



**Central  
Arizona  
College**

## ACKNOWLEDGMENT OF RECEIPT

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Description: **STUDENT ATHLETIC INSURANCE**

Bid/Proposal #: **1819-004**

Addendum #: **N/A**

Number of pages to follow: **11**

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Please provide the requested information below as acknowledgment that you have received our Bid referenced above. It is *strongly recommended* that interested bidders complete this acknowledgment and return to us by mail, Email or fax.

Central Arizona College  
Purchasing Department  
8470 N Overfield Rd  
Coolidge AZ 85128  
Email: [purchasing@centralaz.edu](mailto:purchasing@centralaz.edu)  
Fax: (520) 494-5234

**Only firms returning completed acknowledgments will receive addenda to this Bid.** Bids from firms not acknowledging the addenda shall be considered incomplete and subject to disqualification.

Name of Firm: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name (print): \_\_\_\_\_ Title: \_\_\_\_\_


Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**BID#: 1819-004**

**DUE DATE:** Tuesday, July 16, 2019 by 3:00 PM Arizona Time

**DATE MAILED:** 06/20/2019

  
Mark Salaz, Director of Purchasing

Solicitation for Bid

**THIS IS NOT AN ORDER**

CENTRAL ARIZONA COLLEGE is soliciting Bids to

**STUDENT ATHLETIC INSURANCE**

The District reserves the right to accept or reject all or part of bids submitted, and shall be the sole determinate as to whether or not "Equivalent" item bid is equal to the brand specified on the bid form. The purpose of the description and catalog number is to serve as a guide to the bidder as to the price range, style and quality of the equipment.

**All Bids must be F.O.B.  
OFFICE OF PURCHASING  
CENTRAL ARIZONA COLLEGE  
8470 N OVERFIELD ROAD  
COOLIDGE, AZ 85128**

Date of delivery, firm pricing period and any enhancements provided beyond required specifications may be considered in the award of the bid, low bid may not be the sole determinant. All bids must be held firm 60 days after due date.

Specifications must be submitted with all bids. Alternate bids are acceptable. However, the bid must be clearly marked, "Alternate Bid." If bidder is on STATE CONTRACT, or another cooperative and wants to offer additional discounts, he may do so, but the bid must also be submitted on our bid form.

Total cost including all materials, labor, delivery charges and taxes must appear on spaces provided.

Send your bid to Central Arizona College, 8470 N Overfield Rd, Coolidge, Arizona, 85128, ATTENTION: Office of Purchasing, Room H123

Central Arizona College  
**EQUAL OPPORTUNITY EMPLOYER**

Superstition Mountain Campus  
805 S. Idaho Road  
Apache Junction, AZ 85119

Aravaipa Campus  
80440 E. Aravaipa Road  
Winkelman, AZ 85192

Signal Peak Campus  
8470 North Overfield Road  
Coolidge, AZ 85128-9779

Maricopa Campus  
17945 North Regent Drive  
Maricopa, AZ 85138-7808

San Tan Campus  
3736 E. Bella Vista Rd  
San Tan Valley, AZ 85143

1-800-237-9814  
[www.centralaz.edu](http://www.centralaz.edu)

**CENTRAL ARIZONA COLLEGE** is soliciting bids to provide **STUDENT ATHELETIC INSURANCE**. The following sports listed will be the sports covered with approximately 211 student athletes.

Women's – Basketball, Cross Country, Softball, Rodeo, and Track  
Men's – Baseball, Basketball, Cross Country, Rodeo and Track  
Other – Student Managers, Student Trainers

**I. GENERAL INFORMATION**

- A. This is the college's **BID #1819-004**, which is due back at the purchasing department, H123, 8470 N Overfield Road, Coolidge, AZ 85128 by **3:00 PM on July 16, 2019**.
- B. Central Arizona College also known as CAC is the largest provider of postsecondary education in central Arizona. Central Arizona College opened in 1969 with one campus. Today, the College consists of multiple campuses and centers strategically located throughout Pinal County. The campuses and centers are:

1. Aravaipa Campus
2. Casa Grande Center
3. Corporate Center
4. Florence Center
5. Maricopa Campus
6. San Tan Campus
7. Signal Peak Campus / District Administration
8. Superstition Mountain Campus

- C. Questions regarding the following bid specifications, should be directed to:

Mark Salaz  
Director of Purchasing  
Central Arizona College  
8470 N Overfield Road  
Coolidge, AZ 85128  
(520) 494-5251  
Email: [mark.salaz@centralaz.edu](mailto:mark.salaz@centralaz.edu)

- D. All correspondence regarding this BID will be done solely through the Director of Purchasing at Central Arizona College. Any communication with anyone other than the person listed above during the BID process may result in the rejection of your BID.

- E. Debarment or Suspension. If the firm, business or person submitting this bid has been debarred, suspended or otherwise lawfully precluded from participating in any public procurement activity, including being disapproved as a subcontractor with and federal, state or local government, or if any such preclusion from participation from any public procurement activity is currently pending, the company must fully explain the circumstances relating to the preclusion or proposed preclusion in the bid. The company shall include a letter with its bid setting forth the name and address of the governmental unit, the effective date of the suspension or debarment, the duration of a suspension or debarment that is currently pending, and a detailed description of all relevant circumstances including the details enumerated above.

## **II. INSURANCE POLICY INFORMATION**

- A. This policy covers all student athletes, student managers, and student trainers WHILE PARTICIPATING IN INTERCOLLEGIATE SPORTS (including participation in scheduled games, supervised practice sessions, and authorized group or team travel to and from such events) both at home and when away from home during institution sponsored events.
- B. The College wishes to maintain the same level of Athletic Insurance as we currently have. Maintain Coverage:
- a) \$25,000 per accident
  - b) Dental treatment
  - c) Physical therapy
  - d) Ambulance service
  - e) Braces & orthopedic appliances
  - f) Semi-private room
  - g) Death, dismemberment and loss of sight schedule
- C. Successful bidder must provide quarterly and year end paid claims report to the following address:
- Central Arizona College  
Purchasing Office  
8470 North Overfield Road  
Coolidge, AZ 85128  
(520) 494-5250  
Fax: (520) 494-5234
- D. Student Athletic Insurance for the 2014-2015 through 2018-2019 school years was with:
- Summit America Insurance Services/Relation Insurance Services  
2180 South 1300 East, Suite 520  
Salt Lake City, UT 84106  
(801) 412-2623



- E. The following is a recap of the premiums and claims for 2014-2015 through 2018-2019. These figures are the most recent received through April 30, 2019. The insurance claims shown were contracted on zero deductible.

Year	Premium	Claims	Provider
2014-2015	\$43,300	\$14,541	Mutual of Omaha
2015-2016	\$45,629	\$78,572	Mutual of Omaha
2016-2017	\$53,636	\$46,900	Mutual of Omaha
2017-2018	\$66,241	\$58,810	Mutual of Omaha
2018-2019	\$77,671	\$18,819	Mutual of Omaha

- F. Bid based on secondary coverage.

### **III. TERM**

- A. The bid is for a one year term for coverage beginning August 1, 2019 through July 31, 2020, with an option of four (4) additional one-year terms renewable annually with the approval of both parties. Additional coverage years will begin on August 1<sup>st</sup> and end July 31<sup>st</sup>.
- B. By May 31<sup>st</sup> of the contract year, the provider will supply the College with a contract for the following year. The provider may increase or decrease the premium for a future year based upon claims paid and other market factors. The College at its discretion will determine whether to accept the contract or extend the contract for an additional year.

### **IV. BID SUBMITTAL REQUIREMENTS**

The following information is required and will be used in the evaluation of the bids received to determine award.

- A. Show exclusions of coverage.
- B. Where will claim be paid?
- C. Include:  
Basic plan insurance carrier name  
Insurance carrier A.M. best rating
- D. Include name of catastrophic plan insurance carrier along with cost.
- E. Include bid amounts as follows:
- |                         |                                    |
|-------------------------|------------------------------------|
| \$5000 Deductible Rodeo | \$0 Deductibles all other sports   |
| \$5000 Deductible Rodeo | \$250 Deductibles all other sports |
| \$5000 Deductible Rodeo | \$500 Deductible all other sports  |

F. Show complete schedule of benefits (**BID RESPONSE Page**). Please include in your bid whether the following are covered and /or dollar amount.

Maximum per injury (Base Plan)	Y/N ___	\$ _____
Maximum per injury (Catastrophe)	Y/N ___	\$ _____
Accidental Death Benefit	Y/N ___	\$ _____
Dismemberment /Paralysis	Y/N ___	\$ _____
Permanent Total Disability	Y/N ___	\$ _____
Dental Benefit	Y/N ___	\$ _____
Benefit Period (Base Plan)	Y/N ___	\$ _____
Period for the first expense	Y/N ___	\$ _____
Full Excess	Y/N ___	\$ _____
Expanded medical benefit	Y/N ___	\$ _____
MO/PPO Denial Coverage	Y/N ___	\$ _____
Pre-Existing Conditions Coverage (For conditions w/Med clearance)	Y/N ___	\$ _____
Guest/ recruit Coverage	Y/N ___	\$ _____
Heart/Circulatory Benefit	Y/N ___	\$ _____
Re-Injury	Y/N ___	\$ _____

G. Note that the number of participants per sport is an estimate only.  
PLEASE STATE RATE AS INDICATED BELOW - secondary coverage

**(BID RESPONSE Page):**

Give quote per participant sport: Quote #1 – using Rodeo Team with a \$5,000 deductible, and Quote #2 – excluding Rodeo

	Quote #1	Quote #2
Athletic Coverage per Participant		
<b>OR</b>		
<b>Per Participant per Sport</b>		
Women’s Cross Country (see Track)		
Women’s Basketball (15)		
Women’s Track (30)		
Women’s Softball (18)		
Women’s Rodeo (15) \$5,000 Deductible		
Men’s Cross Country (see Track)		
Men’s Track (40)		
Men’s Basketball (15)		
Men’s Baseball (30)		
Men’s Rodeo (35) \$5,000 Deductible		
Student Managers (5)		
Student Trainers (8)		

H. Vendor is required to provide the following information as part of their BID in the format indicated.

1. Provide a minimum of three (3) community college student athletic insurance references.
  2. Completed BID Response Pages - The supplier must complete and return all required information, including:
    - a. Page 4 of this BID – Complete Schedule of Benefits
    - b. Page 5 of this BID – Rate Sheet
    - c. Page 7 of this BID – Cost Sheet
    - d. Pages 8-9 of this BID – Questionnaire
    - e. Page 10 of this BID – Company Information Sheet
    - f. Page 11 of this BID – Non-Collusion Affidavit
- I. Bids must be sealed and clearly marked on the outside packaging **BID# 1819-004, Student Athletic Insurance.**
- J. Bids must be mailed or delivered to:  
Central Arizona College  
Purchasing Office, Room H123  
8470 N Overfield Rd  
Coolidge, AZ 85128

Normal business hours are Monday – Thursday 8:00 AM – 6:00 PM, AZ Time. Deliveries will ONLY be accepted during these times.

- K. Telephone, Fax or Email bids will not be accepted.
- L. Bids received after 3:00 PM, AZ Time on July 16, 2019 will not be accepted.

**V. RIGHTS RESERVED by the COLLEGE**

- A. The College reserves the right to reject any bid that does not contain all the requested information.
- B. The College reserves the right to waive any minor irregularity in any bid received.
- C. The College reserves the rights to cancel the bid, or to cancel and re-issue the bid.
- D. Bids must be complete and include all information defined in section III. **BID SUBMITTAL REQUIREMENTS.** Incomplete submittals will not be considered for award.



**BID RESPONSE Page**  
**COST SHEET**  
**Must be returned with your BID**

**BASIC STUDENT ATHLETIC INSURANCE COVERAGE**

\$5,000.00 deductible – Rodeo  
\$0.00 deductible all other sports

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**GRAND TOTAL BASIC INSURANCE COVERAGE**

\$5,000.00 deductible – Rodeo  
\$250.00 deductible all other sports

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**GRAND TOTAL BASIC INSURANCE COVERAGE**

\$5,000.00 deductible – Rodeo  
\$500.00 deductible all other sports

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**GRAND TOTAL BASIC INSURANCE COVERAGE**

**NJCAA CATASTROPIC INSURANCE COVERAGE**

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**GRAND TOTAL CATASTROPIC INSURANCE COVERAGE**

**BID RESPONSE Page  
QUESTIONNAIRE  
Must be returned with your BID**

1. Do you have an 800 number for questions about claims?

Yes \_\_\_\_\_ No \_\_\_\_\_ Telephone# \_\_\_\_\_

If no, do you have a local number or a number we can call collect?

Yes \_\_\_\_\_ No \_\_\_\_\_ Telephone# \_\_\_\_\_

2. Will your company be assigning a local representative to answer insurance questions?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please fill out the following information:

Representative's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone# \_\_\_\_\_

Fax# \_\_\_\_\_

Email address: \_\_\_\_\_

3. Do you have someone who can periodically review problem claims on site?

Yes \_\_\_\_\_ No \_\_\_\_\_

4. What is the address of your claim payment office:

\_\_\_\_\_

\_\_\_\_\_

Telephone# \_\_\_\_\_

**QUESTIONNAIRE (Continued)**  
**Must be returned with your BID**

5. What is your guaranteed turnaround time for paying claims?

\_\_\_\_\_

6. Do you require a form to be filled out by each doctor for the same claim?

Yes\_\_\_\_\_ No\_\_\_\_\_

7. Do you require a form to be filled out by each hospital for the same claim?

Yes\_\_\_\_\_ No\_\_\_\_\_

8. Do you have a system to file claims online?

Yes\_\_\_\_\_ No\_\_\_\_\_

9. Is your company registered to do business in the State of Arizona?

Yes\_\_\_\_\_ No\_\_\_\_\_

10. Will you provide monthly claim payment reports?

Yes\_\_\_\_\_ No\_\_\_\_\_

11. Will you provide monthly claim suspense reports?

Yes\_\_\_\_\_ No\_\_\_\_\_

12. Will you provide year-end loss reports?

Yes\_\_\_\_\_ No\_\_\_\_\_

**BID RESPONSE Page**  
**COMPANY INFORMATION SHEET**  
**Must be returned with your BID**  
**PLEASE PRINT OR TYPE:**

Firm Name:

Address:

City:

State:

Zip Code:

Office Phone #:

Office Fax #:

Cell Phone #:

Contact Name:

Contact's Title:

Email Address:

Business Entity (LLC, Sole Proprietor, etc.):

Do you collect Sales or Use Taxes for the State of Arizona? (Yes/No)

Tax ID #:

State of Arizona Contractor's License Number:

My Company is not debarred or suspended \_\_\_\_\_

My Company is debarred or suspended or currently pending \_\_\_\_\_. Explanation is attached.

Contact's Signature

Date



