



ADDENDUM No. 1

Issue Date: June 17, 2020

Bid Number: 192033 Sports Insurance BRCC

Bids will be accepted until July 2, 2020 at 9:00 a.m. Bid must be submitted to: Baton Rouge Community College, 7515 Jefferson Highway #326, Baton Rouge, LA 70806. Due to the Covid 19 Situation Baton Rouge Community College (BRCC) will open all timely submitted sealed bids at its office located at 201 Community College Drive, Downstairs Lobby, Governors Building, Baton Rouge, LA 70806, on July 2, 2020 at 10:00 a.m., in response to this Invitation to Bid. All Bids will be publicly opened and read aloud.

Your reference is directed to BRCC Invitation to Bid 192033. Notice is given to all parties that this Solicitation is amended by the College as stated herein. This Addendum is hereby made an official part of this Solicitation.

ADDITIONAL SPECIFICATIONS

See attached documents which includes Claim History for 2011-2018; Loss Data for 2011-2017 and Claims Activity for Catastrophic policy over the last 3 years.

Past Premiums for Sports Accident Insurance:

17/18 Premium: \$39,625

18/19 Premium: \$39,625

19/20 Premium: \$72,500

Past Premiums CAT Policy:

2017-2018 = \$6,730.00

2018-2019 = \$6,730.00

2019-2020 = \$7,538.00

ACKNOWLEDGEMENT: This Addendum is to be signed and returned with your bid. If you have already submitted your bid and this Addendum does not cause you to revise your bid, you may acknowledge receipt of this Addendum by identifying your business name and by signing where indicated and submitting Addendum to BRCC prior to bid opening date and time. BRCC reserves the right to request a completed Acknowledgement at any time. You may return this Acknowledgement to: 201 Community College Drive, Office of the Vice Chancellors Conference Room 200, Governors Building, Baton Rouge, LA 70806. Failure to execute an Acknowledgement shall not relieve the bidder from complying with the terms of the Invitation to Bid.

Signature of Authorized Bidder:
(Must be signed and dated)

Company:
(Typed or printed)

REVISION: If you have already submitted your bid, and this Addendum creates a need to revise/clarify your original response in any way, you must indicate any change(s) on an updated bid form. You should acknowledge receipt of this Addendum by identifying your business name and by signing where indicated. To be considered, your addendum response **must** be submitted to and received by the issuing department to the address stated in the original ITB no later than the specified bid due date/time. You must return this Acknowledgement to: 201 Community College Drive, Office of the Vice Chancellors Conference Room 200, Governors Building, Baton Rouge, LA 70806. Revisions received after bid opening date and time shall not be considered and you shall be held to your original bid.

Signature of Authorized Bidder:
(Must be signed and dated)

Company:
(Typed or printed)

Blanket Lines Premium and Claims History for Specified Policy Number

Full Policy Number: 33SB260550

Policy Start Year Selected: 2011

As-of Date: 04/30/2019

Policy Start Date	Policy Expiry Date	Policyholder Name	Current Policy Status Description	Last Cancellation Date	Paid Premium Amount	Loss Paid Amount	Total Claim Count
08/01/2011	08/01/2012	BATON ROUGE COMMUNITY COLLEGE (BRCC)	EXPIRED	08/01/2017	\$10,946.38	\$13.22	1
08/01/2012	08/01/2013	BATON ROUGE COMMUNITY COLLEGE (BRCC)	EXPIRED	08/01/2017	\$13,736.16	\$4,775.93	10
08/01/2013	08/01/2014	BATON ROUGE COMMUNITY COLLEGE (BRCC)	EXPIRED	08/01/2017	\$13,736.16	\$69,115.10	20
08/01/2014	08/01/2015	BATON ROUGE COMMUNITY COLLEGE (BRCC)	EXPIRED	08/01/2017	\$17,316.99	\$13,346.63	15
08/01/2015	08/01/2016	BATON ROUGE COMMUNITY COLLEGE (BRCC)	EXPIRED	08/01/2017	\$19,050.72	\$56,644.37	31
08/01/2016	08/01/2017	BATON ROUGE COMMUNITY COLLEGE (BRCC)	EXPIRED	08/01/2017	\$19,050.72	\$43,433.91	13
08/01/2017	08/01/2018	BATON ROUGE COMMUNITY COLLEGE (BRCC)	EXPIRED	08/01/2017	\$0.00	0	0
			Sum:		\$93,837.13	\$187,329.16	90

!NOTE: This report Sources Claim Information Processed via the SOLAR and CCPS Administrative Systems ONLY, and EXCLUDES TPA Administered Claims such as ASI, KVI or SOLAR Draft Book Agents.

**Blanket Lines Premium and Claims History
for Specified Policy Number**

As of 06.13.2017

Full Policy Number	Client Name	Policy Start Date	Policy Expiry Date	Current Policy Status Description	Last Cancellation Date	Paid Premium Amount	Loss Paid Amount	Total Claim Count	Loss ratio per year
33SB260550	BATON ROUGE COMMUNITY COLLEGE (BRCC)	08/01/2011	08/01/2012	INFORCE		\$10,946.38	\$13.22	1	0%
33SB260550	BATON ROUGE COMMUNITY COLLEGE (BRCC)	08/01/2012	08/01/2013	INFORCE		\$13,736.16	\$4,775.93	10	35%
33SB260550	BATON ROUGE COMMUNITY COLLEGE (BRCC)	08/01/2013	08/01/2014	INFORCE		\$13,736.16	\$69,115.10	20	503%
33SB260550	BATON ROUGE COMMUNITY COLLEGE (BRCC)	08/01/2014	08/01/2015	INFORCE		\$17,316.99	\$12,602.76	15	73%
33SB260550	BATON ROUGE COMMUNITY COLLEGE (BRCC)	08/01/2015	08/01/2016	INFORCE		\$19,050.72	\$56,485.90	31	297%
33SB260550	BATON ROUGE COMMUNITY COLLEGE (BRCC)	08/01/2016	08/01/2017	INFORCE		\$19,050.72	\$26,570.32	6	139%
				Sum:		\$93,837.13	\$169,563.23	83	

Loss Ratio: 181%

!NOTE: This report Sources Claim Information Processed via the SOLAR and CCPS Administrative Systems ONLY, and EXCLUDES TPA Administered Claims such as ASI, KVI or SOLAR Draft Book Agents.

Prepared: 6/11/2020 7:21:35 AM

**MUTUAL OF OMAHA INSURANCE COMPANY
GROUP SPECIAL RISK
BENEFIT ANALYSIS REPORT
(PAID CLAIMS ONLY)**



Mutual of Omaha

*** MUTUAL CONFIDENTIAL ***

PAID DATE FROM: 8/15/2015

PAID DATE TO: 6/11/2020

MARKET: CAT

POLICYHOLDER NAME: BATON ROUGE COMMUNITY (050558-360)

BENEFIT NAME	POLICY YEAR:2017	*BILLED	OTHER INS DISCOUNTS	OTHER INS PAYMENTS	*NOT COVERED	REPRICED SAVINGS	DEDUCTIBLE	TOTAL PAID
ANESTHESIA		\$1,350.00	\$0.00	\$0.00	\$0.00	\$607.50	\$0.00	\$742.50
ASSISTANT SURGEON		\$2,679.00	\$0.00	\$0.00	\$0.00	\$267.90	\$0.00	\$2,411.10
EMERGENCY ROOM		\$696.00	\$0.00	\$0.00	\$0.00	\$69.60	\$0.00	\$626.40
GLOBALCARE INC		\$7.22	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$7.22
HOSPITAL OUTPATIENT		\$79,314.90	\$0.00	\$43,038.02	\$15,563.88	\$0.00	\$0.00	\$20,713.00
LAB		\$438.00	\$0.00	\$34.00	\$0.00	\$40.40	\$0.00	\$363.60
MRI ONLY		\$2,174.00	\$0.00	\$1,772.98	\$0.00	\$53.20	\$0.00	\$347.82
OCCUPATIONAL THERAPY		\$276.00	\$0.00	\$138.00	\$0.00	\$13.80	\$0.00	\$124.20
ORTHOPEDIC APPLIANCE		\$1,100.00	\$0.00	\$0.00	\$1,100.00	\$0.00	\$0.00	\$0.00
PHYSICAL THERAPY OUT PATIENT		\$41,334.00	\$0.00	\$2,415.00	\$936.00	\$3,475.70	\$0.00	\$34,507.30
PHYSICIAN VISIT		\$2,944.00	\$27.00	\$673.00	\$322.00	\$714.00	\$0.00	\$1,208.00
SURGERY		\$9,631.00	\$0.00	\$351.00	\$0.00	\$1,926.70	\$0.00	\$7,353.30
X-RAY & READING ONLY		\$2,730.00	\$0.00	\$1,578.00	\$0.00	\$210.15	\$0.00	\$941.85
ZELIS INVOICE EDITS		\$1,812.52	\$0.00	\$0.00	\$674.40	\$0.00	\$0.00	\$1,138.12
	Total for: 2017	\$146,486.64	\$27.00	\$50,000.00	\$18,596.28	\$7,378.95	\$0.00	\$70,484.41
	Grand Total (All Years)	\$146,486.64	\$27.00	\$50,000.00	\$18,596.28	\$7,378.95	\$0.00	\$70,484.41

* Billed and Not Covered amounts exclude Duplicate Claims