

Laguna Madre Water District



Request for Proposal (RFP# WI-20-11-02)

Windstorm, Hurricane & Hail Insurance

Effective Date: January 31, 2021

Deadline for Proposals: 3:00 P.M., Tuesday December 15, 2020

Proposal should be clearly marked: RFP# WI-20-11-02

Submit to:

Enrique Samaniego
Laguna Madre Water District
Purchasing Department
105 Port Rd
Port Isabel, Texas 78578

Prepared by: Roger Garza, Insurance Consultant
Valley Risk Consulting, Inc., 1200 Fresno, Suite C, McAllen, Texas 78501

Laguna Madre Water District (LMWD) is accepting proposals for:

RFP# WI-20-11-02 Windstorm, Hurricane & Hail Insurance

Proposals are to be mailed or hand delivered to the attention of Enrique Samaniego, Purchasing Department, Laguna Madre Water District, 105 Port Rd., Port Isabel, TX 78578. Please mark your envelope plainly: **Windstorm, Hurricane & Hail Insurance (RFP# WI-20-11-02), Due Date: Tuesday, December 15, 2020 @ 3:00 p.m.**

Proposals will be accepted **until 3:00 p.m. on Tuesday, December 15, 2020** at which time they will be opened. Proposals will be opened not publicly in the Purchasing Office at the above address. Any proposals received late will not be accepted and will be returned unopened. LMWD is not responsible for proposals misplaced or mailed incorrectly.

Please reply using the enclosed forms. **Please submit one original, two copies and two USB/CD of your proposal response.** Questions on this Request for Proposals should be submitted via email to Enrique Samaniego esamaniego@lmwd.org or Valley Risk Consulting roger@vrctx.com, **no later than 10:00 a.m. Tuesday, November 24, 2020.**

The awarding of the proposal will take place at a Laguna Madre Water District Board of Directors meeting. The Board of Directors reserves the right to accept, reject any and /or all proposals, waive minor technicalities, or to award the proposal to the most responsible offeror which best serves the interest of the LMWD.

Please fill out, sign, and submit with your proposal response the enclosed IRS Form W-9, Conflict of Interest Questionnaire.

We look forward to hearing from you.

Sincerely,

Enrique Samaniego
Purchasing Department

Enclosures

LAGUNA MADRE WATER DISTRICT
GENERAL REQUIREMENTS AND CONDITIONS-
PART I

BID ITEM: Property and Contents Coverage

A. OPENING SEALED BIDS:

All sealed bids shall be received at the Laguna Madre Water District attention to: Enrique Samaniego, Purchasing Agent, 105 Port Isabel Port Isabel, Texas, 78578

- (1) where they will be opened not publicly on the date and at the time as advertised (Refer to Invitation to Bid).
- (2) The closing time for sealed bids is final. Bids received after the closing time will not be opened or considered. (See Invitation to Bid).
- (3) Submitted bids are final and may not be altered. Vendors may, however, submit sealed alternative bids before the closing time to substitute prices on their formal bid, in which case only the substitute prices on their formal bid will be considered.

B. BID QUOTATION FORM:

- (1) Bids should be submitted in a sealed envelope. Each bid shall be placed in a separate envelope, sealed and properly identified with the bid title “RFP# WI-20-11-02 Windstorm, Hurricane and Hail Insurance Coverage” and the time and date to be opened.
- (2) Bids must show the full name and address of the bidder if different than name and address shown on the bid request. Failure to manually sign bid will disqualify it. Person signing bid should show title of authority to bind their firm to a contract.
- (3) Bid cannot be altered or amended after opening time. Any alterations made before opening time must be signed by the bidder or his agent. Withdrawal of a bid, or failure to honor a bid, may result in the deletion of the company from future bid requests.
- (4) Bid prices must be firm for acceptance 60 days from bid opening date.
- (5) The District is exempt from State and Local Sales Tax. Tax is not included in bid. If it is determined that tax was included in the bid, it will not be included in the tabulation or any awards. Tax exemption certificated will be furnished upon request.

C. BID PROPOSALS:

- (1) The specification package contains proposal forms. Each proposer should complete these forms and attach them to the proposal. Unless otherwise stated, proposers must fill in all blank spaces on the proposal page(s). Proposals must state either a unit price or lump-sum price for each item of coverage, either typed or written in ink. Proposers must clearly state and summarize all costs, including optional programs. ***Proposers must explicitly identify exceptions to or deviations from the specifications in the Exception Form included in the specification package.*** Failure to follow these instructions may be grounds for disqualification of a proposal.
- (2) The proposals are to be clearly explained and identified. Each proposer is asked to screen his/her designated underwriting proposals for correctness and compliance with the specifications.
- (3) Proposers may withdraw their quotations at any time prior to the time specified as the closing time for acceptance of proposals. However, no proposer may withdraw or cancel his/her proposal after the closing time for submission.
- (4) Any person submitting a proposal who is in doubt as to the true meaning of any part of these specifications may submit a written request for interpretation to Enrique Samaniego, Purchasing Agent, with Laguna Madre Water District. The person submitting the request will be responsible for its prompt delivery. As to the interpretation of the specifications, the decision will be final. Oral explanations will not be binding.
- (5) The Laguna Madre Water District will accept one of the proposals, or a combination of several parts of more than one proposal or reject all proposals before coverage is to commence.

**LAGUNA MADRE
WATER DISTRICT
PROPERTY COVERAGE
WINDSTORM, HURRICANE, AND HAIL INSURANCE**

GENERAL CONDITIONS AND REQUIREMENTS-PART II

I. General Conditions and Requirements

- A. This Laguna Madre Water District (hereafter referred to as the District) is requesting proposals for windstorm, hurricane, and hail insurance for property and contents. ***The LMWD is requesting a policy period from 1/31/2021 to 9/30/2021.***
- B. Proposers may quote several plan options as long as each option is fully explained. All relationships between your company and any company offering coverage must be revealed, as well as any commission payments or fees that will be paid to the Proposer as a result of this bid award.
- Proposers are expected to examine the complete RFP document. Failure to do so will be at proposer's risk. Questions on this Request for Proposals should be submitted via email to Enrique Samaniego esamaniego@lmwd.org or Valley Risk Consulting roger@vrctx.com, ***no later than 10:00 a.m. Tuesday, November 24, 2020.*** Laguna Madre Water District will not respond to verbal inquiries.
- C. Proposers must submit **ONE ORIGINAL AND TWO COPIES** (Three complete sets) of the proposal.
- D. Proposals will be received as indicated in the front page of the Request for Proposals Invitation to Bid.
- E. **Proposals must be plainly marked on the outside of the envelope: "RFP# WI-20-11-02 Windstorm, Hurricane and Hail Insurance Coverage".**
- F. Laguna Madre Water District reserves the right to accept or reject any or all proposals, waive any formalities and/or technicalities in the proposal and award the contract to best serve the interests of the District. Laguna Madre Water District may negotiate with proposers as deemed advisable or necessary.
- G. All proposals must be submitted on the Proposal Forms attached hereto, in accordance with all specified conditions. ***Coverage shall be from Jan. 31, 2021 – September 30, 2021*** and the rates quoted shall be guaranteed for that period or the year may begin earlier or end earlier if mutually agreed, with a renewal option, provided that renewal rates are reasonable as compared to market. The renewal option will require Board action

- H.** Any plan of coverage that offers increased protection from the requirements in the Specifications will be welcomed but must be submitted separately as an alternate proposal.
- I.** Any restrictions, deviations or other modifications which alter or reduce coverage as specified in this RFP must be shown separately and explained in writing. Failure to attach an explanation of deviations to this proposal will indicate your acceptance of the specifications as written.
- J.** Proposers are required to submit specimen coverage of documents, agreements, and/or contracts that LMWD will require to sign in order to purchase the coverage quoted.
- K.** Please indicate the method for payment and any optional methods that may be available.
- L.** It is the intent of the District to award the proposal to one carrier who can provide all lines of coverage as a package. Preference will be given to packaged proposals; however, final purchasing decisions will be made based on the options that are most advantageous to the District
- M.** The successful proposer will agree to accept the final adjusted values at the coverage anniversary date.
- N.** Due care and diligence have been used in the preparation of these specifications and the information contained herein is believed to be substantially correct. However, the responsibility for determining the full extent of the exposure and the verification of all information presented herein shall rest solely on the proposer. The District and its representatives will not be responsible for any errors and omissions in the specifications nor for the failure on the part of the proposer to determine the full extent of the exposures.

II. Minimum Qualifications

- A.** Proposers responding to this RFP must be licensed and/or authorized to do business in Texas and have at least 5 years of experience writing property/casualty coverage in Texas. Proposer qualifications must be included as an exhibit to your proposal.
- B.** Proposers must attach a brief biography describing the experience of the person assigned to handle this account.
- C.** The proposing agency must have a local office that is able to service the District.

III. SELECTION CRITERIA

The District reserves the right to award the subjects of the RFP, in whole or in part, to those proposers who demonstrate professional competence in submitting proposals that satisfy cost, coverage, and servicing criteria. Insurance proposals will be carefully evaluated in terms of cost effectiveness and coverage, and for compliance with the insurance, risk financing, and servicing criteria as contained in the specifications. The District will consider the merits of each proposal, whether on a consolidated or fragmented basis. Award will be made to the proposer whose proposal is determined to be the most advantageous to the District considering the relative importance of price and evaluation factors described in Section IV below.

IV. SERVICING CRITERIA

The District strongly desires to receive personalized and timely professional risk management services of the highest professional quality from the selected proposer. Proposers who demonstrate the professional capability, expertise, and experience in handling an account the size of the District will receive favorable consideration. Servicing criteria will be evaluated using the following considerations:

- (1) Number of years in business;
- (2) Size of agency and staff;
- (3) Experience of staff;
- (4) Professional servicing capabilities; i.e., loss control, claims management, information storage systems, underwriting, exposure, and hazard identification;
- (5) Capability and willingness of agency resources to personally respond to the professional needs of the insured in a timely manner;
- (6) Technical skills of staff with respect to insurance coverages and knowledge of certain internal risk management administrative considerations (insurance budgets, premium allocations, contractual risk transfer, legal trends, etc.);

Appropriate emphasis will be placed on these considerations with respect to the evaluations of the insurance proposals, as well as the servicing plan submitted by each proposer.

Each proposer is asked to submit a description of the service his/her organization will be providing. Proposers should specifically identify the names of personnel who will be responsible for servicing the District's account. The descriptions should include the qualifications and experience of account executive personnel and technical support persons who will be directly responsible for servicing this account. A proposed plan should be clearly explained as to how the proposer intends to deliver the requested services in a personalized and timely manner. ***Please use the Servicing Criteria Form included in the specification package.***

SPECIFIC INSTRUCTIONS IN THE SPECIFICATION SECTION OF THIS BID INVITATION WILL TAKE PRECEDENCE OVER THESE GENERAL REQUIREMENTS AND CONDITIONS.

**LAGUNA MADRE WATER
DISTRICT**

**PROPERTY COVERAGE
WINDSTORM, HURRICANE, AND HAIL INSURANCE**

COVERAGE SPECIFICATIONS

I. Property and Contents

1. **Property covered:** See attached Exhibit I.
2. Blanket coverage on buildings, contents and auxiliary structures at all locations including on-site improvements such as fences, light poles, and bleachers.
3. **Basis of Recovery** Full Replacement Cost
4. **Deductibles** 1%

II. The loss runs for the last three years have been requested and will be available for review when received.

III. The premium for the 2016-2017 year was \$ 47,512
The Premium for the 2017-2018 year was \$112,350
The Premium for the 2018-2019 year was \$115,500
The Premium for the 2019-2020 year was \$133,777

LAGUNA MADRE WATER DISTRICT
PROPERTY COVERAGE
WINDSTORM, HURRICANE, AND HAIL INSURANCE

Proposal Response Form

I. General Information

Name of your company: _____

Address: _____

Primary business: _____

Type of company:
(corp., partnership, etc.): _____

Year started in business: _____

The proposer, in compliance with the invitation for proposal on property/casualty coverage, having examined the specifications and being familiar with all conditions in the specifications, hereby proposes to provide the coverages in accordance with the proposal documents on the attached response sheets.

"The undersigned affirms that they are duly authorized to execute this contract, that this company, corporation, firm, partnership or individual has not prepared this proposal in collusion with any other Proposer, 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."

Having reviewed the specifications, we have complied with all requirements and conditions except as noted on proposal response forms in the section labeled "Deviations."

Signature: _____ Date: _____

Name of Signature: _____ Title: _____

Proposers Company: _____

Address: _____ Phone: _____

Fax No.: _____ E-Mail: _____

II. Property and Contents Coverage-Windstorm, Hurricane, and Hail Insurance

A. Property and Contents Coverage (see Exhibit I)

Limit \$ 21,134,274.00

Deductible 1%

Total Cost \$ _____

B. Please answer these questions:

1. Is this proposal providing windstorm, hurricane & hail? _____ Yes _____ No
2. Is there a co-insurance clause applicable to property coverage? _____ Yes _____ No
3. Is the basis of recovery replacement cost new, both on building and contents? _____ Yes _____ No
4. Has a specimen been submitted? _____ Yes _____ No
5. Is newly acquired or constructed property covered? _____ Yes _____ No
Limit: _____
6. Does the policy include demolition cost? _____ Yes _____ No
Limit: _____
7. Does proposal include a debris removal clause? _____ Yes _____ No
Limit: _____

III. Please answer the following questions (Insurance Agency Questionnaire)

A. Who will have primary responsibility for the District's account? _____

1. Number of years in the insurance business: _____
2. Insurance background: _____
3. Educational background: _____
4. Number of other public entities serviced: _____

B. Who will be the backup person for the District's account? _____

1. Number of years in the insurance business: _____
2. Insurance background: _____
3. Educational background: _____
4. Number of other public entities serviced: _____

C. How many Texas municipalities does your agency (this office, if a national broker) provide coverage on behalf of: _____

D. How many municipalities do you provide windstorm coverage to: _____

E. What is your (this office if a national broker) estimated premium volume with Texas municipalities:

Other public entities: _____

F. What is your estimated premium volume for windstorm insurance with the Texas School Districts:

G. Has your agency been licensed to conduct fire/casualty insurance in Texas for the past five years?
_____ Yes _____ No

H. Has your agency produced a minimum annual gross fire and casualty premiums income of at least \$1,000,000 average for each of the past three years? _____ Yes _____ No

I. The District will expect an annual summary of premium and losses by coverage.

J. Please attach a copy of the following documents:

1. A copy of the current license.
2. A certificate for agent's errors and omissions coverage insured for at least \$2,000,000 aggregate limit.

K. Please list services that you provide to assist with the placement of TWIA coverage

L. Are you a historically underutilized business (HUB)? _____ Yes _____ No

IV. Market Assignments

ASSIGNMENT OF MARKETS

The market allocation procedure is applicable to situations when more than one agent wants to obtain quotes from the same insurance group. Laguna Madre Water District reserves the right to assign the use of any given insurance carrier with respect to this insurance to a specific agent or broker to avoid multiple contacts with a single insurance underwriter. Your cooperation is asked in helping obtain as wide a representation of potential insurers as is presently possible through the following method:

1. Each agent (or company) participating in the proposal process is asked to submit an initial list of insurers with which he/she would like to work in preparing proposals for the requested programs. ***This list should be ranked in order of preference.*** A prepared form for these requests is attached entitled "Market Request Form." Please list no more than five choices per line of coverage.
2. The Market Request Form is due beginning at **1:00 p.m., Tuesday November 3, 2020**. This form should be completed and e-mailed to Enrique Samaniego esamaniego@lmwd.org.
3. Laguna Madre Water District and Valley Risk Consulting will begin assigning markets at **3:00 p.m., Wednesday, November 4, 2020** based on the requests received at that time.
4. Insurance markets will be assigned in accordance with the following principles:
 - a. All market awards will endeavor to follow the requests in the order of priority indicated by the agent at the discretion of Laguna Madre Water District and Valley Risk Consulting, the order of choice between agents requesting the same markets will be determined by the order in which the Market Request Forms are received. ***No markets are to be contacted or reserved until approved. Failure to follow these rules may result in disqualification of your proposal.***
 - b. Insurance carriers presently providing insurance to Laguna Madre Water District will automatically be retained by the current agent or (agent's group), provided he/she lists the carrier(s) as the first choice on the Market Request Form. Remaining markets will be assigned by order of preference listed and date/time received by Valley Risk Consulting.
 - c. Requests for insurance markets received after the date indicated will be honored only to the extent that such companies have not previously been requested and assigned.
5. No more than one agent may contact any one insurance group. To assist us in achieving this, all requests for carriers that are part of a group should be made in the name of the group and ***not the individual carrier***. Market requests for other than insurance companies or groups will not be acceptable; for example, if the company is National Union, please show your choice as AIG Group. In the case of E&S markets, however, please show the name of the company only. Do not list the group or intermediary.

6. Laguna Madre Water District reserves the right to assign additional markets as may be appropriate, if not in conflict with previous assignments. If additional markets are desired, the agent must secure prior approval from Valley Risk Consulting before approaching said markets. Additional markets may be requested **beginning Friday, November 6, 2020**. Additional markets must be requested in writing and must not be contacted or reserved without approval from Valley Risk Consulting. ***Failure to follow these rules may result in disqualification of your proposal.***
7. If full insurance coverage will not be provided by one insurer, the percentage of the amount of coverage to be provided by each insurer must be shown.
8. If Valley Risk Consulting or Laguna Madre Water District feels that all viable markets have not been approached, a letter will be sent to all providers listing these additional markets. Each provider will be permitted to choose ***one*** additional market from this list on a first-come, first-served basis, via a faxed or written request.

Laguna Madre Water District

Market Request Form

Agency: _____

Name of Agent: _____

Address: _____

Telephone#: _____ Fax#: _____

E-Mail: _____

RANKED PREFERENCE	Windstorm	Hurricane & Hail Insurance
1.		
2.		
3.		
4.		
5.		

Implementation of House Bill 1295 Certificate of Interested Parties (Form 1295):

In 2015, the Texas Legislature adopted [House Bill 1295](#), which added section 2252.908 of the Government Code. The law states that a governmental entity or state agency may not enter into certain contracts with a business entity unless the business entity submits a disclosure of interested parties to the governmental entity or state agency at the time the business entity submits the signed contract to the governmental entity or state agency. The law applies only to a contract of a governmental entity or state agency that either (1) requires an action or vote by the governing body of the entity or agency before the contract may be signed or (2) has a value of at least \$1 million. The disclosure requirement applies to a contract entered into on or after January 1, 2016. The Texas Ethics Commission was required to adopt rules necessary to implement that law, prescribe the disclosure of interested parties form, and post a copy of the form on the commission's website. The commission adopted the Certificate of Interested Parties form (Form 1295) on October 5, 2015. The commission also adopted new rules (Chapter 46) on November 30, 2015, to implement the law. The commission does not have any additional authority to enforce or interpret [House Bill 1295](#).

Filing Process:

By January 1, 2016, the commission will make available on its website a new filing application that must be used to file Form 1295. A business entity must use the application to enter the required information on Form 1295 and print a copy of the completed form, which will include a certification of filing that will contain a unique certification number. An authorized agent of the business entity must sign the printed copy of the form and have the form notarized. The completed Form 1295 with the certification of filing must be filed with the governmental body or state agency with which the business entity is entering into the contract.

The governmental entity or state agency must notify the commission, using the commission's filing application, of the receipt of the filed Form 1295 with the certification of filing not later than the 30th day after the date the contract binds all parties to the contract. The commission will post the completed Form 1295 to its website within seven business days after receiving notice from the governmental entity or state agency.

Information regarding how to use the filing application will be available on this site by January 1, 2016.

A sample Form 1295 is included in this procurement document to make prospective vendors aware of this requirement. Vendors are NOT required to complete the enclosed form and include it in their response. Complete instructions and important information can be located from the following link:

https://www.ethics.state.tx.us/whatsnew/elf_info_form1295.htm

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

OFFICE USE ONLY

1 Name of business entity filing form, and the LMWD, state and country of the business entity's place of business.

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the goods or services to be provided under the contract.

4 Name of Interested Party	LMWD, State, Country (place of business)	Nature of Interest (check applicable)	
		Controlling	Intermediary

5 Check only if there is NO Interested Party.

6 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.

Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

ADD ADDITIONAL PAGES AS NECESSARY

CONFLICT OF INTEREST QUESTIONNAIRE -
For vendor or other person 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 government 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.

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 in this section is being disclosed.

Name of Officer

This section, (item 3 including subparts A, B, C & D), must be completed for each officer with whom the vendor has an employment or other business relationship as defined by Section 176.001(1-a), Local Government Code. Attach additional pages to this Form CIQ as necessary.

A. Is the local government officer named in this section 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 named in this section AND the taxable income is not received from the local governmental entity?

☐

Yes

☐

No

C. Is the filer of this questionnaire employed by a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership of one percent or more?

☐

Yes

☐

No

D. Describe each employment or business and family relationship with the local government officer named in this section.

4 ☐ **I have no Conflict of Interest to disclose.**

5

Signature of vendor doing business with the governmental entity

Date

**Request for Taxpayer
Identification Number and Certification**

Give Form to the
requester. Do not
send to the IRS.

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <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"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	Exemptions (see instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
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 the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3. Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.	Social security number [][]-[][]-[][][][][] Employer identification number [][]-[][][][][][][][]
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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 on page 3.	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. The IRS has created a page on www.irs.gov/w9 for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

Available on Website