



CAMERON COUNTY PURCHASING

1100 East Monroe St,
Brownsville, Texas 78520
(956) 544-0871 Fax: (956) 550-7219

ADDENDUM # 2 - PAGE 1 of 3

DATE OUT: 10/30/2025

RFP TITLE: **INSURANCE: WORKERS' COMPENSATION**

RFP NUMBER # 1470

DEADLINE: PHASE II, NOVEMBER 12th, 2025 at 3:00p.m.

(IN ORDER TO AVOID DISQUALIFICATION – ALL ADDENDUMS MUST BE SIGNED AND RETURNED BY DEADLINE AND INCLUDED IN THE SEALED BID PACKAGE SUBMITTED)

1.- PLEASE FIND ANSWERS TO QUESTIONS SUBMITTED DURING THE SECOND PHASE OF THIS RFP.

1. Does applicant own, operate, or lease aircraft/watercraft?

No aircraft, do own and operate small watercraft.

2. If the County owns operate or lease aircraft/watercraft, can you provide details on the type, use, employees etc. that are operating it.

Operated by Sheriff's Department, Parks and Emergency Management. In Parks Life Guards use them for rescue. Sheriff and Emergency Mgmt. use it for rescue and limited patrolling.

3. Do/have past, present or discontinued operations involve(d) storing, treating, discharging, applying, disposing, or transporting of hazardous material? (e.g. landfills, wastes, fuel tanks, etc.)

No

4. Any work performed underground or above 15 feet?

No underground, above ground do operate a bucket truck to replace lights

5. Does the applicant perform any work on cell towers?

No

6. Is the applicant engaged in any other type of business? No

7. Are sub-contractors used? Some projects and services are contracted

8. (If yes, give % of work subcontracted)

10%

9. Any work sublet without Certificates of Insurance? No

10. Is there any volunteer or donated labor?

Yes limited possibly 10 volunteers during elections

11. Is there a labor interchange with any other business/subsidiary?
No
12. Do you lease employees to/from other employers?
No
13. Is a written safety program in operation?
Yes
14. Has the applicant ever had a loss greater than \$25,000? **See Loss Data**
15. Are there multiple named insureds? **No**
16. Are employee health plans provided? **Yes**
17. Is there an employee wellness program in place?
Yes
18. Does the applicant have a return to work program?
yes
19. For the payroll class code 411 – Chemical Analyst and Essayers. what the actual duties of this classification and can you provide a job description.
In reviewing the code we don't appear to have actual chemical analyst or essayers
20. For the payroll class code 4299 – Printing, what are they printing? Is it for your own county departments or is this for sale to the public?
County forms, posters, business cards, flyers, and similar documents. Only for County use
21. Please provide a Description of operations for the following class codes and more details regarding the following:
4299: Printing **Not available**
4511: Analytical Chemist **Not available**
5190&5403- Is this building maintenance? **Not available**
8391: Automobile Repair Shop – Is this for all county vehicles or for police? **Not available**
8601: Engineer or Architect **Not available**
8742: Counseling Services **Not available**
8820: Law Office **Not available**
8831: Veterinary Hospital – is this animal control? **Yes**
8832: Physician- Is this for a county hospital? **No, Health Authority and Health Dept employees**
9014: Building Service Contractor-
How does this operation differ from 5190 and 5403?
9079: Restaurant
Is this part of the hospital?
22. Auto Mechanics, are they servicing the Police Vehicles? **Yes**

23. Is there a target premium? **Not Relevant**

24. Can you provide the expiring premium for the last 5 years?

2021 \$550,957

2022 \$550,957

2023 \$457,123

2024 \$479,981

2025 \$467,182

25. Can you provide additional details on claims over \$25,000? **Information not available**

26. Including type of claim, risk control follow up post claim to prevent further claims, risk management response

Safety Officer follows up on claims

27. What is the current agent compensated on commission, fee or both? **No Agent**

28. Does the agency provide loss control & auditing services? **No**

See attachments

EXHIBIT C

DETAIL LOSS RUN REPORT

EXHIBIT D

**WORKERS COMPENSATION LOSS REPORT
JAN-01-2023 TO JAN-01-2024**

Note:

This addendum is issued for the purpose of answering request for clarifications submitted by participants. This addendum shall become part of the RFP and all RESPONDERS/PARTICIPANTS shall be bound by its content. All aspects of the scope of work/services not covered herein shall remain the same.

Company Name _____ Phone # _____

Vendor Signature _____ Date _____

Must include and return with RFP package

END OF ADDENDUM 2