

RETURN BIDS TO:
RETOURNER LES SOUMISSIONS À:
**Business Management and Consulting Services
Division**
11 Laurier St. / 11, rue Laurier
Place du Portage , Phase III
10C1 - station 34
Gatineau, Québec K1A 0S5

**SOLICITATION AMENDMENT
MODIFICATION DE L'INVITATION**

The referenced document is hereby revised; unless otherwise indicated, all other terms and conditions of the Solicitation remain the same.

Ce document est par la présente révisé; sauf indication contraire, les modalités de l'invitation demeurent les mêmes.

Comments - Commentaires

Vendor/Firm Name and Address
**Raison sociale et adresse du
fournisseur/de l'entrepreneur**

Issuing Office - Bureau de distribution
Business Management and Consulting Services Division
**/ Division des services de gestion des affaires et de
consultation**
11 Laurier St. / 11, rue Laurier
10C1, Place du Portage
Gatineau, Québec K1A 0S5

Title - Sujet RFI-CHANGES TO PRODUCER PAYMENT	
Solicitation No. - N° de l'invitation 5K002-133712/A	Amendment No. - N° modif. 002
Client Reference No. - N° de référence du client 2013163712	Date 2013-01-10
GETS Reference No. - N° de référence de SEAG PW-\$\$ZG-410-25257	
File No. - N° de dossier 410zg.5K002-133712	CCC No./N° CCC - FMS No./N° VME
Solicitation Closes - L'invitation prend fin at - à 02:00 PM on - le 2013-01-21	Time Zone Fuseau horaire Eastern Standard Time EST
F.O.B. - F.A.B. Plant-Usine: <input type="checkbox"/> Destination: <input checked="" type="checkbox"/> Other-Autre: <input type="checkbox"/>	
Address Enquiries to: - Adresser toutes questions à: Gagnon, Jocelyne C.	Buyer Id - Id de l'acheteur 410zg
Telephone No. - N° de téléphone (819) 956-0575 ()	FAX No. - N° de FAX (819) 956-2675
Destination - of Goods, Services, and Construction: Destination - des biens, services et construction:	

Instructions: See Herein

Instructions: Voir aux présentes

Delivery Required - Livraison exigée	Delivery Offered - Livraison proposée
Vendor/Firm Name and Address Raison sociale et adresse du fournisseur/de l'entrepreneur	
Telephone No. - N° de téléphone Facsimile No. - N° de télécopieur	
Name and title of person authorized to sign on behalf of Vendor/Firm (type or print) Nom et titre de la personne autorisée à signer au nom du fournisseur/ de l'entrepreneur (taper ou écrire en caractères d'imprimerie)	
Signature	Date

Solicitation No. - N° de l'invitation

5K002-133712/A

Amd. No. - N° de la modif.

002

Buyer ID - Id de l'acheteur

410zg

Client Ref. No. - N° de réf. du client

2013163712

File No. - N° du dossier

410zg5K002-133712

CCC No./N° CCC - FMS No/ N° VME

Question and Answer
Request For Information 5K002-133712

This Amendment No. 002 is raised to answer a question pertaining to the Request For Information 5K002-133712.

Question 1:

We plan on submitting a response. Would it be possible to get a copy of the document in MS Word or what ever software was used to create it?

Answer 1: See attached the MS Word version.

FORMAT OF RESPONSE

Suppliers are requested to review Annex A, Statement of Work, respond to the following questions in the tables below.

TABLE 1 - RESPONSES TO QUESTIONS	
QUESTIONS	RESPONSES
A.1: Is your firm currently providing payables insurance or a similar program to clients? Have you in the past?	
A.2: Is a panel of insurance providers the most efficient and effective structure for Canadians? Are there other options that should be considered?	
A.3: When the program is to be tendered, which approach is preferable: RFP the program as a whole or RFP the underwriters separately from the broker? If separate, what sequence is recommended?	
A.4: Would you bid on this program as described herein? Why or why not? If not, please describe changes that would attract you into a bid.	
B.1: Is the information and data provided to the insurance providers from the CGC sufficient for developing a proposal in response to an RFP? If not, describe additional information that is required?	
B.2: Is the CGC risk assessment methodology sufficient to meet the needs of the insurance industry for assigning risk-ratings and determining insurance premiums? If not, what enhancements would be required?	
B.3: Is the CGC claims validation methodology sufficient to meet the needs of the insurance underwriters for verifying Producers' claims in the event of a Licensee failure?	
B.4: Do you expect there to be any administrative duplication of work by the CGC and insurance underwriters?	
C.1: Is the information and data provided to the insurance providers from the CGC sufficient for developing a proposal in response to an RFP? If not, describe additional information that is required?	
C.2: Based on the data presented, is a \$100 million aggregate limit appropriate? If not, what limit (if any) would you propose? What would be the impact on premiums of varying aggregate limits (eg \$50, \$100, \$200, unlimited)?	

C.3: Are there any additional costs that have not been considered in this document?	
C.4: How would you envision sharing premiums and losses between the insurance providers?	
C.5: Premiums will be reviewed on an annual cycle based on the risk, volumes of purchases, and loss history. Is this time period adequate?	
C.6: Would you accept the setting of premiums based reported purchases as of July 31st or with adjustments once year-end financial statements are received?	
C.7: What form of financial statements would be acceptable (eg audited, review engagement, other?). Note that the more stringent this requirement, the more costly for the Licensees.	
C.8: What would be a reasonable time frame for settlement of producer claims?	
C.9: How would disputes be addressed?	
C.10: Are the services being provided by the CGC reasonable and/or appropriate?	
C.11: Is a service agreement with the CGC appropriate for the insurance providers?	
C.12: What is the preferred method of transferring data/information between CGC, the Intermediary, and the insurance companies?	
C.13: What are your requirements for establishing a level of comfort with the underwriting services to be provided by the CGC identified in this section?	
D.1: Is this transition plan practical? How would you envision a claim being handled that relates to producer liabilities prior to implementation of the new program?	
D.2: This program must be operational by August 1, 2013. Are you aware of any roadblocks that will/would prevent this timeline from being achieved?	
D.3: What is your preference for an annual insurance policy renewal date?	

TABLE 2 - ADDITIONAL COMMENTS	
SECTION/TOPIC REFERENCE	COMMENTS