

BROWNSVILLE PUBLIC UTILITIES BOARD

Request for Proposals (RFP) Specifications

Excess Liability Insurance

P055-24

Policy Inception: October 1, 2024

Proposals due: Wednesday, July 17, 2024 by 5:00 PM

Proposal acknowledgment: Thursday, July 18, 2024 at 10:00 AM

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Comprehensive Annual Financial Report: <https://www.brownsville-pub.com/wp-content/uploads/2024/03/FY2023-BPUB-ACFR-FINAL-@-02.15.24.pdf>

BPUB Website: <https://www.brownsville-pub.com>

NOTE: Exhibits A-C can be obtained through email request to dsolitaire@brownsville-pub.com

**LEGAL NOTICE
AND
INVITATION FOR SEALED PROPOSALS
PROPOSAL No: P055-24**

The Brownsville Public Utilities Board (hereafter referred to as the BPUB) will accept sealed proposals for EXCESS LIABILITY INSURANCE until **5:00 PM local time, Wednesday, July 17, 2024** in the Brownsville Public Utilities Purchasing Office, 1155 FM 511, Olmito, Texas. Proposals will be opened and acknowledged publicly on Thursday, July 18, 2024 at 10:00 AM. This is a procurement for liability 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 later made available 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, including the criteria for proposal evaluations, may be obtained at the BPUB website: https://www.brownsville-pub.com/rfp_status/open/.

Please mark on the outside of the submitted envelope: **"P055-24 SEALED PROPOSAL FOR EXCESS LIABILITY INSURANCE, July 17, 2024, 5:00 PM"** 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 PM, local time, Wednesday, July 17, 2024**, 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
(956) 983-6366

Please submit this page upon receipt

**ACKNOWLEDGEMENT FORM
EXCESS LIABILITY INSURANCE**

P055-24

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:** dsolitaire@brownsville-pub.com. This will ensure you remain active on our vendor list.

EXPANDED INSURANCE CLAIM EXPERIENCE

Upon return of this acknowledgement form, the expanded claim experience information, coverage summary, exposure details and applications 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 excess liability insurance. The company also agrees to comply with Federal and State privacy and insurance laws and regulations.

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 78523-3270, 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 **June 24, 2024**.
- 1.2.2 Last day to submit questions is July 8, 2024 by 5:00 PM.
- 1.2.3 Proposals are due in duplicate **July 17, 2024 by 5:00 PM**. Sealed envelopes will be acknowledged in public on July 18, 2024 at 10:00 AM 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. Vendors can call (956) 214-6020 on July 18, 2024 at 10:00 AM to listen to proposal acknowledgement.
- 1.2.4 Proposals will be considered at the first scheduled board meeting in September, 2024. 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.
- 1.2.5 Binders are to be delivered to **BPUB** a minimum of ten days before requested effective date of October 1, 2024.
- 1.2.6 Policies are due to **BPUB by 60 days after October 1, 2024 effective date**. BPUB reserves the right to withhold payment until coverage documents/policies are received.
- 1.2.7 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 BPUB’s intention that the selected insurance company and agent will 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 shall be written the following words to the left of the address:

“PROPOSAL FOR EXCESS LIABILITY INSURANCE, P055-24, July 17, 2024, 5:00 PM”

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 PM** local time on **Wednesday, July 17, 2024**.

Proposals must be received at or before time on the due date. Telephone, telephonic email or faxed 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., in the 2020 edition 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 Facilities Commission established purchasing guidelines. BPUB 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 BPUB.

1.7.2 Criteria Used in Evaluating Proposals

Proposals will be first evaluated on several factors, including coverage, experience & qualifications, financial stability and cost.

1.8 Experience & Qualifications of Agents

The proposer must meet these experience & qualification requirements:

- 1.8.1 The recording agent must have been licensed to conduct property and casualty (liability) insurance business in Texas for the last five years. Experience working with public entity clients is preferred. Please describe your experience working with public entities.
- 1.8.2 The agency must provide a certificate of errors and omissions coverage with the minimum limits of \$2,000,000 annual aggregate with a maximum deductible of \$50,000.
- 1.8.3 Provide a description of your agency and resumes on the personnel who would be assigned to service BPUB.
- 1.8.4 Provide information on Toll Free Services, such as claims handling, underwriting questions, endorsements, and loss control services.
- 1.8.5 Please describe how your agency will handle policyholder services for BPUB.

1.9 Questions Concerning These Specifications

Questions or requests for additional information (including property inspection) should be directed in writing to Diane Solitaire, 1155 FM 511, Olmito, TX 78575; or Email to: dsolitaire@brownsville-pub.com.

1.9.1 Correction

Any interpretation, correction, or change of the proposal invitation will be made BY ADDENDUM. Changes or corrections will be issued by the BPUB 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 vendors to determine whether all addenda have been received. It will be the responsibility of all respondents to contact the BPUB prior to submitting a response to the proposal invitation 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 proposal invitation. Addenda may be posted on BPUB's webpage.

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 BPUB.

1425 Robinhood Drive
Brownsville, TX 78521

1.11.2 Term of Policy

BPUB is seeking insurance contracts for a three-year period with the option to terminate the contract during the term of the contract or at the end of each anniversary date on one of the following basis:

- a) Fixed price for the three-year period,
- b) Two annual renewal adjustments determined by formula at the time the contract is awarded, or
- c) One-year contract with two annual renewal options for rate and premiums deemed to be favorable to the BPUB. Renewal rates are to be provided to BPUB 90 days prior to anniversary date.

BPUB reserves the right to terminate the contract at the expiration of each budget period ending on September 30 of each calendar year, in accordance with Local Government Code 271.903.

Initial contract effective date is to be October 1, 2024 for all insurance contracts.

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.

BROWNSVILLE PUB RIGHTS

1. If only one or no proposal is received by "submission date", the BPUB has the right to reject, re-propose, accept and/or extend the proposal by up to an additional two (2) weeks from original submission date.
2. The right to reject any/or all proposals and to make award as they may appear to be advantageous to the Brownsville Public Utilities Board.
3. The right to hold proposal for 90 days from submission date without action, and to waive all formalities in proposal.
4. The right to extend the total proposal beyond the original 90-day period prior to an award if agreed upon in writing by both parties and if proposal holds firm.
5. The right to terminate all or any part of the unfinished portion of the project resulting from this solicitation within thirty (30) days written notice; upon default by the vendor, for delay or non-performance by the Vendor, or if it is deemed in the best interest of the Utilities for convenience.

CONTRACT WITH VENDOR/ENTITY INDEBTED TO BPUB

It is a policy of the BPUB to refuse to enter into a contract or other transaction with an individual, sole proprietorship, joint venture, Limited Liability Company or other entity indebted to BPUB.

WITHDRAWAL OF PROPOSAL

Proposers may withdraw their proposals anytime up to the time specified as the closing time for acceptance of proposals. However, no proposer shall withdraw or cancel their proposal for a period of 90 days after said closing date for acceptance of proposal nor shall the successful proposer withdraw or cancel or modify their proposal, except at the request of the BPUB, after having been notified that the BPUB has accepted the said proposal.

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.

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 (liability) insurance business in Texas? Yes ___ No ___
3. Did you attach a certificate showing the required limits of your errors & omissions policy? Yes ___ No ___
4. Have you attached a resume on each of the individuals who will be assigned to this account? Yes ___ No ___
5. Have you attached information regarding your agency business experience? Yes ___ No ___
6. Have you attached a description of your policyholder service plan? 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? Yes ___ No ___
Please indicate exceptions:
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 (Must be signed)

Address

Type Signatory's Name & Title

Telephone Number Fax Number

Date

Signatory's Email Address

3.0 EXCESS LIABILITY

3.1 Requested Program

BPUB desires a \$35,000,000 Limit of Liability and \$70,000,000 Aggregate Limit of Liability over underlying limits of \$1,000,000 for general liability, automobile liability, failure to supply liability, pollution liability and employer's liability. As well as an option for a \$35,000,000 Limit of Liability and \$35,000,000 Aggregate Limit of Liability over underlying limits of \$1,000,000 for general liability, automobile liability, failure to supply liability, pollution liability and employer's liability. Requested retroactive date: October 1, 1987. See Exhibit for completed application.

3.2 Proposed Policy Questionnaire

1. Is policy written on a claims-made or occurrence form? _____
If claims-made, answer the following:
 - a. Does the policy provide Full Prior Acts Coverage? Yes ____ No ____
 - b. What is the retroactive date? _____
 - c. What is the extended reporting period? _____Cost to purchase _____
- If occurrence, answer the following:
 - a. Is Sunrise coverage available to cover claims occurred but not yet reported under prior claims made policy? Yes ____ No ____
Cost to purchase _____
2. Are defense costs covered in addition to the limit of liability? Yes ____ No ____
3. Is coverage provided on an "Indemnity" or "Duty to Defend" form? _____
4. Is a renewal rate guarantee offered? Yes ____ No ____
 - a. Fixed Price for three-year period? Yes ____ No ____
 - b. Two annual renewal adjustments? Yes ____ No ____
 - c. One-year contract with two annual renewal options? Yes ____ No ____
5. Is TRIA included? Yes ____ No ____
6. Is a specimen policy with all endorsements included? Yes ____ No ____
7. Is a copy of the carrier quotation included? Yes ____ No ____
8. Is a summary of all policy exclusions included with your proposal? Yes ____ No ____

3.3 Excess Liability Quotations

	<u>Requested</u>	<u>Proposed</u>	<u>Options</u>
Limit of Insurance	\$35,000,000		\$35,000,000
Aggregate	\$70,000,000		\$35,000,000
Retention	\$1,000,000		\$1,000,000
Proposed Premium:			
Cost to Include TRIA			

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

3.5 **Company's General Policyholder's Rating and Financial Rating as published by A.M. Best in the 2020 edition:** _____

3.6 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 Name

Authorized Signature (Must be signed)

Address

Type Signatory's Name & Title

Telephone Fax/Email

Date

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 awarded vendor)	<input type="checkbox"/>	<input type="checkbox"/>
	Residence Certification Form	<input type="checkbox"/>	<input type="checkbox"/>
	House Bill 89 Form	<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, 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.

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY & SUBMITTED WITH BID RESPONSE

CONFLICT OF INTEREST QUESTIONNAIRE For vendor doing business with local governmental entity		FORM CIQ
<p>This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.</p> <p>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).</p> <p>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.</p> <p>A vendor commits an offense if the vendor knowingly violates Section 176.006, Local Government Code. An offense under this section is a misdemeanor.</p>	OFFICE USE ONLY	
1 Name of vendor who has a business relationship with local governmental entity.	Date Received <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	
2 <input type="checkbox"/> 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.		
<div style="border-bottom: 1px solid black; width: 60%; margin: 0 auto;"></div> 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.		
<div style="margin-bottom: 20px;"> 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? <div style="display: flex; justify-content: center; gap: 50px; margin-top: 10px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> </div> <div> 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? <div style="display: flex; justify-content: center; gap: 50px; margin-top: 10px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> </div>		
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 <input type="checkbox"/> 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 <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 60%;"> <div style="border-bottom: 1px solid black; width: 100%;"></div> Signature of vendor doing business with the governmental entity </div> <div style="width: 35%;"> <div style="border-bottom: 1px solid black; width: 100%;"></div> Date </div> </div>		

Form provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 1/1/2021

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: _____

Organization Name
House Bill 89 Verification

I, _____ (Person name), the undersigned representative of (Company or Business name) _____ (hereafter referred to as company) being an adult over the age of eighteen (18) years of age, after being duly sworn by the undersigned notary, do hereby depose and verify under oath that the company named- above, under the provisions of Subtitle F, Title 10, Government Code Chapter 2270:

1. Does not boycott Israel currently; and
2. Will not boycott Israel during the term of the contract providing that:
 - (1) "company" does not include a sole proprietorship; and
 - (2) the law applies only to a contract that:
 - (a) is between a governmental entity and a company with 10 or more full-time employees; and
 - (b) has a value of \$100,000 or more that is to be paid wholly or partly from public funds or the governmental entity

Pursuant to Section 2270.001, Texas Government Code:

1. "Boycott Israel" means refusing to deal with, terminating business activities with, or otherwise taking any action that is intended to penalize, inflict economic harm on, or limit commercial relations specifically with Israel, or with a person or entity doing business in Israel or in an Israeli-controlled territory, but does not include an action made for ordinary business purposes; and
2. "Company" means a for-profit sole proprietorship, organization, association, corporation, partnership, joint venture, limited partnership, limited liability partnership, or any limited liability company, including a wholly owned subsidiary, majority-owned subsidiary, parent company or affiliate of those entities or business associations that exist to make a profit.

DATE SIGNATURE OF COMPANY REPRESENTATIVE

On this the _____ day of _____, 20____, personally appeared _____, the above-named person, who after by me being duly sworn, did swear and confirm that the above is true and correct.

NOTARY SEAL _____

NOTARY SIGNATURE _____
Date _____

Organization Name
State Law Verifications

I, _____ (Person's name), the undersigned
representative of (Company or Business name) _____
_____ (hereafter referred to as the
"Company") being an adult over the age of eighteen (18) years of age, after being duly sworn by
the undersigned notary, do hereby depose and verify under oath as follows:

- **IRAN, SUDAN AND FOREIGN TERRORIST ORGANIZATIONS:** By submission of a response to City of Brownsville Public Utilities Board ("BPUB") Request for Proposals P055-24 (the "RFP"), the responding Company represents that, to the extent this proposal submission or any contracts executed in response to this proposal constitutes a governmental contract within the meaning of Section 2252.151 of the Texas Government Code, as amended, solely for purposes of compliance with Section 2252.152 of the Texas Government Code, and except to the extent otherwise required by applicable federal law, neither the responding Company, nor any wholly owned subsidiary, majority-owned subsidiary, parent company or affiliate of the Company is a company listed by the Texas Comptroller of Public Accounts under Sections 806.051, 807.051, or 2252.153 of the Texas Government Code.
- **ANTI-BOYCOTT ISRAEL VERIFICATION:** By submission of a response to the BPUB RFP, the responding Company represents that, to the extent this proposal submission, or any contracts executed in response to this proposal, constitutes a contract for goods or services within the meaning of Section 2271.002 of the Texas Government Code, as amended, solely for purposes of compliance with Chapter 2271 of the Texas Government Code, and subject to applicable federal law, including without limitation, 50 U.S.C. Section 4607, the responding Company, as well as any wholly owned subsidiary, majority-owned subsidiary, parent company or affiliate of the Company, (1) does not boycott Israel and (2) will not boycott Israel through the term of any such contract. The term "boycott Israel" as used in this paragraph has the meaning assigned to such term in Section 808.001 of the Texas Government Code, as amended.
- **VERIFICATION REGARDING NO DISCRIMINATION AGAINST FIREARMS:** By submission of a response to the BPUB RFP, the responding Company represents that, to the extent this proposal submission, or any contracts executed in response to this proposal, constitutes a contract for goods or services for which a written verification is required under Section 2274.002, Texas Government Code (as added by Senate Bill 19, 87th Texas Legislature, Regular Session), as amended, the responding Company hereby verifies that it, as well as any wholly owned subsidiary, majority-owned subsidiary, parent company or affiliate of the Firm, (1) does not have a practice, policy, guidance, or directive that discriminates against a firearm entity or firearm trade association; and (2) will not discriminate during the term of any such contract against a firearm entity or firearm trade association. The foregoing verification is made solely to comply with Section 2274.002,

Texas Government Code (as added by Senate Bill 19, 87th Texas Legislature, Regular Session), as amended, to the extent such section does not contravene applicable Texas or federal law. As used in the foregoing verification, “discriminate against a firearm entity or firearm trade association” shall have the meaning assigned to such term in Section 2274.001, Texas Government Code (as added by Senate Bill 19, 87th Texas Legislature, Regular Session).

- **VERIFICATION REGARDING NO ENERGY COMPANY BOYCOTTS:** By submission of a response to the BPUB RFP, the responding Company represents that, to the extent this proposal submission, or any contracts executed in response to this proposal, constitutes a contract for goods or services for which a written verification is required under Section 2274.002, Texas Government Code (as added by Senate Bill 13, 87th Texas Legislature, Regular Session), as amended, the responding Company hereby verifies that the responding Company, as well as any wholly owned subsidiary, majority-owned subsidiary, parent company or affiliate of the Firm, (1) does not boycott energy companies and (2) will not boycott energy companies during the term of any such contract. The foregoing verification is made solely to comply with Section 2274.002, Texas Government Code (as added by Senate Bill 13, 87th Texas Legislature, Regular Session), as amended, to the extent such section does not contravene applicable Texas or federal law. As used in the foregoing verification, “boycott energy companies” shall have the meaning assigned to such term in Section 809.001(1), Texas Government Code.

DATE

SIGNATURE OF COMPANY REPRESENTATIVE

On this the ____ day of _____, 20____, personally appeared

_____, the above-named person, who after by me being duly sworn, did swear and confirm that the above is true and correct.

NOTARY SEAL _____

NOTARY SIGNATURE _____
Date

Previous Customer Reference Worksheet

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

What was the Period of Performance?		What was the Final Acceptance Date?
From:		
To:		
Dollar Value of Contract?		What Type of Contract?
\$_____		<input type="checkbox"/> Firm Fixed Price <input type="checkbox"/> Time and Material <input type="checkbox"/> Not to Exceed <input type="checkbox"/> Cost Plus Fixed Fee <input type="checkbox"/> Other, Specify:

[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.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	
	2 Business name/disregarded entity name, if different from above.	
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead 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 Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>	
	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. See also *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.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

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"/> 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"/> Estate <input type="checkbox"/> Grantor trust <input type="checkbox"/> Disregarded entity <input type="checkbox"/> International organization	<input type="checkbox"/> Partnership <input type="checkbox"/> Foreign Government - Controlled Entity <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"/> Participating FFI. <input type="checkbox"/> Reporting Model 1 FFI. <input type="checkbox"/> Reporting Model 2 FFI. <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"/> Sponsored FFI. Complete Part IV. <input type="checkbox"/> Certified deemed-compliant nonregistering local bank. Complete Part V. <input type="checkbox"/> Certified deemed-compliant FFI with only low-value accounts. Complete Part VI. <input type="checkbox"/> Certified deemed-compliant sponsored, closely held investment vehicle. Complete Part VII. <input type="checkbox"/> Certified deemed-compliant limited life debt investment entity. Complete Part VIII. <input type="checkbox"/> Certain investment entities that do not maintain financial accounts. Complete Part IX. <input type="checkbox"/> Owner-documented FFI. Complete Part X. <input type="checkbox"/> Restricted distributor. Complete Part XI.	<input type="checkbox"/> Nonreporting IGA FFI. Complete Part XII. <input type="checkbox"/> Foreign government, government of a U.S. possession, or foreign central bank of issue. Complete Part XIII. <input type="checkbox"/> International organization. Complete Part XIV. <input type="checkbox"/> Exempt retirement plans. Complete Part XV. <input type="checkbox"/> Entity wholly owned by exempt beneficial owners. Complete Part XVI. <input type="checkbox"/> Territory financial institution. Complete Part XVII. <input type="checkbox"/> Excepted nonfinancial group entity. Complete Part XVIII. <input type="checkbox"/> Excepted nonfinancial start-up company. Complete Part XIX. <input type="checkbox"/> Excepted nonfinancial entity in liquidation or bankruptcy. Complete Part XX. <input type="checkbox"/> 501(c) organization. Complete Part XXI. <input type="checkbox"/> Nonprofit organization. Complete Part XXII. <input type="checkbox"/> Publicly traded NFFE or NFFE affiliate of a publicly traded corporation. Complete Part XXIII. <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)



June 17, 2024

TO WHOM IT MAY CONCERN:

RE: Excess (Umbrella) Liability Insurance

The Brownsville Public Utilities Board (BPUB) has engaged Paul D. Pousson & Therese O'Brien with Arthur J. Gallagher & Co. to review BPUB's Excess (Umbrella) Liability Insurance for the 2024-25 fiscal year. Mr. Pousson and Ms. O'Brien are authorized to obtain information on BPUB's behalf related to their review and analysis of BPUB's Excess (Umbrella) Liability Insurance program and to negotiate terms and conditions on BPUB's behalf as well.

Mr. Pousson and Ms. O'Brien are performing services in a consultant capacity and receive a fee for services rendered directly from the BPUB. They do not receive any type of compensation from the insurance policies written for BPUB.

Please extend to Mr. Pousson and Ms. O'Brien every courtesy you would extend to an employee of the BPUB.

Sincerely,

A handwritten signature in blue ink, appearing to read "mk DG 6/17", is written over the typed name of Marilyn D. Gilbert.

Marilyn D. Gilbert
General Manager & CEO

c: File