REQUEST FOR QUOTE

RFQ No. 26-BAR

JACKSONVILLE PORT AUTHORITY

BENEFITS AGENT OF RECORD FOR DENTAL AND VISION PLAN

RFQ DUE DATE:

TUESDAY, MARCH 3, 2026 before 2:00 PM (ET)

Submit "Either" by Email ~OR~ Fax to the attention:

Jacksonville Port Authority
Jerrie Gunder, Senior Contract Specialist
Procurement Services

Jerrie.Gunder@jaxport.com

~ or ~

Fax Number: (904) 357-3077

BENEFITS AGENT OF RECORD FOR DENTAL AND VISION PLAN
FOR THE
JACKSONVILLE PORT AUTHORITY

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SCOPE OF WORK

BENEFITS AGENT OF RECORD FOR DENTAL AND VISION PLAN FOR THE JACKSONVILLE PORT AUTHORITY

GENERAL OVERVIEW

The Jacksonville Port Authority (JAXPORT) is seeking a qualified and licensed firm to serve as the **BENEFITS AGENT OF RECORD FOR DENTAL AND VISION PLAN** for approximately 150 full-time employees.

SCOPE OF SERVICES

The selected vendor shall serve as the Agent of Record for JAXPORT's dental and vision benefit plans and provide professional advisory and administrative support services, including but not limited to:

A. General Responsibilities

- Serve as the official Dental and Vision Agent of Record
- Communicate effectively and timely with JAXPORT Human Resources regarding plan administration, renewals, and issues
- Provide ongoing advisory support related to dental and vision benefits

B. Procurement and Renewal Support

- Conduct market reviews or informal solicitations as requested
- Assist with plan renewals, negotiations, and carrier communications
- Provide comparative analysis and recommendations

C. Enrollment and Administration Support

- Assist with employee enrollment and plan changes
- Support billing and eligibility reconciliation
- Provide claims assistance and issue resolution support

D. Reporting and Trends

- Monitor plan performance and utilization trends
- Provide summary reports as requested
- Communicate emerging trends and best practices in dental and vision benefits

AWARD

JAXPORT prefers to award this contract to the responsive, responsible bidder offering the lowest carrier-paid commission percentages consistent with meeting all specifications, terms and conditions set forth in this RFQ. No award will be made until all necessary inquiries have been made into the responsibility of the lowest conforming bidder, and JAXPORT is satisfied that the bidder is qualified to do the work and has the necessary experience, organization, and equipment to perform under the terms of the contract.

JAXPORT reserves the right to accept and/or reject any or all quotes, in whole or in part. There is no obligation to award the RFQ to the lowest quoted offer; JAXPORT reserves the right to award the RFQ to the bidder submitting the quote that JAXPORT, in its sole discretion, determines will be most advantageous and beneficial. JAXPORT will be the sole judge of which quote will be in its best interest and its decision will be final.

CERTIFICATION/BIDDER QUALIFICATIONS

- The vendor must have a minimum of five (5) years of experience providing BENEFITS AGENT OF RECORD FOR DENTAL AND VISION PLAN services to public and/or governmental entities (preferred).

- The vendor must provide a brief description of relevant experience providing BENEFITS AGENT OF RECORD FOR DENTAL AND VISION PLAN services and the general capabilities of the firm or individual and key personnel that will be engaged in the project.

- The vendor must provide a statement defining understanding of the scope of services to be provided to JAXPORT.

- The vendor must provide a copy of the firm's or individual's Florida Business License and agent's Insurance Brokerage License.

- The vendor must provide a minimum of two (2) references with public-sector, governmental or similar sized organizations from the last five (5) years, including contact person's name, name of company, phone number, and email address for each reference.

- The vendor's Primary Representative will be required to secure a JAXPORT's identification and Transportation Worker Identification Card (TWIC) badge. The JAXPORT identification badge is issued at no cost, and must be renewed annually.

- The vendor must become fully aware of the specifications provided in this RFQ. Failure to do so will not relieve a successful bidder of its obligation to furnish "BENEFITS AGENT OF RECORD FOR DENTAL AND VISION PLAN" services in accordance with the terms and conditions of this RFQ.

REPONSIBLE BIDDER CRITERIA

In considering the responsibility of bidders, JAXPORT will examine the following factors:

A. Fixed Commission Percentages
B. Degree of qualifications and experience in required disciplines
C. Understanding of the Scope of Services
D. References
E. Adherence to specifications listed on this RFQ.

In this regard, JAXPORT reserves the right to reject any and all quotes, in whole or in part, and to waive any non-conformance in quotes or any irregularities received, whenever such rejection or waiver is in the best interest of JAXPORT.

QUESTIONS

Any questions regarding this RFQ should be directed to Jerrie Gunder and submitted by e-mail to Jerrie.Gunder@jaxport.com or by submittal in Trimble Unity Construct (e-Builder). Answers to questions will be released in an Addendum to all known prospective bidders registered in the E-Builders website. The deadline for questions will be **TUESDAY, FEBRUARY 17, 2026 at 4:00 PM (ET).**

INSURANCE

Prior to commencing Work, Contractor shall furnish Owner with Certificates of Insurance (COI), and copies of required Endorsements and Forms, executed by a duly authorized representative of each insurer, showing compliance with the insurance requirements set forth below.

Additional Insured Endorsement must be submitted with COI document.

Owner shall be included as an additional insured under the Commercial General Liability policy for on-going and completed operations.

Primary & Non-Contributory Endorsement must be submitted with COI document.

Contractors CGL coverage must be Primary and Non-Contributory.

Waiver of Subrogation is required for Workers Compensation, CGL, and Auto Liability.

Waiver of Subrogation Form must be submitted with COI document.

1. WORKERS' COMPENSATION/EMPLOYERS' LIABILITY

Part One - There shall be no maximum limit (other than as limited by the applicable statute) for liability imposed by the Florida Workers' Compensation Act, or any other coverage required by the contract documents, which are customarily insured under Part One of the standard Workers' Compensation Policy.

Part Two - The minimum amount of coverage required by the contract documents which are customarily insured under Part Two of the standard Workers' Compensation Policy shall be:

- $100,000 (Each Accident)
- $500,000 (Disease-Policy Limit)
- $100,000 (Disease-Each Employee)

2. COMMERCIAL GENERAL LIABILITY (CGL)

The limits are to be applicable only to work performed under this contract and shall be those that would be provided with the attachment of the Amendment of Limits of Insurance (Designated Project or Premises) endorsement to a Commercial General Liability Policy with the following minimum limits:

- $1,000,000 Each Occurrence, $2,000,000 General Aggregate
- $1,000,000 Products/Completed/On-Going Operations Aggregate
- $1,000,000 Personal and Advertising Injury (each occurrence)
- $1,000,000 Bodily Injury and Property Damage (each occurrence)

with maximum deductible or self-insured retention not exceeding $100,000.

3. BUSINESS AUTO POLICY

Limit no less than $500,000 per accident for bodily injury and property damage.

- Covering any auto (code 1)
- If contractor has no owned autos, hired (Code 8)
- Non-owned autos (Code 9)

Failure of Contractor to maintain the required insurance shall constitute a default under this Agreement and, at Owner's option, shall allow Owner to terminate this Agreement.

4. **UMBRELLA LIABILITY (if CGL Limits are less Required Limits)**

- $1,000,000 per Occurrence; $2,000,000 Aggregate

Minimum underlying coverages shall include Commercial General Liability, and Automobile Liability.

5. **PROFESSIONAL LIABILITY**

- $1,000,000 per Occurrence; $2,000,000 Aggregate

The Proposer's / Consultant's insurance shall be on a form acceptable to JPA, and shall cover the Proposer / Consultant for those sources of liability arising out of the rendering or failure to render professional services in the performance of this Agreement, including any hold harmless and/or indemnification agreement.

The Proposer / Consultant shall provide and maintain such professional liability insurance from the inception of its services, and until at least three (3) years after completion of all services required under this Agreement.

Prior to commencement of services, the Proposer / Consultant shall provide to JPA a certificate or certificates of insurance, signed by an authorized representative of the insurer(s) evidencing the insurance coverage specified in the foregoing Articles and Sections. The required certificates shall not only name the types of policies provided but shall also refer specifically to this Agreement and Article, and to the above paragraphs in accordance with which insurance is being furnished and shall state that such insurance is provided as required by such paragraphs of this Agreement.

Cross-Liability Coverage: If Contractor's liability policies do not contain the standard ISO separation of insured's provision, or a substantially similar clause, they shall be endorsed to provide cross-liability coverage.

Sub-Contractor's Insurance: Contractor shall cause each subcontractor employed by Contractor to purchase and maintain insurance of the type specified in this agreement. When requested by Owner, Contractor shall furnish to Owner copies of certificates of insurance evidencing coverage for each subcontractor.

Failure of Contractor to maintain the required insurance shall constitute a default under this Agreement and, at Owner's option, shall allow Owner to terminate this Agreement.

Failure of Owner to demand such certificate or other evidence of full compliance with these insurance requirements, or failure of Owner to identify a deficiency from evidence that is provided, shall not be construed as a waiver of Contractor's obligation to maintain such insurance.

No Representation of Coverage Adequacy: By requiring the insurance as set out in this Agreement, Owner does not represent that coverage and limits will necessarily be adequate to protect Contractor, and such coverage and limits shall not be deemed as a limitation on Contractor's liability under the indemnities provided to Owner in this Subcontract.

If the Contractor/Consultant maintains broader coverage and/or higher limits than the minimums shown above, the Owner requires and shall be entitled to the broader coverage and/or the higher limits maintained by the contractor/consultant. Any available insurance proceeds in excess of the specified minimum limits of insurance and coverage shall be available to the Owner.

RESPONSE TIME

Submit quotes no later than TUESDAY, MARCH 3, 2026 before 2:00 PM (ET) to the attention of Jerrie Gunder, Senior Contract Specialist, "*EITHER*" by Email to Jerrie.Gunder@jaxport.com ~ *or* ~ by Fax Number at (904) 357-3077. *Please select only one (1) of the submittal options, multiply submittals will be rejected*. JAXPORT no longer accepts any bid packages submitted by Mail or Hand-Delivery.

After the above stated response deadline, all timely submittals will receive a confirmation email of receipt. Any Quotes received after the above stated time and date will not be considered. It is the sole responsibility of the Bidder to have its quotes submitted to JAXPORT as specified herein on *or* before the above deadline.

PRICES

Prices offered shall be firm for a period of one (1) year from award date of this contract. At the sole discretion of JAXPORT the contract may be extended for up to four (4) additional one (1) year periods. Upon receipt of a renewal request or within 30-days of the annual anniversary date of the award, JAXPORT will consider an increase or decrease in rate/price if the Awardee submits a written request for escalation or notice of de-escalation prior to the start of the renewal period.

The request must include a brief description of the services, the new rate/price, and a justification for the escalation or notice of de-escalation with supporting documentation. If the request for escalation or de-escalation is approved by JAXPORT, the new rate/price will remain firm for the duration of the renewal period.

JAXPORT reserves the right to grant, decline or reduce any request for escalation or de-escalation with or without cause. Any decision by JAXPORT to grant, decline or reduce a request for rate/price adjustment will be at the sole discretion of JAXPORT and its decision shall be final.

INVOICES

All invoices must include at minimum a description, address/location, date of service and total invoice cost.

A. All invoices will reference Contract **RFQ # 26-BAR.** Submit an electronic copy via emailed to:

accounts.payable@jaxport.com

or mailed the original and one copy to:

Jacksonville Port Authority
Attn: Accounts Payable
P.O. Box 3005
Jacksonville, FL 32206-3496

B. Invoices will be processed following normal JAXPORT payment procedures, which are **thirty (30) days net after receipt of an approved invoice.** Special or early payments will not be authorized.

C. Attached to the invoice, the contractor must also include an approved work ticket signed by a JAXPORT Inspector.

SECURITY IMPLEMENTATION PROCEDURE

JAXPORT's rigid security standards include the Federal Transportation Worker Identification Credential (TWIC) program, which is administered by the Transportation Security Administration. The TWIC is required for unescorted access to all JAXPORT terminals. It is your responsibility as the Prime Contractor to ensure that all of your employees and sub-contract personnel working for your company have been properly screened and credentialed with the TWIC, and the JAXPORT Business Purpose Credential.

Transportation Worker Identification Credential (TWIC)

The TWIC is required for all Prime Contractor/Sub-Contractor employees working on the job site for this Contract. This credential is for all personnel requiring unescorted access to secure-restricted areas of Maritime Transportation Security Act (MTSA)-regulated facilities. TSA will issue a tamper-resistant "Smart Card" containing the person's biometric (fingerprint template) to allow for a positive link between the card and the individual.

The fee for obtaining each TWIC® is $125.25, and the credential is valid for five years. The pre-enrollment process can be initiated online at https://universalenroll.dhs.gov/ or at an IdentoGo TSA's Universal Enrollment Service Center.

TWIC: Universal Enrollment Centers

The Jacksonville Universal Enrollment Center is located at: 2121 Corporate Square Blvd. Building A, Suite 165, Jacksonville, FL 32216. The office hours are Monday-Friday: 09:00 AM –11:00AM / 12:00PM- 6:00 PM, For general information you can call the TWIC Call Center at 1-855-347-8371, Monday-Friday, 8 a.m. to 10 p.m. Eastern Time.

JAXPORT Business Purpose Credential

In addition to the TWIC, JAXPORT requires a JAXPORT Business Purpose Credential to be issued and registered at JAXPORT's Access Control Center located at the 9620 Dave Rawls Blvd. Jacksonville Fl. 32226 (Brick Building next to the Main Gate concourse). Hours of operation are Monday-Friday 7:30AM-4:30PM. The JAXPORT Business Purpose Credential is issued at no cost but expires at the end of the contract provisions.

The JAXPORT prime contractor is responsible for sponsoring all sub-contractors for the JAXPORT Business Purpose Credential.

Federal Training Requirement: (33CFR 105.215) Maritime Security Awareness Training

JAXPORT is a federally regulated facility under the Maritime Transportation Security Act of 2002 (MTSA) as codified under the US Code of Federal Regulation 33 CFR Chapter 1, Subchapter H Part 105.
33 CFR 105.215-Security training for all other facility personnel. All other facility personnel, including contractors, whether part-time, full-time, temporary, or permanent, must have knowledge of Maritime security measures and relevant aspects of the TWIC program, through training or equivalent job experience.

To meet the requirements of 33 CFR 105.215; the Prime Contractor/Sub-Contractor employees and all support personnel: Engineers, Suppliers, Truck Drivers, Laborers, Delivery persons etc. (NO EXCEPTIONS) are required to attend JAXPORT's Maritime Security Training given every Wednesday (10am, 2pm & 5pm) at JAXPORT's Access Control Building. Contact the JAXPORT Access Control Center to arrange for the training. JAXPORT will work with Contractors to conduct timely Maritime Security Training classes for larger groups.

All Prime Contractor/Sub-Contractor employees working on the job site for JAXPORT are required to attend JAXPORT's 33 CFR 105.215 (Security/Safety Training for All Other Facility Personnel) class at a cost of $35.00 per person. Arraignments can be made by calling JAXPORT Access Control Phone# (904) 357-3344.

TWIC Escort Provisions

To ensure contractors can begin work after they receive a Notice to Proceed, JAXPORT will allow prime contractors to have dedicated employee TWIC Escort(s) to handle those contractor employees who have not yet received their TWIC. Escorted employees must have a TWIC receipt validated by Access Control to receive a temporary JAXPORT Business Purpose credential.

Contractor deliveries from -TWIC vendors may be escorted by JAXPORT approved Prime Contractor escorts. The prime contractor will be required to submit a request for TWIC Escort privileges to accesscontrol@jaxport.com . Once approved, the contractor's employee(s) will attend a JAXPORT provided MTSA TWIC Escort Class in addition to the standard MTSA 33 CFR 105.215 Security Class at a combined cost of $55.00. **These authorized individual(s) must have no collateral duties that will separate the escort from the escorted visitor while serving as escort.** Note - Limitations to the number of TWIC Escort authorizations will be set by the JAXPORT Public Safety Department.
Truck drivers, vendors, labor may not conduct escorts.

A Contractor authorized by JAXPORT to conduct an escort of a non-TWIC holder in a restricted area must have:

- Successfully completed MTSA 33 CFR 105.215 Security/ Escort Class at $55.00
- Have a valid TWIC on their person
- Have an approved JAXPORT TWIC ESCORT credential on their person
- Have a tamper-resistant laminated government issued photo identification card on their person.

TWIC Escorts must complete the JAXPORT TWIC Escort Form daily before getting to the access gate. The form will be kept on file at the JAXPORT Security Operations Center (SOC).

The Prime Contractor assumes full liability for the escorted person(s) while on JAXPORT property. The person under escort must have a continuous side by side escort in a secure-restricted area. Federally (USCG / TSA) imposed fines and or consequential damages resulting from a failed TWIC Escort by the Prime or Sub-contractor will be the responsibility of the JAXPORT Prime Contractor regardless of whether it is a direct employee. Escort by the Prime or Sub-contractor will be on a 1 to 3 ratio.

Federal regulation definition: 33.CFR 101.105

Escorting means: ensuring that the escorted individual is continuously accompanied while within a secure area in a manner sufficient to observe whether the escorted individual is engaged in activities other than those for which escorted access was granted. This may be accomplished via having side-by-side companion or monitoring, depending upon where the escorted individual will be granted access. Individuals without TWIC may not enter restricted areas without having an individual who holds a TWIC as a side-by-side companion.

JAXPORT TWIC ESCORTS

JAXPORT may provide TWIC escorts at Tariff rate with advanced notice (Minimum 24 hours).

After review of the Contractors operation; JAXPORT will decide the number of escorts required to meet the federal regulation ratios of TWIC escort per non-TWIC worker. This will be based on operational requirements. JAXPORT Escorts will be no more than a 1 to 3 ratio.

JAXPORT TWIC Escort Tariff Fees are published in JAXPORT's Tariff Schedule. Current rates are: **Mon.-Fri. 7:00 a.m. until 6:00 p.m.** Subject to two hour minimum $200.00 first two hours; $125.00 each additional two-hour block thereafter.

After 6:00 p.m. until 7:00 a.m. weekends, holidays Subject to two hours minimum $250.00; $250.00 each additional two-hour block thereafter.

Examples:

1. One TWIC Escort for an 8-hour day is $500.00 (= 4 TWIC Credentials)
2. One TWIC Escort for 1 5-day work week is $2500.00 (= 20 TWIC Credentials)

NOTE:

- All persons entering JAXPORT under TWIC Escort are required to have a tamper-resistant laminated government issued photo identification card on their person. The Identification Card must meet the USCG MTSA standards of 33 CFR 101.515. (State issued paper temporary drivers licenses are not acceptable identification).

Any violations of the JAXPORT USCG approved Facility Security Plans will result in a Security Violation Hearing and be subject to temporary or permanent denial of access onto JAXPORT Terminals or ability to TWIC Escort.

WITHDRAWAL OF QUOTES

Any quote may be withdrawn by written request of the bidder until the date and time established herein for opening of the quotes. Any quotes not timely withdrawn will, upon opening, constitute an irrevocable offer for a period of 90 days (or until one or more of the quotes have been duly accepted by JAXPORT, whichever is later).

CHANGES IN SCOPE OF SERVICES

JAXPORT, without invalidating the Contract, may order extra work or make changes by altering, adding to, or deducting from the work, and the Contract will be adjusted accordingly, based on a mutually agreed upon negotiated price. Changes in the work and the contract sum may only be changed by prior written agreement executed by the parties with proper authorization to do so.

CHANGES IN PERSONNEL

The Firm will notify JAXPORT in writing primarily thirty (30) days prior to affecting a personnel change concerning the primary representative to be assigned to the JAXPORT contract. JAXPORT will have the right to reject any individual assigned to perform work under this contract, or to request the Firm to change the primary representative to be assigned to JAXPORT contract.

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

QUOTE FORM

BENEFITS AGENT OF RECORD FOR DENTAL AND VISION PLAN FOR THE JACKSONVILLE PORT AUTHORITY

BIDDER'S NAME:_____

Compensation will be paid in accordance with the proposed **Carrier-Paid** commission percentage stated on this Proposal Form. These **Carrier-Paid** commission percentages shall include all taxes, benefits and all other related cost associated with the performance of the services described herein, administration, materials, travel, and reporting. **Any modifications, exceptions, or objections contained within the proposal form shall be grounds for disqualification of proposal.** No additional administrative fees shall be charged unless expressly approved by JAXPORT in writing.

JAXPORT intends to award a contract to the lowest most responsive and responsible firm based on the commission percentages quoted. Only those quotations received in a timely manner from firms that have the necessary experience to meet the needs and requirements of this RFQ will be considered. JAXPORT reserves the right to accept or reject any or all quotes. JAXPORT assumes no obligation or commitment to make an award to any person or firm submitting a quote.

PROPOSED "CARRIER-PAID" COMMISSION PERCENTAGES

ITEM NO.	DESCRIPTION	Dental Commission Percentage	Vision Commission Percentage
1.	BENEFITS AGENT OF RECORD FOR DENTAL AND VISION PLAN	%	%

Failure to provide above information in stated format may result in rejection of quote.

BIDDER'S ATTESTATION: Initials_____ Date_____ I hereby attest, as the Bidder's authorized agent, that Company is not owned, an affiliate of, or substantially controlled or influenced by the government of a foreign country of concern as defined below.

Under Florida Statutes, JAXPORT, like all state agencies and local government entities, is prohibited from entering into any contract or agreement with a foreign country of concern, which has been defined as "the People's Republic of China, the Russian Federation, the Islamic Republic of Iran, the Democratic People's Republic of Korea, the Republic of Cuba, the Venezuelan regime of Nicolás Maduro, or the Syrian Arab Republic, including any agency of or any other entity of significant control of such foreign country of concern."

BIDDER'S CERTIFICATION

1. Certification and Representations of the Bidder

By signing and submitting a Quote, the Bidder certifies and represents as follows:

A. That it has carefully examined all available records and conditions, including sites if applicable, and the requirements and specifications of these Contract Documents prior to submitting its Quote. Where the Bidder visits sites, no work or other disturbance is to be performed while at the site without written permission by JAXPORT in advance of the site visit.

B. That every aspect of its submitted Quote, including the Contract Price, are based on its own knowledge and judgment of the conditions and hazards involved, and not upon any representation of JAXPORT. JAXPORT assumes no responsibility for any understanding or representation made by any of its representatives during or prior to execution of the Contract unless such understandings or representations are expressly stated in the Contract and the Contract expressly provides that JAXPORT assumes the responsibility.

C. That the individual signing the RFQ is a duly authorized agent or officer of the company. Bids submitted by a corporation must be executed in the corporate name by the President or Vice President. If an individual other than the President or Vice President signs the Bid, satisfactory evidence of authority to sign must be submitted with the Bid. If the Bid is submitted by a partnership, the Bid must be signed by a partner whose title must appear under the signature. If an individual other than a partner signs the Bid, satisfactory evidence of authority to sign must be submitted with the Bid. The corporation or partnership must be in active status at the Florida Division of Corporations at the time of submission of the Bid.

D. That the company maintains in active status any and all licenses, permits, certifications, insurance, bonds and other credentials including not limited to Contractor's license and occupational licenses necessary to perform the services. The Bidder also certifies that, upon the prospect of any change in the status of applicable licenses, permits, certifications, insurances, bonds or other credentials, the Bidder shall immediately notify JAXPORT of status change.

E. That it read, understands and will comply with the Public Entity Crime "Exhibit B" and Conflict of Interest Certificate "Exhibit A" of these instructions to Bidders.

The Bidder should carefully review the submittal requirements in the RFQ. The following checklist is provided for convenience. The following items must be submitted with the Quote Form:

- Quote Form *(Page 11)*
- Firm or Individual Qualifications and Experience
- Statement Defining Understanding of the Scope of Services
- Name, phone number, and email address for two (2) customer references
- Evidence that the company is licensed to do business in the State of Florida
- Valid Agent's State of Florida Insurance Brokerage License
- Authorized Agent Acknowledgement Form *(Page 13)*
- Acknowledgement of Addenda, *if any*
- Conflict of Interest Certificate (Exhibit "A")
- Sworn Statement of Public Entity Crimes (Exhibit "B")
- E-Verify Compliance Form (Exhibit "C")

Failure to provide above information in stated format may result in rejection of quote.

Return responses no later than:

TUESDAY, MARCH 3, 2026 before 2:00 PM (ET)

Submit "Either" by Email ~OR~ Fax to the attention:

Jacksonville Port Authority
Jerrie Gunder, Senior Contract Specialist
Procurement Services

Jerrie.Gunder@jaxport.com
~ or ~
Fax Number: (904) 357-3077

ACKNOWLEDGEMENT

Acknowledgement of the following addenda is hereby made:

Addendum No 1:_____ Date:_____ Bidder's Init.:_____

Addendum No 2:_____ Date:_____ Bidder's Init.:_____

ACKNOWLEDGEMENT OF AUTHORIZED AGENT

I hereby acknowledge, as Vendor's authorized agent that I have fully read and understand all terms and conditions as set forth in this Quote and will fully comply with such terms and conditions.

Date: _____

Company Name: _____

Bidder is a (check one): _____ Corporation _____ Partnership ____ Individual

Authorized Agent's Name: _____

Authorized Agent's Signature: _____

Authorized Agent's Title: _____

Authorized Agent's Email Address: _____

Telephone Number: _____ Fax Number: _____

Federal Identification Number:_____

Remittance Address: _____

_____

City: _____ State:_____ Zip Code: _____

REQUEST FOR QUOTE # 26-BAR

BENEFITS AGENT OF RECORD FOR DENTAL AND VISION PLAN
FOR THE
JACKSONVILLE PORT AUTHORITY

NO BID FORM

If your firm cannot submit a Bid at this time, please provide the information requested in the space provided below and return it to:

Jacksonville Port Authority
Attn: Procurement Services
2831 Talleyrand Avenue
Jacksonville, FL 32206

We are unable to submit a Bid at this time due to the following reasons:

_____

_____

_____

Name of Firm: _____

Signature: _____

Printed Name: _____

Title: _____

Telephone Number: _____ Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

EXHIBIT A

CONFLICT OF INTEREST CERTIFICATE

Bidder must execute either Section I or Section II hereunder relative to Florida Statute 112.313(12). Failure to execute either section may result in rejection of this quote/proposal.

SECTION I

I hereby certify that no official or employee of JAXPORT requiring the goods or services described in these specifications has a material financial interest in this company.

Signature	Company Name
Name of Official (type or print)	Business Address
	City, State, Zip Code

SECTION II

I hereby certify that the following named JAXPORT official(s) and/or employee(s) having material financial interest(s) (in excess of 5%) in this company have filed Conflict of Interest Statements with the JAXPORT Office of the Executive Director, 2831 Talleyrand Ave., Jacksonville, Florida 32206, prior to the time of bid opening.

Name	Title or Position	Date of Filing

Signature	Company Name
Print Name of Certifying Official	Business Address
	City, State, Zip Code

PUBLIC OFFICIAL DISCLOSURE

JAXPORT requires that a public official who has a financial interest in a bid or contract make a disclosure at the time that the bid or contract is submitted or at the time that the public official acquires a financial interest in the quote or contract. Please provide disclosure, if applicable, with bid.

Public Official _____

Position Held _____

Position/Relationship with Bidder _____

EXHIBIT B

SWORN STATEMENT PURSUANT TO SECTION 287.133(3)(A), FLORIDA STATUTES, ON PUBLIC ENTITY CRIMES

THIS FORM MUST BE SIGNED AND SWORN TO IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICIAL AUTHORIZED TO ADMINISTER OATHS.

1. This sworn statement is submitted to **Jacksonville Port Authority (JAXPORT)**

by _____
(print individual's name and title)

for _____
(print name of entity submitting sworn statement)

whose business address is _____

_____

and (if applicable) its Federal Employer Identification Number (FEIN) is _____

(If the entity has no FEIN, include the Social Security Number of the individual signing

this sworn statement: _____.)

2. I understand that a "public entity crime" as defined in Paragraph 287.133(1)(g), **Florida Statutes,** means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or of the United States, including, but not limited to, any proposal or contract for goods or services to be provided to any public entity or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.

3. I understand that "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), **Florida Statutes,** means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.

4. I understand that an "affiliate" as defined in Paragraph 287.133(1)(a), **Florida Statutes,** means:

   1. A predecessor or successor of a person convicted of a public entity crime; or
   2. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.

5. I understand that a "person" as defined in Paragraph 287.133(1)(e), **Florida Statutes,** means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which proposals or applies to proposal on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.

6. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. **(Indicate which statement applies.)**

_____Neither the entity submitting this sworn statement, nor any of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, nor any affiliate of the entity has been charged with and convicted of a public entity crime subsequent of July 1, 1989.

_____The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

_____The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989. However, there has been a subsequent proceeding before a Hearing Officer of the State of Florida, Division of Administrative Hearings and the Final Order entered by the Hearing Officer determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted bidder list. **(Attach a copy of the final order)**

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH 1 (ONE) ABOVE IS FOR THAT PUBLIC ENTITY ONLY AND, THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, FLORIDA STATUTES FOR CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.

_____
(signature)

_____
(date)

STATE OF _____

COUNTY OF _____

PERSONALLY, APPEARED BEFORE ME, the undersigned authority,

_____ who, after first being sworn by me, affixed
(name of individual signing)

his/her signature in the space provided above on this _____ day of _____, 20___.

_____
NOTARY PUBLIC

My commission expires:

EXHIBIT C

ACKNOWLEDGEMENT AND ACCEPTANCE OF E-VERIFY COMPLIANCE

E-VERIFY PROGRAM FOR EMPLOYMENT VERIFICATION

In accordance with the Governor of Florida, Executive Order Number 11-02 (Verification of Employment Status), whereas, Federal law requires employers to employ only individuals eligible to work in the United States; and whereas, the Department of Homeland Security's E-Verify system allows employers to quickly verify in an efficient and cost-effective manner;

The Contractor agrees to utilize the U.S. Department of Homeland Security's E-Verify system to verify the employment eligibility of all new employees hired by the Contractor during the term of the contract. Contractors must include in all subcontracts the requirement that all subcontractors performing work or providing goods and services utilize the E-Verify system to verify the employment eligibility of all new employees hired by the subcontractor during the contract term. The Contractor further agrees to maintain records of its participation and compliance and its subcontractor's participation and compliance with the provisions of the E-Verify program, and to make such records available to JAXPORT upon request. Failure to comply with this requirement will be considered a material breach of the contract.

By signing below, I acknowledge that I have reviewed, accept and will comply with the regulations pertaining to the E-Verify program.

Company Name	**Name of Official** *(Please Print)*

Signature of Principal	**Title**	**Date**