# OLDMANS TOWNSHIP

Salem County, New Jersey

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# REQUEST FOR PROPOSALS

## Risk Management Consultant Services

**RFP ISSUE DATE**

November 2, 2026

**PROPOSALS DUE: December 1, 2026, at 12:00 PM (Noon), Eastern Time**

**CONTRACT TERM**

January 1, 2027 – December 31, 2027

**SUBMIT TO**

Acting Township Clerk, Christine Pippet

Oldmans Township Municipal Building

40 Freed Road, Pedricktown, NJ 08067

**CONTACT**

856-299-0780

www.oldmanstownship.com

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**PURPOSE**

The Township of Oldmans is soliciting proposals from qualified individuals or firms to serve as Risk Management Consultant for the period of January 1, 2027, through December 31, 2027.

This Request for Proposals is being issued pursuant to the requirements of N.J.S.A. 19:44A-20.7 and N.J.S.A. 40A:11-5(1)(a)(i).

The Township seeks a qualified Risk Management Consultant to assist in identifying, evaluating, and managing risks associated with municipal operations, insurance coverage, safety programs, workers' compensation claims, and participation in a municipal joint insurance fund.

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**NOTICE TO PROPOSERS**

Sealed proposals will be accepted until:

**December 1, 2026, at 12:00 PM**

at:

**Oldmans Township Municipal Building**
40 Freed Road
Pedricktown, NJ 08067

Proposals received after the deadline will not be considered.

Proposals shall be submitted in a sealed envelope clearly marked:

**"RFP – RISK MANAGEMENT CONSULTANT SERVICES"**

Submit:

- One (1) electronic copy on USB drive in PDF format.
- Six (6) hard copies.

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**SCOPE OF SERVICES**

The Risk Management Consultant shall:

- Serve as the Township's Risk Management Consultant.
- Review municipal insurance coverages and provide recommendations regarding liability, property, workers' compensation, cyber liability, and related insurance matters.
- Assist the Township in matters relating to participation in a Joint Insurance Fund (JIF).
- Review accident reports, incident reports, and claims data.
- Assist municipal officials in identifying and reducing exposure to risk.
- Provide guidance regarding workplace safety programs and loss control initiatives.
- Assist with workers' compensation claims and claim management.
- Coordinate with insurance carriers, claims administrators, attorneys, and other professionals as necessary.
- Attend Joint Insurance Fund meetings as needed.
- Attend Township Committee meetings when requested.
- Review insurance renewal information and assist with annual insurance applications.
- Provide recommendations regarding risk management policies and procedures.
- Assist with employee safety training and risk reduction programs.
- Provide guidance regarding cyber security and cyber liability insurance coverage.
- Assist in the review and resolution of insurance claims and loss control recommendations.
- Provide annual reports and recommendations regarding municipal risk exposures.
- Perform such additional risk management services as requested by the Township.

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**SUBMISSION REQUIREMENTS**

Each proposal shall include:

1. Name, address, telephone number, and email address of the individual or firm.
2. Qualifications and experience in municipal risk management.
3. Description of experience serving New Jersey municipalities and Joint Insurance Funds.
4. Identification of personnel who will be assigned to the Township.
5. Qualifications and resumes of key personnel.
6. Three municipal references.
7. Description of the firm's approach to providing risk management services.
8. Proposed fee schedule, including:
    - Annual retainer, if applicable;
    - Consulting rates;
    - Meeting attendance rates;
    - Rates for special projects.
9. Disclosure of any actual or potential conflicts of interest.
10. Proof of professional liability insurance.

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**EVALUATION AND SELECTION**

Proposals will be evaluated based upon:

- Qualifications and experience.
- Experience serving New Jersey municipalities.
- Experience working with Joint Insurance Funds.
- Qualifications of assigned personnel.
- Availability and responsiveness.
- References and past performance.
- Cost effectiveness.

The Township reserves the right to request additional information, conduct interviews, and select the proposal determined to be in the best interest of the Township. The lowest fee proposal will not necessarily be selected.

The appointment shall be made by resolution of the Township Committee.

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**REQUIRED DOCUMENTS**

The successful proposer shall provide all documents required by law, including:

- New Jersey Business Registration Certificate.
- Ownership Disclosure Certification.
- Non-Collusion Affidavit.
- Certificate of Insurance.
- Affirmative Action documentation.
- Any professional licenses or certifications applicable to the services provided.
- Any additional forms required by the Township or State of New Jersey.

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**CONTRACT TERM**

The contract shall be for the period of:

**January 1, 2027, through December 31, 2027**

Any reappointment shall be subject to approval by the Township Committee and permitted by law.

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**COMPENSATION**

The proposal shall clearly identify all fees and charges, including:

- Annual Retainer (if applicable)
- Consulting Rate
- Claims Management Rate
- Meeting Attendance Rate
- Safety Program Review Rate

- Insurance Coverage Review Rate
- Reimbursable Expenses
- Any Other Fees

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**QUESTIONS**

Questions regarding this RFP shall be directed to:

**Christine Pippet, Acting Township Clerk**
Township of Oldmans
40 Freed Road
Pedricktown, NJ 08067
Phone: (856) 299-0780

Any addenda issued for this RFP will be posted on the Township website.

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**RESERVATION OF RIGHTS**

The Township reserves the right to:

- Reject any or all proposals.
- Waive minor informalities.
- Request additional information from proposers.
- Conduct interviews.
- Negotiate contract terms as permitted by law.
- Make an award in the best interest of the Township.

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# PROPOSAL CERTIFICATION

**Firm Name: _____**

**Address: _____**

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**Telephone: _____**

**Email: _____**

**Authorized Representative: _____**

**Signature: _____**

**Date: _____**

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# FEE PROPOSAL

**Annual Retainer (if applicable):** $_____

**Consulting Rate:** $_____

**Claims Management Rate:** $_____

**Meeting Attendance Rate:** $_____

**Safety Program Review Rate:** $_____

**Insurance Coverage Review Rate:** $_____

**Other Fees:** $_____

**Reimbursable Expenses:** _____

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**Additional Comments:** _____

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**Township of Oldmans**
**Christine Pippet, Acting Township Clerk**
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