

**STATE OF LOUISIANA
SOUTHEASTERN LOUISIANA UNIVERSITY
HAMMOND, LOUISIANA
(A Member of the University of Louisiana System)**

**INVITATION TO BID
FOR
PRIMARY INSURANCE FOR ATHLETES PARTICIPATING IN THE
SOUTHEASTERN ATHLETICS DEPARTMENT**

ISSUING AGENCY: Southeastern Louisiana University
Purchasing Department
SLU 10800
Hammond, LA 70402

DIRECTOR OF PURCHASING: Richard Himber

PROCUREMENT SPECIALIST: Phyllis Hoover, CPPB
Telephone: (985) 549-5415
Fax: (985) 549-3810

ITB COORDINATOR: Nathan Quebedeaux
Telephone: (985) 549-5133
Fax: (985) 549-2511

ITB RELEASE DATE: July 7, 2016

DEADLINE FOR FAX INQUIRY: 4:00 p.m., CT, July 14, 2016 (FAX: 985-549-3810)

ITB OPENING DATE: July 26, 2016

ITB OPENING TIME: 4:00 p.m., Central Time

ITB OPENING LOCATION: Southeastern Louisiana University
Purchasing Department
Property Control & Supply Building
2400 North Oak Street
Hammond, Louisiana

NOTE: THIS SOLICITATION IS A SEALED BID AND MUST BE RETURNED BY MAIL OR DELIVERED IN PERSON. BID RESPONSE FORMS CANNOT BE FAXED AND ANY FAX RESPONSES SHALL BE REJECTED.

This ITB is available in electronic form at <https://wwwcfprd.doa.louisiana.gov/osp/lapac/pubMain.cfm>. It is available in PDF format or in printed form by submitting a fax request to the Procurement Specialist listed above. It is the Bidder's responsibility to check the Office of State Purchasing LaPAC website frequently for any possible addenda that may be issued. Southeastern is not responsible for a bidder's failure to download any addenda documents required to complete an Invitation to Bid.

BID RESPONSE FORM

BIDDER'S NAME: _____

TELEPHONE NO.: (_____) _____ FAX NUMBER: (_____) _____

ADDRESS: _____
MAILING CITY STATE ZIP

SCOPE: Furnish Primary Insurance Coverage for the Southeastern Athletics Department Student-Athletes.

PERIOD: August 1, 2016, or shortly thereafter, through July 31, 2017

I/we do hereby declare that I/we have carefully examined the Invitation to Bid and that I/we have a clear understanding of the said documents. I/we hereby propose to furnish the necessary Intercollegiate Athletics Insurance for the sums indicated on the bid response form.

I/we do hereby acknowledge receipt of the following addenda (if any):

No. _____	Dated _____	No. _____	Dated _____
No. _____	Dated _____	No. _____	Dated _____

SEE BID RESPONSE FORM PAGES 2 OF 4, 3 OF 4 AND 4 OF 4 FOR PRICE RESPONSE FORMAT

NOTE:
The University will award the bid to the overall lowest bidder for the policy the Athletic Department chooses to be in its best financial interest.

AUTHORIZED OFFICER: _____
(Signature) (Print or Type Name)

TITLE: _____ DATE: _____

BID RESPONSE FORM

BID PRICES: I/we do hereby bid the following Primary Insurance coverage for the following monthly premium rates per option per athlete throughout the policy term:

I. Quote on policies (providing summary of benefits) as follows:

**Deductible Amount (80/20 Coinsurance)
80% In Network / 20% Out of Network**

Ages	Deductible Amount (80/20 Coinsurance) 80% In Network / 20% Out of Network					
	\$0	\$250	\$500	\$750	\$1000	\$1500
18-20						
21						
22						
23						
24						
25						

Ages	Deductible Amount (80/20 Coinsurance) 80% In Network / 20% Out of Network					
	\$2000	\$2500	\$5000			
18-20						
21						
22						
23						
24						
25						

AUTHORIZED OFFICER: _____
(Signature) (Print or Type Name)

TITLE: _____ DATE: _____

BID RESPONSE FORM

**Deductible Amount (80/60 Coinsurance)
80% In Network / 60% Out of Network**

Ages	Deductible Amount (80/60 Coinsurance) 80% In Network / 60% Out of Network					
	\$0	\$250	\$500	\$750	\$1000	\$1500
18-20						
21						
22						
23						
24						
25						

Ages	Deductible Amount (80/60 Coinsurance) 80% In Network / 60% Out of Network					
	\$2000	\$2500	\$5000			
18-20						
21						
22						
23						
24						
25						

AUTHORIZED OFFICER: _____ (Signature) _____ (Print or Type Name)

TITLE: _____ DATE: _____

BID RESPONSE FORM

Deductible Amount (70/50 Coinsurance)
70% In Network / 50% Out of Network

Ages	Deductible Amount (70/50 Coinsurance) 70% In Network / 50% Out of Network					
	\$0	\$250	\$500	\$750	\$1000	\$1500
18-20						
21						
22						
23						
24						
25						

Ages	Deductible Amount (70/50 Coinsurance) 70% In Network / 50% Out of Network					
	\$2000	\$2500	\$5000			
18-20						
21						
22						
23						
24						
25						

AUTHORIZED OFFICER: _____ (Signature) _____ (Print or Type Name)

TITLE: _____ DATE: _____

SECTION I -- INSTRUCTIONS TO BIDDERS

PURPOSE

This Invitation To Bid (ITB) sets forth the requirements and specifications of Southeastern Louisiana University (Southeastern). The contents of this ITB and the Bidder/Vendor/Contractor's bid response shall become contractual obligations if a contract ensues. Any resulting contract shall be governed under the laws of the State of Louisiana.

Southeastern Louisiana University and eight other institutions are governed by the University of Louisiana System. Southeastern declares that the successful bidder may extend the athletic insurance requested under this Invitation to Bid to any of the University of Louisiana System institutions under the same terms as represented to Southeastern in the bidder's response, all in accordance with the provisions of LA Revised Statute 39:1702(A).

Other University of Louisiana System institutions:

Grambling State University	Grambling, LA
Louisiana Tech	Ruston, LA
McNeese State University	Lake Charles, LA
Nicholls State University	Thibodaux, LA
Northwestern State University	Natchitoches, LA
University of Louisiana at Lafayette	Lafayette, LA
University of Louisiana at Monroe	Monroe, LA
University of New Orleans	New Orleans, LA

GOVERNING BID REGULATIONS

All bids shall be subject to the Louisiana 'Purchasing Rules and Regulations', and Louisiana Revised Statutes 39:1551-1738. These documents may be reviewed in the Southeastern Purchasing Department or in the Linus A. Sims Memorial Library on the Southeastern campus during regular business hours. All bids become a matter of public record and any statements of confidentiality may render the bid response non-responsive for further consideration.

BID RESPONSE FORM

All bids shall be submitted on the bid response forms provided in the ITB. The bid response form must be properly signed in ink by an officer of the proposing entity authorized to sign the bid. Bid prices shall be typewritten or in ink and shall be indicated in figure form. Any alterations of the bid response form or foreign conditions attached thereto may cause rejection of the bid.

CORRECTION OF MISTAKES

Erasures, write-overs, corrections or other changes in the bid should be explained or noted over the signature of the Bidder. Failure to do so may result in rejection of the bid without further consideration.

NUMBER OF COPIES

The entire ITB shall not be required to be returned. The Bidder shall submit one (1) signed bid response form with all blanks typewritten or in ink and the Bidder should submit one (1) photocopy of the signed bid response form. The Bidder shall be responsible for duplicating and retaining any bid response forms and responses for personal record. The University shall not be responsible for any costs incurred by any Bidder in the preparation of any bid.

REJECTION OF BIDS

The University reserves the right to reject any and all bids, and to waive any

informalities. The right is reserved to award contracts separately, grouped, or an all-or-none basis. Incomplete, illegible, partial, or informal bids may be rejected.

SEALED BID

The entire bid should be sealed. The name and address of the Bidder should appear on the outside of the bid envelope or package.

BIDS BINDING

All formal bids shall be binding for a minimum of (60) calendar days and shall not be withdrawn after the specified bid opening time.

BID OPENING

Bids shall be opened and read aloud on the specified time and date. All bids shall become a matter of public record at that time. Each Bidder is solely responsible for the timely delivery of their bid by the ITB opening deadline.

Bids received after the specified time and date will not be considered, whether delayed in the mail or for any other causes whatsoever.

Bids may be withdrawn by the Bidder upon written or telegraphic request prior to the designated time for opening of bids. Withdrawal notification must be by original signature and received by the Southeastern Purchasing Department prior to the designated time for opening of bids.

DELIVERY OF BIDS

All bids shall be either hand delivered by the Bidder or his agent and the deliverer should request a written receipt or such bid should be sent by registered or certified mail with a return receipt requested.

The address for mailing bids: Southeastern Louisiana University
Purchasing Department
SLU 10800
Hammond, LA 70402

For hand delivered bids: Southeastern Louisiana University
Purchasing Department
Property Control & Supply Building
2400 North Oak Street
Hammond, Louisiana

BIDDER INQUIRIES

No negotiations, decisions or actions shall be executed by any Bidder as a result of any oral discussion with any state employee. Only those transactions which are in writing, signed by the Director of Purchasing, shall be considered as valid. Telephone inquiries are discouraged.

Inquiries concerning the administrative requirements of the ITB should be faxed in writing to the Director of Purchasing.

Inquiries concerning the specification requirements of the ITB should be faxed in writing to the ITB Coordinator with a copy faxed to the Purchasing Department.

Inquiries should be faxed and received no later than the deadline stated for fax inquiries. Answers to inquiries that change or substantially clarify the ITB shall be issued in the form of addenda and posted to the Louisiana Procurement & Contract Network (LAPAC).

Any Bidder who feels the administrative or specification requirements of this ITB are in error or will not accomplish the desired end result shall make the appropriate written inquiry no later than three (3) working days prior to the designated ITB opening time.

TAXES

The Bidder shall include in his bid price all federal, state and local taxes of all kinds applicable to the policies to be underwritten.

QUALIFICATION OF BIDDER

The Bidder shall meet the following minimum qualification levels to be considered as a responsible Bidder by the University for providing the intercollegiate athletic insurance policy:

1. The Bidder shall have an A.M. Best Policyholder Rating in the insurance industry of at least level "A-".
2. Cyber Liability Insurance Coverage: Cyber liability insurance, including first-party costs, due to an electronic breach that compromises the State's confidential data shall have a minimum limit per occurrence of \$1,000,000. Claims made coverage is acceptable. The date of the inception of the policy must be no later than the first date of the anticipated work under this contract. It shall provide coverage for the duration of this contract and shall have an expiration date no earlier than 30 days after the anticipated completion of the contract. The policy shall provide an extended reporting period of not less than 24 months from the expiration date of the policy, if the policy is not renewed. The policy shall not be cancelled for any reason, except non-payment of premium.
2. The Bidder shall have a Financial Size Category in the insurance industry of Class VI or greater.

The University reserves the right to make inquiries and investigations as it deems necessary to determine the responsibility of any Bidder to perform the contract. The Bidder shall furnish all information and data for this purpose as the University may request. The unreasonable failure of any Bidder to promptly supply information in connection with an inquiry may be grounds for a finding of non-responsibility.

BID RESPONSE FORMAT

The bid response to be in three (3) parts:

1. Part I to consist of the Bid Response Form.
2. Part II to use a numbering scheme parallel to that in Section III of the ITB to explain the Bidder's ability to meet the policy specification requirements set forth.
3. Part III to use a numbering scheme parallel to that in Section IV of the ITB to answer all questions in regards to the Bidder's organizational profile in handling the IAI policy.

PART I - BID RESPONSE FORM

All bids shall be submitted on the bid response form provided in the ITB. The bid response form must be properly signed in ink by an officer of the proposing entity authorized to sign the bid.

PART II - SPECIFICATION CONFORMANCE

Part II to consist of a numbering scheme parallel to that used in Section III of the ITB in order that the Bidder may explain how their bid will meet each

individual policy specification requirement. No forms are provided for this purpose, but each page should be initialed by the Bidder. A simple answer of "Proposing as Specified" shall be acceptable as a response for each individual policy requirement met. If exception is taken to any requirement, a detailed explanation shall be required to clarify the exception taken. Failure to follow this format may cause rejection of the bid.

PART III - ORGANIZATION PROFILE

Part III to consist of a numbering scheme parallel to that used in Section IV of the ITB in order that the Bidder may explain their handling of the IAI policy. No forms are provided for this purpose, but each page should be identified with the Bidder's name. Responses should be complete and should be accompanied by any documentation necessary to support the response. Failure to follow this format may cause rejection of the bid.

STANDARD TERMS AND CONDITIONS

ACCESS TO RECORDS

The Vendor agrees that the University and the Legislative Auditor of the State of Louisiana shall have access to, and the right to audit and examine, any pertinent books, documents, papers, and records of the Vendor related to this solicitation and any resulting agreement.

ASSIGNMENT

The contract or any portion thereof or any interest therein shall not be assigned, transferred, conveyed, sublet or disposed of without the previous consent, in writing, of the Director of Purchasing. Any attempted assignment under the agreement shall be void and of no effect.

AVAILABILITY OF FUNDS

Contract award and any contract extensions shall be contingent upon the continued funding of University operations by the Louisiana State Legislature. The University reserves the right to cancel the IAI policy upon thirty (30) calendar days written notice by registered or certified mail during the term of the contract period. However, in the event of cancellation, all policies currently in effect will continue in force through the end of the policy period.

CANCELLATION CONDITIONS

In any of the following cases, the University shall have the right to cancel the agreement due to: (1) Breach of contract; (2) Wherever the Vendor is guilty of misrepresentation; (3) Wherever the agreement was obtained by fraud, collusion, conspiracy or other unlawful means, or the agreement conflicts with any statutory and constitutional provision of the State of Louisiana or the United States; (4) In case of default by the Vendor, the University reserves the right to purchase any or all items or services in default in open market, charging the Vendor with any excessive costs.

CONTRACT EXTENSION PERIOD

Based upon mutual agreement between the successful Bidder and Southeastern Louisiana University, this contract may be extended for four (4) additional twelve (12) month periods. The successful Bidder will have the privilege, upon mutual agreement of the University, to adjust premium rates either upward or downward as their loss experience may indicate prior to the anniversary date. Any premium increase proposed must be consistent with the change in the medical care portion of the Consumer Price Index. Written notice to adjust premium rates upward for the next policy year shall be given to the ITB Coordinator and the Director of Purchasing not less than 150 days prior to the anniversary date. The continuation of this contract at all times is contingent upon appropriation of funding to the University by the Louisiana State Legislature.

COPYRIGHTS AND PATENTS

The Vendor shall indemnify and hold harmless the State, the University, its officers, agents and employees harmless from liability of any nature or kind for the use of any copyrighted or uncopyrighted composition, secret process, patented or unpatented, invention, article or appliance furnished or used in the performance of the agreement of which Vendor is not the patentee, assignee, or licensee.

EQUAL EMPLOYMENT OPPORTUNITY

The Vendor shall be an equal employment opportunity employer. The Vendor shall

neither discriminate nor permit discrimination in its operations or employment practices against any person or group of persons on the grounds of race, color, religion, national origin, sex, disability or in any manner prohibited by law.

LAWS

The Contractor shall comply with all applicable laws, ordinances, and regulations of the local, state and federal government in the performance of the contract.

PERMITS AND LICENSES

The Vendor shall, at its sole expense, procure and keep in effect all necessary permits and licenses required for performance under the contract.

PUBLICITY

The Vendor shall not in any way or in any form publicize or advertise in any manner the fact that the Vendor is providing services to the University without the express written approval of the Director of Purchasing, obtained in advance, for each item of advertising or publicity. However, nothing herein shall preclude the Vendor from listing the University on its routine client list for matters of reference.

SECTION II -- EVALUATION, SELECTION, AND AWARD

INTRODUCTION

The selection of the successful bid shall be awarded to the lowest responsible and responsive Bidder/s whose bid meets the requirements and criteria set forth in the Invitation to Bid that is in the best financial interest of the Athletic Department.

EVALUATION AND SELECTION

All responses received as a result of this ITB are subject to evaluation by duly authorized persons for the purpose of selecting the Bidder offering the most economical, responsible and responsive IAI policy to Southeastern students.

BASIS OF EVALUATION AND SELECTION

The basis of evaluation and selection to be as follows:

1. The bid is to be evaluated to insure that all administrative requirements in SECTION I - INSTRUCTIONS TO BIDDERS have been met. Failure to meet all requirements may result in rejection of the bid without further consideration.
2. The bid is to be evaluated to insure that all mandatory policy requirements in SECTION III - REQUIREMENTS have been met. Failure to respond to all policy requirements, unless otherwise stated and explained by the Bidder, may result in rejection of the bid without further consideration.
3. Southeastern is interested in the true value of the policy to insure adequate handling of Southeastern primary claims. For this reason, the Bidder is to furnish the information outlined in SECTION IV - ORGANIZATIONAL PROFILE. Failure to furnish the information outlined may result in rejection of the bid without further consideration.
4. The final consideration is the total premium rate. The Bidder shall respond with premium rates for all levels of coverage requested for consideration.

DETERMINATION OF SUCCESSFUL BID

The lowest responsive and responsible bid to be determined according to the annual premium/s on the Bid Response Form. The University will award the bid to the overall lowest bidder responsive and responsible bidder for the policy the Athletic Department chooses to be in its best financial interest.

Final award is subject to final negotiation and acceptance of policy terms with the Vendor.

SECTION III - REQUIREMENTS

- 3.1 Period for coverage: (August 1, 2016, or shortly thereafter, through July 31, 2017)
- 3.2 Individuals to be covered by each individual policy will be participants in one of the following sports at Southeastern Louisiana University: Women's Cross Country & Track, Men's Cross Country & Track, Women's Soccer, Women's Volleyball, Women's Basketball, Men's Basketball, Women's Softball, Men's Baseball, and Football, Women's Tennis, Men's Golf.
- 3.3 Total number of athletes to have primary insurance policies purchased will be approximately 40-60. Additional athletes may be added if funding is available.

The number of athletes will change during the 2016-2017 year due to graduation / transfer / drop out / walk-ons / tryout additions / etc.

Total Team Rosters anticipated for 2016-2017 academic year:

Men's Baseball-34
Men's Basketball-15
Women's Basketball-15
Women's Soccer-26
Women's Softball-22
Men's Golf-8
Men's Track/Field/Cross Country-75
Women's Track/Field/Cross Country-50
Women's Tennis-9
Women's Volleyball-19
Football-100-110
Total # of Athletes: 383

- 3.4 Coverage is for student-athletes participating in Intercollegiate Athletics for Southeastern Louisiana University.

ALL SCHOLARSHIP ATHLETES WILL HAVE A PRIMARY PLAN PURCHASED FOR THEM IN THE EVENT THEY DO NOT HAVE EXISTING PRIMARY COVERAGE.

ALL SOUTHEASTERN STUDENT-ATHLETES WILL BE COVERED UNDER OUR SECONDARY INSURANCE POLICY THAT COVERS ONLY ATHLETIC INJURIES/CONDITIONS THAT ARE A DIRECT RESULT OF PARTICIPATION IN ATHLETIC DEPARTMENT SANCTIONED ACTIVITIES ONLY.

There are 4 NATA Certified Athletic Trainers on staff as well as 4 NATA Certified Athletic Trainers working as Graduate Assistants. The 2 local orthopedic and primary care doctors serve as the Team Physicians and Southeastern Louisiana University has a great working relationship with them, as well as North Oaks Health System.

Southeastern Louisiana University pre-participation physical examinations are extensive and pre-existing conditions are documented. All referrals to physicians are handled by the Sports Medicine Department's Director of Sports Medicine, Nathan Quebedeaux, MS, ATC, LAT, CES. This position serves as contact for all medical expenses and services rendered to Southeastern Louisiana University's Intercollegiate Athletes.

3.5 PRIMARY COVERAGE SPECIFICATIONS/BENEFITS REQUIRED:

Details of the policy being offered must be submitted with the bid. This policy will be provided for uninsured athletes who are on athletic scholarship. We estimate approximately 40 - 60 scholarship athletes will need this coverage. This quantity is only an estimate. Actual number needed may be fewer or greater. Additional athletes may be added if funding is available.

Quote on policies (providing summary of benefits) as follows:

Deductibles - \$0 / \$250 / \$500 / \$750 / \$1000 / \$1500 / \$2000 / \$2500 / \$5000

Coinsurance- Provide Coverage Options of:

80% In-Network / 20% Out of Network

80% In-Network / 60% Out of Network

70% In-Network / 50% Out of Network

Benefit Period- month to month

Coverage below to include treatment in a hospital, physician's office, at the University or at the scene of an accident.

- Plan must allow for BOTH in/out of network providers
- Prescription drug benefits (with card)
- No limit on insurer max for individual
- No referrals to see specialists
- Covers Athletic Injury
- Covers Common Medical Conditions
- Covers Preventative Care/ Screenings/ Immunizations
- Covers Diagnostics (X-Rays, Blood Tests, etc.)
- Covers Imaging (CT/PET Scans, MRI, Bone Scan, EMG/ECG Studies, Nerve Conduction Studies, etc.) Max Benefit
- Covers Outpatient Surgery (Facility Fees, Anesthesia, Physician/Surgeon fees
- Covers Emergency Room Services
- Covers Emergency Ambulance services
- Mental/Behavioral Health, Substance Abuse Outpatient Services
- Home Healthcare, Rehabilitation Services, Habilitation Services, Skilled Nursing Care, Durable Medical Equipment, and Hospice Care
- In/Out of Network Eye Exams, Eye Glasses, Contact Lenses, and Dental Check-Ups
- Chiropractic Care
- Routine Maintenance of Well-Controlled Conditions
- Physical Therapy Max Benefit
- Platelet Rich Plasma (PRP) Therapy

Hospital Room & Board Daily Max Benefit Amount

- Intensive Care Room & Board Daily Max Benefit
- Hospital Misc. Max Benefit Amount
- Outpatient Pre-admission Testing Benefit Amount
- Outpatient Hospital Emergency Room Treatment and Supplies Max Benefit
- Urgent Care/ After Hours Care at an After Hours/ Walk-in Facility
- Surgical Benefits Max Benefit Amount
- Primary Surgeons Max Benefit Amount
- Asst. Surgeon, Second Surgical Option, Consultation Max Benefit
- Anesthesia Max Benefit
- Surgical Facility Max Benefit
- Mental/Nervous Max Benefit

- Doctor / Specialist Visits
 - In-Hospital Max Benefit
 - Office Visits Max Benefit
- X-ray / Radiology and Lab and other Diagnostic Procedures
 - (CT/PET Scans, MRI, Bone Scan, EMG/ECG Studies, Nerve Conduction Studies) Max Benefit
- Pathologist Max Benefit
- Respiratory Therapy Max Benefit
- Physical Therapy
- Chiropractic Max Benefit
- Nursing Max Benefit
- Ambulance Max Benefit
- Transportation during an emergency or from one medical facility to another
- Inpatient/Outpatient Physical Therapy Max Benefit
- Prosthetic Devices Prescribed by Physician Max Benefit
- Medical Equipment Rental Charges Max Benefit
- Medical Services and Supplies Max Benefit
 - (Blood, Blood Transfusions, Oxygen)
- Dental Treatment for regular maintenance up to 19 years of age
- Dental Treatment for Athletic Injury Max Benefit

ALL MAX BENEFITS NEED TO BE AT LEAST URC (URC-Usual, Reasonable, Customary)

- 3.6 The successful bidder must have an understanding that the state of Louisiana's "usual and customary" pay schedule is vastly different than most other states.
- 3.7 Successful bidder will provide a single person point of contact for Southeastern Louisiana University's Athletics claims adjuster, including a direct phone number and e-mail address. This point of contact is for claims questions, updates, status of pending claims, and to communicate with our Secondary Athletic Department Insurance Company.
- 3.8 The successful bidder will show proof of being a nationwide network including all 50 States and have the ability to expand to an international network.
- 3.9 The successful bidder will show proof of being able to accept Sports Medicine Medical Codes and ability to bill for Sports Medicine services. (Provide Official CPT Code Listings and Modifiers for clinical practice by Athletic Trainers)
- 3.10 The successful bidder will allow for monthly payments/cancellations of policies as needed based upon graduation / transfer / drop out / walk-ons / tryout additions / etc.
- 3.11 The successful bidder will only use electronic claims submission and provide all EOB's to Southeastern Athletics point of contact, Director of Sports Medicine, Nathan Quebedeaux (Nathan.Quebedeaux@selu.edu).

HISTORY

The University has been using an aggregate (stop-loss) insurance policy that covered all student athletes along with purchasing a primary policy for those student athletes without one, who participated in intercollegiate athletics. The Athletic Department collected insurance information on all student athletes. Those student athletes (domestic and international) who did not have insurance and participated on scholarship in intercollegiate athletics were purchased a primary policy. The medical offices filed with the student athlete's primary policy. Any costs not covered by the primary insurance was then sent to the secondary insurance company.

There was no individual enrollment in the secondary policy. All athletes were covered and added to the policy as individual claims were generated.

Current Primary Coverage is with Consolidated Health Plans and the Secondary Policy is Nahga Claims Service, via Borden Perlman.

Deductible for the 2015-2016 primary policy was a \$250 deductible per injury or sickness claim. Coverage was \$2500 Outpatient Miscellaneous Max per Policy Term with 80% of R&C after \$25 co-pay per-visit In-Network and 60% of R&C after \$25 co-pay per-visit for Out-of-Network.

Current average premium per athlete for primary policy is \$749/5-month period which, includes both a health and an accident benefit. There were approximately 60 of these policies purchased last year (2015-2016). These policies were written on an individual basis. As these were individually purchased policies, there is no collective data for loss/claims against these policies.

SECTION IV -- ORGANIZATIONAL PROFILE

The Bidder should respond to each question using a numbering scheme parallel to that used in this Section. Failure to respond to any subsection may result in rejection of the bid without further consideration.

4.1 NAME OF INSURANCE COMPANY

The Bidder is to indicate the name of the insurance company, parent company or other affiliates (designate which).

4.2 INSURANCE COMPANY'S ADDRESS

The Bidder is to indicate the street and mailing address of the insurance company.

4.3 INSURANCE COMPANY'S TELEPHONE NUMBER

The Bidder is to indicate the area code and telephone number of the insurance company. Indicate any toll free numbers that may be applicable.

4.4 LOUISIANA LICENSE

The Bidder is to be licensed by the State of Louisiana Insurance Commission and Bidder should furnish proof of their license with the bid response.

4.5 BEST'S POLICYHOLDER RATING

The Bidder shall be required to have a A.M. Best's Policyholder Rating of at least level "A-". The Bidder is to indicate the insurance companies Best Policyholder Rating for the most recent year of issuance of this rating. The Bidder should attach support documentation of this rating.

4.6 FINANCIAL SIZE CATEGORY

The Bidder shall be required to have a A.M. Best's Financial Size Category Rating of Class VI or greater. This is to be represented by roman numerals, e.g.. Class XI. The Bidder should attach support documentation of this rating.

4.7 LIST OF U.S.A. USERS

The Bidder is to list each college/university it is currently servicing. The Bidder should denote those schools insured for three (3) years or more.

4.8 U.S.A. CONTACT PERSONNEL

The Bidder is to provide the names, titles and phone numbers of at least five (5) NCAA Div. I Athletic Department administrators from the list of U.S.A. users that may be contacted regarding your companies performance.

4.9 PROJECTED LOSS RATIO

The Bidder is to indicate the projected loss ratio (estimated amount of claims that will be paid) upon which the premium rates for the proposed IAI insurance plan are based. The Bidder is to indicate the charges his/her company's retention formula includes.

4.10 PREMIUM RATES

The Bidder is to indicate who is responsible for designing or computing the rates for the proposed insurance plan. His/her name, address and phone number

to be given.

4.11 CLAIMS OFFICE

If the insurance company is responsible for paying claims, then answer the following:

1. List the location of the office claims shall be paid.
2. List the name, title, telephone number and years of experience in administering Athletic claims of each individual responsible for claim service with the Southeastern account.
3. Can Southeastern make toll-free calls to the insurance company in regards to any claim, question or problem? Indicate applicable numbers.
4. Will the claim office provide copies of EOBs to Southeastern?
5. Will the claim office provide information to Southeastern on all claims rejected and the reason for the rejection?
6. What is the average time for a claim to be processed after the date it is received by the insurance company, assuming no complications?

4.12 POLICY TIME LIMITS

The Bidder is to indicate the insurance company's procedures in processing claims when notice of a claim is submitted beyond the policy time limit.