



Request for Proposal

The Christian County Board of Education requests “proposals” for Student Accident Insurance for the 2024-2025 school year in accordance with the specifications and general conditions of the Request for Proposal. Proposal specifications may be picked up at the Central Office front desk, 200 Glass Avenue, Hopkinsville, KY 42240.

Proposals must be submitted in a "sealed" envelope, marked "Proposal for Student Accident Insurance" and returned to Megan Kidd, District Health Director, Christian County Public Schools, P.O. Box 609, 200 Glass Ave, Hopkinsville, KY 42240. All proposals must be received by 10:00 AM, May 08, 2024. Failure to submit a proposal by the designated time and date will result in the proposal being deemed invalid. The Board of Education assumes no responsibility for proposals that do not meet time requirements. Proposal opening will be held at 10:00 AM, May 08, 2024. All proposals received will be opened and read aloud. Interested parties may attend and no immediate decision will be rendered concerning the proposals submitted.

The proposer will be required to fulfill the terms outlined in the specifications of the RFP. Questions: please contact Megan Kidd at 270-887-7000. Proposal award will be based on the proposal best meeting the needs of Student Accident Insurance for Christian County Public Schools.

The Christian County Board of Education reserves the right to reject any or all proposals. Specifications are listed below. In the event that all proposals are unacceptable, the Board of Education will invite new proposals within a period of thirty (30) days.

Megan Kidd, RN
District Health Director
Christian County Public Schools

ALL SCHOOL PLAN

Agency must provide accident protection for all students participating in all school sponsored and supervised activities of the Christian County Public School system. This includes pre-school students, kindergarten through twelfth grade students, and any other Christian County Public Schools student body members.

EFFECTIVE DATES

Policy coverage must begin July 01, 2024 and end June 30, 2025.

STUDENT ACCIDENT INSURANCE SPECIFICATIONS

Proposals submitted must meet or exceed the following criteria:

Medical Maximum:	\$25,000
Deductible:	None
Benefit Period:	2 Years
Accidental Death:	\$10,000

The policy must include benefits to cover 100% of Usual and Customary expenses incurred for treatments and services of a legally qualified physician, surgeon, dentist, and hospital or ambulatory surgical center for injuries requiring treatment with a \$1000 limit on Physical Therapy. **Alternate plan designs will be considered.** Benefits shall be paid up to a maximum of \$25,000 for any one injury subject to an excess basis, meaning that the student's parental (primary) coverage must contribute its maximum first before the policy has liability, and without inside scheduled benefit limitations. **Failure to provide a policy that adheres to the above language shall result in disqualification.**

CATASTROPHIC

Medical Maximum:	\$7,500,000
Medical Deductible:	\$25,000
Accidental Death:	At least \$20,000
Benefit Period:	10 Years

Catastrophic coverage is provided by the KHSAA for students engaged in KHSAA sanctioned events. Catastrophic coverage must also be provided for non-sanctioned KHSAA activities for pre-school students, kindergarten through twelfth grade students, and any other Christian County Public Schools student body members; including the "dead period" each calendar year.

PRIMARY COVERAGE

This insurance shall be secondary coverage. In the event that a student does not have primary coverage, this insurance shall be the primary insurance coverage.

STUDENTS COVERED

All students, pre-school through twelfth grade and any other Christian County Public Schools student body members shall be covered.

NUMBER OF STUDENTS

Christian County Public Schools has approximately 9,000 students.

EXPERIENCE

Proposing agency must have at least 10 years of experience with Student Accident Insurance. Proposing agency must be Kentucky based.

ERRORS & OMISSIONS

Each agent participating in the proposal must submit a copy of their Errors & Omissions insurance coverage.

SAMPLE POLICY

Please include a sample Student Accident Insurance Policy.

LICENSES

All companies/individuals must be licensed as insurance agencies/agents in the state of Kentucky. Third Party Administrators must be licensed in the State of Kentucky.

CONFLICTS OF INTEREST

KRS 45A.455 prohibits conflicts of interest, gratuities or kickbacks to employees of the Board of Education in connection with contracts for supplies or services whether such gratuities or kickbacks are direct or indirect. KRS 45A.990 provides server penalties for violations of the laws relating to gratuities or kickbacks to employees which are designed to secure a public contract for supplies or services.

DISCRIMINATION

The Christian County Board of Education does not discriminate on the basis of race, color, national origin, age, religion, sex, or handicap in employment, education programs, or activities as set forth in Title M, Title VI, and Section 504.

AWARD

The award of the Student Accident Insurance proposal by the Christian County Board of Education will be for a period of one year beginning July 01, 2024 through June 30, 2025. The Board of Education reserves the right of cancellation at any time for any reason within thirty (30) days of receipt of written notice.

PLEASE USE THIS PAGE TO RECORD THE TOTAL DOLLAR AMOUNT OF YOUR BID. YOU MAY INCLUDE ADDITIONAL DOCUMENTATION WITH YOUR BID, BUT THE BOARD OF EDUCATION WILL ONLY GIVE YOUR COMPANY CONSIDERATION IF THE STUDENT ACCIDENT INSURANCE BID AMOUNT ON THIS PAGE IS FILLED IN WITH THE TOTAL DOLLAR AMOUNT THE COMPANY IS BIDDING FOR THE YEAR.

**CHRISTIAN COUNTY PUBLIC SCHOOLS
BID FOR STUDENT ACCIDENT INSURANCE
2024-2025 SCHOOL YEAR**

Student Accident Insurance Bid Amount: \$ _____

Company Name: _____

Company Official Authorizing the Bid: _____

Address (to include City, State, Zip Code):

Phone Number: _____

Date: _____

STUDENT ACCIDENT INSURANCE 2024-2025

THIS CERTIFICATE MUST BE EXECUTED BY THE BIDDER

In compliance with this invitation to bid, in consideration of the detailing description attached, and subject to all conditions, the undersigned agrees if this bid is accepted within time stipulated, to furnish any or all services upon which prices are quoted in accordance with the specifications.

Terms of _____% cash discount to apply if invoices are paid within _____ days after delivery and acceptance of services.

Firm Name: _____

Authorized Signature: _____

Title: _____

Address: _____

Phone Number: _____

Date: _____

Christian County Public Schools Loss Runs as reported by student accident insurance companies:

POLICY YEAR	CLAIMS PAID as of date
See Attached	