

**APPENDIX B- MINIMUM QUALIFICATIONS FORM  
ITN 101-20 – GROUP MEDICAL AND PHARMACY STOP LOSS INSURANCE**

**GENERAL**

**THE MINIMUM QUALIFICATIONS SHALL BE SUBMITTED ON AND ATTACHED TO THIS FORM. IN ORDER TO BE CONSIDERED A QUALIFIED RESPONDENT BY JEA YOU MUST PROVIDE THE REQUESTED REFERENCES, AND BE ABLE TO PROVIDE ALL THE SERVICES LISTED IN THIS SOLICITATION.**

**THE RESPONDENT MUST COMPLETE THE RESPONDENT INFORMATION SECTION BELOW AND PROVIDE ANY OTHER INFORMATION OR REFERENCES REQUESTED. THE RESPONDENT MUST ALSO PROVIDE ANY ATTACHMENTS REQUESTED WITH THIS MINIMUM QUALIFICATIONS FORM.**

**RESPONDENT INFORMATION**

COMPANY NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

PRINT NAME OF AUTHORIZED REPRESENTATIVE: \_\_\_\_\_

SIGNATURE OF AUTHORIZED REPRESENTATIVE: \_\_\_\_\_

NAME AND TITLE OF AUTHORIZED REPRESENTATIVE: \_\_\_\_\_

**MINIMUM QUALIFICATIONS FOR SUBMISSION**

The Respondent shall meet the following Minimum Qualifications to be considered eligible to submit a Response to this ITN. **JEA reserves the right to ask for additional back up documentation or additional reference projects to confirm the Respondent meets the requirements stated below.** A Respondent not meeting all of the following criteria will have their Response rejected:

- Company shall be licensed in the State of Florida to provide group medical and pharmacy stop loss insurance. A copy of the company’s Florida license shall be attached to the response.
- The Respondent shall provide two (2) client references for companies of similar size as JEA and for services described in the scope of services for this ITN. References should cover insurance policies/services within the last three (3) years ending May 31, 2020.
  - A similar client is defined as a client to whom **Group Medical and Pharmacy Stop Loss Insurance** as described in Appendix A - Technical Specifications stated herein was provided.



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**REFERENCE 2**

Reference Company Name \_\_\_\_\_

Reference Business Sector (public, private, transportation, etc.) \_\_\_\_\_

Reference Contact Name \_\_\_\_\_

Reference Phone Number \_\_\_\_\_

Reference E-Mail Address \_\_\_\_\_

Reference Address \_\_\_\_\_

Reference Annual Premium of Contract \_\_\_\_\_

Number of Participants included in contract \_\_\_\_\_

Respondent's Lead Consultant for Reference \_\_\_\_\_

Brief description of scope and services included in the contract (not to exceed ten (10) lines)

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