

SUBMISSION COVER SHEET & CONFIGURATION SUMMARY

Provide the following information regarding the person responsible for the completion of your Proposal. This person should also be the person the Mississippi Insurance Department (MID) should contact for questions and/or clarifications.

Name _____ Phone # _____
Address _____ Fax # _____
_____ E-mail _____

The representations and information in this Proposal are true and correct as of the date of the Proposal. The submitting person or entity represents that it is ready and able to execute a contract if a contract is awarded based on this Proposal. This Proposal shall remain firm and be valid through the date of the contract resulting from this RFP if awarded. The submitting person or entity understands that MID will enter contract negotiations with the winning Vendor and that required contractual provisions as contained in the RFP are non-negotiable.

The undersigned represents that the only person or persons, entities, or parties, interested in the Proposal as principals are named in this proposal. This Proposal is made without collusion with any other person, persons, company or parties submitting a Proposal. This Proposal is in all respects fair and made in good faith without collusion or fraud. If the submitting party is a business entity, the undersigned has full authority to bind the entity in a contract with MID.

The submitting person or entity acknowledges that a material false statement in or omission from this Proposal and all material submitted with this Proposal may cause rejection of the Proposal or the withholding of a contract, or may constitute a breach of an awarded contract.

Subject to acceptance by MID, the Respondent acknowledges that by submitting a Proposal and signing in the space indicated below, the Respondent is contractually obligated to comply with all items in this Request for Proposal (RFP) except those listed as exceptions on the *Proposal Exception Summary Form*. If no *Proposal Exception Summary Form* is included, the Respondent is indicating that he takes no exceptions. This acknowledgement also contractually obligates any and all subcontractors that may be proposed. Respondents who sign below may not later take exception to any point during contract negotiations. The Respondent further certifies that the company represented here is an authorized dealer in good standing of the products/services included in this Proposal and is registered with the Mississippi Secretary of State to do business in the state of Mississippi.

Original signature of Officer in Bind of Company/Date

Name _____

Title _____

Company name _____

Physical address _____

State of Incorporation _____

CONFIGURATION SUMMARY

The Respondent must provide a summary of the main components of the goods and services offered in this Proposal using 100 words or less.