

**QUESTIONS AND RESPONSES AND MODIFICATIONS**

**DFS 1819-01 RFP AA**

**Production Services for the Florida Health and Life including Annuities and Variable Contracts Study Manual**

**Addendum No. 1**

Question #	RFP Section	RFP Page #	Question	Response
1	Section 5. Award, Section 5.6 MyFloridaMarketplace (MFMP) Registration	Page 15	Whether companies from Outside USA can apply for this? (like, from India or Canada)	There is no specification on whether or not a Respondent has to be within the USA; however, they must be a registered vendor with MyFloridaMarketPlace.
2	Attachment 2, Statement of Work	Page 27 and 28	Whether we need to come over there for meetings?	Yes.
3	Section 5. Award, Section 5.6 MyFloridaMarketplace (MFMP) Registration	Page 15	Can we perform the tasks (related to RFP) outside USA? (like, from India or Canada)	There is no specification on whether or not a Respondent has to be within the USA; however, they must be a registered vendor with MyFloridaMarketPlace. Additionally, the Contractor will be responsible for having sufficient knowledge of the insurance industry and state of Florida law.
4	Section 3. Response Instructions, Section 3.3 How to Submit a Response	Page 9 and 10	Can we submit the proposals via email?	No.
5	Attachment 2, Statement of Work	Page 27 and 28	Since the RFP contains no reference to the English language or Spanish language versions of the Study Guide, should we assume that this procurement is for the English-only version, and that there will be a separate procurement for the Spanish language version? If not, should our pricing include both the English and Spanish versions?	The manual will have to be available in English and Spanish and there will be no separate procurement. Please include pricing for both languages.

## QUESTIONS AND RESPONSES AND MODIFICATIONS

### DFS 1819-01 RFP AA

#### Production Services for the Florida Health and Life including Annuities and Variable Contracts Study Manual

#### Addendum No. 1

### MODIFICATIONS

Changes to the RFP are indicated by **underline**, deletions are indicated by a ~~strickethrough~~. Please be advised that the following changes are applicable to the original specifications of the above referenced RFP:

#### 1. Attachment 2, Statement of Work is hereby amended as indicated below:

##### 1. Scope of Work.

The Contractor shall develop, produce, and distribute the annual revisions and printing in hard-bound book format of the Florida Life Including Variable Annuity and Health Study Manual (“Manual”) which will be made available to the public at a fixed-price by the Department in accordance with section 624.313, Florida Statutes (F.S), as defined in Section 5 – Contractor Responsibilities. **The Manual must be produced and made available in English and Spanish.** The Contractor shall also attend the examination review workshop hosted by the contracted examination vendor each year, and provide monthly sales reports to the Department.

##### 5. Contractor Responsibilities.

a. Task List. The Contractor shall perform the following tasks and the Department will provide guidance and necessary feedback as needed throughout the Contract term:

##### 1) **Production and Revisions of the Manual.**

- a) Annually revise and produce a Manual in order to maintain technical accuracy and consistency relating to the state insurance licensure examination for life and health insurance agents and adjusters. **The Manual must be produced in English and Spanish.** The lines of insurance to be covered by the Manual are all insurance coverages within the scope of the following insurance license types as provided for by chapter 626, F.S.: Debit Life and Health (Temporary), Health, Health and Life (Including Annuities and Variable Contracts), Life (Foreign and Military), Life (Including Annuities and Variable Contracts), Life (Temporary), and Variable Contracts. The Contractor must annually update the Manual to reflect any updates to the Florida Statutes, Department rules, and all applicable changes in the insurance industry. Applicable changes in the insurance industry include certain trends, conditions, and new developments in the industry.

#### 2. Attachment C, Price Response Form, is hereby amended as indicated in the Revised Attachment C.

**Failure to file a protest within the time prescribed in section 120.57(3), F.S., or failure to post the bond or other security required by law within the time allowed for filing a bond shall constitute a waiver of proceedings under Chapter 120, F.S.**

**DEPARTMENT OF FINANCIAL SERVICES**

**PRICE RESPONSE FORM**

**1819-01 RFP AA  
ATTACHMENT C**

**This form must be completed in its entirety**

Initial Three-Year Contract Period	Renewal Option Year One	Renewal Option Year Two	Renewal Option Year Three
<b>English Version</b>	<b>English Version</b>	<b>English Version</b>	<b>English Version</b>
\$____.____ per study manual	\$____.____ per study manual	\$____.____ per study manual	\$____.____ per study manual
<b>Spanish Version</b>	<b>Spanish Version</b>	<b>Spanish Version</b>	<b>Spanish Version</b>
<b>\$____.____ per study manual</b>	<b>\$____.____ per study manual</b>	<b>\$____.____ per study manual</b>	<b>\$____.____ per study manual</b>

The Contractor will pay for all needed services identified in this SOW, the Contractor’s Response, and the Contract. Manual users will purchase the Manual directly from the Contractor. All costs associated with this SOW must be identified in this attachment.

Note: The Respondent’s proposed Manual price must include the five-dollar (\$5.00) fee that will be submitted to the Department for each Manual sold.

I certify that this Response is made without prior understanding, agreement, or connection with any corporation, firm, or person submitting a response for the same materials, supplies or equipment, or services and is in all respects fair and without collusion or fraud. I agree to abide by all conditions of this Response and certify that I am authorized to sign this Response for the Respondent and that the Respondent is in compliance with all requirements of the SOW, including but not limited to, certification requirements.

RESPONDENT NAME(COMPANY): \_\_\_\_\_

RESPONDENT ADDRESS (CITY, STATE, ZIP): \_\_\_\_\_

RESPONDENT PHONE: \_\_\_\_\_

RESPONDENT E-MAIL CONTACT: \_\_\_\_\_

AUTHORIZED REPRESENTATIVE (PRINTED): \_\_\_\_\_

AUTHORIZED SIGANTURE: \_\_\_\_\_

DATE: \_\_\_\_\_