

RFQ Application – Accounting Services

► Instructions

- Use this form to respond to the request for qualifications (RFQ) for special deputy receiver subcontractors and other professional services.
- The application must be completed by the applicant or the applicant's authorized representative.
- Failure to provide any of the requested information may disqualify an application.

I. General information

Name of applicant

If applicant is a legal entity, provide name of authorized representative

First name	Middle name	Last name	Suffix
<hr/>	<hr/>	<hr/>	<hr/>

If applicant is a legal entity, specify type of entity

Mailing address

Street address

City

 State

 ZIP

Office address (if different from mailing address)

Street address

City

 State

 ZIP

Phone

Email

Website

Taxpayer ID no. or SSN

Note: If applicant is an entity, attach a list of people who provide professional services and a resumé for each. Don't include administrative staff.

Are you certified as a historically underutilized business (HUB) in Texas?

☐ Yes ☐ No

Certification no.



II. Education

Type of School	Name and Location of School	Dates Attended		Graduated		Degree
		From Mo/ Yr	To Mo/ Yr	Yes	No	
Colleges or Universities						
Graduate Schools						

III. Experience

Applicants must meet these minimum qualifications in accounting. CPA license or experience in one or more of the following areas:

1. GAAP and Statutory financial statement preparation and reporting
2. Reconciliation of general ledger transactions
3. Tax filing for insurance receiverships
4. Internal controls
5. Accounting software
6. Financial or fraud examination
7. Cash management
8. Forensic accounting

  Attach a list of relevant engagement(s), including the position(s) held and the date(s).

  Provide a list of any designations or certifications.

IV. Disclosures

In questions 1-11, "you" refers to the applicant or authorized representative named in Section I.

1. Have you been indicted for, convicted of, pleaded guilty to, or received a deferred adjudication for any of the following?
 - A felony; ☐ Yes ☐ No
 - A misdemeanor involving embezzlement, theft, conversion, larceny, fraud or similar crime; ☐ Yes ☐ No
 - A misdemeanor involving violence, workplace misconduct or similar crime; ☐ Yes ☐ No
 - A violation of a securities or insurance law; or ☐ Yes ☐ No
 - Any other crime of moral turpitude. ☐ Yes ☐ No
2. Has a finding of fraud, breach of fiduciary duty, bad faith, unfair business practices, deceptive trade practices, conversion or similar action been entered against you by a court or administrative law judge? ☐ Yes ☐ No

3. Has any action been filed against you (or a business in which you were an officer, director, or controlling stockholder) by a receiver, trustee, or governmental entity for a breach, failure to perform, or assessment of penalties or liquidated damages in connection with a contract? ☐ Yes ☐ No
4. Have you been subject to any disciplinary proceedings by any governmental or regulatory entity? ☐ Yes ☐ No
5. Has a judgment or administrative fines or penalties been imposed against you, or a business in which you were an officer, director, or controlling stockholder? ☐ Yes ☐ No
6. Have any of the following actions been taken with respect to an insurer, or other entity involved in the business of insurance, during the time that you were an officer, director, or controlling stockholder?
- Suspension or revocation of a certificate of authority or license; ☐ Yes ☐ No
 - Administrative oversight; ☐ Yes ☐ No
 - Supervision; ☐ Yes ☐ No
 - Conservatorship; ☐ Yes ☐ No
 - Receivership; or ☐ Yes ☐ No
 - Any other finding of hazardous condition. ☐ Yes ☐ No
7. Are you or any organization in which you have or have had a controlling interest delinquent in filing or paying any local, state, or federal tax? ☐ Yes ☐ No
8. Have you been involved in any of the following actions?
- Making a claim or other action against TDI; ☐ Yes ☐ No
 - An action by TDI against you, including an action to revoke or suspend a license issued by TDI; ☐ Yes ☐ No
 - Representing or providing services to another party in connection with a claim or action by or against TDI; or ☐ Yes ☐ No
 - Representing or providing services to a party, other than the receiver or an SDR, regarding an insurance receivership in Texas. ☐ Yes ☐ No
9. Has a licensing agency or regulatory authority denied an application by you for an occupational or vocational license or certification, or revoked or suspended such a license held by you? ☐ Yes ☐ No
10. Have you been a party to a contract with a receiver, trustee, or governmental entity that was terminated for cause? ☐ Yes ☐ No
11. Have there been any other actions or situations that could create an appearance of impropriety? ☐ Yes ☐ No

 **If you answered "Yes" to any question in this section, attach relevant information.**

V. Certification

This certification must be executed by the applicant or authorized representative.

1. I affirm that the information submitted in this application is true and correct to the best of my personal knowledge and belief.
2. I acknowledge that all the information provided in this application may be released by the commissioner, except as otherwise required by law.
3. I release the commissioner and his or her employees and agents from any and all liability, claims, and lawsuits with respect to the information submitted in this application or obtained in connection with this application.

Signature of applicant

Date

Printed name

Your rights: You can request information we have about you by emailing OpenRecords@tdi.texas.gov or writing to: Public Information Coordinator, Texas Department of Insurance, PO Box 12030 (mail code GC-ORO) Austin, Texas 78711-2030.

You also have the right to ask that we fix information we have about you that is wrong. To ask for a correction, send (1) your name, mailing address, and your phone number, (2) details about what needs to be fixed, and (3) the reason or proof showing why the information is wrong. Send this by email to RecordCorrections@tdi.texas.gov or by mail to: Record Correction Request, Texas Department of Insurance, PO Box 12030 (mail code AO-MGMT), Austin, Texas 78711-2030.