

**REQUEST FOR STATEMENT OF INTEREST (“RSI”)
December 8, 2017**

BACKGROUND

The New York Liquidation Bureau (the “NYLB”) serves as the staff of the Superintendent of Financial Services of the State of New York (“Superintendent”) in her capacities as (i) court-appointed receiver (“Receiver”) of insolvent or impaired New York-licensed insurers pursuant to Article 74 of the New York Insurance Law (“Insurance Law”) and (ii) administrator (“Administrator”) of the New York Property/Casualty Insurance Security Fund (the “P/C Fund”) and the New York Public Motor Vehicle Liability Security Fund (the “PMV Fund”) and, together with the P/C Fund, the “Security Funds”) pursuant to Insurance Law Article 76.

The NYLB is seeking to establish a panel of third-party administrators (“Panel”) to handle, on an as-needed basis, first- and third-party claims of domestic and ancillary receivership estates for which coverage under one or more of the Security Funds has been asserted. The types of claims may include:

- Personal and commercial auto liability;
- No Fault;
- Homeowners;
- Commercial liability;
- Labor law;
- Mass tort;
- Environmental;
- Medical malpractice; and
- Other professional malpractice/malfeasance.

The required services include:

- Obtaining inventory, reviewing relevant insurance policies, analyzing and recommending coverage under such policies and recommending allowances or denials when required under the terms of the policies and Insurance Law Article 76.
- Managing litigation, working with appointed defense counsel.
- Determining exposure under insurance policies in relation to the insured’s claims history, relevant case law and the Insurance Law, including an allocation analysis with respect to primary and excess coverage exposure.
- When applicable, preparing requests for Superintendent allowances or court orders for payment of claims by the Security Funds.
- Preparing initial, supplemental and settlement/reserve authority reports on claims for the NYLB staff and for reinsurers.
- Attending the NYLB’s Large Claims Committee meetings, upon request, to present requests for approval of settlements of policyholder claims and changes of reserves.
- Reviewing defense counsel legal invoices to confirm adherence to NYLB standards.
- Complying with applicable reporting requirements established by the U.S. Centers for

Medicare & Medicaid Services (“CMS”).

Each entity submitting a statement of interest, substantially in the form attached as “Statement of Interest” below (“Statement of Interest”), in response to this RSI (each a “Proponent”) will be selected for the Panel on the basis of the criteria set forth below. Interviews may be held at the discretion of the NYLB’s reviewing committee. Selection for the Panel does not guarantee assignment of any work. Specific work assignments to Panel members will be subject to each Proponent submitting an acceptable fee and staffing proposal to the Receiver, and Proponent and Receiver agreeing upon and entering into a separate negotiated contract for the work to be performed.

Proponents who are currently serving as third-party administrators for the NYLB must submit a new Statement of Interest pursuant to this RSI in order to be eligible to receive assignments after the Panel has been formed.

ELIGIBILITY REQUIREMENTS

In order to qualify for selection to the Panel, each Proponent must demonstrate that:

- It has the appropriate expertise to provide the particular services sought under this RSI;
- It will commit appropriate staffing and resources to perform the services;
- It is, and all of its staff who will potentially work on the assignments are, in compliance with all applicable licensing requirements; and
- It conducts its business in an ethical manner and has an established reputation for doing so.

INSTRUCTIONS

Statements of Interest must specifically supply all items of information requested in the form attached as “Statement of Interest” below. Material deviations from the required format may result in disqualification of the Statement of Interest. If any item in the form does not apply to a Proponent, such Proponent must specifically indicate that the item is not applicable. Proponents may not satisfy an item of requested information by submitting or referring to a brochure, promotional or descriptive literature, or any other document, unless the request expressly permits such submission or reference.

All Statements of Interest must be sent electronically to:

New York Liquidation Bureau
E-mail: ClaimsTPA@nylb.org
110 William Street
New York, New York 10038

Statements of Interest must be received at the e-mail address listed above by **no later than 5:00 p.m., New York City Time, on Thursday, January 11, 2018**, unless such deadline is extended by, and at the sole discretion of, the NYLB.

Proponents may submit written questions to the e-mail address listed above by **no later than 5:00 p.m., New York City time, on Thursday, January 4, 2018**. Responses from the NYLB will be communicated by e-mail.

The NYLB reserves the right, in its sole discretion, to extend any deadline in this RSI or to otherwise waive or change any requirements specified in the RSI.

STATEMENT OF INTEREST

General Information

1. Name of Proponent.
2. Primary, and any other, office address(-es) (include County) in which work may be performed, and telephone and fax numbers for each such office.
3. Primary, and any other, contact person(s) (include specific contact information).
4. Proponent's tax identification number.
5. A statement regarding the licensing of adjusters employed by Proponent in New York, any other states for which adjusters employed by Proponent are licensed, and if applicable, a copy of its Certificate of Authority to do business in New York.
6. A general overview and history of Proponent including, without limitation, the number of years in business, all names used by Proponent in the past 10 years, total number of employees, business locations, business focus and brief description of Proponent's organization, including ownership and any operating divisions or working groups.
7. A list of all other vendors with whom Proponent has a working or contractual relationship to assist in providing the services specified, with a description of how Proponent manages vendors and charges for their services.

Expertise

Please attach a detailed statement of Proponent's qualifications and experience in performing the services detailed above, including those types of claims for which Proponent seeks to be considered, experience with CMS reporting requirements, and a summary of no more than three (3) recent, comparable projects/accounts, along with their respective project dates.

Reputation and Integrity

1. Certification that Proponent is, and all of Proponent's staff who will potentially work on the assignments are, in compliance with all applicable licensing requirements.
2. Current certification of Proponent's SSAE 16.
3. Whether in the last 10 years Proponent or any of its partners or senior officers have been the subject of any criminal conviction or any final non-appealable civil judgments for financial misconduct, fraud or other malfeasance (including actions or proceedings by governmental or regulatory authorities).
4. For every judgment entered against Proponent and/or any of its staff as a result of a claim against Proponent and/or any of its staff for professional malpractice, negligence, financial misconduct, fraud or other malfeasance, the date, all monetary relief granted, all injunctive relief granted, and the amount of the monetary judgment that currently remains unsatisfied, if any.
5. The number, if any, of settlements within the last 10 years resulting in a payment of greater than \$10,000 in connection with any claims for professional malpractice, negligence, financial misconduct, fraud or other malfeasance brought against Proponent or any of its staff.
6. If any of Proponent's staff has been convicted of any felony, the relevant facts relating thereto.

7. A brief statement regarding whether Proponent has ever been disciplined, fined or sanctioned by any governmental or regulatory authority, licensing body, trade group or association, or disciplinary or ethics panel(s), including a detailed description of the underlying complaint and a summary of the finding (including without limitation any denial, removal or refusal to renew any license).

Actual and/or Potential Conflicts of Interest

1. A list of all known employees of Proponent, or of any of its parents, subsidiaries or affiliates, who are related by blood or marriage to any NYLB employee and/or who are living in the same household as any NYLB employee.
2. A list of all known employees of Proponent, or of any of its parents, subsidiaries or affiliates, who were previously employed by the NYLB.
3. A list of all known NYLB employees previously employed by Proponent or by any of its parents, subsidiaries or affiliates.
4. A list of all known employees of Proponent, or of any of its parents, subsidiaries or affiliates, who currently own more than a 5% interest in an insurance company.
5. Whether Proponent or any of its parents, subsidiaries or affiliates has been involved in litigation against the Superintendent, the NYLB, its estates and/or any Security Fund within the last 10 years as a party, witness or otherwise (include any litigation against a receiver, estate in receivership or security fund in another state).
6. A list of the names of all persons or entities, if any, asserting claims against the Receiver or any Security Fund, and/or any estates managed by the NYLB, for which Proponent is currently performing work (include any claims against a receiver or a security fund in another state).
7. A brief statement as to whether Proponent has previously provided services to Receiver or to any Security Fund, including whether Proponent has any financial interest in any organization that has contracted to provide services to Receiver or to any Security Fund (include any services on behalf of a receiver or a security fund in another state).

Affirmation

On behalf of the Proponent named below, I hereby affirm that I am authorized to submit this Statement of Interest on Proponent's behalf and that the statements contained in this Statement of Interest are true, accurate and complete to the best of my knowledge.

Affirmed by:

Name:

Title:

Name of Proponent:

Date: