



**Purchasing Department**

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State of Louisiana  
The University of Louisiana at Monroe  
Monroe, La  
A Member of the University Louisiana System

June 17, 2026

Addendum No.1

Bid #50006-41

Secondary Aggregate or Zero Deductible Insurance  
Coverage for Student-Athletes and Other Participants or ULM Athletics Department

**Due: July 16, 2026**

The purpose of this addendum is to make changes to the specifications from the original bid. Please replace pages 10-16 with the pages attached to this addendum.

Please acknowledge receipt of this addendum.

Authorize Signature: \_\_\_\_\_

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

8032

**#TAKEFLIGHT**

**BID RESPONSE FORM – ATHLETIC INSURANCE**

BID PRICES: I/we do hereby bid the following secondary Aggregate or Zero Deductible (IAI) Coverage for the following rates:

Secondary Plan: See Section  
 \$90,000.00 medical maximum benefit per injury  
 Deductible Amount: \$0

I.

Option A

Secondary/Traditional \$0 Deductible Plan

A. Total Premium	
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Option B.

Secondary/Traditional \$0 Deductible Plan

B. Total Premium	
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Option C.

Secondary Aggregate Coverage Plan.

A. Aggregate Deductible Attachment Point	
B. Stop Loss Premium	
C. Other Fees/Cost (Explain)	
D. Aggregate Funding plus Hard Costs (B + C)	
E. Maximum Annual Expanse (A + D)	

II.

A. Cost per Athlete, Primary Insurance Verification (If Any)	
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By submitting a response to this solicitation, the bidder or proposer certifies and agrees that the following information is correct: In preparing its response, the bidder or proposer has considered all proposals submitted from qualified, potential subcontractors and suppliers, and has not, in the solicitation, selection, or commercial treatment of any subcontractor or supplier, refused to transact or terminated business activities, or taken other actions intended to limit commercial relations, with a person or entity that is engaging in commercial transactions in Israel or Israeli-controlled territories, with the specific intent to accomplish a boycott or divestment of Israel. The bidder also has not retaliated against any person or other entity for reporting such refusal, termination, or commercially limiting actions. The state reserves the right to reject the response of the bidder or proposer if this certification is subsequently determined to be false, and to terminate any contract based on such a false response.

AUTHORIZE OFFICER: \_\_\_\_\_  
(Signature) (Print or Type Name)

TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

## 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 policies.

### 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 or the proposing entity authorized to sign the bid. An individual authorized to bind the vendor as reflected by an accompanying or as provided upon request a corporate resolution or affidavit.

### 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 – ORGINAZATION 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 the 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.

## SECTION II – EVALUATION, SELECTION, AND AWARD

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.

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 policy for the University of Louisiana at Monroe Athletic Department. The University desires to award the bid to the overall lowest bidder of all plans chosen. However, the right is reserved to award contracts separately, grouped, or an all-or-non-basis.

The basis of the evaluation and selection to be as follows:

1. The bid is to be evaluated to ensure that all administrative requirements in Section I – Information for Bidders and Standard Conditions 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 ensure 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. The University of Louisiana at Monroe is interested in the true value of the policies to ensure adequate handling of ULM 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 to respond with premium rates for all levels of coverage requested for consideration.

The lowest responsive responsible bid to be determined according to the annual premium/s on the Bid Response Form of the plans chosen. The University desires to award the bid to the overall lowest bidder of all plans chosen. However, the right is reserved to award contracts separately, grouped, or on an all-or-none-basis. Final award is subject to final negotiation and acceptance of policy terms with the Vendor. When evaluating the cost aspect of an aggregate deductible program the total of the aggregate deductible, premium or administrative costs will be weighed.

## SECTION III – REQUIREMENTS

3.1 Period for coverage: (July 1, 2026, through June 30, 2027) Must be continuous coverage.

3.2 Individuals to be covered by each individual policy will be participants in one of the following sports at the University of Louisiana at Monroe: Women's Cross Country & Track (Pole Vaulters), Men's Cross Country & Track (Pole Vaulters), Women's Soccer, Women's Volleyball & Beach Volleyball, Women's Basketball, Men's Basketball, Women's Softball, Men's Baseball, Football, Student Coaches, Trainers and Managers and Graduate Assistants.

3.3 Approximate number of Student-Athletes to be covered: 373

The number of athletes will change during the 2026-2027 year due to graduation/transfer/drop out/walk-ons/tryout additions/etc.

Total Team Rosters anticipated for 2026-2027 academic year:

Men's Baseball – 43

Men's Basketball – 15

Women's Basketball – 15

Men's Cross Country – 11

Women's Cross Country – 9

Men's Track and Field – 32

Women's Track and Field - 26

Men's Football – 115

Men's Golf -10

Women's Golf – 8

Women's Soccer – 25

Women's Softball – 25

Women's Volleyball – 17

Women's Beach Volleyball – 14

Student Coaches, Trainer-Manager and Graduate Assistants Men – 7

Student Coaches, Trainer-Manager and Graduate Assistants Women – 7

3.4 Coverage is for student-athletes participating in Intercollegiate Athletics for the University of Louisiana at Monroe.

THE SECONDARY INSURANCE POLICY WILL ACT AS THE PRIMARY POLICY IN THE EVENT THAT A "HIGH RISK SPORT" SCHOLARSHIP ATHLETES DOES NOT HAVE EXISTING PRIMARY COVERAGE OR MEDICAID PLANS THAT DO NOT COVER ATHLETIC RELATED INJURIES. THERE WERE APPROXIMATELEY 50 ATHLETES THAT FIT THIS CRITERIA.

ALL NON-SCHOLARSHIP ATHLETES INVOLVED IN "HIGH RISK" SPORTS (FOOTBALL, BASEBALL, SOFTBALL, POLE VAULTER, VOLLEYBALL, BEACH VOLLEYBALL, MEN-WOMEN BASKETBALL, WOMEN SOCCER) ARE REQUIRED TO HAVE THEIR OWN PRIMARY COVERAGE IN ORDER TO PARTICIPATE.

ALL ULM 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.

ALL STUDENT-ATHLETES (SCHOLARSHIP AND NON-SCHOLARSHIP) WHO ARE NOT PARTICIPATING IN "HIGH RISK" SPORTS AND WHO DO NOT HAVE AN EXISTING PRIMARY INSURANCE POLICY WILL NOT HAVE A PRIMARY PLAN PURCHASED FOR THEM. THE SECONDARY INSURANCE WILL ACT AS PRIMARY FOR THESE STUDENT-ATHLETES IN THE EVENT OF CONDITION/INJURIES DIRECTLY RELATED TO THAT PARTICIPATION AND SANCTIONED BY THE ATHLETIC DEPARTMENT (practices, games, weight training, skill sessions, conditioning WILL BE COVERED). There are Seven (7) NATA Certified Athletic Trainers on staff.

There is one (1) local fellowship-trained sports medicine physician that serves as Medical Director and one (1) orthopedic physician that shall serve as team physician.

University of Louisiana at Monroe pre-participation physical examinations are extensive and pre-existing conditions are documented. All referrals to physicians are handled by the Athletic Training Staff and Medical Director Dr. Miguel Lopez serves as contact for all medical expenses and services rendered to ULM Intercollegiate Athletes.

### 3.5 SECONDARY 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 and participate in a “high risk” sport. We estimate approximately 75 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.

NOTE: Please provide ONE or BOTH options if available.

A. Policy Type: Full Excess (non-duplication) Traditional \$0 Deductible

\$90,000 Max benefit per injury (excess)

Specific (per-injury Deductible): \$0 (zero)

\$10,000 AD & D – Aggregate Limit \$1,000,000

Benefit Period: 104 weeks

- Must include the following riders:
- Heart and Circulatory
- HMO/PPO Denials
- Pre-existing Conditions
- Expanded Medical/Repetitive Motion

Coverage of Out of Season Conditioning

Orthopedic Appliance

Ambulance Services

Physical Therapy

Dental coverage for accidents to a healthy tooth to benefit max

Platelet Rich Plasma (PRP) Therapy

B. Policy Type: Full Excess (non-duplication) Traditional \$0 Deductible Plan

\$45,000 Max benefit per injury (excess)

Specific (per-injury Deductible): \$0 (zero)

\$10,000 AD & D – Aggregate Limit \$1,000,000

Benefit Period: 104 weeks

- Must include the following riders:
- Heart and Circulatory
- HMO/PPO Denials
- Pre-existing Conditions
- Expanded Medical/Repetitive Motion

Coverage of Out of Season Conditioning

Orthopedic Appliance

Ambulance Services

Physical Therapy

Dental coverage for accidents to a healthy tooth to benefit max

Platelet Rich Plasma (PRP) Therapy

C. Policy Type: Full Excess (non-duplication) Aggregate Deductible Plan  
\$90,000 Max benefit per injury (excess)  
Specific (per-injury Deductible): \$0 (zero)  
\$10,000 AD & D – Aggregate Limit \$1,000,000  
Benefit Period: 104 weeks  
- Must include the following riders:  
- Heart and Circulatory  
- HMO/PPO Denials  
- Pre-existing Conditions  
- Expanded Medical/Repetitive Motion  
Coverage of Out of Season Conditioning  
Orthopedic Appliance  
Ambulance Services  
Prescription Benefits  
Physical Therapy  
Dental coverage for accidents to a healthy tooth to benefit max

#### SECTION IV – ORGANIZATIONAL PROFILE

The Bidder should respond to each question using a number 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 Policyholder Rating of at least level “A-“. The Bidder is to indicate the insurance companies Best Policyholder Rating for the most recent year of insurance 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 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 Division I Athletic Department administrators from the list of U.S.A. users that may be contacted regarding your company's performance.

#### 4.9 PROJECTED LOSS RATIO

The Bidder is to indicate the projected loss ratio (estimated number 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 ULM account.
3. Can ULM 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 ULM?
5. Will the claim office provide information to ULM 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? Searching for groups who can process in under 14 days.

#### 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.