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**EXIGIS** RISK MANAGEMENT MADE EASY.

February 13, 2012

Texas Department of Insurance
Attn: Mr. Mark Worman
33 Guadalupe
Austin, TX 78701

**Re:** Submission of EXIGIS, LLC. Insurance Questionnaire for Review [Ref: Senate Bill 425]

# EXHIBIT A

## Overview of EXIGIS RISKworks rm.Compliance Process
## Whole Foods Market, Inc.

**STEP-1:** **Initiation of Certificate of Insurance Request by Client (Whole Foods Market)**

Whole Foods Market initiates Certificate of Insurance request within EXIGIS RISKworks system for new Vendor.

1. Whole Foods user inputs information about the Vendor and contract (i.e. the 'type' of goods or services being purchased).

**STEP-2:** **Designation of Insurance Broker(s) by Vendor**

Vendor receives email requesting Insurance Broker contact information.

1. Vendor clicks on link contained in the email and is routed to a secure web form.
2. Vendor inputs the name and email address of their respective Insurance Broker(s) for each of the coverage lines required under the contract.

**STEP-3:** **Submission of Certificate of Insurance by Insurance Broker(s)**

Each Insurance Broker (as designed by the Vendor) receives a separate email requesting a Certificate of Insurance and related insurance information for the coverage lines placed on behalf of the Vendor.

1. Insurance Broker clicks on email link and is routed to a secure and partitioned section of RISKworks rm.Compliance.
2. Insurance Broker is asked to furnish a Certificate of Insurance evidencing each coverage line placed on behalf of Vendor. In case of an incorrect designation, RISKworks allows

the Insurance Broker to indicate that they are not responsible for one or more requested coverage lines.

   a. The screen provides fulfillment instructions and allows the Insurance Broker to immediately provide an electronic Certificate of Insurance via direct upload the following file types are supported: Adobe PDF, MS Word, JPEG, TIFF and GIF) to RISKworks rm.Compliance or provide a Certificate of Insurance at a later date via email or fax.

Please note: *RISKworks rm.Compliance does not create or generate the Certificate of Insurance. Furthermore, RISKworks rm.Compliance does not require any specific Certificate of Insurance type or format. All Certificates of Insurance are provided by the respective Insurance Broker in their format and utilizing their language.*

* Please reference the enclosed Exhibit B for a screen capture of the Certificate of Insurance attachment screen.

## STEP-4: Completion of Insurance Questionnaire by Insurance Broker

Following Step-3, the Insurance Broker is asked to complete an Insurance Questionnaire documenting the details evidenced on the Certificate of Insurance.
   1. The web form includes fulfillment instructions and utilizes structured data fields to capture basic information relating to each required coverage line.

Please note: *RISKworks rm.Compliance does not require an Insurance Broker to complete the Insurance Questionnaire. If an Insurance Broker elects not to complete all or part of the Insurance Questionnaire the request is routed (via email) as an Exception to the designated Whole Foods Market contact for review. If so determined, RISKworks rm.Compliance enables the Whole Foods Market contact to grant an Exception and to waive completion of the Insurance Questionnaire.*

   3. In the example of Whole Foods Market the following coverage lines (and related data field questions) may be required and included on the Insurance Questionnaire depending upon the type of contract between the Vendor and Whole Foods Market:

   a. **GENERAL LIABILITY**

   i. General Aggregate Local Currency:
      1. *Drop down menu containing currency choices, the menu is set by default to United States Dollars.*
   ii. General Aggregate Limit:
      1. *Numeric field allowing the Insurance Broker to enter limit amount.*
   iii. Per Occurrence Local Currency:
      1. *Drop down menu containing currency choices, the menu is set by default to United States Dollars.*
   iv. Per Occurrence Limit:
      1. *Numeric field allowing the Insurance Broker to enter limit amount.*

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   v.  Product /Completed Operations Aggregate Local Currency:
1. *Drop down menu containing currency choices, the menu is set by default to United States Dollars.*

  vi.  Product/Completed Operations Aggregate Limit:
1. *Numeric field allowing the Insurance Broker to enter limit amount.*

 vii.  Personal & Advertising Injury Local Currency:
1. *Drop down menu containing currency choices, the menu is set by default to United States Dollars.*

viii.  Personal & Advertising Injury Limit:
1. *Numeric field allowing the Insurance Broker to enter limit amount.*

  ix.  Carrier:
1. *Pick list field allowing the Insurance Broker to select Carrier from a list of Insurance Carriers [generated from AM Best].*

   x.  Carrier Rating (AM Best Financial Strength, Class):
1. *Auto populated based with the AM Best Financial Strength and Class for the Insurance Carrier and selected in the above Question ix.*

  xi.  Is Whole Foods Market, Inc. (WFMI) and its Subsidiaries an Additional Insured (Including Coverage for Products/Completed Operations)?
1. *Drop down menu with 'Yes' or 'No' as available selections.*

 xii.  Is a copy of the CG 20 37, CG 20 10, or its equivalent attached to the COI?
1. *Drop down menu with 'Yes' or 'No' as available selections.*

xiii.  **If 'Yes': Please "Click here" to attach CG 20 15, CG 20 37, and CG 20 10 or their equivalents.**
1. *If selected, a pop-up window appears prompting the Insurance Broker to attached copy of the endorsement (supports the following file types: Adobe PDF, MS Word, JPEG, TIFF, and GIF).*

 xiv.  Is Policy Written on an 'Occurrence' Form?
1. *Drop down menu with 'Yes' or 'No' as available selections.*

  xv.  Does Policy include Contractual Liability Coverage?
1. *Drop down menu with 'Yes' or 'No' as available selections.*

 xvi.  Is Right of Subrogation Against WFMI Waived?
1. *Drop down menu with 'Yes' or 'No' as available selections.*

xvii.  Is Policy Primary with Respect to Liability Coverage, (Including Self-Insurance) Extended to WFMI, Whose Insurance Shall be Excess and Non-Contributory with that Required of the Supplier/Vendor?
1. *Drop down menu with 'Yes' or 'No' as available selections.*

xviii.  Effective Date (mm/dd/yyyy):
1. *Date field, allowing the Insurance Broker to either input (or select) the policy Effective Date from the calendar.*

 xix.  Expiration Date (mm/dd/yyyy):
1. *Date field, allowing the Insurance Broker to either input (or select) the policy Expiration Date from the calendar.*

## b. AUTOMOBILE LIABILITY

i. Do you have Separate Bodily Injury and Property Damage Limits?
1. *Drop down menu with 'Yes' or 'No' as available selections.*
ii. *Bodily Injury Limit Local Currency:*
1. *Drop down menu containing currency choices, the menu is set by default to United States Dollars*
iii. *Bodily Injury Limit:*
1. *Numeric field allowing the Insurance Broker to enter limit amount.*
iv. *Property Damage Limit Local Currency:*
1. *Drop down menu containing currency choices, the menu is set by default to United States Dollars*
v. *Property Damage Limit:*
1. *Numeric field allowing the Insurance Broker to enter limit amount.*
vi. Carrier:
1. *Pick list field allowing the Insurance Broker to select Carrier from a list of Insurance Carriers [generated from AM Best].*
vii. *Carrier Rating (AM Best Financial Strength, Class):*
1. *Auto populated based with the AM Best Financial Strength and Class for the Insurance Carrier and selected in the above Question vi.*
viii. Is Right of Subrogation Against WFMI Waived?
1. *Drop down menu with 'Yes' or 'No' as available selections.*
ix. Effective Date (mm/dd/yyyy):
1. *Date field, allowing the Insurance Broker to either input (or select) the policy Effective Date from the calendar.*
x. Expiration Date (mm/dd/yyyy):
1. *Date field, allowing the Insurance Broker to either input (or select) the policy Expiration Date from the calendar.*

## c. WORKER'S COMPENSATION/EMPLOYER'S LIABILITY

i. Is Statutory Worker Compensation Insurance Provided as Required by Applicable Law?
1. *Drop down menu with 'Yes' or 'No' as available selections.*
ii. *Carrier:*
1. *Pick list field allowing the Insurance Broker to select Carrier from a list of Insurance Carriers [generated from AM Best].*
iii. Carrier Rating (AM Best Financial Strength, Class):
1. *Auto populated based with the AM Best Financial Strength and Class for the Insurance Carrier and selected in the above Question ii.*
iv. *Is Right of Subrogation Against WFMI Waived?*
1. *Drop down menu with 'Yes' or 'No' as available selections.*

    v.  Effective Date (mm/dd/yyyy):
       1.  *Date field, allowing the Insurance Broker to either input (or select) the policy Effective Date from the calendar.*
    vi.  Expiration Date (mm/dd/yyyy):
       1.  *Date field, allowing the Insurance Broker to either input (or select) the policy Expiration Date from the calendar.*

### d. PROFESSIONAL ERRORS AND OMISSIONS LIABILITY

    i.  Per Occurrence Limit Local Currency?
       1.  *Drop down menu containing currency choices, the menu is set by default to United States Dollars.*
    ii.  *Per Occurrence:*
       1.  *Numeric field allowing the Insurance Broker to enter limit amount.*
    iii.  Carrier:
       1.  *Pick list field allowing the Insurance Broker to select Carrier from a list of Insurance Carriers [generated from AM Best].*
    iv.  Carrier Rating (AM Best Financial Strength, Class):
       1.  *Auto populated based with the AM Best Financial Strength and Class for the Insurance Carrier and selected in the above Question iii.*
    v.  Policy Type:
       1.  *This field is a drop down menu that allows the Insurance Broker to choose between 'Occurrence' or 'Claims Made'.*
    vi.  Does Policy include Contractual Liability Coverage?
       1.  *Drop down menu with 'Yes' or 'No' as available selections.*
    vii.  Is Policy Primary with Respect to Liability Coverage, (Including Self-Insurance) Extended to WFMI, Whose Insurance Shall be Excess and Non-Contributory with that Required of the Supplier/Vendor?
       1.  *Drop down menu with 'Yes' or 'No' as available selections.*
    viii.  Effective Date (mm/dd/yyyy):
       1.  *Date field, allowing the Insurance Broker to either input (or select) the policy Effective Date from the calendar.*
    ix.  Expiration Date (mm/dd/yyyy):
       1.  *Date field, allowing the Insurance Broker to either input (or select) the policy Expiration Date from the calendar.*

### e. EXCESS LIABILITY

    i.  Excess Liability Limit Local Currency:
       1.  *Drop down menu containing currency choices, the menu is set by default to United States Dollars.*
    ii.  Excess Commercial General Liability including Products/Completed Operations, Excess Automobile Liability, Excess Employers' Liability Limit:

        1. *Numeric field allowing the Insurance Broker to enter limit amount.*

iii. Carrier:

        1. *Pick list field allowing the Insurance Broker to select Carrier from a list of Insurance Carriers [generated from AM Best].*

iv. Carrier Rating (AM Best Financial Strength, Class):

        1. *Auto populated based with the AM Best Financial Strength and Class for the Insurance Carrier and selected in the above Question iii.*

v. Is Policy Written on an 'Occurrence' Form?

        1. *Drop down menu with 'Yes' or 'No' as available selections.*

vi. Is Policy following Form/Excess over the General Liability Policy?

        1. *Drop down menu with 'Yes' or 'No' as available selections.*

vii. Is Policy following Form/Excess over the Auto Liability Policy?

        1. *Drop down menu with 'Yes' or 'No' as available selections.*

viii. Is Policy following Form/Excess over the Employer Liability coverage?

        1. *Drop down menu with 'Yes' or 'No' as available selections.*

ix. Effective Date (mm/dd/yyyy):

        1. *Date field, allowing the Insurance Broker to either input (or select) the policy Effective Date from the calendar.*

x. Expiration Date (mm/dd/yyyy):

        1. *Date field, allowing the Insurance Broker to either input (or select) the policy Expiration Date from the calendar.*

** Please reference the enclosed <u>Exhibit C</u> for a copy of screen captures from the Insurance Questionnaire currently utilized and deployed by Whole Foods Market to view the specific questions and data fields.

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TEXAS DEPARTMENT OF INSURANCE
AUSTIN, TEXAS
APPROVED
APR 06 2012

February 13, 2012

Mr. Mark Worman
Texas Department of Insurance
333 Guadalupe
Austin, TX 78701

Re: Submission of EXIGIS, LLC. Insurance Questionnaire for Review [Ref: Senate Bill 425]

# EXHIBIT B

# Riskworks rm.Compliance Screen Capture:
## Certificate of Insurance Attachment Page
## Whole Foods Market, Inc.

The enclosed RISKworks rm.Compliance screen capture depicts how an Insurance Broker is prompted to provide a certificate of insurance. A Certificate of Insurance can be evidenced by the Insurance Broker via any of the three methods:

1. Add Attachment
2. Email
3. Fax

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## Insurance Documentation

### Documents

Please attach insurance details that evidences the following coverage lines:

-General Liability
-Automobile Liability
-Workers' Compensation/Employer's Liability
-Professional Errors and Omissions Liability
-Umbrella/Excess Liability

If you currently do not have a copy of any of your certificates, you will be able to send it to us later via fax or email. If you are not responsible for any of the above coverage lines you can inform us in the following steps.

The certificate holder should be:

Whole Foods Market and its subsidiaries
550 Bowie Street
Austin, TX 78703

Add Attachment     Delete Attachment

**Name**                           **Description**

**Next**

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# EXHIBIT C

## Riskworks rm.Compliance Screen Capture:
## Insurance Questionnaire
## Whole Foods Market, Inc.

The enclosed RISKworks rm.Compliance screen capture depicts the questions asked of the Insurance Broker on the Insurance Questionnaire. Screen captures include the following five coverage lines (as currently required by Whole Foods Market based on the contract type):

1. General Liability
2. Automobile Liability
3. Worker's Compensation/Employer's Liability
4. Professional Errors and Omissions Liability
5. Excess Liability

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# Insurance Questionnaire

Please fill out the questionnaire by selecting the appropriate for each coverage line provided below.

Certificate Holder: Whole Foods Market, Inc. and its Subsidiaries 550 Bowie Street, Austin, Texas 78703.

If you have any questions please contact us at (888) 306-9037.

## Commercial General Liability (Bodily Injury Including Wrongful Death, Broad Form Property Damage, Independent Contractors, and Broad Form Contractual Liability)

**Please select document containing General Liability**

○ I will fax/email the COI later

○ I am not responsible for providing General Liability policy details

| | |
|---|---|
| General Aggregate Local Currency  * | USD - United States of America, Doll ▼ |
| General Aggregate Limit  * | 1,000,000 |
| Per Occurrence Local Currency  * | USD - United States of America, Doll ▼ |
| Per Occurrence Limit  * | 1,000,000 |
| Product/Completed Operations Aggregate Local Currency  * | USD - United States of America, Doll ▼ |
| Product/Completed Operations Aggregate Limit  * | 1,000,000 |
| Personal & Advertising Injury Local Currency  * | USD - United States of America, Doll ▼ |
| Personal & Advertising Injury Limit  * | 1,000,000 |
| Carrier  * | 1st Choice Auto Insurance Company In  _edit_ |
| Carrier Rating (AM Best Financial Strength, Class)  * | A- |
| Is Whole Foods Market, Inc. (WFMI) and its Subsidiaries an Additional Insured (Including Coverage for Products/Completed Operations)?  * | yes ▼ |
| Is a copy of the CG 20 37, CG 20 10, or its equivalent attached to the COI?  * | yes ▼ |
| **Please Click here to attach CG 20 37, CG 20 10, or its equivalent.** | |
| Is Policy Written on an 'Occurrence' Form? | yes ▼ |
| Does Policy include Contractual Liability Coverage?  * | yes ▼ |
| Is Right of Subrogation Against WFMI Waived?  * | yes ▼ |
| Is Policy Primary with Respect to Liability Coverage, (Including Self-Insurance) Extended to WFMI, Whose Insurance Shall be Excess and Non-Contributory with that Required of the Supplier/Vendor?  * | yes ▼ |
| Effective Date (mm/dd/yyyy) :  * | 02/10/2012 |
| Expiration Date (mm/dd/yyyy) :  * | 02/09/2013 |

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## Automobile Liability

**Please select document containing Automobile Liability**
○ I will fax/email the COI later
○ I am not responsible for providing Automobile Liability policy details

| | |
|---|---|
| Do You Have Separate Bodily Injury and Property Damage Limits? * | yes ▼ |
| Bodily Injury Limit Local Currency * | USD - United States of America, Doll ▼ |
| Bodily Injury Limit * | 1,000,000 |
| Property Damage Limit Local Currency * | USD - United States of America, Doll ▼ |
| Property Damage Limit * | 1,000,000 |
| Carrier * | 1st Choice Auto Insurance Company In   edit |
| Carrier Rating (AM Best Financial Strength, Class) * | A- |
| Is Right of Subrogation Against WFMI Waived? * | yes ▼ |
| Effective Date (mm/dd/yyyy) : * | 02/10/2012 |
| Expiration Date (mm/dd/yyyy) : * | 02/09/2013 |

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## Workers Compensation/Employer's Liability

**Please select document containing Workers' Compensation/Employer's Liability**
◌ I will fax/email the COI later
◌ I am not responsible for providing Workers' Compensation/Employer's Liability policy details

| | |
|---|---|
| Is Statutory Workers Compensation Insurance Provided as Required by Applicable Law? * | yes ▾ |
| Carrier * | 1st Choice Auto Insurance Company In   edit |
| Carrier Rating (AM Best Financial Strength, Class) * | A- |
| Is Right of Subrogation Against WFMI Waived? * | yes ▾ |
| Effective Date (mm/dd/yyyy) : * | 02/10/2012 |
| Expiration Date (mm/dd/yyyy) : * | 02/09/2013 |

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## Professional Errors and Omissions Liability

**Please select document containing Professional Errors and Omissions Liability**

⊙ I will fax/email the COI later

⊙ I am not responsible for providing Professional Errors and Omissions Liability policy details

| | |
|---|---|
| Per Occurrence Limit Local Currency * | USD - United States of America, Doll ▼ |
| Per Occurrence * | 2,000,000 |
| Carrier * | 1st Choice Auto Insurance Company In   edit |
| Carrier Rating (AM Best Financial Strength, Class) * | A- |
| Policy Type * | Claims Made ▼ |
| Does Policy include Contractual Liability Coverage? * | yes ▼ |
| Is Policy Primary with Respect to Liability Coverage, (Including Self-Insurance) Extended to WFMI, Whose Insurance Shall be Excess and Non-Contributory with that Required of the Supplier/Vendor? * | yes ▼ |
| Effective Date (mm/dd/yyyy) : * | 02/13/2012 |
| Expiration Date (mm/dd/yyyy) : * | 02/13/2013 |

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## Excess Liability

**Please select document containing Umbrella/Excess Liability**
○ I will fax/email the COI later
○ I am not responsible for providing Umbrella/Excess Liability policy details

| | |
|---|---|
| Excess Liability Limit Local Currency  * | USD - United States of America, Doll ▼ |
| Excess Commercial General Liability including Products/Completed Operations, Excess Automobile Liability, Excess Employers' Liability Limit  * | 5,000,000 |
| Carrier  * | 1st Choice Auto Insurance Company In  edit |
| Carrier Rating (AM Best Financial Strength, Class)  * | A- |
| Is Policy Written on an 'Occurrence' Form? | yes ▼ |
| Is Policy following Form/Excess over the General Liability Policy  * | yes ▼ |
| Is Policy following Form/Excess over the Auto Liability Policy  * | yes ▼ |
| Is Policy following Form/Excess over the Employers Liability Coverage  * | yes ▼ |
| Effective Date (mm/dd/yyyy) :  * | 02/10/2012 |
| Expiration Date (mm/dd/yyyy) :  * | 02/09/2013 |