

MEMO

TO: BOARD MEMBERS

FROM: Brad Hawkins, Chief Operations Officer

DATE: March 27, 2020

RE: Student Insurance

I am requesting permission to advertise our student insurance for bid. Attached is the Request for Proposal that will be sent out.

## **Request For Proposal**

The Christian County Board of Education invites "Proposals" for Student Accident Insurance for the 2020-2021 school year in accordance with the attached specifications and general conditions of this RFP.

Proposals must be submitted in a "Sealed" envelope, marked on the outside, "Proposal for Student Accident Insurance", and returned to Brad Hawkins, Chief Operations Officer, Christian County Public Schools, P.O. Box 609 200 Glass Ave, Hopkinsville, KY 42240. All proposals must be received by 1:00 pm, April 30, 2020. No proposals will be considered thereafter. Failure to have proposal in prior to proposal opening will automatically prevent the reading of your proposal. The Board of Education cannot assume responsibility for any proposals that do not meet time requirements. At the specified time, all proposals will be opened and read aloud. Any interested parties may attend. No immediate decision will be rendered concerning the proposals submitted.

The proposer will be required to fulfill the terms outlined in the specifications of this RFP. Proposal will be awarded based on the submission that best meets the Student Accident Insurance needs of Christian County Public Schools.

The Christian County Board of Education reserves the right to reject any or all proposals. Specifications are listed below. In the event that all proposals are unacceptable, the Board of Education will invite new proposals within a period of thirty (30) days.

Brad Hawkins  
Chief Operations Officer  
Christian County Public Schools

#### ALL SCHOOL PLAN

Agency must provide accident protection for all students participating in all school sponsored and supervised activities of the Christian County Public School System. This includes Pre-school students, Kindergarten through grade twelve (12) and any other Christian County Public Schools student body members.

#### EFFECTIVE DATES

Policy coverage must begin July 1, 2020 and end June 30, 2021.

#### STUDENT ACCIDENT INSURANCE SPECIFICATIONS

Proposals submitted must meet or exceed the following criteria:

Medical Maximum	\$25,000
Deductible	None
Benefit Period	2 years
Accidental Death	\$10,000

The policy must include benefits to cover 100% of Usual & Customary expenses incurred for treatments and services of a legally qualified physician, surgeon, dentist and hospital or ambulatory surgical center for injuries requiring treatment with a \$1000 limit on Physical Therapy. **Alternate plan designs will be considered.** Benefits shall be paid up to a maximum of \$25,000 for any one injury subject to an excess basis, meaning that the student's parental (primary) coverage must contribute its maximum first before the policy has liability, and without inside scheduled benefit limitations. **Failure to provide a policy that adheres to the above language shall result in disqualification.**

### CATASTROPHIC

Medical Maximum	\$7,500,000
Medical Deductible	\$25,000
Accidental Death	At least \$20,000
Benefit Period	10 years

Catastrophic coverage is provided by the KHSAA for students engaged in KHSAA sanctioned events. Catastrophic Coverage must also be provided for non-sanctioned KHSAA activities for Pre-school students, Kindergarten through grade Twelve (12) any Other Christian County Schools student body members, including the dead period June 25<sup>th</sup> thru July 09<sup>th</sup> of each calendar year.

### PRIMARY COVERAGE

This insurance shall be secondary coverage. In the event that a student does not have primary coverage, this insurance shall be the primary insurance coverage.

### STUDENTS COVERED

All students, preschool - 12th grade shall be covered.

### NUMBER OF STUDENTS

Approximately 9,000

### EXPERIENCE

Proposing agency must have at least 10 years of experience with Student Accident Insurance. Proposing agency must be Kentucky based.

### ERRORS & OMISSIONS

Each agent participating in the proposal must submit a copy of their Errors & Omissions insurance coverage.

### SAMPLE POLICY

Please include a sample Student Accident Insurance Policy.

### LICENSES

All companies/individuals must be licensed as insurance agencies/agents in the state of Kentucky. Third Party Administrators must be licensed in the State of Kentucky.

CONFLICTS OF INTEREST-KRS

45A.455 prohibits conflicts of interest, gratuities or Kickbacks to employees of the Board of Education in connection with contracts for supplies or services whether such gratuities or kickbacks are direct or indirect. KRS 45A.990 provides server penalties for violations of the laws relating to gratuities or kickbacks to employees which are designed to secure a public contract for supplies or services.

DISCRIMINATION

The Christian County Board of Education does not discriminate on the basis of race, color, national origin, age, religion, sex , or handicap in employment, educational programs, or activities as set forth in Title M, Title VI, and Section 504.

AWARD

The award of the Student Accident Insurance proposal by the Christian County Board of Education will be for a period of one year beginning July 1, 2020 thru June 30, 2021. The Board reserves the right of cancellation at any time for any reason with thirty (30) days prior written notice of its intent to terminate.

PLEASE USE THIS PAGE TO RECORD THE TOTAL DOLLAR AMOUNT OF YOUR BID. YOU MAY INCLUDE ADDITIONAL DOCUMENTATION WITH YOUR BID, BUT THE STUDENT INSURANCE COMMITTEE WILL ONLY GIVE YOUR COMPANY CONSIDERATION IF THE STUDENT ACCIDENT INSURANCE BID AMOUNT ON THIS PAGE IS FILLED IN WITH THE TOTAL DOLLAR AMOUNT THE COMPANY IS BIDDING FOR THE YEAR.

CHRISTIAN COUNTY SCHOOLS  
BID FOR STUDENT ACCIDENT INSURANCE  
2020-2021 SCHOOL YEAR

STUDENT ACCIDENT INSURANCE BID AMOUNT \$ \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

\_\_\_\_\_  
COMPANY OFFICIAL AUTHORIZING THE BID

ADDRESS

\_\_\_\_\_

\_\_\_\_\_  
CITY STATE ZIP CODE

\_\_\_\_\_  
PHONE

Date \_\_\_\_\_

**STUDENT ACCIDENT INSURANCE 2020-2021**

**THIS CERTIFICATE MUST BE EXECUTED BY THE BIDDER**

In compliance with this invitation to bid, in consideration of the detailing description attached hereto, and subject to all conditions therefor, the undersigned agrees if this bid is accepted within the time stipulated, to furnish any or all services upon which prices are quoted in accordance with the specifications.

Terms of \_\_\_\_\_% cash discount to apply if invoices are paid within \_\_\_\_\_ days after delivery and acceptance of services.

Firm Name \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

Date \_\_\_\_\_

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Firm Name \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Date \_\_\_\_\_



CHRISTIAN COUNTY SCHOOLS LOSS RUNS AS REPORTED BY STUDENT  
ACCIDENT INSURANCE COMPANIES:

POLICY YEAR	CLAIMS PAID as of date