Central Arizona College

ACKNOWLEDGMENT OF RECEIPT

Description:      STUDENT ATHLETIC INSURANCE
Bid/Proposal #:   1819-004
Addendum #:       N/A
Number of pages to follow: 11

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
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:____________________
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

1-800-237-9814
www.centralaz.edu
**CENTRAL ARIZONA COLLEGE** is soliciting bids to provide **STUDENT ATHLETIC 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

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 form 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.

<table>
<thead>
<tr>
<th>Year</th>
<th>Premium</th>
<th>Claims</th>
<th>Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014-2015</td>
<td>$43,300</td>
<td>$14,541</td>
<td>Mutual of Omaha</td>
</tr>
<tr>
<td>2015-2016</td>
<td>$45,629</td>
<td>$78,572</td>
<td>Mutual of Omaha</td>
</tr>
<tr>
<td>2016-2017</td>
<td>$53,636</td>
<td>$46,900</td>
<td>Mutual of Omaha</td>
</tr>
<tr>
<td>2017-2018</td>
<td>$66,241</td>
<td>$58,810</td>
<td>Mutual of Omaha</td>
</tr>
<tr>
<td>2018-2019</td>
<td>$77,671</td>
<td>$18,819</td>
<td>Mutual of Omaha</td>
</tr>
</tbody>
</table>

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 1st and end July 31st.

B. By May 31st 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

Bid #: 1819-004 Student Athletic Insurance
F. Show complete schedule of benefits (BID RESPONSE Page). Please include in your bid whether the following are covered and/or dollar amount.

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

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

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

GRAND TOTAL BASIC INSURANCE COVERAGE

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

GRAND TOTAL BASIC INSURANCE COVERAGE

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

GRAND TOTAL BASIC INSURANCE COVERAGE

NJCAA CATASTROPIC INSURANCE COVERAGE

GRAND TOTAL CATASTROPHIC INSURANCE COVERAGE
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

BID #: 1819-004 Student Athletic Insurance
NON-COLLUSION AFFIDAVIT

Must be returned with your BID

State of

                ) ss
County of

__________________________, affiant, the

__________________________ (Title)

__________________________ (Proposer)

The person(s), corporation, or company who makes the accompanying Proposal, having first been duly sworn, deposes and says:

That such Proposal is genuine and not sham or collusive, nor made in the interest or behalf of any person not herein named, and that the proposer has not directly or indirectly induced or solicited any other proposer to put in a sham proposal, or any other person, firm, or corporation to refrain from bidding, and that the proposer has not in any manner sought by collusion to secure for itself an advantage over any other proposer.

__________________________
Signature

__________________________
Date

__________________________ (Title)

Subscribed and sworn to before me

this _____ day of ______________, 20___.

__________________________
Signature of Notary Public in and for the
County of ____________________, State of

(Seal)