**REQUEST FOR PROPOSAL**

**REQUEST FOR DOCUMENTS NOTICE**

Date

Company Name

Address

Dear Name,

The State of Montana has completed the evaluation of Request for Proposal RFP#, for RFP Title. A copy of the final scoring summary for all proposals received is enclosed for your reference. We are pleased to inform you that the State intends to accept the offer submitted by your firm. This notice, however, does not constitute a contract, and you may not proceed until your firm receives a contract signed by all parties. Until that time, no work may begin.

You will be contacted by Contract Manager of the Department of Agency to discuss contract language and other details.

According to the terms and conditions of the Request for Proposal, we are requesting the following types of certifications of insurance and information.

* Proof of compliance with the Workers’ Compensation Act in the form of a Certificate of Insurance for Workers’ Compensation insurance coverage, a Certificate of Independent Contractor Exemption, or proof of any other exemption allowed under the Act.
* **Commercial General Liability** with combined single limits for bodily injury, personal injury, and property damage of $1,000,000 per occurrence and $2,000,000 aggregate per year to cover such claims as may be caused by any act, omission, or negligence of Contractor or its officers, agents, representatives, assigns, or subcontractors from an insurer with a Best’s Rating of no less than A-.
* **Automobile Liability** coverage with split limits of $500,000 per person (personal injury), $1,000,000 per accident occurrence (personal injury), and $100,000 per accident occurrence (property damage), OR a combined single limits of $1,000,000 per occurrence to cover such claims as may be caused by any act, omission, or negligence of Contractor or its officers, agents, representatives, assigns, or subcontractors.

State, its officers, officials, employees, and volunteers are to be covered and listed as additional insureds for automobiles leased, owned, or borrowed by Contractor.

* **Professional Liability Insurance** with combined single limits for each wrongful act of $1,000,000 per occurrence and $2,000,000 aggregate per year to cover such claims as may be caused by any act, omission, negligence of Contractor or its officers, agents, representatives, assigns, or subcontractors, from an insurer with a Best’s Rating of no less than A-.
* **Cyber Security Insurance** combined single limits for each wrongful act of $2,000,000 per occurrence to cover the unauthorized acquisition of personal information such as social security numbers, credit card numbers, financial account information, or other information that uniquely identifies an individual and may be of a sensitive nature in accordance with §§ 2-6-1501, MCA through 2-6-1503, MCA.

The required insurance certificates, except those relating to Workers’ Compensation (and Professional Liability if required), must name the State of Montana as an additional insured and **include a copy of the endorsement** according to the Insurance Requirements stated in the Request for Proposal. All insurances must be valid for the entire contract period. Insurance certificates must be emailed to me at [(employee](mailto:Nolan.harris@mt.gov) email). The contract number must be included on the insurance certificate, which is (contract number).

The Certificate Holder for the Certificates of Insurance must read:

State of Montana

125 N. Roberts St.

Helena, MT 59601

A contract will not be executed until all of these documents have been received and verified for compliance with the contract terms.

In addition, contract performance security in the amount of $amount must also be filed with this office. Please refer to the Request for Proposal for the types of contract performance security that will be accepted.

The State now uses DocuSign electronic signature for our amendments and contracts, please indicate who will be signing the contract document for your company. **Please include name, title and email address. Please also provide your company’s Employer Identification Number (EIN).**

The State eProcurement System vendor portal has two types of registration; vendors awarded contracts are required to complete a Profile 2 registration. An invite has been sent to the contact on file to complete Profile 2 registration.

Failure to supply this information to the State Procurement Bureau within 10 working days from the date of this notice may result in our selecting another vendor.

Sincerely,

Contract Officer

Contracts Officer

Enclosure

Cc: