identification Number and Certification**

► Go to www.irs.gov/FormW9 for instructions and the latest information.

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

Print or type.
See Specific Instructions on page 3.

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

Social security number									
				-					
or									
Employer identification number									
				-					

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.

**Sign
Here**

Signature of
U.S. person ►

Date ►

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.

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.

Form **W-8BEN-E**

(Rev. October 2021)

Department of the Treasury
Internal Revenue Service**Certificate of Status of Beneficial Owner for
United States Tax Withholding and Reporting (Entities)**

► For use by entities. Individuals must use Form W-8BEN. ► Section references are to the Internal Revenue Code.
► Go to www.irs.gov/FormW8BENE for instructions and the latest information.
► Give this form to the withholding agent or payer. Do not send to the IRS.

OMB No. 1545-1621

Do NOT use this form for:

- U.S. entity or U.S. citizen or resident W-9
- A foreign individual W-8BEN (Individual) or Form 8233
- A foreign individual or entity claiming that income is effectively connected with the conduct of trade or business within the United States (unless claiming treaty benefits) W-8ECI
- A foreign partnership, a foreign simple trust, or a foreign grantor trust (unless claiming treaty benefits) (see instructions for exceptions) . . . W-8IMY
- A foreign government, international organization, foreign central bank of issue, foreign tax-exempt organization, foreign private foundation, or government of a U.S. possession claiming that income is effectively connected U.S. income or that is claiming the applicability of section(s) 115(2), 501(c), 892, 895, or 1443(b) (unless claiming treaty benefits) (see instructions for other exceptions) W-8ECI or W-8EXP
- Any person acting as an intermediary (including a qualified intermediary acting as a qualified derivatives dealer) W-8IMY

Instead use Form:**Part I Identification of Beneficial Owner**

1 Name of organization that is the beneficial owner	2 Country of incorporation or organization
--	---

3 Name of disregarded entity receiving the payment (if applicable, see instructions)

- | | | |
|--|---|---|
| 4 Chapter 3 Status (entity type) (Must check one box only): | <input type="checkbox"/> Corporation | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Simple trust | <input type="checkbox"/> Tax-exempt organization | <input type="checkbox"/> Complex trust |
| <input type="checkbox"/> Central Bank of Issue | <input type="checkbox"/> Private foundation | <input type="checkbox"/> Foreign Government - Controlled Entity |
| <input type="checkbox"/> Grantor trust | <input type="checkbox"/> Disregarded entity | <input type="checkbox"/> Estate |
| | <input type="checkbox"/> International organization | <input type="checkbox"/> Foreign Government - Integral Part |

If you entered disregarded entity, partnership, simple trust, or grantor trust above, is the entity a hybrid making a treaty claim? If "Yes," complete Part III. ☐ Yes ☐ No

- | | |
|---|---|
| 5 Chapter 4 Status (FATCA status) (See instructions for details and complete the certification below for the entity's applicable status.) | |
| <input type="checkbox"/> Nonparticipating FFI (including an FFI related to a Reporting IGA FFI other than a deemed-compliant FFI, participating FFI, or exempt beneficial owner). | <input type="checkbox"/> Nonreporting IGA FFI. Complete Part XII. |
| <input type="checkbox"/> Participating FFI. | <input type="checkbox"/> Foreign government, government of a U.S. possession, or foreign central bank of issue. Complete Part XIII. |
| <input type="checkbox"/> Reporting Model 1 FFI. | <input type="checkbox"/> International organization. Complete Part XIV. |
| <input type="checkbox"/> Reporting Model 2 FFI. | <input type="checkbox"/> Exempt retirement plans. Complete Part XV. |
| <input type="checkbox"/> Registered deemed-compliant FFI (other than a reporting Model 1 FFI, sponsored FFI, or nonreporting IGA FFI covered in Part XII). See instructions. | <input type="checkbox"/> Entity wholly owned by exempt beneficial owners. Complete Part XVI. |
| <input type="checkbox"/> Sponsored FFI. Complete Part IV. | <input type="checkbox"/> Territory financial institution. Complete Part XVII. |
| <input type="checkbox"/> Certified deemed-compliant nonregistering local bank. Complete Part V. | <input type="checkbox"/> Excepted nonfinancial group entity. Complete Part XVIII. |
| <input type="checkbox"/> Certified deemed-compliant FFI with only low-value accounts. Complete Part VI. | <input type="checkbox"/> Excepted nonfinancial start-up company. Complete Part XIX. |
| <input type="checkbox"/> Certified deemed-compliant sponsored, closely held investment vehicle. Complete Part VII. | <input type="checkbox"/> Excepted nonfinancial entity in liquidation or bankruptcy. Complete Part XX. |
| <input type="checkbox"/> Certified deemed-compliant limited life debt investment entity. Complete Part VIII. | <input type="checkbox"/> 501(c) organization. Complete Part XXI. |
| <input type="checkbox"/> Certain investment entities that do not maintain financial accounts. Complete Part IX. | <input type="checkbox"/> Nonprofit organization. Complete Part XXII. |
| <input type="checkbox"/> Owner-documented FFI. Complete Part X. | <input type="checkbox"/> Publicly traded NFFE or NFFE affiliate of a publicly traded corporation. Complete Part XXIII. |
| <input type="checkbox"/> Restricted distributor. Complete Part XI. | <input type="checkbox"/> Excepted territory NFFE. Complete Part XXIV. |
| | <input type="checkbox"/> Active NFFE. Complete Part XXV. |
| | <input type="checkbox"/> Passive NFFE. Complete Part XXVI. |
| | <input type="checkbox"/> Excepted inter-affiliate FFI. Complete Part XXVII. |
| | <input type="checkbox"/> Direct reporting NFFE. |
| | <input type="checkbox"/> Sponsored direct reporting NFFE. Complete Part XXVIII. |
| | <input type="checkbox"/> Account that is not a financial account. |

6 Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address (other than a registered address).

City or town, state or province. Include postal code where appropriate.

Country

7 Mailing address (if different from above)
--

City or town, state or province. Include postal code where appropriate.

Country

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 59689N

Form **W-8BEN-E** (Rev. 10-2021)

BPUB Disaster Response and Partnerships Summary

The Brownsville Public Utilities Board maintains a General Emergency Plan that is used as its business continuity plan that addresses returning to normal operations after disruptions caused by an incident; and BPUB's emergency management personnel who are designated to interact with local, state, and federal emergency management officials during emergency events have received the latest IS-100, IS-200, IS-700, and IS-800 National Incident Management System (NIMS) training.

BPUB staff participates in hurricane exercises and drills in order to better prepare for weather related events. BPUB ensures required internal materials are on hand, as well as commitments for external resources which may be needed following a storm.

The Brownsville Public Utilities Board has in place Mutual Aid Agreements with different entities who would deploy after an emergency event to render assistance. BPUB maintains evergreen (does not expire) contracts with neighboring mutual aid participants.

The Brownsville service area is not at high risk for wildfire threats, but smaller grass fires could present service issues to customers. BPUB maintains guidelines and procedures related to wildfire mitigation and documents policies and practices related to fire prevention and pre-planning, threat mitigation including vegetation control, and responses to fire incidents.

Capital Planning Schedule Summary

The Brownsville Public Utilities Board (BPUB) has multiple assets/infrastructure throughout the city of Brownsville. The citizens of Brownsville depend on BPUB to provide continuous services, with minimal interruptions. Plans are in place to improve current practices to ensure utility operations and business continuity.

BPUB has developed the Asset Management Department. The Asset Management Department is responsible for overseeing the assets and infrastructures of BPUB and determining the necessary course of action to take should an asset or infrastructure require maintenance. The Asset Management Department will ensure BPUB is proactive to electrical, water and wastewater outages.

BPUB does not have scheduled new property/facility construction for the 2022-2023 Fiscal year. BPUB is not expected to construct any new building/facility in the foreseeable future other than the new Southmost Water Tank that is currently at its last phase of construction and it is included in the BPUB Schedule of Values.