

## STATE OF MISSISSIPPI MS DEPT OF INSURANCE Request for Proposal

| <b>RESPONS</b> | ES REO | LIIRED | RY  |
|----------------|--------|--------|-----|
| <b>NESPUNS</b> |        | UINED  | DI. |

Submission Date : 02/17/2017 Submission Time : 10:00:00 CST

## **RESPONSES OPENED ON:**

| VENDOR NO: VENDOR NAME & ADDRESS: (To be completed by Vendor) | Opening Date<br>Opening Time                                | : 02/17/2017<br>: 10:00:00 CST  |  |  |  |
|---|---|---|--|--|--|
|   | SUBMIT NON-ELECTRONIC RESPONSE:                             |   |  |  |  |
|   | TO: 501 NORTH WEST STREET SUITE 1001 JACKSON MS 39201 US    |   |  |  |  |
| DELIVERY POINT  | RFx number<br>Smart number<br>Buyer<br>Buyer Phone<br>Email | : 3120001001<br>: 1501-17-R-RFPR-00001<br>: Jan Francis<br>: (601) 359-2540<br>: JAN.FRANCIS@MID.MS.GOV |  |  |  |

| QUESTIONS TO BE COMPLETED BY VENDOR   | REQUIRED |
|---|----------|
| Did you complete the proposal following the guidelines in Section II Part 2 Proposal of Respondent?     |          |
| Do you agree to the contractual provisions listed in Section II Part 3 Required Contractual Provisions? |          |
| Did you follow submission standards listed in Section II Part 4?  |          |

## NOTICE TO VENDOR:

The purpose of this Request for Proposal is to select a Professional Testing Organization to Administer Mississippi Insurance Licensing and Bail Bond Exams.

| Vendor Telephone Number              |                                | Title | Date |
|--------------------------------------|--------------------------------|-------|------|
|                                      |                                |       |      |
| (Typed or printed)<br>Name of Bidder | Signature of Authorized Bidder |       |      |
|                                      |                                |       |      |

| RFx nun<br>Smart n |        | 3120001001<br>1501-17-R-RFP    | R-00001 Submission Date  Opening Date                 |        |                     |    | <b>e</b> : 10:00:00<br><b>e</b> : 10:00:00 |      |
|--------------------|--------|--------------------------------|---|--------|---------------------|----|--|------|
| Item               | Change | Product No. /<br>Mfg. Part No. | Description   | 1 32/1 | Delivery<br>Req.dat | // | Qty  | Unit |
| #1                 |        |                                | Product Category : 92420 Professional Testing Service |        |                     |    | 1  | AU   |