



**REQUEST FOR PROPOSAL (RFP)**

**Insurance Broker Services**

**for**

**Property and Casualty Insurance**

**RFP No.: 25-09-3880SB**

***Due Date – 5:00 PM, Wednesday, October 8, 2025***

INQUIRIES AND PROPOSALS SHOULD BE DIRECTED TO:

Mr. Shawnevan Dale, Executive Director DGS

C/O Risk Management Program

P.O. Box 1690

Window Rock, AZ 86515

E: [sdale@navajo-nsn.gov](mailto:sdale@navajo-nsn.gov)

P: (928) 871-6335

*Send your completed proposal to:*

**USPS:** Risk Management Program, PO Box 1690 Window Rock, AZ 86515

**Expedited (FedEx, UPS or DHL):** Risk Management Program, Administration Building 1, 2<sup>nd</sup> Floor, 2559  
Indian Route 100, Window Rock, AZ 86515

**(Note: there is no "Overnight" Delivery to Window Rock, AZ)**

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## **I. GENERAL INFORMATION**

### **A. Purpose and Background**

The Navajo Nation, Risk Management Program, hereinafter referred to as “The Program,” or “RMP” is soliciting proposals from qualified firms to perform broker of record services for its Property & Casualty Insurance Program to serve for a period of three (3) to five (5) years with option to extend, subject to annual budget and review.

The Navajo Nation, Government is similar to the United States Government, The Navajo Nation has a three-branch government. The Executive Branch consists of a President and a Vice-President elected by the Navajo people every four years. The Navajo Nation Council is the Legislative body of our government. The Council has twenty-four delegates who are elected by local Chapter members every four years. The Judicial Branch consists of district tribal courts and a Supreme Court.

The Navajo Nation is the largest American Indian reservation among the 275 reservations and 500 federally recognized tribal governments in the United States. The Navajo Nation extends into the states of Arizona, New Mexico and Utah and has a land base of approximately 25,352 square miles.

The Navajo Nation provides services in the areas of Economic Development, Community Development, Human Resources, Natural Resources, Public Safety including EMS and Fire services, Health which do not include hospitals or clinics, Social Services and Education including facilities for Head Start (Pre-school) and owns enterprises which provide services In Agriculture, Engineering and Construction, Utilities, College Education and Gaming.

The Program is authorized and directed through the Navajo Nation Insurance Commission to purchase and maintain property and casualty insurance coverage with emphasis to develop and implement policies to maintain self-insurance so that its assets, property and employees are protected and levels of coverage are adequate. The Program has established self-retention programs which include in-house related claims management functions. The Program also contracts with brokers, adjusters, attorneys or other consultants in reviewing insurance policies and administering resulting programs.

The Program is well developed in the services it provides to the Navajo Nation in the area of Property & Casualty Insurance and Claims Management. The Claims are managed mostly in-house by the claims staff and the data managed through the David Corporation Renaissance system. We average approximately 450 claims annually with the most severe claims sent to our TPA, Integrion Group of Albuquerque, New Mexico. The claims in litigation are defended with the combined efforts of the Navajo Department of Justice, Risk Management and our external Defense Attorneys. As with the defense of these claims the Nation submits all claims which fall under Federal Tort Claims Act and PL-93-638 as amended, to the Federal Government to administer.

The Navajo Nation and its Enterprises have established a pool and are self-insured for the first \$500,000 per occurrence for general liability, automobile liability and public official's errors and omissions. The Nation purchases property insurance in the commercial market with a self-insured retention as market conditions dictate.

## B. Who May Respond

Only qualified insurance brokers may respond to this RFP. RMP is not requesting insurance quotations at this time and expressly prohibits prospective brokers from quoting or approaching carriers.

## C. Instructions on Proposal Submission

### 1. RFP Process and Closing Submission Date

Following are the minimum RFP process but additional steps may be taken during the course of the RFP process.

<b>September 23, 2025</b>	RFP issued by NN Risk Management Program
<b>October 8, 2025</b>	Proposals are due. Proposals are physically due to Risk Management Program by 5:00pm MST. No Late proposals will be accepted.
<b>October 9, 2025</b>	Proposals opened and evaluated based on criteria below.
<b>October 14, 2025</b>	Presentation meetings with prospective brokers via web, as necessary.
<b>October 20, 2025</b>	Brokers are notified of award decision.

Any changes on the RFP schedule above will be communicated to bidders

Proposals must be submitted no later than 5:00 P.M., Tuesday, October 8, 2025.

### 2. Inquiries

Inquiries concerning this RFP should be directed to Shawnevan Dale ([sdale@navajonnsn.gov](mailto:sdale@navajonnsn.gov) or 928-871-6335)

### 3. Conditions of Proposal

All costs incurred in the preparation of a proposal responding to this RFP will be the responsibility of the Offeror and will not be reimbursed by RMP.

### 4. Instructions to Prospective Contractors

Your proposal should be *addressed* as follows:

Shawnevan Dale, Executive Director DGS  
c/o Risk Management Program  
The Navajo Nation  
P.O. Box 1690, Window Rock, AZ 86515

Your proposal should be *submitted* as follows:

Shawnevan Dale, Executive Director DGS  
c/o Risk Management Program  
Administration Building 1, 2<sup>nd</sup> Floor  
2559 Indian Route 100, Window Rock, AZ 86515

It is important that the Offeror's proposal include one (1) original Signed version and one (1) copy that must be submitted in a sealed envelope clearly marked in the lower left-hand corner with the following information:

**Request for Proposal –Broker for Property &  
Casualty Program (NN Risk Management Program)  
5:00 P.M. October 8, 2025  
Sealed Proposal - RFP No.: 25-09-3880SB**

#### **5. Electronic Submissions**

Under no circumstance will RMP accept any electronic submissions of proposal for Broker Services.

**Late proposals will not be considered.**

#### **6. Right to Reject**

RMP reserves the right to reject any and all proposals received in response to this RFP. A contract for the accepted proposal will be based upon the factors described in this RFP.

*The Navajo Nation is not bound to enter into a contract under the RFP and may issue a subsequent RFP for the same service.*

#### **7. Notification of Award**

It is expected that a decision selecting the successful firm will be made no later October 20, 2025. Upon conclusion of final negotiations with the successful firm, all Offerors submitting proposals in response to this Request for Proposal will be informed, in writing, of their non-selection.

#### **8. Terms of Service**

RMP expects to utilize the selected broker for a term of five (5) years, subject to availability of funds.

#### **9. Conflict of Interest**

Information of possible conflicts of interest should be provided as part of the qualification response. Such information will be taken into account in making a decision on the selection of the broker. Should a conflict arise during preparation for or while undertaking these services, the broker shall immediately advise ESP of such conflict.

## **II. SCOPE OF SERVICES**

## **A. PROPERTY & CASUALTY**

The Broker of Record contracted by RMP will be expected to provide the following services:

1. Review all policies to ensure accuracy.
2. Direct carriers to deliver policies within 60 days of the effective date of coverage.
3. Provide summaries of coverage on each policy.
4. Meet with the NATION to review policy coverage in detail.
5. Issue Certificates of Insurance in a timely and accurate manner upon request from the NATION.
6. Issue automobile I.D. cards; submit proper notices to motor vehicle departments in AZ, NM, and UT, if applicable.
7. Provide summarized exposure information and provide electronic copies to the NATION, to the extent reasonable to do so.
8. Assist the NATION in developing and maintaining premium allocation formulas for cost allocation to Departments, Programs, Divisions, Agencies, Chapters and Enterprises.
9. Provide regular status reports on all pending issues related to this agreement.
10. Review agreements and contracts from an insurance/risk management standpoint, as requested by the NATION.
11. Provide timely response to all coverage questions.
12. Assist the NATION in developing and obtaining coverage options as these needs arise.
13. Act as an information resource to the NATION on insurance/risk management issues.
14. Arrange periodic meetings with the NATION and insurance company underwriters.
15. Assist the NATION in establishing clear procedures with insurance companies regarding claims reporting, status reports, and claims settlement for all claims exceeding self-insured retentions.
16. Provide information and materials to the NATION on safety/loss prevention issues, procedures, and techniques.
17. Assist safety personnel with on-site visits, new construction safety analysis, special events safety and inspections, and recommendations in these areas.
18. Check and bill premiums regularly, including deposits and audit premiums.
19. Coordinate with the NATION's Risk Management Program all visits and inspections of insurance companies.
20. At least annually, provide a written report to the NATION.
21. It is agreed and understood that the BROKER account team shall meet with the NATION'S Risk Management Program not less often than quarterly.
22. Broker shall provide written notification of any change in the account team format and any change in the account team format will be subject to reasonable approval by the NATION'S Risk Management Program and the Insurance Commission.
23. It is agreed and understood that the BROKER shall agree to performance measures established by the NATION.

### **III. OFFEROR'S TECHNICAL QUALIFICATIONS**

The Offeror, in its proposal, shall, as a minimum, include the information requested herein:

#### **A. Prior Experience (Maximum of 10)**

- Describe the expertise your firm has in providing brokerage services to an organization similar to ours.
- Provide three (3) client references, including the local area. Preferably, references should be organizations of similar size, complexity, and magnitude to RMP. Please include information (name, phone number, and email address) of the primary contact.

#### **B. Additional Value Beyond the Broker Services (Maximum of 15)**

- The Offeror should include an explanation of services that can be provided to governmental entities, specifically including value-added items. Value-added items can include technology resources, training services, products, etc.

#### **C. Organization, Size, and Structure (Maximum of 10)**

- Identification of the broker and primary contact person, including name, address, and telephone number, fax number, and e-mail addresses
- Location of the office (s) from which services will be provided, including hours of operations, address, phone number, and e-mail addresses
- Organizational Chart
- Size of agency and personnel.
- Staff competencies (i.e. resumes, qualifications, certifications, and experience in the field)
- Description of your firm's customer service (i.e., call centers, level of service to be expected) in detail
- Describe in detail the amount of services or coverage outsourced to other brokers/brokers, if any
- Describe the broker's approach and ideas related to services and management of account. Services shall include coordination of underwriting submissions, delivery and explanation of premium quotations, coverages, etc., issuance and delivery of policies as proposed, provision of ongoing services throughout the year to update coverage as needed, provision of loss control/safety services (be very specific in describing the service), premium/claims reporting, etc.

- Explain how your firm documents and follows-up with requests to Insurance carriers to: (If Applicable)
  - Quote Coverage
  - Bind Coverage
  - Make Changes (Endorsements) to Policies
  - Billing Issues

#### **D. Qualifications (Maximum of 25)**

- List the names of the account team who would be representing RMP; include their qualifications, certifications, and number of years of experience in this field.
- Describe your firm's commitment to RMP's account and expected frequency of broker/representative service contact.
- Provide a narrative stating the reasons why your firm should be awarded this contract. Emphasize in detail issues/practices/processes that make your firm unique or give your firm special advantages over others.
- Provide examples of proactive and aggressive pursuit of negotiation of favorable policy terms, conditions and pricing of insurance coverage's and related services. Disclose if your firm has access to or control of specialty or unique markets or programs that are generally unavailable to other competitors.

#### **E. Understanding of Needs (Maximum of 20)**

- Provide a narrative on how your firm understands Nation's needs and how these needs will be met by awarding the contract to your firm.

#### **F. Fees/Compensation**

The cost of services shall be presented in a flat fee basis. Otherwise please disclose break down costs of fees not available through a flat fee arrangement.

### **IV. PROPOSAL EVALUATION**

#### **A. Submission of Proposals**

All proposals shall include one original and one copy of the Offeror's proposal.

#### **B. Nonresponsive Proposals**

Proposals may be judged nonresponsive and removed from further consideration if any of the following occur:

1. The proposal is not received timely in accordance with the terms of this RFP.
2. The proposal does not follow the specified format.

#### **C. Evaluation**



Evaluation of each proposal will be based on the following criteria:

FACTORS		POINT RANGE
1.	Organization – Qualifications and Experience	0-10
2.	Knowledge of Navajo Nation Government	0-10
3.	Services and Approach to Services Account	0-10
4.	Fee & Structure	0-5
5.	Interviews and References	0-5

#### **D. Selection**

The final selection of the successful Broker will be made by the Lead Evaluator in consultation with RMP. The interview committee will evaluate proposals on the basis of the guideline set forth in the RFP and will submit finding to the Program Supervisor/Risk Manager. Once a selection is made, the final candidate will be notified and approval by the Navajo Nation Insurance Commission shall be processed.

#### **E. Award of Contract**

The Program, reserves the right to reject any and all proposals submitted. Award of the contract will be made to the firm which, in the sole opinion of the Navajo Nation (its agents, employees, and elected officials), will provide the services that best meets the needs of the Navajo Nation.

Proposals shall be firm and not subject to change or withdrawal for a period of 45 days following the date specified for final receipt by the Program.

Final contract form will be determined in negotiations between the Program and the selected firm. The final contract will incorporate, in full or by reference, this request for proposals and the proposal submitted by the selected firm.

The Navajo Nation reserves the right to withdraw the invitation at any time; waive formalities in the bidding process; and while Pre-qualification/bid information may be used in negotiation, contract award will not be based exclusively on scoring.

Contractual Insurance Minimums for the successful firm shall be evidenced on a Certificate of Insurance and shall include the following insurance minimums:

- a. Commercial General Liability coverage, ISO CG 0001 Form or equivalent with minimum limits of \$1,000,000 per occurrence, \$2,000,000 aggregate;
- b. Auto Liability minimum limit of \$1,000,000 per accident and should include non-owned autos;
- c. Workers' Compensation coverage with statutory benefits and employer liability coverage with minimum limits of \$1,000,000/\$1,000,000/\$1,000,000.
- d. **The Navajo Nation shall be named as additional insured for general liability, and auto liability coverages only.**
- e. Certificate Holder shall have the Navajo Nation named on the COI.
- f. All coverages should include a waiver of subrogation. All coverages should be primary and the Navajo Nation's coverage non-contributory.

**NAVAJO NATION CERTIFICATION**  
**Regarding Debarment, Suspension, and**  
**Contracting Eligibility**

1. Applicant entity acknowledges that to the best of its knowledge that the Applicant entity, either in its present form or in any identifiable capacity, has not, in accordance with 12 N.N.C. § 361:
  - A. Been convicted of the commission of criminal offenses incident to obtaining or attempting to obtain a public or private contract or subcontract, or in the performance of any such contract or subcontract;
  - B. Been convicted of embezzlement, theft, forgery, bribery, falsification or destruction of records, receiving stolen property, or other offenses indicating a lack of business integrity or honesty, which currently, seriously, and directly affect responsibility as a Navajo Nation contractor;
  - C. Been convicted under antitrust statutes arising out of the submission of bids or proposals;
  - D. Violated contract provisions, including:
    - i. Deliberate failure, without good cause, to perform in accordance with the contract specifications or within the time limit provided in the contract,
    - ii. A recent record of failure to perform or of unsatisfactory performance with the terms of any contract, or
    - iii. Any other cause so serious and compelling as to affect responsibility as a Navajo Nation contractor, including debarment by another governmental entity.
2. Applicant acknowledges that if the Navajo Nation determines that the executed Certification provided herein is untrue or not wholly accurate, it shall be grounds for the Navajo Nation to terminate the contract and pursue other legal remedies, at the Navajo Nation's discretion.
3. Applicant certifies to the best of its knowledge that it is eligible to do business with the

Navajo Nation, in its present form or in any other identifiable capacity, pursuant to 12 N.N.C. § 1501 and 5 N.N.C. § 301. Applicant also acknowledges that per 12 N.N.C. § 1505, it will not be eligible to contract with the Navajo Nation if deemed ineligible by the appropriate department or entity of the Navajo Nation which receives the Applicant’s request for consideration for a business opportunity.

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Name of individual signing on Applicant’s behalf (print)

\_\_\_\_\_  
Applicant Address

\_\_\_\_\_  
Title of individual signing on Applicant’s behalf

\_\_\_\_\_  
Applicant Address

\_\_\_\_\_  
Signature of individual signing on Applicant’s behalf

\_\_\_\_\_  
Applicant Address

\_\_\_\_\_  
Date

**Request for Taxpayer  
Identification Number and Certification**

Go to [www.irs.gov/FormW9](http://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.	<b>1</b> 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.)	
	<b>2</b> Business name/disregarded entity name, if different from above.	
	<b>3a</b> Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> 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) . . . . . <b>Note:</b> 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) _____	<b>4</b> 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.)
	<b>3b</b> 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"/>	
	<b>5</b> Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)
	<b>6</b> City, state, and ZIP code	
	<b>7</b> List account number(s) here (optional)	

**Part I Taxpayer Identification Number (TIN)**

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

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

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

**Part II Certification**

Under penalties of perjury, I certify that:

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

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

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

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

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

**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