

EXHIBIT A
Agency Questionnaire
Reissue

Provide all information requested below. Only Agencies meeting the minimum qualifications as outlined in Section 2.0 of this Request for Proposal (RFP) will be considered. This form need not be typed; it may be handwritten in ink. Attach a separate sheet of paper, as necessary, and label each attachment accordingly. All questions must be completed in full, as a condition of the RFP. Failure to provide the required information will cause the response to be rejected as non-responsive.

1. General Information

A. Agency's legal name: _____

B. Address: _____

C. E- mail address of Agency _____

D. Phone: _____ Fax: _____

E. Agency's representative or primary contact:

1) Name: _____ 2) Phone: _____

3) Fax: _____ 4) E-mail: _____

5) Office Location: _____

F. Provide the address and phone number for the Agency's Florida office location that will provide the primary contact and ongoing services to the Authority. Also, identify any other office that is to be involved and describe to what extent each additional office will be involved? Be specific.

1) Primary Florida office address: _____

2) Other office(s) address: _____

3) Explanation: _____

G. Number of years Agency has been in business: _____

H. List the names of any official or employee of the Authority who owns, directly or indirectly, an interest of five percent or more in the Agency. (If none, state "none".)

I. List the name(s) of any officer(s), director(s), agent(s) or other key person who is (are) also an official or employee of the Authority? (If none, state "none.")

2. Minimum Qualification Requirements

A. Agency

1) Agency's Resident Florida Agent(s)

a) Provide the name(s) of the Agency's resident Florida agent(s) duly qualified, under the laws of Florida, to act as an agent for workers' compensation and employer's liability insurance in Florida.

b) Attach a copy of the license of each Agency's resident Florida agent(s) listed above.

B. Primary Representative

Provide the following information to demonstrate that the Primary Representative:

1) is located in an office in the State of Florida.

Primary Representative's office address: _____

3. Market Preference

Complete the table below to provide preliminary indications, by order of preference, of desired insurance markets.

Note: The Authority will make the final selection of markets by lottery. No Agency may enter the marketplace in advance of written authorization from the Authority. Violation of this requirement will render the Agency's response non-conforming and the Agency may be disqualified from further participation in this RFP process.

	Insurance Company Name	Insurance Company Group Name	Direct Access (Yes or No)
1			
2			
3			
4			
5			
6			

4. Acknowledgement of Response Required

The submittal of this response is a duly authorized, official act of the Agency and the undersigned represents to be authorized and designated by the Agency to execute this response on behalf of and as the official act of the Agency as named below, this _____day of _____, 2009.

The undersigned has read this Hillsborough County Aviation Authority Request for Proposal for Workers' Compensation and Employer's Liability Insurance Agent Services. The submitted information is based upon the representation that the Agency is of sufficient size and capability to serve the Authority.

The undersigned understands that the Authority's decisions and selection shall be final.

Agency's Legal Name

Authorized Signature

Date

Print Name

Title

Phone Number