

Decatur ISD
Request for Qualifications (RFQ) for Insurance Agent of Record for Medical Insurance
March 11, 2026

The Decatur ISD is accepting a request for qualifications (RFQ) for an agent of record to assist in the procurement of medical insurance for the 2026-2027 and 2027-2028 school years.

Decatur ISD is seeking an agent of record who will competitively procure medical insurance for the District. The ideal candidate or firm will have successfully completed procurement for other Texas public schools on an ongoing basis for the last five years and have demonstrated excellence in securing medical insurance for Texas school districts.

The ideal candidate shall be an agent or firm that can timely submit requests for proposals to the major medical insurers in the north Texas market and who has negotiated terms with those insurers on behalf of school districts.

Interested applicants should complete the questionnaire attached and return to the District on or before:

11 AM, Friday, April 10, 2026

The District will review RFQs as they are received and may contact submitters for clarification but will not negotiate either price or terms until all RFQs have been evaluated. At that time the District will negotiate with the most qualified submitter.

The Decatur ISD reserves the right to update this RFQ by posting any addendums of the Districts web page.

If the RFQ is hand written please print clearly.

Responses should scanned and be emailed to:

Gary Micinski
gary.micinski@decaturisd.us

District reserves the right to request an original signed copy.

In addition to email, a hard copy response may be sent or delivered to:

Decatur ISD
Attn: Zaira Palomo
Benefits Specialist
307 South Cates
Decatur, TX 76234

Questions regarding this RFQ may be directed to:

Gary Micinski
Decatur ISD CFO
gary.micinski@decaturisd.us

940-399-6514

The District may provide, but is not obligated to provide a Q and A addendum on the District's website if deemed materially necessary.

Background: The Decatur ISD left the TRS ActiveCare beginning in 2023-2024 and apparently joined a self-funded cooperative plan. Beginning in 2024-2025 and in 2025-2026 the District's insurance was with Blue Cross Blue Shield. The current agreement ends August 31, 2026 and the District is seeking an agent of record to procure medical insurance for the 2026-2027 and 2027-2028 school years. The District expects the agent of record to work with the District to procure insurance within the allowable methods in accordance with the TEC, §44.031. While the District is not opposed to an interlocal agreement the agent of record or District will advertise per TEC §44.031 and competitively procure proposals to evaluate. An interlocal agreement may be one of those offerings but the agent of record is expected to seek proposals outside of interlocal agreements and as part of the agent of record will work with the District in compiling a proposal for the agent of record to secure insurance proposals. The selected agent is expected to work without any charges to or payments or fees from the Decatur ISD and agent will be paid by the selected insurance company. Agent will disclose commission and Agent agrees that any commission will be within the norm of similar commissions and if not, as determined by the District, will work in good faith with the District to a commission agreeable to the vendor or entity selected to provide medical insurance. Decatur ISD (DISD) is not responsible for any costs related to compiling or submitting this RFQ. DISD will not be liable for any costs incurred in the preparation of this RFQ. Decatur ISD reserves the right to reject any or all qualification submittals without the necessity of stating any reason therefore. DISD reserves the right to forgo any informalities in the procurement or RFP process.

Any addendums or timeline changes to this RFQ will be emailed to any requesters and added to the District's web site.

Please complete the attached forms by hand or electronically and submit by the above timeline.

This agreement will be scheduled to be recommended to the Board of Trustees on Monday, April 20, 2026 and selected vendor is expected to immediately begin working with the District to procure the future medical plan.

The term of this agreement is for the 2026-2027 and if elected by the District the 2027-2028 school year(s). This form, and any other submitted and accepted documents will be the agreement.

Disputes regarding this agreement shall be settled in Wise County, Texas.

RFQ will be evaluated based on Government Code 2254.

RETURN THIS PAGE AND ALL FOLLOWING PAGES

DECATUR ISD
RFP FOR INSURANCE AGENT OF RECORD FOR MEDICAL INSURANCE

DUE

on or before

11 AM, Friday, April 10, 2026

Summary Declaration

On behalf of the insurance company or agency I have read the Decatur ISD RFQ for medical insurance agent of record and submit this summary of qualifications for consideration.

Company Printed Name of Submitter Date

Signature:_____

Person or persons for discussions related to this RFP:

Printed Name:

Address:

Office Phone:

Cell Phone:

Email:

(1) Agent Name and Address:

(2) Agent to contact information to discuss this RFQ:

(3) Are you legally licensed with the Texas Department of Insurance to be an insurance agent in the State of Texas?

_____ Yes _____ No Explain why not:

(4) In completing this document, do you certify that you have not worked with any other firm to restrict competition related to this RFQ or contacted Decatur ISD board members regarding this RFP?

_____ Yes _____ No Explain

(5) DISD may at its discretion reduce or expand the scope of this RFQ. The District may submit additional questions for clarification.

(6) Do you agree to work with the District to design and then submit a competitive procurement for medical insurance to the major carriers of medical insurance?

_____ Yes _____ No Explain

(7) After a medical program is selected, what will be the additional role of your firm?

(8) Provide at least three TEXAS SCHOOL DISTRICT references you or your firm has worked on behalf to secure medical insurance in the past three years:

8 a

8 b

8 c

- (9a) Explain why your firm is the best fit for Decatur ISD (or include promotional materials as an attachment). The Respondent should provide detailed information about the experience and qualifications of the Respondent's assigned personnel considered key to the success of the project.

- (9b) Explain your approach, or your recommendation as to the best way to get a reasonable medical insurance program for Decatur ISD employees???

- (10) How long have you been in the business of procuring medical insurance for Texas Public Schools?

- (11) List some of the TEXAS school districts that you have worked with on Medical Insurance within the LAST FIVE YEARS (may be an attachment, contact information is not necessary).

- (12) What insurance carriers to you have access to for competitive procurement submission?

- (13) Does the agent of record agree to (Check all that will apply and explain if needed)
- Market the District to major carriers (although the District understands there is no guarantee any one carrier will respond)
 - Work with the District to write a competitive procurement for medical insurance document.
 - Evaluate for the DISD the best result of competitive procurement
 - Use expertise to assure that any medical plan recommended meets the terms of the Affordable Care Act
 - Advise the District on the minimal contribution required under the Affordable Care Act for any proposed medical plan
 - Provide access to all competitive procurement information used in the procurement of medical insurance
 - Provide the District with all final accepted or not accepted proposals submitted for the District's purchasing records.
 - Provide cost-free training, or connect the District to cost-free trainers, to implement the new plan including accounting for monthly premiums.
 - Provide cost-free help on any enrollment transition
 - Act on behalf of the District to help solve issues with the insurer during the term of the agreement.
 - Provide periodic reports as to claims status and costs.
 - Agree to the fact that, unless prohibited by a specific law, the general processes of this procurement is bound by the Texas Open Records Act including the RFQ and any actual competitive procurement for medical insurance.
 - Provide at least one dedicated individual to handle the DISD account
- (14) Describe your company's fee structure for the services outlined in this request for qualifications, although that any fees will only be negotiated after the most qualified firm is selected.
- (15) How would your firm gain access to District loss runs for underwriters?
- (16) Resumes: Provide brief resumes or brief summary of experience of the firm's principal staff members who are available for assignment to this project indicating certifications, licenses and relevant experience.
- (17) Financial Statement: Provide a statement of the Respondent's financial stability and ability to fulfill the obligations of the RFP.

Attachments

Please attach the following:

Please provide a copy of your firms Errors and Omissions insurance limits, carrier name, financial rating of the carrier and date of the current policy.

Attach a copy of your companies financial rating of AM Best or Moodys if you have such a rating.

NON-COLLUSION CERTIFICATION

The undersigned affirms that he or she is duly authorized to execute this questionnaire, that this company, corporation, firm, partnership or individual has not prepared this proposal in collusion with any other person, firm or entity making or considering making a proposal to Decatur ISD for any of the future District projects, and that the contents of this proposal as to prices, terms or conditions of said proposal have not been communicated by the undersigned nor by any employee or agent to any other person engaged in this type of business prior to the official opening of this proposal.

The foregoing is true and correct. Decatur ISD, or any authorized representative of Decatur ISD, is authorized by the undersigned to contact any firm, institution or person listed above obtain information which Decatur ISD might determine as being desirable.

Firm: _____

Address: _____

City/State/Zip: _____

Telephone Number: _____

Fax Number: _____

Email/Website: _____

Signature: _____

Typed/Printed Name: _____

Date: _____

FELONY CONVICTION NOTICE

Senate Bill 1 passed by the State of Texas Legislators, Section 44.034, Notification of Criminal History, Subsection (a) states "a person or business entity that enters into a contract with a school the District must give advance notice to the District if the person or owner or operator of the business entity has been convicted of a felony." The notice must include a general description of the conduct resulting in the conviction of a felony. Subsection (b) states "a school the District may terminate a contract with a person or business entity if the District determines that the person or business entity failed to give notice as required by Subsection (a) or misrepresented the conduct resulting in the conviction." The District must compensate the person or business entity for services performed before the termination of the contract. I, the undersigned agent for the firm named below, certify that the information concerning notification of felony conviction has been reviewed by me and the following information furnished is true to the best of my knowledge.

Vendor's Name: _____

Authorized Company Official's Name (please print): _____

A. My firm is not owned nor operated by anyone who has been convicted of a felony.

Signature of Company Official _____

B. My firm is owned or operated by the following individual(s) who has/have been convicted of a felony:

Name of Felon(s) _____

Details of Conviction(s) _____

Signature of Company Official _____ Date _____

C. My firm is a publicly owned, stock-exchange corporation; therefore, this reporting requirement is not required.

Signature of Company Official _____

House Bill 89 Certification

I, _____ the undersigned representative of

_____ Company or Business Name

Company (hereafter referred to as company) being an adult over the age of eighteen (18) years of age, verify 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 the above-named Company, business or individual with the Decatur Independent School District. 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.

Senate Bill 252 Ch. 2252 Certification

Pursuant to Texas Government Code, Chapter 2252, Section 2252.152, and Section 2252.153, certify that the company named above is not listed on the website of the Comptroller of the State of Texas concerning the listing of companies that are identified under Section 806.051, Section 807.051, or Section 2253.153. I further certify that should the above-named company enter into a contract that is on said listing of companies on the website of the Comptroller of the State of Texas which do business with Iran, Sudan, or any Foreign Terrorist Organization, I will immediately notify the Dickinson Independent School District's Purchasing Department.

Signature of Company Representative

Date

CONFLICT OF INTEREST QUESTIONNAIRE
For vendor doing business with local governmental entity

FORM CIQ

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.

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).

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.

A vendor commits an offense if the vendor knowingly violates Section 176.006, Local Government Code. An offense under this section is a misdemeanor.

OFFICE USE ONLY

Date Received

1 Name of vendor who has a business relationship with local governmental entity.

2 **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.

 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.

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?

Yes No

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?

Yes No

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 **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

 Signature of vendor doing business with the governmental entity

 Date

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.

COMPLETE AND SUBMIT AS AN ATTACHMENT

Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

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) _____ <i>(Applies to accounts maintained outside the United States.)</i>
	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.

Social security number	
or	
Employer identification number	

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.

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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
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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.

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

SUSPENSION OR DEBARMENT CERTIFICATION

Federal Law (A-102 Common Rule and OMB Circular A-110) prohibits non-federal entities from contracting with or making sub-awards under covered transactions to parties that are suspended or debarred or whose principals are suspended or debarred.

Decatur ISD does not do business with parties that have been suspended or debarred.

Firms receiving individual awards and all sub-recipients must certify that their organization and its principals are not suspended or debarred by a federal agency.

By signing below:

- I certify that the contracted/organizations and its principals listed below are not suspended or debarred.
- I further certify that I will inform Decatur ISD of any change in status within three (3) business days.

Vendor Business Name: _____

Vendor Address: _____

Vendor Telephone: _____

Vendor Email/Website: _____

Authorized Vendor/Company Officials Name: _____

Printed

Signature of Company Official

Date

**ANTITRUST CERTIFICATION STATEMENT TEXAS
GOVERNMENT CODE #2155.005**

I affirm under penalty of perjury of the laws of the State of Texas that:

(1) I am duly authorized to execute this contract on my own behalf or on behalf of the company, corporation, firm, partnership or individual (Company) listed below;

(2) In connection with this bid, neither I nor any representative of the Company have violated any provision of the Texas Free Enterprise and Antitrust Act, Tex. Bus. & Comm. Code Chapter 15;

(3) In connection with this bid, neither I nor any representative of the Company have violated any federal antitrust law; and

(4) Neither I nor any representative of the Company have directly or indirectly communicated any of the contents of this bid to a competitor of the Company or any other company, corporation, firm, partnership or individual engaged in the same line of business as the Company.

<p>Vendor _____ _____ _____</p> <p>Address _____ _____ _____</p> <p>Phone _____</p> <p>Fax _____</p>	<p>Bidder _____</p> <p>Signature _____</p> <p>Printed Name _____</p> <p>Position with Company _____</p> <p>Official Authorizing Bid _____</p> <p>Signature _____</p> <p>Printed Name _____</p> <p>Position with Company _____</p>
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RFP EVALUATION

Firm's Approach: Firm's approach, supporting documentation, evidence of competence to undertake such effort.

20 PERCENT

Methodology • Firm's experience as a provider of requested services including explanation of project methodology, unique challenges any other relevant information + references as needed.

30 PERCENT

Qualification and Past Experience: Qualifications, certifications, the experience of personnel/team proposed for this task. Firm's Past experience with DISD and/or other Districts. (K-12 Experience)

50 PERCENT