

Laguna Madre Water District



Request for Qualification (RFQ# INS-04-01-2025)

**Insurance Agent/Broker Services
Windstorm, Hurricane and Hail Insurance Coverage**

Deadline for Proposals: 2:00 P.M., January 10, 2025

Proposal should be clearly marked: RFQ# INS-04-01-2025

Submit to:

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

Request for Qualification

Qualified professional individuals/firms interested in responding to this Request for Qualifications (RFQ) should include information requested in the following paragraphs. Failure to provide the information requested or falsification of any information provided shall result in disqualification of the participant.

REQUEST FOR QUALIFICATION FOR INSURANCE AGENT / BROKER SERVICES Wind/Hail Insurance Coverage

ACKNOWLEDGMENT OF INTENT

Please fill in the requested information below as acknowledgment that your intent is to participate in the Request for Proposals noted above. If your firm is interested in participating, this sheet must be completed and returned via e-mail or in person upon receipt of this form:

Mr. Enrique Samaniego, Purchasing Agent
Laguna Madre Water District – Purchasing Office
105 Port Isabel
Port Isabel, Texas 78578
Phone: (956) 943-2626 x312
e-mail: esamaniego@lmwd.org

Name of Firm: _____

Address: _____

District, State Zip: _____

Telephone Number: _____ Fax Number: _____

e-mail: _____

_____ YES, our company does have an interest in responding.

_____ NO, our company does not have an interest in responding.

Name: (Print) _____ Title: _____

Signature: _____ Date: _____

**NOTICE TO RESPONDENTS
PLEASE RETURN THIS FORM UPON RECEIPT**

Laguna Madre Water District is accepting proposals for:

RFQ# INS-04-01-2025 Insurance Agent/Broker Services Wind/Hail Insurance Coverage

Proposals are to be mailed or hand delivered to the attention of Enrique Samaniego, Purchasing Department, Laguna Madre Water District, 105 Port Isabel., Port Isabel, TX 78578. Please mark your envelope plainly: **“Insurance Agent/Broker Services Wind, Hurricane and Hail Insurance Coverage RFQ# INS-04-01-2025), Due Date: January 10, 2025 @ 2:00 p.m.”**

Proposals will be accepted **until 2:00 p.m. on, January 10, 2025** at which time they will be opened. Proposals will be opened, but not publicly in the Purchasing Office at the above address. Any proposals received late will not be accepted and will be returned unopened. Laguna Madre Water District is not responsible for proposals misplaced or mailed incorrectly.

Please reply using the enclosed forms. **Please submit one (1) original, (2) two copies and one (1) USB of your proposal response.** Questions on this Request for Proposals should be submitted via email to Enrique Samaniego esamaniego@lmwd.org **no later than 10:00 am Friday, December 27, 2024.**

The awarding of the proposal will take place at a Board of Directors meeting. The Administration 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 and Conflict of Interest Questionnaire.

We look forward to hearing from you.

Sincerely,

Enrique Samaniego
Purchasing Department

Enclosures

Executive Summary Notice Request for Qualifications (RFQ)

General Information:

1. The purpose of this Executive Notice is to highlight the key requirements of the Request for Qualifications (RFQ).
2. Laguna Madre Water District is requesting qualifications from Agent/Agencies to provide services for its Wind, Hurricane and Hail Insurance.
3. Where applicable, all Agents/Agencies submitting proposal must be licensed by the Texas Department of Insurance and be permitted to contract with the State or any of its subdivisions.
4. Laguna Madre Water District may award to contract to the bidder who provides goods or services at the best value for the District. In determining the best value for the District, the Water District may consider:
 - (1) the purchase prices.
 - (2) the reputation of the bidder and of the bidder's goods or services.
 - (3) the quality of the bidder's goods or services.
 - (4) the extent to which the goods or services meet the District's needs.
 - (5) the bidder's past relationship with the District.
 - (6) the impact on the ability of the District to comply with laws and rules relating to contracting with historically underutilized businesses and nonprofit organizations employing persons with disabilities.
 - (7) the total long-term cost to the Water District to acquire the bidder's goods or services; and
 - (8) any relevant criteria specifically listed in this request for bids or proposals
5. The contract will be effective as per Insurance Policy, or after the LMWD Board of Directors approval whichever occurs later. The LMWD would prefer a one-year contract.
6. Formal communications such as requests for clarifications and/or information concerning this solicitation shall be submitted in writing via email no later than **December 27, 2024 at 10:00am**. Local time and directed to Enrique Samaniego esamaniego@lmwd.org. Any form of contact by an offeror or potential offeror regarding this RFQ, at any time during the solicitation process from initial advertisement through award, with the Commissioners or any person employed by the Laguna Madre Water District, other than through the communication channels stipulated in the Request for Qualification, or as subsequently instructed by the Laguna Madre Water District through the solicitation process, will constitute grounds for rejection of their Proposal.
7. Public sector employers are not allowed, under current state law, to execute a document containing a Hold Harmless/Indemnification Clause causing the employer to be responsible for other parties' liability. Therefore, your documents should not contain any such clauses.
8. Since the Laguna Madre Water District is interested in limiting costs associated with the acquisition process, offerors not intending to continue with the RFQ are requested to submit a letter requesting they be taken off the mailing list for this solicitation. Laguna Madre Water District reserves the right to reject any or all proposals, waive technicalities and to award the contract in the best interest of the District. Price alone will not be the sole determining criteria in the selection process.
9. Offerors will submit one (1) original, (2) copies and (1) USB clearly marked of their proposal.

Laguna Madre Water District

Insurance Agent/Broker Services

Section 1:

General Information

General Requirements, Instructions and
Conditions

Section 2:

Agent Questionnaire

Section 3:

Water District Forms

Anti-Collusion Certification

W-9

Conflict of Interest

Form 1295 Certificate of Interested Parties

Felony Conviction Notice

General Information

Laguna Madre Water District Insurance Agent/Broker Services

GENERAL REQUIREMENTS AND INSTRUCTIONS

A. Information

1. The information contained in these specifications is confidential and is to be used only in connection with preparing a proposal for the following insurance services or insurance coverages:

Insurance Agent/Broker Services

2. The Laguna Madre Water District reserves the right to accept or reject all or any part of the proposals, waive minor technicalities, and award the proposal to best serve their interest. The Laguna Madre Water District also reserves the right to waive or dispense with any of the formalities contained herein.
3. Proposals are to be submitted on the basis of the specifications contained herein. Alternate proposals will also be considered, provided the alternatives are clearly explained. All deviations from the specifications must be clearly identified and explained.
4. The information contained herein is believed to be accurate and up to date but is not intended to be an express or implied warranty.
5. No telephone or fax proposals will be accepted. Proposals will only be accepted if delivered by U.S. Postal Services, Federal Express, UPS, or hand delivered. The Laguna Madre Water District and Valley Risk Consulting or its representatives will not be responsible for missing, lost, or late mail. Any proposals received after the specified deadline will be returned to the proposer unopened.

B. Legal

All parties submitting proposals are expected to comply with federal, state, and local insurance laws and regulations relative to the preparation and submissions of insurance proposals. Specifically, the services to be provided are expected to follow the Americans with Disabilities Act (ADA), Family Medical Leave Act (FMLA), Health Insurance Portability and Accountability Act (HIPAA), insurance laws and insurance regulations. All proposals that are submitted will be presumed to follow all applicable laws.

C. Communication and Time Frame

1. Requests for information must be in writing via email to Enrique Samaniego, Purchasing Department, esamaniego@lmwd.org **no later than December 27, 2024 by 10:00am.**
2. Requests from vendors by phone, email or correspondence to the Laguna Madre Water District or the agency's consultant to check the status of the proposal will not be permitted.
3. Copies of all correspondence relevant to this assignment will be distributed to all interested participants.
4. The RFQ specifications will be available to interested parties **no later than 12:00pm Monday, January 27, 2025, on the Laguna Madre Water District's website www.lmwd.org.**
5. Submittals shall include one (1) *original*, two (2) *copies* and one (1) *USB* sealed in an envelope clearly labeled ***RFQ # INS-04-01-2025 "Insurance Agent / Broker Services Wind, Hurricane and Hail Insurance"*** by no later than **January 10, 2025 at 2:00 PM** local time and addressed to:

**Laguna Madre Water District
Attn: Enrique Samaniego,
Purchasing Department
105 Port Isabel
Port Isabel, TX. 78578**

6. Agreement effective date will be determined by the Board of Directors of the Laguna Madre Water District.

D. Proposals

1. Proposals must be clearly explained and identified. All costs, including optional programs, must be clearly stated and summarized. Exceptions to or deviations from the specifications **must** be explicitly identified.
2. Each Agent/Agencies submitting a proposal is asked to screen their designated proposals for correctness and compliance with the specifications.
3. Any deviations must be clearly identified and explained. All proposals will be assumed to have been submitted without any deviations unless clearly noted.
4. The amount of agent's commission and service work to be provided by the agent is to be included as part of the submitted proposal.
5. The contents of the proposals shall be kept confidential during the process of negotiations. After the insurance agreement is awarded, all proposals will be available for public inspection.

Laguna Madre Water District

Insurance Agent/Broker Services

E. Disqualification and Rejection of Proposals

Failure to comply with the requirements or the procedures set forth herein, or to satisfy the insurance and servicing criteria as set forth in the specifications, may result in disqualification. It is not intended that exceptions to the specifications will, in and of themselves, result in disqualification.

F. Selection of Agent

Laguna Madre Water District reserves the right to reject any or all of the proposals, in whole or in part; to waive any informality in any proposal, and to accept the proposal which, in its discretion, is in their best interest of the District. The insurance consulting firm, Valley Risk Consulting, will review Proposals for completeness and for compliance with bid specifications. Eligible Agents/Agencies should be available for questions and answers by telephone or personal appearance at the Consultant's or Water District Staff's request. The Board of Directors of the Laguna Madre Water District will make the final decision of award.

G. Terms of Agreements

The Laguna Madre Water District is seeking a contract for a primary term to commence upon award by the Board of Directors of Laguna Madre Water District for term of the policy.

The Laguna Madre Water District reserves the right to terminate the agreement at the expiration of the budget period, during the term of the agreement or at the end of the one-year anniversary date on a sixty (60) days' notice. The agreement will be for current revenues only in accordance with Local Government Code Section 271.903 to terminate the agreement

The agreement is to contain cancellation provision that provides for ninety (90) days' notice of cancellation (except for non-payment) and ninety (90) days' notice for non-renewal or material change.

The Laguna Madre Water District reserves the right to terminate the agreement at any time for any or no reason.

Authorized Signature

All proposal forms must be signed by persons who have legal authority to bind the insurer and administrator to the services that are proposed.

Laguna Madre Water District

Insurance Agent/Broker Services

CONDITIONS:

Qualifications

- Submit all credentials including the State of Texas Department of Insurance license(s) for Insurance.
- Must have insurance for agent's errors and omissions liability with a limit of at least \$1 million per occurrence.
- Have at least 10 years of experience in the industry
- Provide names, credentials and professional affiliations of persons assigned to this account.
- Provide a list of references for Insurance Agent/Broker Services within the last five (5) years, specifically in the public education sector.

Description of Scope of Services

- Provide on-going insurance agent/broker services to assure overall policy satisfaction.
- Meet and present to/with the Insurance Committee, Administration, and the Board of Directors as requested, tentative date for meeting on the January 13-17, 2025.
- Assist with administrative aspects of implementation of policy.
- Provide research and answers to technical questions asked by the District.
- Communicate insurance market conditions and changes in legislative matters that may adversely affect the District both short and long term.
- The Water District is requesting a policy period from 4/1/2025 to 3/31/2026.
- Property and Contents
 1. Property covered: Limit \$ 22,296,876.
 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%

Laguna Madre Water District

Insurance Agent/Broker Services

Description of Plan **must** be in the labeled format below and include the following:

Section A – Qualification Summary

Section B – Responses to Questionnaire

Section C - Complete Description of Services

Section D - Complete Description of All Limitations & Exclusions

Section E - Signed Conflict of Interest Questionnaire (Attached)

Section F – Completed and signed Anti-Collusion Certification Form (Attached)

Section G – Completed and signed W-9 Form (Attached)

Section H – Completed and signed Form 1295 Certificate of Interested Parties (Attached)

Company Name

Address

Agent Name

Authorized Signature

Type Signatory's Name and Title

Telephone Number

Fax Number

Section

2

Agent Questionnaire

Insurance Agent/Broker Services Information

- 1. Describe the Agent submitting the proposal:
 - a Name of Agent: _____
 - b Current Business Address: _____
 - c Mailing Address: _____
 - d Contact Person: _____
 - e Telephone Number: _____
 - f Please provide date corporation or partnership chartered: _____

2. Will your firm be available to bind coverage before 4/1/2025? Yes No

3. Will the Agent provide a clear statement of what will not be covered and what procedures will be covered and their resulting deductibles? Yes No

4. Will agent compensation be paid outside the policy premium? Yes No
What is the commission %? _____

5. Describe services below to be performed by Agent.

6. Provide three (3) client references preferably public entities of comparable size:

Name of Client	Contact Person	Phone Number	No. of Employees

LMWD respects the privacy of all submitter’s clients list but we require the information for proper evaluation. References will only be contacted if necessary and upon selection of finalist(s). *Failure to provide references will be reflected in the evaluation process.*

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

Required Forms**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

NON-COLLUSION STATEMENT & SIGNATURE SHEET

The undersigned affirms that he/she is duly authorized to execute this contract, that this company, corporation, firm, partnership or individual has not prepared this proposal in collusion with any other Offeror, 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.

Further, I affirm that prior to or after the opening of this proposal, I (or any representative of my company) will not discuss the contents of this proposal with any person affiliated with the Laguna Madre Water District, other than the Purchasing Manager or his Designee prior to the awarding of this proposal. I understand that failure to observe this procedure may cause my proposal to be rejected.

I also affirm that no officer or stockholder of the offeror (bidder) is a member of the staff, or related to any employee of the Laguna Madre Water District and Board of Directors except as noted herein

_____.

By signing this proposal, vendor makes the assurance that vendor has not been debarred or suspended from conducting business with the U. S. Government according to Executive Order 12549 entitled "Debarment and Suspension."

I, _____, have read the standard terms and conditions, **(Print/Type Name of Company Officer)**, general proposal requirements and assumptions background & the proposal specifications requirements, I fully understand them, and will fully execute them if I am awarded this proposal.

I have represented the truth concerning the felony conviction notification. I have checked off one of the three statements and have signed the form.

I have read the criteria for evaluation that the Laguna Madre Water District shall consider awarding this contract.

I fully understand the proposal's insurance information forms and cost sheets.

COMPANY _____

ADDRESS _____

CITY, STATE, ZIP CODE _____

TELEPHONE/FAX _____

SIGNATURE

TITLE

DATE

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

OFFICE USE ONLY

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.

1 Name of business entity filing form, and the District, 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	District, 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

CONFLICT OF INTEREST QUESTIONNAIRE -

FORM CIQ

For vendor or other person doing business with local governmental entity

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

ADD ADDITIONAL PAGES AS NECESSARY

**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:
 Individual/sole proprietor C Corporation S Corporation Partnership Trust/estate
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____
 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.) _____
 City, state, and ZIP code _____
 List account number(s) here (optional) _____

Requester's name and address (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 *How to get a TIN* 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									
		-							

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 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 IRS.gov 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:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- 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.

FELONY CONVICTION NOTIFICATION

State of Texas Legislative Senate Bill No. 1, Section 44.034, Notification of Criminal History, Subsection (a), states “a person or business entity that enters into a contract with a school Water District must give advance notice to the Water District if the person, 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 Water District may terminate a contract with a person or business entity if the Water 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 Water District must compensate the person or business entity for services performed before the termination of the contract.”

THIS NOTICE IS NOT REQUIRED OF A PUBLICLY HELD CORPORATION, BUT THE COMPANY REPRESENTATIVE MUST CHECK OFF A SELECTION BELOW (A, B, OR C)

I, the undersigned agent for the firm named below, certify that the information concerning notification of felony convictions has been reviewed by me and the following information furnished is true to the best of my knowledge.

VENDOR NAME: _____

AUTHORIZED COMPANY OFFICIAL’S NAME (PRINTED) AND SIGNATURE:

DATE: _____

******* PLEASE CHECK OFF A SELECTION BELOW*******

- () A. My firm is a publicly held corporation, therefore, this reporting requirement is not applicable.
- () B. My firm is not owned and/or operated by anyone who has been convicted of a felony.
- () C. My firm is owned or operated by the following individual(s) who has/have been convicted of a felony:
Name of Felon: _____

Details of Convictions(s): _____
