



Purchasing
 Truman State University
 McClain Hall 106
 100 E. Normal Ave.
 Kirksville, MO 63501
 Phone: 660-785-4326
 Fax: 660-785-7337
 Email: kmurphy@truman.edu
 Website: [http:// www.truman.edu/businessoffice/purchasing](http://www.truman.edu/businessoffice/purchasing)

June 8, 2018

REQUEST FOR PROPOSALS (RFP)

**INTERCOLLEGIATE ATHLETIC TEAM MEDICAL INSURANCE
 FOR THE 2018-19 ATHLETIC SEASON**

PROJECT SP18-29

SUBMITTAL DEADLINE	SUBMIT
2:00 P.M. CDT Local Time, Thursday June 28, 2018	Original plus Three (3) Copies and One (1) Electronic copy via CD, DVD or Thumb Drive
DELIVERY BY MAIL	DELIVERY BY HAND
Truman State University Attn: Kim Murphy, CPPO, CPPB Purchasing Department 106 McClain Hall 100 E. Normal Ave. Kirksville, MO 63501	Truman State University Purchasing Department 106 McClain Hall Kirksville, MO 63501

Submittals from minority, women and disadvantaged business enterprises are encouraged.

Faxed or Electronic submissions will NOT be accepted



VENDOR REGISTRY FOR NOTIFICATION OF INTENT TO RESPOND

Truman State University

Project SP18-29

Intercollegiate Athletic Team Medical Insurance for the 2018-19 Athletic Season

Please complete and submit this form prior to the submittal deadline as shown on the Request for Proposal document. Please fax to 660-785-7337 or email to kmurphy@truman.edu. This page is not part of the RFP package and must be submitted to notify Truman State University of your interest in this project and for Truman to notify your organization of any addenda. These addenda are issued if there is a need to change the specifications or closing date/time of the request.

INTENT TO RESPOND STATEMENT

___ YES Our organization plans to submit a response to this solicitation for bids:

NO RESPONSE STATEMENT

___ No Our organization is not submitting a response for the following reason(s):

- | | |
|---|--|
| <input type="checkbox"/> We do not offer this commodity and/or service or an equivalent | <input type="checkbox"/> Insufficient time to respond to the invitation to bid. |
| <input type="checkbox"/> Our schedule would not permit us to perform | <input type="checkbox"/> Cannot meet delivery requirements |
| <input type="checkbox"/> The project is too small | <input type="checkbox"/> Licensing restrictions (please explain) |
| <input type="checkbox"/> The project is too large | <input type="checkbox"/> Other reasons or additional comments (please explain below) |

Name of Organization: _____

Contact Name: _____

Contact Address: _____

Contact Phone Number: _____ Fax Number: _____

Contact Email Address: _____

**REQUEST FOR PROPOSALS
FOR
INTERCOLLEGIATE ATHLETIC TEAM MEDICAL INSURANCE
FOR THE 2018-19 ATHLETIC SEASON**

Project No. SP18-29

**TRUMAN STATE UNIVERSITY
Kirksville, Missouri**



June 2018

Proposal Opening Date: June 28, 2018

Time: 2:00 PM CDT

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Request for Proposal – Notice to Vendors

Truman State University is requesting sealed proposals from qualified individuals and organizations to provide intercollegiate athletic team medical insurance coverage for the 2018-2019 athletic season.

Proposals are to be addressed and delivered to the Purchasing Department, 106 McClain Hall, Truman State University, Kirksville, MO 63501 until 2:00 PM CDT, Thursday June 28, 2018, at which time the names of those firms or individuals submitting proposals will be read aloud. No other public disclosure will be made until after an award of the contract.

Request of Proposal documents are available from the University by contacting the below address or on the Purchasing Website at <http://www.truman.edu/businessoffice/purchasing/open-bids/>.

A one-page Proposer Registry for Notification of Intent to Respond to this RFP document is the second page of the RFP document. This form is required if you plan to submit a proposal and wish to receive any (1) RFP addenda and (2) answers to questions regarding the RFP or addenda that have, in the University's opinion, general applicability. If your Firm chooses not to respond, we ask that you complete the bottom half of this page and return to us.

The University's delivery address is:

Truman State University
Purchasing Department
McClain Hall 106
100 East Normal
Kirksville, MO 63501



Kim Murphy, CPPO, CPPB
Purchasing Supervisor
Truman State University

PART ONE
INTRODUCTION AND GENERAL INFORMATION

A. INTRODUCTION

1. Truman State University (“Truman or University”) is soliciting competitive, sealed proposals from qualified individuals and organizations to provide intercollegiate athletic team medical insurance coverage for the 2018-2019 athletic season as specified herein, in accordance with the terms, conditions and provisions of this Request for Proposal (RFP). This request for proposal contains background information on the University and specific information that must be included in the proposals submitted. Proposals must be submitted by 2:00PM, June 28, 2018, to the Purchasing Department.

B. BACKGROUND

1. Truman State University (TRUMAN) currently receives NCAA catastrophic athletic accident coverage. TRUMAN desires to continue securing secondary coverage under the NCAA catastrophic policy. The major component of the secondary coverage is medical coverage in the amount of \$90,000 per occurrence. Such coverage is provided on an “excessive of other available” basis and the proposal submitted by each Agency should, likewise, be on this basis.
2. The University requires every student athlete to have a primary insurance policy.
3. The coverage requested herein will begin upon fulfillment of the \$1,000 deductible (disappearing) for all sports. The primary carrier’s payments are acceptable fulfillment of the deductible.
4. Current Broker: Dissinger Insurance Service
8700 Indian Creek Pkwy., Ste 320
Overland Park, KS 66210
Phone: 913-491-6385
Fax: 913-491-0527
5. Underwriter: Carlin Insurance Company
6. Attachment No. 1 to this RFP document contains historical claims, payments and premium information from several previous years. Dissinger Insurance Services has provided insurance for TRUMAN since 2003.
7. Attachment No. 2 to this RFP document contains information regarding insurance related services provided by TRUMAN.
8. TRUMAN will have the following men’s and women’s sports and numbers of participants for the 2018-2019 athletic season:

Men’s Athletic Sports

Women’s Athletic Sports

Low Risk Sports:

<u>Sport</u>	<u>Number of Participants</u>	<u>Sport</u>	<u>Number of Participants</u>
Baseball	35	Softball	18
Basketball	16	Basketball	16
Cheerleading	2	Cheerleading	15
Cross Country	15	Cross Country	14

Men's Athletic Sports (cont'd)**Women's Athletic Sports (cont'd)****Low Risk Sports:**

<u>Sport</u>	<u>Number of Participants</u>
Swimming (NO Diving)	23
Track & Field	40
Tennis	8

<u>Sport</u>	<u>Number of Participants</u>
Swimming (NO Diving)	22
Track & Field	35
Tennis	8
Volleyball	16
Golf	10

High Risk Sports:

<u>Sport</u>	<u>Number of Participants</u>
Football, Fall	110
Football, Spring	85
Soccer	30
Wrestling (Pending Funding)	10
Equestrian Team (Separate Policy)	5

<u>Sport</u>	<u>Number of Participants</u>
Soccer	30
Equestrian Team (Separate Policy)	60

****SPECIAL NOTE****

The policy for the Equestrian Team has continually been renewed for the same coverage since 2000 with approximately 5 male and 40 female students in this program. The premium for this policy has remained \$3,900 and there have been no claims filed against this sport. TRUMAN will have approximately 5 male and 60 female student participants for the 2018-2019 season for the Equestrian Team.

There are approximately 5 male and 15 female student athletic trainers and approximately 3 male and 11 female managers for the 2018-2019 athletic season.

**PART TWO
COVERAGE REQUIREMENTS**

A. Policy Requirements

1. The selected Agency shall execute an annual contract that will commence on August 1, 2018 and end August 1, 2019. The policy executed and issued by virtue of the contract shall be held by Truman State University. The term of the contract is for one year with two additional one-year renewal options.
2. The selected Agency shall provide an Intercollegiate Athletic Team Medical Insurance policy for the Truman men and women athletic teams with the following minimum limits and requirements:

- ✓ Accident Medical Minimum: \$90,000
- ✓ Dental Minimum: \$90,000
- ✓ Deductible Amount: \$1,000 All Sports

OPTIONAL:

Deductible Amount: \$1,500 All Sports
and
Deductible Amount: \$2,500 All Sports

- ✓ Deductible to be disappearing.
- ✓ Benefit Period: One (1) year

OPTIONAL:

Benefit Period: Two (2) years

- ✓ Expanded Medical: Yes
- ✓ Full coverage if an HMO or PPO denies coverage for service outside its geographic area or its provided network.
- ✓ Pre-Existing Conditions: Included
- ✓ Accidental Death, Dismemberment, and Loss of Use Benefits: \$10,000/\$500,000

3. The selected Agency shall provide a policy declarations page which must include the following items:

- ✓ Name and address of insurance company
- ✓ Current "Best Rating", including Class
- ✓ Policy Number
- ✓ Type and Limits of Coverage
- ✓ Policy Period
- ✓ Deductible Amounts
- ✓ Address and telephone number of claims office
- ✓ List of endorsements

4. The selected Agency shall place the above described declarations page as the first page of the policy.

5. The selected Agency shall provide a separate policy as outlined in 1 - 4 above for the Equestrian Team.

B. Service Requirements

1. Claims Service - In the event of a claim, the selected Agency shall provide rapid and efficient processing of claims timely service and claims payment services.

2. The selected Agency must contact the participant (claimant) within 72 hours after the Agency is notified of a loss.
3. The selected Agency must provide claim forms and claim filing instructions to each participant as needed.
4. The selected Agency must prepare an annual reporting which itemizes by participant all claims filed, claims denied, and claims paid for the athletic teams. The selected Agency must send a copy of the report to the following address:

Truman State University
Purchasing Supervisor
106 McClain Hall
Kirksville, MO 63501

5. Loss Control Service - The selected Agency shall provide a loss control program.
6. The selected Agency shall provide a toll-free claims number.
7. The selected Agency shall have a claims processor who will provide web-based portal with access to all claims status and reporting.
8. The selected Agency must provide primary insurance options.
9. The selected Agency must provide a primary insurance verification system.
10. The selected Agency must provide drug program options.
11. The selected Agency must provide an Injury Management System.

C. Other Requirements

1. The selected Agency and the insuring company must be licensed and authorized to transact business in the State of Missouri by the Missouri Division of Insurance.
2. The selected Agency must provide the master insurance policy to TRUMAN.
3. At a minimum, the selected Agency must provide that the insurance company (ies) must have policyholder rating of A or better and a financial rating of IV or better as shown in the latest issue of "Best's Key Rating Guide".
4. The selected Agency shall agree that, although the underwriting information provided as Attachment No. 1 is believed to be reasonably correct, it shall not impair coverage and/or rates under a policy issued based upon the information provided herein.

PART THREE
GENERAL CONTRACTUAL REQUIREMENTS

A. General Contractual Requirements

1. The contract between Truman and the selected Agency shall consist of (1) RFP and any amendments thereto, and (2) the proposal submitted by the selected Agency in response to this RFP. In the event of a conflict in language between the two documents referenced above, the provisions and requirements set forth and/or referenced in the RFP shall govern. However, Truman reserves the right to clarify any contractual relationship in writing with the concurrence of the selected Agency and such written clarification shall govern in case of conflict with the applicable requirements stated in this RFP or the selected Agency's proposal response. In all other matters not affected by the written clarification, if any, the RFP shall govern. The Agency is cautioned that its proposal shall be subject to acceptance by Truman without further clarification.
2. Any change in the contract including the Technical Requirements described herein, whether by modification or supplementation, must be accomplished by a formal contract amendment signed and approved by and between the duly authorized representatives of the selected Agency and Truman. Any amendments to the contract shall (1) specify an effective date; (2) specify any increases or decreases in the amount of the selected Agency's compensation, if applicable; (3) describe changes, if any, to the provisions of the contract; (4) be entitled as an "Amendment"; and (5) signed by the parties identified in the preceding sentence. The selected Agency expressly and explicitly understands and agrees that no other method and/or no other document, including correspondence, acts, and oral communications by or from any person, shall be used or construed as an amendment to the contract.
3. All reports and materials developed or acquired by the selected Agency as a direct requirement specified in the contract/purchase order shall become the property of Truman. No reports or materials prepared, as required by the contract/purchase order, shall be released to the public without the prior written consent of Truman.
4. The selected Agency shall not at any time sell, convey, transfer, mortgage or assign any interest in the contract/purchase order, either in whole or in part, nor any of its rights, title, interest or privilege hereunder whatsoever, in the contract/purchase order without the prior written consent of Truman.
5. Agencies agree that they presently have no interest and shall not acquire any interest, directly or indirectly, which would conflict in any manner or degree with the performance of the services hereunder. Agencies further agree that no person having any such known interest shall be employed or conveyed an interest, directly or indirectly, in the contract/purchase order.
6. The Agency shall not provide any perquisites, favors, or gifts to any Truman employees which tend to curry favor with any specific persons or which incur expenses to be borne by Truman. The Agency shall not attempt to gain support and appreciation from any group of employees other than providing the high quality services possible.
7. Upon filing for any bankruptcy or insolvency proceeding by or against the Agency, whether voluntary or involuntary, or upon the appointment of a receiver, trustee or assignee for the benefits of creditors, the Agency must notify Truman immediately. Upon learning of such actions, Truman reserves the right at its sole discretion to either cancel or reaffirm the contract.
8. Truman may cancel the contract at any time for a breach of any contractual obligation by providing the selected Agency with a written notice of such cancellation. Should Truman exercise its right to cancel the contract/purchase order for such a reason, the cancellation shall become effective on the date as specified in the Notice of Cancellation sent to the selected Agency.

- a. The named insured and Truman must be provided notice of the cancellation of coverage 90 days prior to the date the insurance company wishes to cancel. All other terms and conditions of the standard cancellation provisions of the policy shall apply subject to the approval of Truman
9. Truman reserves the right to terminate the contract at any time without penalty or recourse, by giving written notice to the Agency at least 30 days prior to the effective date of such termination. In the event of termination pursuant to this paragraph, all documents, data, reports, supplies, equipment and accomplishments prepared, furnished or completed by the Agency pursuant to the terms of the contract shall, at the option of Truman, become the property of Truman. The Agency shall be entitled to receive just and equitable compensation for that work completed pursuant to the contract prior to the effective date of termination.
 10. Any written notice of the Agency shall be deemed sufficient when deposited in the United States mail, postage prepaid, and addressed to the Agency or at its address as listed on the signature page of the contract, or as such address as the Agency may have requested in writing.
 11. As a public institution, Truman must follow State of Missouri rules and regulations regarding the procurement of services. Data obtained through this RFP process must be handled as confidential and may not be shared with other firms who may want to do business with Truman without the prior written approval of the University's Purchasing Department. Any future business with Truman will be obtained through a proposal process.
 12. The contract shall be construed according to the laws of the State of Missouri. The Agency shall comply with all local, state and federal laws and regulations related to the performance of the contract to the extent that the same may be applicable and must be registered with and maintain in good standing with the Secretary of State of the State of Missouri, as may be required by law or regulation.
 13. The Agency represents themselves to be an independent contractor offering such services to the general public and shall not represent itself or its employees to be an employee of Truman. Therefore, the selected Agency shall assume all legal and financial responsibility for taxes, FICA, employee fringe benefits, workers compensation, employee insurance, minimum wage requirements, overtime, etc. and agrees to indemnify, save and hold Truman, its officers, agents and employees, harmless from and against any and all loss; cost (including attorney fees); and damage of any kind related to such matters.
 14. Truman is not obligated for any payments to the selected Agency under the terms of the contract until funds have been encumbered in accordance with the provisions of Chapter 34 RSMo and any other applicable state statute. Upon the certified encumbrance of funds in accordance with state law, a purchase order will be mailed to the selected Agency as authorization to proceed with performance under the contract.
 15. The selected Agency further agrees and understands that any payment due under the terms of the contract shall be made by Truman (1) after a purchase order has been issued, (2) after the successful completion of all requirements set forth in the contract, (3) after the receipt of a properly itemized invoice, and (4) after approval and acceptance of the selected Agency's insurance policy, services and/or supplies required by the terms of the contract. Unless specifically stated otherwise in the contract, any and all materials, reports, etc. required under the contract shall be delivered FOB Destination to Truman. The selected Agency's invoice(s) must identify Truman's purchase order number. Payment will be made to the name and address identified in the contract as the "Agency" unless (1) the selected Agency has authorized a different name and mailing address in writing, or (2) unless a court of law specifies otherwise. The selected Agency should not invoice federal tax. Truman's tax-exempt letter will be furnished upon request.
 - a. The selected Agency shall furnish two (2) copies of the invoice to:
Truman State University
Business Office - Accounts Payable
106 McClain Hall
Kirksville, MO 63501

- b. The selected Agency shall be paid the firm fixed premium specified on Exhibit A for providing excess insurance and services as required by this RFP document. No other payments or reimbursements shall be made to the selected Agency.
16. The selected Agency shall agree that funds expended for the purpose of the contract must be appropriated by the General Assembly of the State of Missouri for each fiscal year included within the contract period. Therefore, the contract shall automatically terminate without penalty or termination costs if such funds are not appropriated. In the event that funds are not appropriated for the contract, the selected Agency shall not prohibit or otherwise limit Truman's right to pursue and contract for alternate solutions and remedies as deemed necessary for the conduct of state government affairs.
17. The selected Agency shall fully coordinate their activities in the performance of the contract with those of Truman. As the work of the selected Agency progresses, advice and information on matters covered by the contract shall be made available by the selected Agency to Truman throughout the effective period of the contract.
18. The selected Agency agrees and understands that the contract shall constitute an assignment by the selected Agency to Truman of all rights, title and interest in and to all causes of action that the selected Agency may have under the antitrust laws of the United States or the State of Missouri for which causes of action have accrued or will accrue as the result of or in relation to the particular goods or services purchased or procured by the selected Agency in fulfillment of the contract with Truman.
19. In accordance with all applicable provisions of the Revised Statutes of the State of Missouri, no official or employee of Truman or its governing body and no other public official of the State of Missouri who exercises any functions or responsibilities in the review or approval of the undertaking or carrying out of the scope of work covered by the contract shall voluntarily acquire any personal interest, directly or indirectly, in the contract or proposed contract.
20. No provision in this document or in the selected Agency's proposal shall be construed, expressly or impliedly, as a waiver by TRUMAN of any existing or future right and/or remedy available by law in the event of any claim by default or breach of contract.
21. In connection with the furnishing of supplies or performance of services under the contract, the selected Agency agrees to comply with the Fair Labor Standard Act, Fair Employment Practices, Equal Employment Opportunity Act, and all other applicable federal and state laws, regulations, and executive orders to the extent that the same may be applicable and further agrees to insert the foregoing provision in all subcontractors awarded hereunder.
22. The selected Agency shall be responsible for any and all injury or damage as a result of any service rendered under the terms and conditions of the contract. In addition to the liability imposed upon the selected Agency on the account of personal injury, bodily injury (including death) or property damage suffered as a result of the selected Agency's performance under the contract, the selected Agency assumes the obligation to save Truman, including its agencies, administration, Board of Governors, employees, and assigns, from every expense, liability or payment arising out of such negligent act. The selected Agency also agrees to hold Truman, including its agencies, administration, Board of Governors, employees, and assigns, harmless for any negligent act or omission committed by any subcontractor or other person employed by or under the supervision of the selected Agency under the terms of the contract.
23. The selected Agency shall, within five (5) days after the award of the contract, submit a written identification and notification to Truman of the name, title, address, and telephone number of one (1) individual within its organization as a duly authorized representative to whom all correspondence, official notices and requests related to the Agency's performance under the contract shall be addressed. The selected Agency shall have the right to change or substitute the name of the individual described above as deemed necessary provided that Truman is notified immediately.

24. The selected Agency shall maintain adequate liability insurance to protect Truman, its agencies, its clients, and the general public against any loss, damage, and/or expense related to their performance under the contract. The insurance coverage shall include, but shall not necessarily be limited to, general liability, errors and omissions, professional liability, etc. Written evidence of the insurance coverage shall be provided by the selected Agency to Truman. The evidence of insurance shall include, but shall not necessarily be limited to: effective dates of coverage, limits of liability, insurer's names, policy numbers, endorsement by representatives of the insurance company, etc. Evidence of self-insurance coverage or of another alternate irrevocably reliable. The evidence of insurance coverage must be submitted before or upon award of the contract. In the event the insurance coverage is cancelled, Truman must be notified immediately.
25. The contract shall not bind, nor purport to bind, Truman for any contractual commitment in excess of the original contract period. Truman shall have the right, at its sole option, to extend the contract for two (2) one-year periods, or a portion thereof.
26. In the event that Truman exercises its options, all terms, conditions, and provisions of the original contract shall remain the same and apply during the extension period.
27. If the options are exercised, the selected Agency shall agree that the prices stated in the original contract shall not be increased in excess of the maximum percentage of increases, if any, stated on the pricing page of the contract.
28. Any percentages of increase shall be computed against the original contract price for each extension period. If the pricing page does not include such percentages or if applicable spaces are left blank, or are not completed, prices during extension periods shall be the same as during the original contract period.
29. Truman does not automatically exercise its options based upon the maximum percentage of increase without documented justification supporting an increase and reserves the right to offer or to request an extension of the contract at a price less than that price derived from the selected Agency's extension percentages, if any.

PART FOUR
PROPOSAL SUBMISSION INFORMATION

A. Submission of Proposal

1. Proposal responses must be signed, sealed and returned (with all necessary attachments) to the following address on or before 2:00 PM on Thursday, June 28, 2018.

Truman State University
Purchasing Department
106 McClain Hall
Kirksville, MO 63501
Attn: Kim Murphy

2. One (1) original and three (3) copies of the proposal response are required to be submitted. Proposal responses will not be accepted by fax machine. All proposals shall be sealed in a package and clearly marked "Request for Proposal, Project SP18-29 for Intercollegiate Athletic Team Medical Insurance". Proposals will be accepted up to the time and date shown as indicated above. Agencies are responsible for ensuring that proposals are received by the deadline. Proposals received after the deadline will be considered non-responsive and will be removed from consideration on this basis.
3. Any form containing a signature line must be manually signed and returned as part of the proposal.
4. Agencies must respond to this RFP by submitting all data required herein order for their proposal to be evaluated and considered for award. Proposals should be as thorough and detailed as possible so that Truman may properly evaluate your capabilities to provide the required services
5. Before submitting a proposal, the Agency should become thoroughly familiar with all contract conditions referred to in this document, and any addenda issued before the proposal submission date. Such addenda shall form a part of the RFP. It shall be the Agency's responsibility to ascertain that the proposal includes all addenda issued prior to the proposal submission date.
6. All copies and contents thereof of any proposal, attachment, and explanation thereto submitted in response to this Request for Proposal, except copyright material, shall become the property of the University. All copyright material must be clearly marked. Proposing vendors **must** examine the entire RFP carefully. Failure to do so shall be at proposing Agency's risk.
7. If your proposal contains any information you consider to be proprietary, you must place it in a separate envelope and mark it "Proprietary Information". The University is the final authority as to the extent of material that is considered proprietary or confidential. Pricing information cannot be considered proprietary.
8. The University reserves the right to reject any or all proposals or any part thereof, or to accept any proposal, or any part thereof, or to withhold the award and to waive or decline to waive irregularities in any proposal when the University determines that it is in their best interest to do so. The University also reserves the right to hold all proposals for a period of up to three (3) months after the opening date.
9. Any award of a contract/purchase order resulting from the RFP document will be made only by written authorization (contract/purchase order) from the Purchasing Department.
10. All formal inquiries or requests for significant or material clarification or interpretation, or notification to the University of errors or omissions relating to this RFP document must be submitted in writing and forwarded to the address noted above and directed to the Purchasing Department, Kim Murphy, Purchasing Supervisor; faxed to 660.785.7337 or emailed to kmurphy@truman.edu. Submission questions and subsequent responses will be issued as an addendum to all prospective firms on file. No addenda will be issued later than 72 hours

prior to the time and date scheduled for the receipt of responses except an addendum postponing or withdrawing the RFP. The deadline for all formal inquiries must be submitted by June 21, 2018. Failure to submit inquiries by this deadline may result in the inquiry not being answered. Please note that the University will answer informal questions only after this date.

11. The University makes no warranty of any kind as to the correctness of any oral answers and uses this process solely to provide minor clarifications rapidly. Oral statements or instructions shall not constitute an addendum to this RFP. Proposing Agencies shall not rely on any verbal responses from the University. Agencies are advised that the only official position of Truman is a RFP and any amendment. No other means of communication, whether oral or written, shall be construed as a formal or official response of statement.
12. The University reserves the right to conduct discussions with Proposing Agencies and to accept revisions of proposals and to negotiate price changes. Price, although a consideration, will not be the sole determining factor. During this discussion period, the University will not disclose any information derived from proposals submitted, or from discussions with other Proposing Agencies. Once an award is made, the solicitation file and the proposals contained therein, are in the public record and will be disclosed upon request.
13. To facilitate the evaluation process, Agencies are requested to organize their proposal into distinctive sections that correspond with the individual evaluation categories described herein. Each distinctive section should be titled with each individual evaluation category and all materials related to that category should be included therein. Agencies are requested to provide the requested information in their response.

B. Evaluation Method for Proposals

1. All proposals received from qualified Agencies will be evaluated. Truman reserves the right to accept or reject any or all proposals submitted for consideration.

The selection committee will first determine a proposal satisfies the mandatory requirements stated in this RFP document. The comparative assessment of the relative benefits and deficiencies of the proposal in relationship to the published evaluation criteria shall be made by using subjective judgement. Award of the contract will be made in accordance with the evaluation criteria stated below:

Cost	50%
Experience, Reliability and Stability	25%
Insuring Approach – Including Policy Service, Underwriting and Claims Processing	25%

3. The University reserves the right to make an award to the responsive and responsible Proposer whose product and/or service meets the terms, conditions and specifications of the RFP and whose proposal is considered to best serve the University's interests.
4. After the initial screening process, respondents may be asked to make conference call or an oral presentation to clarify details of their response if deemed necessary by the evaluation committee or the Purchasing Supervisor, to clarify or verify the Agency's proposal and to develop a comprehensive assessment of the proposal. Agencies are cautioned not to contact employees of Truman concerning this RFP during the evaluation process.
5. Truman reserves the right to consider historic information and fact, whether gained from the Agency's proposal response, question and answer conferences, references, or any other source, in the evaluation process.

6. The Agency is cautioned that it is the Agency's sole responsibility to submit information related to the evaluation categories and that Truman is under no obligation to solicit such information if it is not included with the Agency's proposal response. Failure of the Agency to submit such information may cause an adverse impact on the evaluation of the Agency's proposal response.
7. Proposal responses will be evaluated on the Agency's distinctive plan for performing the requirements of this RFP. Since the evaluators have already read the Scope of Work as described in this RFP, it is not necessary for Agencies to repeat the exact RFP language, or to present a paraphrased version, as an original idea for a technical approach.
8. In the event that only one proposal is received in response to this RFP, the Purchasing Department reserves the right to negotiate the terms and conditions, including the price, as proposed in the sole Agency's proposal. In addition, as part of such negotiations, the Purchasing Department reserves the right to require supporting cost, pricing and other data from the Agency in order to determine the reasonableness and acceptability of the proposal.
9. In the event that the proposals received in response to this RFP are equal and tied in all aspects of the specification terms and conditions, the evaluation committee reserves the right to award the contract based upon Missouri preference.
10. The final determination of award shall be made by Truman. Pursuant to Section 610.021 RSMo, proposals and related documents shall not be available for public review until after a contract is executed or all proposals are rejected. Truman will notify all Agencies responding to this RFP the Agency whom has been selected to provide these services. Any proposal award protest must be received within 10 days after the date of notification of award in accordance with the State statute.

C. Contract Award

1. Any award of a contract resulting from this RFP will be made only by written authorization from the Purchasing Department.

D. Pricing

1. The Agency must provide a firm, fixed premium for all requirements set forth in this RFP. All firm, fixed prices must be shown on the Pricing Page, Exhibit A, of this RFP that must be completed, signed, and returned with the Agency's proposal. The premium must reflect a policy that will commence on August 1, 2018.
2. Any cost and/or pricing data submitted or related to the Agency's proposal including any cost and/or pricing data related to contractual extension options, whether required voluntary, shall be subject to evaluation if deemed by the Purchasing Supervisor to be in the best interests of Truman.
3. In the evaluation of the Agency's proposal, the evaluation committee reserves the right to consider the value of money and any other economic impact factors as deemed appropriate and in the best interests of Truman.

E. Agency's Experience, Reliability and Stability

1. Experience, reliability and stability of the Agency and the insurance company is considered in the evaluation process. Therefore, the Agency is advised to submit any information that documents successful and reliable experience in past performances, especially those performances related to the requirements of this RFP as well as documentation of a stable organization.

2. The Agency should provide the following information related to previous and current contracts which are considered identical or similar to the requirements of this RFP or which indicate experience in handling and servicing policies of this size.
 - a. Name, address and telephone number of client agency (University) and a contact person who may be contacted for verification of all data submitted.
 - b. Dates of the Insured Policy/Service.
 - c. A brief, written description of the specific prior services performed and insurance provided.
3. The above information may be shown on the form attached as Exhibit B to this RFP or in a similar manner. The Agency must provide a list of at least three (3) current customers who have purchased similar policies.

F. Insuring Approach

1. Proposals will be evaluated based on the Agency's distinctive insuring approach for providing and servicing the policy required herein.
2. Claims Service - The Agency should describe the proposed claims payment process, specifically addressing claims services and time commitments proposed and the firm and principal that will handle claims.
3. Loss Control Program – The Agency should describe the steps and processes involved in the proposed loss control program.
4. The Agency should provide a description of the underwriting guidelines utilized in underwriting the proposed policy.
5. The Agency should submit details of all reinsurance agreements and arrangements.
6. The Agency should provide evidence of sufficient errors and omissions coverage including the amount of coverage and the company with which the coverage is placed.
7. The Agency should submit a specific specimen policy (2 copies) with the appropriate policy forms for the coverage proposed. If the specimen policy is not submitted with the proposal, Truman reserves the right to require a specimen policy prior to contract award.
8. The Agency is advised that Truman reserves the right to clarify any language in the specimen policy that appears to vary from the RFP requirements.

**TRUMAN STATE UNIVERSITY
PROPOSAL CERTIFICATION**

The Agency certifies it is authorized to obligate the represented firm and further agrees with all terms, conditions, and requirements of the Truman's RFP.

The Agency further certifies the responses and resulting proposal to Truman's Request for Proposal are true and accurate.

In submitting a response to Truman's RFP, the Agency understands that Truman retains the right to reject any and all proposals and to waive irregularities and informalities therein, and to award the contract in the best interests of Truman. It is also understood that proposals may not be withdrawn for a period of **30 days** after the date and time set for the receipt of proposals.

The Agency hereby affirms:

- (1) That I am the Agency (if the Agency is an individual), a partner in the Agency (if the Agency is a partnership), or an officer or employee of the Agency having authority to sign on its behalf (if the Agency is a corporation);
- (2) That the proposal has been arrived at by the Agency independently, and has been submitted without collusion with, and without any agreement, understanding, or planned common course of action with, any other vendor of materials, supplies, equipment or services described in the RFP designed to limit independent bidding or competition;
- (3) That the contents of the proposal has not been communicated by the Agency or its employees or agents to any person not an employee or agent of the Agency or its surety on any bond furnished with the proposal, and will not be communicated to any such person prior to the official opening of the proposal; and
- (4) That Agency has fully informed himself/herself regarding the accuracy of the statements made in their response.
- (5) The Agency is registered with and maintains good standing with the Secretary of State of the State of Missouri, as may be required by law or regulation.
- (6) The undersigned certifies that their Agency (check one) _____ IS or _____ IS NOT currently debarred, suspended, or proposed for debarment by any federal or state entity. The undersigned agrees to notify the University of any change in this status, should one occur, until such time as an award has been made under this procurement action.

In compliance with this RFP document, Project No. SP18-29, and after carefully reviewing all the terms, conditions, and requirements contained therein, the undersigned agrees to furnish such services in accordance with the specifications of this RFP.

Authorized Signature

Date

Print Name

Title

Company

Federal Tax ID No.

Address

Telephone Number

Address

Fax Number

EXHIBIT A

PRICING PAGE

1. The Agency must state below a firm, fixed premium for providing excess insurance and services as required by this RFP.

Coverage to be effective August 1, 2018.

Insurance Company providing this Proposal:

A.M. Best Rating - Policy Holders Rating: _____

Business Address: _____

Business Phone Number: _____

Fax Number: _____

Name of Agent/Broker: _____

Email Address: _____

Claim services will be provided by: _____

Address: _____

Telephone Number: _____

Fax Number: _____

Authorized Signature

Date

Title

	<u>Minimum Limits</u>	<u>Proposed Limits</u>
Accidental Death/Dismemberment	\$ 10,000	_____
Maximum Benefit Per Injury	\$ 90,000	_____
Dental	\$ 2,500	_____
Deductible – All Sports	\$ 1,000	_____
OPTIONAL:		
Deductible – All Sports	\$ 1,500	_____
Deductible – All Sports	\$ 2,500	_____
Aggregate Liability per Accident	\$ 250,000	_____
Limit Aggregate Liability	\$5,000,000	_____
Annual Premium - Intercollegiate Athletic Team		\$ _____
Annual Premium - Equestrian Team		\$ _____

2. In the event Truman exercises its option to extend the contract for additional periods pursuant to the applicable provisions in Part Three of this document, the Agency should provide the maximum percentages of increase or maximum percentages of decrease for each extension period in the spaces below. The Agency is cautioned that the percentages shall be computed against the ORIGINAL contract price for each extension period. If the following blanks are not completed, prices during extension periods shall be the same as during the original. Further, the Agency is advised that Truman does not automatically grant any increases at the time of extending the contract and that if any increase is requested, documentation of need must be provided at the time of the extension.

1st Extension Period--

_____ % maximum increase or _____ % maximum decrease

2nd Extension Period—

_____ % maximum increase or _____ % maximum decrease

NOTE: In order to determine the potential maximum liability of Truman, any percentage(s) proposed by the Agency for contract extension options shall be evaluated. The firm, fixed prices stated above are provided pursuant to the terms and conditions of this RFP document.

EXHIBIT B

**AGENCY'S PRIOR EXPERIENCE
Reference No. 1**

Prior Services Performed For:

Address _____

City _____ State _____ Zip Code _____

Person Familiar With Performance _____

Title _____

Telephone Number _____

Description Of Prior Services Performed:

Contract Period: From _____ to _____

Summary of Services Performed:

EXHIBIT B

**AGENCY'S PRIOR EXPERIENCE
Reference No. 2**

Prior Services Performed For:

Address _____

City _____ State _____ Zip Code _____

Person Familiar With Performance _____

Title _____

Telephone Number _____

Description Of Prior Services Performed:

Contract Period: From _____ to _____

Summary of Services Performed:

EXHIBIT B

**AGENCY'S PRIOR EXPERIENCE
Reference No. 3**

Prior Services Performed For:

Address _____

City _____ State _____ Zip Code _____

Person Familiar With Performance _____

Title _____

Telephone Number _____

Description Of Prior Services Performed:

Contract Period: From _____ to _____

Summary of Services Performed:

ATTACHMENT NO. 1

ATHLETIC CLAIMS, PAYMENT AND PREMIUM HISTORY

A six-year history of underwriting information is provided as follows:
(Figures were as of May 30, 2018.)

	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18
Type of Coverage	Excess	Excess	Excess	Excess	Excess	Excess
Maximum Coverage	\$90,000	\$90,000	\$90,000	\$90,000	\$90,000	\$90,000
Expanded Medical	Yes	Yes	Yes	Yes	Yes	Yes
Deductible:						
All Other Sports	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
AD & D Maximum	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$25,000
AD & D Aggregate	\$500,000	\$500,000	\$500,000	\$500,000	\$500,000	\$1,000,000
Premium	\$166,000	\$173,765	\$163,970	\$139,600	\$125,700	\$120,500
Dollar Claims Paid	\$61,925	\$67,951	\$3,455	\$82,257	\$114,607	\$57,736
Loss Ratio	37%	39%	45%	59%	91%	48%
Equestrian Team Premium	\$3,900	\$3,900	\$3,900	\$3,900	\$3,900	\$3,900
Equestrian Team Claims	\$0	\$0	\$0	\$0	\$0	\$0
Carrier	Dissinger Ins. Serv.	Dissinger Ins. Serv.	Dissinger Ins. Serv.	Dissinger Ins. Serv.	Dissinger Ins. Serv.	Dissinger Ins. Serv.
Benefit Period	1 Year	1 Year	1 Year	1 Year	1 Year	1 Year
Coordination with HMO/PPO	Yes	Yes	Yes	Yes	Yes	Yes

		Claim Detail Truman State University						
Insured	Date of Loss	Type of Sport	Charges	Write-off	Ineligible	COB	Deductible	Amount Paid
Payor: TRUMAN STATE UNIVERSITY								
Policy: US564834080115-16-ICS		Effective Date: 08/01/2015						
	10/20/2015	SOCCER	\$133,881.31	\$58,620.28	\$57,516.03	\$12,170.53	\$1,000.00	\$5,574.47
	03/04/2016	BASEBALL	\$118,314.25	\$71,295.76	\$7,353.00	\$36,681.24	\$1,000.00	\$3,164.25
	09/15/2015	FOOTBALL	\$53,627.41	\$29,950.08	\$9,367.00	\$4,468.07	\$1,000.00	\$9,842.26
	08/03/2015	FOOTBALL	\$37,786.00	\$21,705.14	\$0.00	\$13,017.33	\$1,000.00	\$3,063.53
	02/14/2016	SOCCER	\$39,919.77	\$12,412.34	\$256.00	\$22,789.19	\$1,000.00	\$4,462.24
	11/07/2015	FOOTBALL	\$1,463.00	\$867.00	\$0.00	\$494.00	\$596.00	\$0.00
	11/14/2015	FOOTBALL	\$28,094.50	\$17,648.31	\$3,832.00	\$3,445.61	\$1,000.00	\$5,525.35
	12/19/2015	WRESTLING	\$27,181.27	\$9,477.01	\$6,554.75	\$6,930.42	\$1,000.00	\$4,219.09
	10/20/2015	BASKETBALL	\$3,891.20	\$0.00	\$3,891.20	\$0.00	\$0.00	\$0.00
	09/16/2015	CROSS COUNTRY PRACTICE	\$16,385.10	\$9,994.78	\$0.00	\$4,750.84	\$1,000.00	\$1,639.48
	02/20/2016	TRACK/FIELD	\$9,321.24	\$7,548.67	\$171.00	\$803.31	\$1,000.00	\$723.26
	01/11/2016	SOFTBALL	\$4,416.70	\$0.00	\$4,416.70	\$0.00	\$0.00	\$0.00
	03/13/2016	SOFTBALL	\$34,133.00	\$17,230.78	\$6,505.50	\$6,401.52	\$1,599.00	\$3,731.10
	08/20/2015	FOOTBALL	\$7,828.34	\$3,356.09	\$3,526.50	\$0.00	\$387.41	\$945.75
	08/22/2015	SOCCER	\$5,988.24	\$2,468.90	\$245.00	\$2,458.71	\$1,000.00	\$815.63
	11/07/2015	FOOTBALL	\$14,846.55	\$9,718.04	\$380.96	\$4,410.05	\$1,000.00	\$337.50
	03/22/2016	SOCCER	\$392.00	\$0.00	\$392.00	\$0.00	\$0.00	\$0.00
	09/19/2015	FOOTBALL	\$25,680.00	\$13,168.13	\$3,720.00	\$6,552.94	\$1,438.50	\$2,162.70
	03/04/2016	BASEBALL	\$191.00	\$104.09	\$0.00	\$0.00	\$86.91	\$0.00
	09/04/2015	SOCCER	\$32,305.52	\$15,299.66	\$2,736.00	\$10,715.55	\$1,000.00	\$4,278.89
	02/02/2016	SOFTBALL	\$7,288.00	\$3,272.37	\$2,375.00	\$1,007.67	\$1,000.00	\$632.96
	12/30/2015	BASKETBALL	\$40,235.32	\$6,925.85	\$24,425.40	\$0.00	\$1,000.00	\$7,940.47
	03/16/2016	TRACK/FIELD	\$171.00	\$105.10	\$0.00	\$52.72	\$65.90	\$0.00
	09/18/2015	VOLLEYBALL	\$10,266.70	\$3,764.88	\$3,817.90	\$2,145.52	\$1,000.00	\$538.40
	04/21/2016	TRACK/FIELD	\$11,406.66	\$3,304.47	\$6,962.00	\$212.00	\$1,000.00	\$140.19
	03/29/2016	FOOTBALL PRACTICE	\$36,159.55	\$14,543.55	\$8,840.00	\$9,856.43	\$1,000.00	\$2,919.57
	10/10/2015	FOOTBALL	\$3,366.00	\$967.77	\$294.00	\$673.53	\$1,000.00	\$1,104.23
	02/07/2016	BASKETBALL	\$3,740.10	\$0.00	\$3,740.10	\$0.00	\$0.00	\$0.00
	02/01/2016	BASKETBALL	\$6,688.00	\$1,961.30	\$2,475.00	\$245.17	\$1,000.00	\$1,251.70
	03/23/2016	SOFTBALL	\$5,357.80	\$2,282.48	\$2,594.40	\$0.00	\$480.92	\$0.00
	10/03/2015	FOOTBALL	\$21,617.00	\$10,329.20	\$1,193.00	\$8,758.68	\$1,000.00	\$1,336.12
	09/15/2015	FOOTBALL	\$236,031.48	\$53,379.96	\$166,153.49	\$665.51	\$1,000.00	\$15,832.52
Total For Policy: US564834_080115-16-ICS								\$82,181.66
Total For Payor: TRUMAN STATE UNIVERSITY								\$82,181.66

Claim Detail
Truman State University

Insured	Date of Loss	Type of Sport	Charges	Write-off	Ineligible	COB	Deductible	Amount Paid
Payor: TRUMAN STATE UNIVERSITY								
Policy: US746101_080116-17-ICS					Effective Date: 08/01/2016			
	03/24/2017	BASEBALL	\$77,169.38	\$42,593.69	\$6,795.14	\$24,797.75	\$1,000.00	\$2,982.80
	09/03/2016	FOOTBALL	\$30,110.77	\$22,075.81	\$2,310.00	\$1,673.41	\$1,092.00	\$3,959.55
	01/01/2017	BASEBALL	\$48,051.00	\$30,250.64	\$9,507.00	\$3,942.07	\$1,000.00	\$4,351.29
	09/16/2016	BASEBALL	\$41,914.32	\$16,073.02	\$20,769.16	\$3,087.62	\$1,000.00	\$1,984.52
	08/15/2016	FOOTBALL	\$13,785.00	\$7,027.89	\$864.00	\$4,818.11	\$1,000.00	\$1,075.00
	10/20/2016	FOOTBALL	\$113,303.78	\$24,600.74	\$57,792.72	\$0.00	\$1,000.00	\$29,910.32
	04/06/2017	FOOTBALL	\$36,546.26	\$4,662.10	\$21,205.74	\$0.00	\$1,000.00	\$9,678.42
	02/15/2017	BASKETBALL	\$142,406.03	\$59,646.63	\$68,148.96	\$45.92	\$1,000.00	\$13,564.52
	04/21/2017	TRACK/FIELD	\$4,429.00	\$1,653.29	\$601.00	\$1,404.35	\$1,000.00	\$770.36
	11/05/2016	FOOTBALL	\$67,037.56	\$32,821.47	\$17,306.00	\$3,272.60	\$2,000.00	\$12,575.29
	03/24/2017	SOCCER	\$46,734.00	\$29,470.68	\$2,958.00	\$10,454.93	\$1,000.00	\$3,850.39
	12/28/2016	BASKETBALL	\$63,470.01	\$31,043.47	\$6,008.00	\$20,123.52	\$1,000.00	\$6,295.02
	02/04/2017	BASKETBALL	\$72,217.87	\$18,312.84	\$44,520.28	\$0.00	\$1,000.00	\$8,384.75
	09/07/2016	WRESTLING	\$8,880.00	\$2,386.55	\$0.00	\$4,813.71	\$1,000.00	\$1,679.74
	08/22/2016	SOCCER	\$7,629.92	\$2,587.21	\$3,899.00	\$0.00	\$1,000.00	\$143.71
	10/16/2016	FOOTBALL	\$33,682.60	\$5,628.60	\$8,697.30	\$17,640.06	\$1,000.00	\$1,716.64
	11/12/2016	FOOTBALL	\$3,979.62	\$2,026.82	\$0.00	\$1,562.24	\$1,000.00	\$390.56
	10/05/2016	FOOTBALL	\$15,704.50	\$9,292.98	\$3,005.00	\$208.74	\$1,000.00	\$2,406.52
	11/27/2016	BASKETBALL	\$3,893.00	\$1,769.09	\$334.00	\$0.00	\$1,178.86	\$611.05
	11/12/2016	FOOTBALL	\$37,192.68	\$22,078.28	\$1,950.00	\$11,901.94	\$1,000.00	\$1,262.46
	11/07/2016	TRACK/FIELD	\$5,625.00	\$2,661.55	\$1,650.00	\$741.23	\$1,000.00	\$372.11
	03/23/2017	VOLLEYBALL	\$14,186.62	\$9,591.69	\$200.00	\$2,799.00	\$1,000.00	\$1,595.93
	10/29/2016	FOOTBALL	\$66,272.55	\$14,464.33	\$22,664.76	\$22,770.14	\$1,000.00	\$3,088.76
	09/07/2016	FOOTBALL	\$2,643.00	\$389.16	\$224.00	\$629.84	\$1,000.00	\$1,029.84
	10/15/2016	FOOTBALL	\$3,808.62	\$1,881.46	\$0.00	\$981.73	\$1,000.00	\$927.16
Total For Policy: US746101_080116-17-ICS								\$114,606.71
Total For Payor: TRUMAN STATE UNIVERSITY								\$114,606.71
Total For School: Truman State University								\$114,606.71

Claim Detail Truman State University								
Insured	Date of Loss	Type of Sport	Charges	Write-off	Ineligible	COB	Deductible	Amount Paid
Payor: TRUMAN STATE UNIVERSITY								
Policy: BAH-2000233-0817_080117-18 ICS					Effective Date: 08/01/2017			
	09/07/2017	CROSS COUNTRY PRACTICE	\$4,732.43	\$1,266.83	\$0.00	\$1,889.58	\$1,000.00	\$1,576.02
	11/07/2017	FOOTBALL	\$8,274.28	\$1,129.32	\$4,037.14	\$1,686.26	\$1,000.00	\$485.53
	09/15/2017	SOCCER	\$60,612.64	\$28,458.25	\$23,448.00	\$5,213.74	\$1,000.00	\$3,492.65
	08/12/2017	FOOTBALL	\$178,998.30	\$80,565.84	\$85,087.43	\$10,800.90	\$1,000.00	\$2,544.13
	09/20/2017	BASEBALL	\$11,433.31	\$8,022.81	\$2,300.13	\$986.31	\$1,000.00	\$778.06
	09/05/2017	SOCCER	\$34,401.70	\$31,052.30	\$0.00	\$2,679.73	\$1,000.00	\$669.68
	09/22/2017	FOOTBALL	\$198,270.93	\$95,861.04	\$94,672.46	\$504.43	\$1,000.00	\$638.79
	08/17/2017	VOLLEYBALL	\$4,037.14	\$0.00	\$4,037.14	\$0.00	\$0.00	\$0.00
	08/12/2017	FOOTBALL	\$423.00	\$222.99	\$0.00	\$75.03	\$200.01	\$0.00
	11/11/2017	FOOTBALL	\$1,080.00	\$293.87	\$0.00	\$0.00	\$786.13	\$0.00
	08/28/2017	WRESTLING	\$34,216.00	\$188.00	\$6,904.00	\$0.00	\$1,000.00	\$74.00
	09/21/2017	CROSS COUNTRY PRACTICE	\$4,732.43	\$135.00	\$4,462.43	\$0.00	\$135.00	\$0.00
	11/11/2017	FOOTBALL	\$33,611.00	\$25,703.83	\$2,436.00	\$3,659.61	\$1,000.00	\$1,811.56
	08/29/2017	WRESTLING	\$4,672.43	\$1,237.58	\$0.00	\$2,677.46	\$1,000.00	\$757.39
	10/30/2017	BASKETBALL	\$7,409.14	\$4,332.61	\$0.00	\$2,100.79	\$1,000.00	\$975.74
	10/06/2017	BASKETBALL	\$4,752.43	\$1,127.48	\$0.00	\$2,762.96	\$1,000.00	\$861.99
	08/31/2017	FOOTBALL	\$55,756.50	\$32,343.83	\$3,742.00	\$12,560.25	\$1,000.00	\$6,567.66
	08/17/2017	FOOTBALL	\$40,198.00	\$33,192.32	\$200.00	\$4,495.53	\$1,000.00	\$2,310.15
Total For Policy: BAH-2000233-0817_080117-18 ICS								\$23,543.35
Total For Payor: TRUMAN STATE UNIVERSITY								\$23,543.35
Total For School: Truman State University								\$23,543.35

ATTACHMENT NO. 2

INSRUANCE RELATED SERVICIS PROVIDED BY TRUMAN STATE UNIVERSITY

Truman State University has provided in the past and currently provides the following:

1. Employs a full-time certified Assistant Athletic Trainer who coordinates comprehensive filing of the students'/athletes' primary insurance when available. In the event the student/athlete carries an HMO, PPO, etc., the pre-authorizations are done according to the policy and the claims are processed as allowed by the plan.
2. Currently employs four (4) full-time certified Athletic Trainers.
3. The Athletic Training Program is accredited by CAATE.
4. A certified athletic trainer is present for every practice and athletic event held on the Truman campus.
5. One (1) team physician provides a free weekly clinic in the Athletic Training Room and is always available to aid, assist and care for every athlete in every sport. This results in excellent triaging, referral and rehabilitation which minimized costs.
6. A comprehensive yearly physical examination to all new students/athletes with clearance to participate by the team physician. All returning students/athletes are screened to insure that all pre-existing and new conditions are completely rehabilitated prior to participation which cuts down on the occurrence of injuries.
7. Truman requires every student athlete to have a primary insurance policy.
8. On-campus student health service staffed with one (1) physician, several nurse practitioners and lab facilities that treats student illnesses and injuries.