

**EAGLE PASS INDEPENDENT SCHOOL DISTRICT
REQUEST FOR PROPOSAL NO. 090418
STUDENT ATHLETIC INSURANCE**

1.0 INTENT AND SCOPE

- 1.1 It is the intent of the Eagle Pass Independent School District (EPISD) to purchase **STUDENT ATHLETIC INSURANCE** for the coverage of all students participating in University Interscholastic League (UIL) activities sponsored by the EPISD.
- 1.2 The scope of coverage must include pre and off-season scheduled athletic training periods, spring football practice, band performances and practices, ROTC, FFA, FHA, Field Trips, Vocational Students, and all other pertinent and related UIL activities. Coverage must also include all travel connected and/or associated with participation in such sponsored activities.
- 1.3 The coverage period of said insurance services is to be proposed for **one twelve (12) month period. Upon review of the submitted proposals, the final selection of coverage will be at the sole discretion of EPISD.**
- 1.4 All vendor proposals for the insurance services of **STUDENT ATHLETIC INSURANCE** will be accepted until **THURSDAY, APRIL 23, 2009 AT 3:00 P.M.** The vendor's proposal should comply with the specifications and requirements as outlined in this request for proposal.

2.0 PROPOSAL SPECIFICATIONS AND REQUIREMENTS

- 2.1 **PROPOSALS** - All proposals must be submitted on the attached proposal sheet and must be accompanied by a catalog and/or reference sheet indicating the items proposed. All proposals must be submitted in the order specified on the proposal checklist in order to facilitate the submission and evaluation of proposals.
- 2.2 **PERIOD OF COVERAGE** – The EPISD is requesting proposals be submitted for the following coverage period. The Athletic/Student Insurance coverage must begin on ***August 1, 2009 and end on July 31, 2010.***
- 2.3 **ACTIVITIES TO BE COVERED** - A student is to be covered and insured while practicing for, participating for, participating in, and/or traveling to and from a UIL Sanctioned, EPISD sponsored, ROTC, FFA, FHA, and vocational student activity. The student will be a team and/or organization member and under the direct supervision of a full-time school appointed official.
- 2.4 **PREFERRED PROVIDER ORGANIZATION** – At the sole discretion of the EPISD, plan(s) with access to a Preferred Provider Organization (PPO) may be considered.
- 2.5 **BENEFIT PERIOD** - The plan coverage must honor all medical invoices that are incurred and submitted up to one (1) year from the date of the original accident when submitted on the provided claim form.
 - 2.5.1 The insurance coverage must provide a minimum of **180 Days** to seek the first initial treatment.
- 2.6 **DEDUCTIBLE** - The medical deductible of the coverage must be \$0.00 with a medical maximum of \$25,000 per accident.

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- 2.7 **STUDENT ATHLETIC COVERAGE** - The insurance coverage will be for all UIL and EPISD sponsored activities ranging from the 7th to the 12th grade. Any additional information pertaining to the coverage and available insurance plans must be submitted with this proposal.
- 2.8 **CATASTROPHIC COVERAGE** – In addition to Student Athletic Insurance the EPISD will purchase catastrophic coverage for those students involved in such UIL activities. This coverage must be for a maximum benefit period equal to a lifetime in the amount of \$5,000,000 per participant such coverage will be permitted to carry a deductible NOT TO EXCEED \$25,000.00.
- 2.9 **VOLUNTARY COVERAGE** - The EPISD will accept and make available to the student body of the EPISD any information regarding voluntary coverage associated or in addition to the mandatory coverage.
- 2.10 **UNDERWRITER** – Information from the underwriter must be provided for all Student Athletic and Catastrophic Coverage.
- 2.11 **RATING** – The minimum rating on the proposed coverage that may be considered by the EPISD is A with any deviations to be considered at the sole discretion of EPISD. Documentation certifying the rating of the coverage must be provided with this proposal.
- 2.12 **U & C FEES** - The insurance coverage should furnish for and cover the Usual and Customary Fees associated with the applicable injury.
- 2.13 The EPISD local hospital, **FORT DUNCAN REGIONAL MEDICAL CENTER**, must be a member of the proposed coverage plan.
- 2.14 **INSURED** - Any student enrolled in the EPISD and participating in a UIL and EPISD sponsored activity must be covered by the insurance.
- 2.15 **MONTHLY REPORT** - The successful vendor must provide the EPISD a monthly claim report for EPISD review purposes.
- 2.16 The successful vendor will have to be available at the, discretion of the EPISD, for a meeting in Eagle Pass, Texas, for purposes of reviewing and answering questions regarding the insurance coverage package proposed.
- 2.17 **QUESTIONNAIRE** - All vendors must complete the attached questionnaire as part of their proposal.
- 2.18 **SCHEDULE OF BENEFITS** - The following is a list of minimum benefits that the EPISD is requesting of all insurance companies submitting their proposal for the Student Athletic Insurance.

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SCHEDULE OF BENEFITS

| DESCRIPTION | SCHEDULE OF MINIMUM BENEFITS |
|-------------------------------|---------------------------------|
| Medical treatment | \$25.00 doctor's visit |
| Surgery by Licensed Physician | U & C up to \$10,000 |
| Anesthesiologist | 50% of surgery allowance |
| Assistant Surgeon | 50% of surgery allowance |
| Hospital (R&B) | \$100 per day |
| Inpatient Misc. Expenses | U & C up to \$5,000 |
| Outpatient Hospital Care | U & C up to 80% |
| X-Rays plus interpretation | up to \$500 |
| Diagnostic Imaging | up to \$1000 |
| RN Services | U & C |
| Dental Treatment | up to \$500 per tooth |
| Ambulance Service | U & C |
| Orthopedic Appliance | up to \$1000 |
| Outpatient Prescription Drugs | U & C |

| REPLACEMENT OF | SCHEDULE OF MINIMUM BENEFITS |
|---------------------------------------|---------------------------------|
| Eye Glasses | up to \$500 |
| Contact Lenses | up to \$500 |
| Hearing Aids | up to \$500 |
| Heat Exhaustion | up to \$1000 |
| Emergency Room Visit | up to \$500 |
| Emergency Room Physician | up to \$500 |
| Death, Dismemberment, & loss of sight | U & C |

3.0 ESTIMATE OF PARTICIPATION

3.1 The EPISD is estimating the following number of participants as the total participation in each of the following areas.

| NAME OF UIL ACTIVITY | ESTIMATE NUMBER OF PARTICIPANTS |
|----------------------|---------------------------------|
| Football | 700 |
| Track | 350 |
| Golf | 60 |
| Baseball | 125 |
| Cheerleaders | 125 |
| Drill Team | 100 |
| Soccer | 120 |
| Softball | 120 |
| Basketball | 150 |
| Tennis | 100 |
| Volleyball | 150 |
| Cross Country | 50 |
| Music Band | 850 |
| TOTAL | 3000 |

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4.0 EPISD CLAIMS HISTORY

4.1 The EPISD has accrued the following claims history pertaining to Student Athletic Insurance since the 2000-01 school year.

| SCHOOL YEAR | PREMIUM | TOTAL PAYMENTS |
|--------------------------------|----------------|-----------------------|
| 2000-01 | \$28,975.00 | \$15,768.75 |
| 2001-02 | \$31,083.00 | \$31,030.74 |
| 2002-03 | \$45,500.00 | \$21,474.86 |
| 2003-04 | \$49,000.00 | \$53,738.60 |
| 2004-05 | \$49,000.00 | \$61,626.57 |
| 2005-06 | \$80,000.00 | \$20,489.64 |
| 2006-07 | \$70,000.00 | \$57,138.76 |
| 2007-08 | \$70,000.00 | \$42,385.94 |
| 2008-09 (as of March 30, 2009) | \$70,000.00 | \$39,623.76 |

5.0 SELECTION CRITERIA

5.1 The evaluation of the proposals will be based on the following factors.

- Overall Cost
- Proposed Student/Athletic Insurance Plan Benefits and Coverage
- Adherence to Specifications and Requirements
- Service History of Vendor
- Other Factors considered relevant by EPISD

5.2 The Department of Purchasing for the EPISD will use the above referenced criteria to recommend the best value at the lowest possible price to the EPISD Board of Trustees.

5.3 **REJECTION OF PROPOSAL** - The EPISD reserves the right to reject any or all proposals and it is not the policy of the EPISD to award contracts for service on the basis of price alone; other controlling factors may be considered.

5.4 **AWARD OF PROPOSAL** - The EPISD will contract and award this proposal based on the insurance plan coverage category basis (i.e. Catastrophic, Student/Athletic Insurance).

5.5 **CONTRACT RENEWAL** - To the extent provided, the EPISD at its sole option reserves the right to renew this insurance contract for **ONE (1) ADDITIONAL YEAR**, upon Board of Trustees approval, if service and costs are satisfactory and both parties mutually agree to the renewal.

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6.0 SPECIAL NOTES

6.1 All sealed proposals must be **MAILED** to:

EAGLE PASS INDEPENDENT SCHOOL DISTRICT
DEPARTMENT OF PURCHASING
ARTURO SALINAS, DIRECTOR OF PURCHASING
1420 EIDSON ROAD
EAGLE PASS, TX 78852

6.2 All sealed proposals may be **DELIVERED** to:

EAGLE PASS INDEPENDENT SCHOOL DISTRICT
DEPARTMENT OF PURCHASING
ARTURO SALINAS, DIRECTOR OF PURCHASING
1654 VETERANS BLVD.
EAGLE PASS, TX 78852

6.3 Any questions or concerns regarding this proposal must be directed to **Arturo Salinas, Director of Purchasing**, at (830) 773-5181 or at the Eagle Pass ISD Department of Purchasing located at 1654 Veterans Blvd., Eagle Pass, Texas 78852.

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STUDENT ATHLETIC INSURANCE QUESTIONNAIRE

(REQUIRED-To be completed by insurance vendor)

1. Will there be a toll free phone number for questions about claims?

Yes _____ No _____

1A. If the answer is YES, what is the phone number?

1B. If the answer is NO, what will be the phone number available to the EPISD?

2. Do you assign a specific account representative to each school district?

Yes _____ No _____

2A. If the answer is YES, please provide the representative's information below.

Name _____

Company Name _____

Address _____

Telephone Number _____

3. Do you require a claim form to be completed by each doctor and/or hospital for the same claim?

Yes _____ No _____

4. Where are your claims paid from?

5. How often do you pay your claims?

6. Does your company provide monthly claim reports?

Yes _____ No _____

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7. If you have proposed Usual and Customary Benefits, how is it determined for the Eagle Pass, Texas area?

8. What is the Preferred Provider Organization (PPO) for the coverage being proposed?

9. Please list two (2) references of school districts that are currently served by your firm that is in the surrounding area of the Eagle Pass Independent School District.

9A. District Name _____

Address _____

Telephone No. _____

Contact Name _____

9B. District Name _____

Address _____

Telephone No. _____

Contact Name _____

10. INSURANCE COMPANY INFORMATION

Name _____

Company Name _____

Address _____

Telephone Number _____

Insurance Rating _____

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PROPOSAL CHECKLIST

1. Invitation to Bid Response
2. Non-Collusion Statement
3. Felony Conviction Notice
4. Debarment and Suspension Certificate Certifying Statement
5. Conflict of Interest Questionnaire (CIQ)
6. Deviation/Compliance Form
7. Out of State Certifying Statement
8. Historically Underutilized Business (HUB) Certifying Statement
9. Certification of Criminal History Record Information
10. Proposal Sheet (2.1)
11. Period of Coverage (2.2)
12. Benefit Period (2.5)
13. Student Athletic Coverage (2.7)
14. Catastrophic Coverage (2.8)
15. Voluntary Coverage (2.9)
16. Underwriter Information (2.10)
17. Coverage Rating (2.11)
18. Questionnaire (2.17)
19. Schedule of Benefits (2.18)

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PROPOSAL SHEET

(COVERAGE PERIOD August 1, 2009 to July 31, 2010)

| DESCRIPTION | TOTAL COST |
|--|--------------------------------------|
| STUDENT ATHLETIC INSURANCE <ul style="list-style-type: none"> ▪ ALL ACTIVITY UNDER UIL COMPETITION SPONSORED BY THE EPISD ▪ NO DEDUCTIBLE OR CO-INSURANCE | \$ _____ Company Rating _____ |
| CATASTROPHIC INSURANCE <ul style="list-style-type: none"> ▪ MAXIMUM BENEFIT \$5,000,000 ▪ MAXIMUM DEDUCTIBLE \$25,000 | \$ _____ Company Rating _____ |

**Additional information pertaining to the proposal must be attached and submitted.*

NAME OF COMPANY