Bossier Parish Community College
Purchasing Office
Bossier City, LA 71111
Phone: 318-678-6298
Fax: 318-678-6402
Addendum #1
September 9, 2016

BID NUMBER: 40003-10406 – Provide Intercollegiate Athletic Insurance

DUE DATE: September 15, 2016 @ 2:00 P.M., CST

The following shall become a part of the Request for Proposal, Information for Bidders and General Conditions & Specifications, as if originally included.

This purpose of this addendum is to answer inquiries.

Question #1: Annual premium for the past four years?
Answer Question #1: 12-13 -$27,275, 13-14 - $27,275, 14-15 - $27,275, 15-16 - $41,836

Question #2: Do you want Primary or Excess Coverage?
Answer Question #2: Excess

Question #3: Insurance Carrier and Administrator for each policy year. What are the benefit limits for each policy year?
Answer Question #3: See below

Question #4: Claims "as-of" date for each policy year?
Answer Question #4: August, 2016

	2012-13	2013-14	2014-15	2015-16
Deductible	**$0**	**$0**	**$0**	**$0**
Medical Maximum	**$25,000**	**$25,000**	**$25,000**	**$25,000**
Expanded Medical	**yes**	**yes**	**yes**	**yes**
Heart & Circulatory	**yes**	**yes**	**yes**	**yes**
HMO/PPO	**yes**	**yes**	**yes**	**yes**
Pre-existing	**yes**	**yes**	**yes**	**yes**
Benefit Period	**2 years**	**2 years**	**2 years**	**2 years**
AD&D	**$10,000/$500,000**	**$10,000/$500,000**	**$10,000/$500,000**	**$10,000/$500,000**
Insurer	**National Guardian Life**	**National Guardian Life**	**National Guardian Life**	**American Fidelity Assurance Company**
Third Part Administrator	**Guarantee Trust Life**	**Guarantee Trust Life**	**Guarantee Trust Life**	**Guarantee Trust Life**

THANK YOU FOR YOUR INTEREST.

_____
Gayle Doucet, Director

_____
Firm

_____
Signature

_____
Title

_____
Date

Please acknowledge receipt of this addendum by signature.