

KATHY HOCHUL
Governor



KAITLIN ASROW
Acting Superintendent

RFP C000588- Medical Malpractice Actuarial Services

Use this form to address Minimum Bidder Qualifications (Pass/Fail)

Bidder Name:

Bidder must meet the minimum qualifications set forth below and certify that they meet the minimum vendor requirements mentioned below. Failure for Bidder to meet, and to certify that they meet, the minimum qualifications may result in the Bidder’s Proposal being deemed disqualified, deemed non-responsive, and eliminated from consideration.

In completing the form, please provide **clear and accurate descriptions of the Bidder’s experience for the Minimum Qualifications**. The Department will not interpret omissions and vagueness in the Bidder’s favor. Further, in completing the form, type to expand response areas on form or attach additional sheets, as necessary.

Attachment 8: Minimum Bidder Qualifications

Failure to meet all requirements in this Attachment 8 **will** result in the Proposal being deemed non-responsive and eliminated from consideration.

<p>Qualification 1: Bidder must have completed five (5) loss reserve analyses in the Medical Malpractice sector within the last three (3) years.</p> <p>*The Bidder may add more projects as necessary to show experience. However, the bidder should only provide projects that support meeting the minimum bidder qualifications.</p> <p>** Subcontractor experience will not substitute for contractor’s experience required for these qualifications.</p>	
<p>The Bidder represents and warrants that it has a minimum of five (5) loss reserve analyses in the medical malpractice sector within the last three (3) years.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Project #1 Name</p>	
<p>Dates (month/year) of Experience (including date the project started and ended or is scheduled to end)</p>	
<p>Client Name(s)</p>	
<p>Client Point of Contact</p>	
<p>Phone Number</p>	
<p>Email Address</p>	
<p>Explain in detail the Bidder’s experience performing similar functions as described in Section 4 of this RFP.</p>	



KATHY HOCHUL
Governor

KAITLIN ASROW
Acting Superintendent

Project #2 Name	
Dates (month/year) of Experience (including date the project started and ended or is scheduled to end)	
Client Name(s)	
Client Point of Contact	
Phone Number	
Email Address	
Explain in detail the Bidder's experience performing similar functions as described in Section 4 of this RFP.	
Project #3 Name	
Dates (month/year) of Experience (including date the project started and ended or is scheduled to end)	
Client Name(s)	
Client Point of Contact	
Phone Number	
Email Address	
Explain in detail the Bidder's experience performing similar functions as described in Section 4 of this RFP.	
Project #4 Name	
Dates (month/year) of Experience (including date the project started and ended or is scheduled to end)	
Client Name(s)	
Client Point of Contact	
Phone Number	
Email Address	



KATHY HOCHUL
Governor

KAITLIN ASROW
Acting Superintendent

Project #5 Name	
Dates (month/year) of Experience (including date the project started and ended or is scheduled to end)	
Client Name(s)	
Client Point of Contact	
Phone Number	
Email Address	
Explain in detail the Bidder's experience performing similar functions as described in Section 4 of this RFP.	

<p>Qualification 2: Bidder must have five (5) rate filing reviews in the Medical Malpractice sector within the last three (3) years</p> <p>*The Bidder may add more projects as necessary to show experience. However, the bidder should only provide projects that support meeting the minimum bidder qualifications.</p> <p>** Subcontractor experience will not substitute for contractor's experience required for these qualifications.</p>	
<p>The Bidder represents and warrants that it has a minimum of five (5) rate filing reviews in the Medical Malpractice sector within the last three (3) years</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
Project #1 Name	
Dates (month/year) of Experience (including date the project started and ended or is scheduled to end)	
Client Name(s)	
Client Point of Contact	
Phone Number	
Email Address	
Explain in detail the Bidder's experience filing rate reviews in the medical malpractice sector.	

KATHY HOCHUL
Governor



KAITLIN ASROW
Acting Superintendent

Project #2 Name	
Dates (month/year) of Experience (including date the project started and ended or is scheduled to end)	
Client Name(s)	
Client Point of Contact	
Phone Number	
Email Address	
Explain in detail the Bidder's experience filing rate reviews in the medical malpractice sector.	
Project #3 Name	
Dates (month/year) of Experience (including date the project started and ended or is scheduled to end)	
Client Name(s)	
Client Point of Contact	
Phone Number	
Email Address	
Explain in detail the Bidder's experience filing rate reviews in the medical malpractice sector.	
Project #4 Name	
Dates (month/year) of Experience (including date the project started and ended or is scheduled to end)	
Client Name(s)	
Client Point of Contact	
Phone Number	



KATHY HOCHUL
Governor

KAITLIN ASROW
Acting Superintendent

Email Address	
Explain in detail the Bidder's experience filing rate reviews in the medical malpractice sector.	
<u>Project #5 Name</u>	
Dates (month/year) of Experience (including date the project started and ended or is scheduled to end)	
Client Name(s)	
Client Point of Contact	
Phone Number	
Email Address	
Explain in detail the Bidder's experience filing rate reviews in the medical malpractice sector.	

Qualification 3: Bidder must have minimum five (5) years experience in the Medical Malpractice sector within the last ten (10) years. *The Bidder may add more projects as necessary to show experience. However, the bidder should only provide projects that support meeting the minimum bidder qualifications. ** Subcontractor experience will not substitute for contractor's experience required for these qualifications.	
The Bidder represents and warrants that it has minimum five (5) years' experience in the Medical Malpractice sector within the last ten (10) years.	<input type="checkbox"/> Yes <input type="checkbox"/> No