



## REQUEST FOR PROPOSAL

### Student Accident Insurance Policies – RFP #2023-0310

#### Invitation to Submit Proposal

Troup County School System (hereinafter, “TCSS”) invites highly qualified firms experienced and engaged in providing Student Accident Insurance policies for clients comparable to TCSS or other K-12 School Districts to submit proposals for Student Accident Insurance policies for the 2023-2024 School Year (effective July 1, 2023), issued pursuant to the specifications as outlined in this solicitation (“RFP”).

Any inquiries regarding the school district or this invitation should be directed to:

Christy Tidwell  
 Budget & Procurement Analyst  
 100 North Davis Road, Building C  
 LaGrange, GA 30241  
 Phone: (706) 812-7900  
 Fax: (706) 883-1534  
 tidwellcm@troup.org

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## Target Submission Schedule

Request for Proposal Issued	Friday, March 10, 2023
Proposals Due	Tuesday, April 11, 2023
Please note that TCSS Offices will be closed for Spring Break April 3-7. Please to not submit proposals during that time.	
Evaluation of Proposals (tentative)	Wednesday, April 12, 2023
Recommendation to the Board of Education for Contract Award	Thursday, April 20, 2023

## Instructions for Submission of Request for Proposal (RFP)

All proposals must be received at the above address no later than:

**4:00 P.M. Tuesday, April 11, 2023**

Please submit five (5) copies of your response sealed in an envelope labeled “TCSS RFP #2023-0310” to the Finance Department Office at the address listed above. Late and/or incomplete responses will be disqualified.

TCSS reserves the right to reject any and all proposals submitted and to request additional information from all proposers. Any contract awarded will be awarded to the Firm, who based upon evaluation of all proposals, is determined to have submitted the best proposal, considering both technical and cost factors. TCSS will not pay any proposer any cost incurred in making their proposal or presentations or for any information learned in the course of the selection process.

## Background Information

The Troup County School System is a political subdivision of the State of Georgia and is officially governed by the Board of Education, comprised of seven members elected by the people. They serve four-year terms and are elected by districts on a staggered basis. TCSS employs approximately 1,800 employees who work at 26 different facilities/locations in Troup County, Georgia. TCSS educates approximately 12,000 students, with approximately 1,700 students participating in secondary competitive sports.

## Evaluation Process

The award will be made to the Offeror whose Proposal provides the best value to TCSS and its students with respect to the scope of services described herein.

Administration will evaluate based on Technical attributes described below:

1. Responsiveness of the proposal in clearly stating the understanding of the scope of work and in demonstrating the intention and ability to perform the work.
2. Familiarity with public entity/school district student accident insurance programs, and demonstrated ability of the company in providing services to K-12 Systems of similar size and characteristics as TCSS.
3. Ability to determine the most appropriate policy (or policies) for the needs of TCSS and participating students (see Insurance Requirements).

Technical and Financial score calculations will be rounded to two (2) decimal places to prevent a tie. TCSS reserves the right to award the contract based on what it determines to be in the best interests of TCSS.

### A. Technical Evaluation:

Category	Max Points	Percent
1. <b>Responsiveness of the Proposal</b>	100	10%
2. <b>Familiarity with Public Entity/School District student accident insurance programs to K-12 Systems</b>	200	20%
3. <b>Ability to determine most appropriate policy for needs of TCSS and participating students</b>	300	30%
<b>Total</b>	<b>600</b>	<b>60%</b>

Up to 600 points can be awarded per evaluator for the technical portion of the proposal. Evaluators will assign a score of 1 (lowest) to 10 (highest) in each category, and the scores will be weighted according to the percentages shown above to arrive at the points awarded. The technical score is derived by using the formula below:

The proposal with the highest number of points is given a Technical Score of 600. Technical scores are given to the other vendors using the following formula:

**$P/H \times (\text{Maximum points available for Technical Proposal}) = V$ ; where:**

P = Technical score of the proposal being adjusted

H = Original Technical score of the highest ranking proposal

V = Assigned points for the proposal being adjusted

**B. Financial Evaluation:**

<b>Category</b>	<b>Max Points</b>	<b>Percent</b>
<b>Lowest Fees</b>	400	40%

The Financial proposal with the lowest fees is awarded the full 400 points. All other Financial proposals receive a prorated score calculated using the following formula:

**$L/P \times (\text{Maximum points available for Financial Proposal}) = V$ ; where:**

L = Total cost of the proposal with the lowest fees

P = Total cost of the proposal being adjusted

V = Assigned score for the proposal being adjusted

## Scope of Services

Submit bids based on the insurance requirements and census below. For all policies, if no other coverage is available, if your bid differs from the coverages requested, or if you are not able to bid on all four (4) categories, an explanation is mandatory (see Quote form).

Number of Athletes by male and female per sport are listed below. Students participating in more than one sport are counted in the sport involving the most contact.

<b>2021-2022 Athlete Census - High School</b>			
<b>Sport</b>	<b>Men</b>	<b>Women</b>	<b>Total</b>
Baseball	60	0	<b>60</b>
Basketball	39	36	<b>75</b>
Cheerleaders/Color Guard	1	110	<b>111</b>
Cross Country	19	4	<b>23</b>
Dance Team	0	13	<b>13</b>
Fishing	11	1	<b>12</b>
Flag Football	0	47	<b>47</b>
Football	255	0	<b>255</b>
Golf	16	9	<b>25</b>
Soccer	78	65	<b>143</b>
Softball	0	44	<b>44</b>
Swimming	5	7	<b>12</b>
Tennis	17	27	<b>44</b>
Track/Field	12	26	<b>38</b>
Volleyball	0	69	<b>69</b>
Wrestling	28	2	<b>30</b>
Marching Band	56	81	<b>137</b>
<b>Total High School Athletes</b>			<b>1,138</b>
<b>2021-2022 Athlete Census - Middle School</b>			
<b>Sport</b>	<b>Men</b>	<b>Women</b>	<b>Total</b>
Baseball	9	0	<b>9</b>
Basketball	35	25	<b>60</b>
Cheerleaders/Spirit Team	0	42	<b>42</b>
Cross Country	9	18	<b>27</b>
Football	151	0	<b>151</b>
Soccer	41	46	<b>87</b>
Softball	0	14	<b>14</b>
Volleyball	0	25	<b>25</b>
Wrestling	5	0	<b>5</b>
Marching Band	0	0	<b>0</b>
Band	44	40	<b>84</b>
<b>Total Middle School Athletes</b>			<b>504</b>
<b>Grand Total Athletes</b>			<b>1,642</b>

## A. Current Coverage

### 1. Student Athlete Coverage (Class A in Chart Below):

Eligible Persons: Blanket coverage for all enrolled students of the policyholder in 6<sup>th</sup> through 12<sup>th</sup> grades participating in Middle and High School sports (see list of sports and activities in the census above).

Covered Activities: Sports coverage including travel to and from home including Interscholastic Football, and all related conditioning, training and practice activities.

### 2. Field Trip Coverage (Class B in Chart Below):

Eligible Persons: Blanket coverage for all enrolled students of the policyholder in Pre-K through 12<sup>th</sup> grades participating in One-Day Non-Athletic Field Trips.

Covered Activities: School Coverage including travel to and from home.

<b>Accidental Death &amp; Dismemberment Benefits</b>	
Amount of Accidental Death Benefit (principal sum)	\$15,000
Amount of Accidental Dismemberment Benefit (principal sum)	\$30,000
Time Period for Loss	365 days from the date of a Covered Accident
Aggregate (per Covered AD&D Accident)	\$250,000
<b>Accident Medical Expense Benefits</b>	
Scope of Coverage	Full Excess
Benefit Maximum (per Injury)	<b>Class A:</b> \$25,000 <b>Class B:</b> \$10,000
Maximum Benefit Period	365 days from the date of a Covered Accident
Incurral Period	90 days from the date of a Covered Accident
Deductible (per Injury)	\$50
Co-insurance Rate	60% of the Usual and Customary Charges
Maximum for Dental Expenses (Injury Only)	\$250 per tooth per Covered Accident
Maximum for Physiotherapy Expenses	\$35 per visit, up to 5 visits
Maximum for Medical Emergency Care or Ambulatory Medical Center Expenses	\$1,500 per Covered Accident
Maximum for Ambulance Expenses	\$500 per Covered Accident
Extension of Benefits for Dental Expenses	\$600 per Covered Accident
<b>Heart or Circulatory Malfunction Benefit</b>	
Benefit Maximum	\$15,000

### 3. Catastrophic Coverage (Middle School Athletes):

The Georgia High School Association provides Catastrophic Coverage for students participating in interscholastic competition (governed by the regulations of the state high school athletic/activities authority), including

school-supervised practice, tryouts, pre- and post-game related activities including award banquets and covered travel, as defined under the policy. All student athletes, student managers, student trainers, student cheerleaders and students participating in interscholastic competition are eligible.

The GHSA Catastrophic coverage includes medical, disability, rehabilitative and custodial benefits per the policy. The policy carries a \$25,000 deductible for accident medical expenses.

TCSS is required to obtain Catastrophic Coverage for Middle School students participating in interscholastic competition (who are not covered under GHSA). Quote coverage that is comparable to what is provided to High School athletes by GHSA (above), using the Middle School athlete census information provided on page 5.

**4. Student Voluntary Coverage:**

TCSS offers all enrolled students the opportunity to enroll in voluntary accident insurance coverage (paid for by parent/guardian). Current coverage is listed below.

<b>Coverage</b>	<b>Plan A</b>	<b>Plan B</b>
<b>Accident Medical Expense</b>	Co-insurance percentage below for Medically Necessary Covered Expenses resulting from an injury. First treatment must occur within 90 days of the Covered Accident.	
Co-insurance rate for all covered Medical Expenses	70% of U&C	65% of U&C
Benefit Maximum	\$25,000	\$25,000
<b>Dental Expenses</b>		
Injury Only	Up to a Max of \$500	Up to a Max of \$250
Extension of Benefits	Up to a Max of \$600	Up to a Max of \$600
Medical Emergency Care or Ambulatory Medical Center Expenses	Up to a Max of \$2,000	Up to a Max of \$1,500
Ambulance Expenses to or from a Hospital	Up to a Max of \$800	Up to a Max of \$500
Physiotherapy Expenses	Up to \$50/visit, up to 5 visits	Up to \$35/visit, up to 5 visits
<b>Accidental Death &amp; Dismemberment</b>	In addition to medical benefits, if, within 365 days from the date of the accident covered by the policy, bodily injuries result in one of the below losses, policy holder will be paid the benefit opposite such loss.	
Benefit Maximum	Two or more members - \$30,000; Life or one member - \$15,000; loss of hearing in one ear or loss of thumb or finger on same hand - \$7,500	
Heart & Circulatory Malfunction	If, within 48 hours of participating in a Covered Activity, a sudden heart or circulatory malfunction occurs that results in death, policy holder will be paid \$10,000. This benefit will not be paid if, within 5 years of the Covered Accident, the Covered Person was medically diagnosed as having or received treatment for a heart or circulatory malfunction or hypertension, angina or other heart and circulatory conditions.	

## **B. Carrier Requirements:**

For all policies quoted, the Carrier will:

1. Handle and process all claims
2. Coordinate with HMO/PPO when applicable
3. Provide a written explanation of benefits paid to the athlete
4. Provide point-of-contact services for service issues and explanation of payment
5. Provide brochures for students and families explaining coverage
6. Provide an annual report of claims experience.

## **C. Proposal Specifications:**

Proposals must include the following:

1. Quotations with both a low benefit option and a high benefit option for all policy types when applicable.
2. Premium schedule (if varying rates are offered based upon the sport being participated in).
3. Description of any limitations on covered activities.
4. A detailed schedule of benefits; i.e., the covered medical expenses, for both low and high benefit options including:
  - a. benefit sub-limits; and
  - b. other limitations on benefits
5. Description of all exclusions applicable for all policies quoted.
6. Description of any rider included for each policy quoted.

## **D. Other Terms and Conditions:**

1. Insurer must be "A-" or better as rated by A.M. Best.
2. All policies will be effective at 12:01 a.m. on July 1, 2023, through June 30, 2024.
3. All policies may be renewed at TCSS' request for School Years 2024-2025, 2025-2026, 2026-2027 and 2027-2028.
4. All policies will be excess over any other collectible medical expense insurance policy, Medicaid or Medicare which may be available to the individual applying for benefits under these policies.



## **Additional Provisions**

- A. The Firm shall be an independent contractor and their officers, agents, and employees shall not be deemed officers, agents, or employees of TCSS.
- B. The Firm shall not assign or transfer or subcontract this agreement, any interest therein, or claim thereunder without the prior written approval of TCSS.
- C. TCSS may terminate any resulting contract, in part or in whole, without penalty, upon 30 days written notice to the Firm. Any contract cancellation notice shall not relieve the Firm of the obligation to deliver and/or perform on all outstanding orders issued prior to the effective date of the cancellation. In the event of termination by mutual agreement, the Firm shall be compensated for all outstanding invoices as of that date.
- D. The Firm shall be required at all times during the term of this agreement to subscribe to and comply with the Workers' Compensation laws of the State of Georgia and to save harmless TCSS from any and all liability from or under said act.
- E. Vendors contracting with the State of Georgia (or entities thereof as defined in the Act) further certify that they will comply with the Drug-Free Workplace Act, Official Code of Georgia Annotated, Section 50-24-1 et. seq. in carrying out any contract resulting from this proposal.
- F. TCSS operates all of its schools and offices as smoke free work places. The Firm agrees to abide by smoking restrictions in place for the offices and locations when on TCSS premises.

## **Proposal Content & Format**

- A. **Title Page:** Include the RFQ subject, the name of your firm, address, contact numbers, name of contact person and date.
- B. **Table of Contents:** Include a table of contents identifying the material by section and page number.
- C. **Letter of Transmittal**
  - 1. Briefly state your understanding of the requested services and describe the Firm's approach applied to reach the objective.
  - 2. List the person(s) who are authorized to make representations for your firm. Include their titles, addresses, email addresses and phone numbers.
- D. **Profile of the Firm**
  - 1. Provide a brief overview of your firm to include size, type (national, regional, local, etc.), and location of the office from which services will be provided to TCSS. Include brief biographies of the partners, managers, and other staff who may be assigned to TCSS's account. Include relevant experience of each in providing Student Accident Insurance Policies to school districts in Georgia and school districts similar to TCSS.
  - 2. List current or former clients with student insurance needs similar to what is being described in this RFP. Provide the name and telephone number of the client contact.
- E. **Services to be Provided**
  - 1. Express agreement to meet the requirements of the engagement as stated in the "Scope of Services" section of this RFP.
  - 2. Provide a description of the services to be provided to TCSS.

## General Terms & Conditions

- A. **Applicable Law & Courts:** This solicitation and any resulting contract shall be governed in all respects by the laws of the State of Georgia. The Firm shall comply with applicable federal, state, and local laws and regulations.
- B. **Insurance:** The successful bidder shall supply to TCSS with proof of insurance for automobile, workers compensation, and general liability. The awarded contractor shall furnish to TCSS a current Certificate of Insurance. Insurance certificates will be reviewed by TCSS. Provisions mandating TCSS to purchase insurance, increase policy limits, or name the vendor or other third party as an additional insured party shall not be included in contracts with TCSS. Troup County School System must be shown as Additional Insured with respect to liability. Attach a copy of the policy "Additional Insured" endorsement or state on the certificate that the policy has been specifically endorsed to provide coverage, including Defense Cost Coverage for TCSS as an Additional Insured. Professional Liability is excluded.
1. COMPREHENSIVE GENERAL LIABILITY  
Standard 1986 ISO (Insurance Services Office) Occurrence Form  
Bodily Injury - \$1,000,000 Each Occurrence  
- \$2,000,000 Aggregate  
Property Damage - \$1,000,000 Each Occurrence  
- \$2,000,000 Aggregate
  - Or**
  - Bodily Injury/Property Damage - \$2,000,000 CSL (Combined Single Limit) Each Occurrence/Aggregate
  2. COMPREHENSIVE AUTOMOBILE LIABILITY  
Including Owned, Non-Owned, and Hired Vehicles –  
Bodily Injury/Property Damage - \$2,000,000 CSL per Accident
  3. WORKERS' COMPENSATION  
Georgia Statutory Coverage  
Employer's Liability  
- \$500,000 Each Accident  
- \$500,000 Disease Policy Limit  
- \$500,000 Disease Each Employee
  4. UMBRELLA/EXCESS (if appropriate)  
\$5,000,000 limit of liability each occurrence and aggregate
  5. PROFESSIONAL LIABILITY (if appropriate)  
\$1,000,000 per person
- C. **Ethics in Public Contracting:** By submitting their proposals, all Firms certify that their proposals are made without collusion or fraud and that they have not offered or received any kickbacks or inducements from any other firm, supplier, manufacturer or subcontractor in connection with their proposals, and that they have not conferred on any TCSS employee

having official responsibility for this procurement transaction any payment, loan, subscription, advance, deposit of money, services or anything of more than nominal value, present or promised, unless consideration of substantially equal or greater value was exchanged. Firms specifically certify by submitting their proposal that they are not in violation of the Official Code of Georgia Annotated, Sections 16-10-2 and 16-10-22, for acts of bribery and/or conspiracy in restraint of free and open competition in transactions with state or political subdivisions. Firms contracting with the State of Georgia (or entities thereof as defined in the Act) further certify that Official Code of Georgia Annotated, Title 45, Chapter 10, Article 2, which prohibits certain public officials and employees of the State of Georgia from transacting business with certain state agencies, has not been and will not be violated in any respect by execution of this proposal and any contract resulting there from.

- D. **Debarment Status:** By submitting their proposals, all Firms certify that they are not currently debarred from submitting bids or proposals on contracts by any agency of the State of Georgia and the federal government, nor are they an agent of any person or entity that is currently debarred from submitting bids on contracts by any agency of the State of Georgia or the federal government.
  
- E. **Mandatory Use of Terms and Conditions:** Return of the complete RFP document is required. Modification of or additions to the General Terms and Conditions of the solicitation may be cause for rejection of the proposal; however, TCSS reserves the right to decide, on a case by case basis, in its sole discretion, whether or not to reject such a proposal.



Troup County School System

### OFFEROR AFFIRMATION FORM

**(This form must be completed and returned with your response)**

Full Company Legal Name: \_\_\_\_\_

RFP Name: Student Accident Insurance Policies

RFP Number: 2023-0310

After careful examination of the solicitation document in its entirety, and any addendum(s) issued, the undersigned proposes to satisfy all requirements in accordance with said documents.

For consideration of this proposal, the undersigned hereby affirms that:

1. He/she is a duly authorized official of the offeror,
2. No changes were made to the original RFP document,
3. The proposal is being submitted on behalf of the offeror in accordance with any terms and conditions set forth in this document,
4. The offeror will accept any awards made to it as a result of the proposal submitted herein for a minimum of one hundred and twenty (120) calendar days following the date of submission,
5. The offeror accepts that all of the terms and conditions of this RFP will be included in a written contract to be entered between the parties memorializing all of the terms of their agreement.

If notified in writing by mail or delivery of the acceptance of the award, the undersigned agrees to furnish and deliver the assigned Procurement officer within five (5) days of the request, a certificate of insurance indicating the coverages specified within this solicitation.

A contract shall be established which will set forth the terms of this agreement. The contract shall be interpreted, construed and given effect in all respects according to the laws of the State of Georgia.

Nondiscrimination in Employment: We, the supplier of the services covered by this bid or contract, have not discriminated in the employment, in any way, against any person or persons, or refused to continue the employment of any person or persons on account of their race, color, sex, religion, national origin, marital status, sexual orientation, age, or disability.

Respectfully submitted,

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Authorized Official Name: \_\_\_\_\_

Authorized Official Signature: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_



Troup County School System

### OFFEROR INFORMATION FORM

(This form must be completed and returned with your response)

RFP Name: Student Accident Insurance Policies

RFP Number: 2023-0310

Full Company Legal Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Contact Name for Solicitation: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Name for Purchase Orders: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Purchase orders may be delivered via email or fax. Please indicate your preferred delivery method and provide an email address or fax number.

Email:  \_\_\_\_\_ Fax:  \_\_\_\_\_

Company Website: \_\_\_\_\_ State of Incorporation: \_\_\_\_\_

E-Verify Number: \_\_\_\_\_ Taxpayer ID Number: \_\_\_\_\_

Does the company utilize an Affirmative Action Plan for Equal Employment Opportunity? Yes  No

Has the company implemented a compliance program in accordance with the Americans with Disabilities Act? Yes  No

Have any conditions or restrictions been placed on this proposal by the company that would cause it to be declared non-responsive? Yes  No

Is the company currently debarred from doing business with any federal, state or local agency? If yes, please provide details and submit on a separate sheet. Yes  No

Has the company ever defaulted on a contract or been denied a contract due to non-ability to perform? If yes, please provide details on a separate sheet. Yes  No

Please attach a copy of your W-9 to this form.



## PREMIUM QUOTE FORM

RFP Name: Student Accident Insurance Policies

RFP Number: 2023-0310

Full Company Legal Name: \_\_\_\_\_

TCSS desires to receive proposals for policies effective July 1, 2023, through June 30, 2024, for a primary term of one (1) year with the option to renew for four (4) additional (1) year terms on one of the following basis:

1. A fixed price for the three (3) year period, or
2. One (1) year contract with two (2) annual renewal options for rate and premiums deemed to be favorable to TCSS. Renewal rates are to be provided to District ninety (90) days prior to the anniversary date.

Please provide quotes based upon the information given in the CURRENT COVERAGE section of this RFP (beginning on page 6). Attach any supplemental information, or explanations for any differences between quoted coverage and current coverage to this form.

Type of Plan	Maximum Benefits	Annual Premium per student
A. Student Athlete (class A in current coverage – see Census)		
B. Field Trips (class B in current coverage – total Student population 12,000)		
C. Catastrophic Coverage (middle school athletes only)		
D. Student Voluntary	High Plan _____	High Plan _____
	Low Plan _____	Low Plan _____

Form completed by: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_



## NON-SUBMITTAL RESPONSE FORM

RFP Name: Student Accident Insurance Policies

RFP Number: 2023-0310

Full Company Legal Name: \_\_\_\_\_

### NOTE TO VENDOR:

If your company's response is "non-submittal", Troup County School System is very interested in the reason for such response. TCSS desires to ensure that the procurement process is fair, non-restrictive and attracts maximum participation from interested companies. We therefore appreciate your responses to this non-submittal form.

Please complete and fax this form to: (706) 883-1534

Please indicate your reason(s) for responding with a "non-submittal":

- Unable to meet the requirements for this solicitation.
- Unable to provide the services specified in this solicitation.
- Unable to meet time frame established for start and/or completion of the project.
- Received too late to submit a bid. Received on: \_\_\_\_\_

Other (please explain): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your response will be reviewed and placed in the solicitation file. Your input will assist TCSS in determining changes necessary to increase participation in the solicitation process.

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Authorized Official Signature: \_\_\_\_\_ Date: \_\_\_\_\_





Troup County School System

## SOLICITATION CHECKLIST

**(This form must be completed and returned with Section I of your response)**

RFP Name: Student Accident Insurance Policies

RFP Number: 2023-0310

Full Company Legal Name: \_\_\_\_\_

The following items must be completed and submitted with your response. Please only include pages on which your company has included a response.

- 1. RFP reviewed in its entirety
- 2. The original and five (5) copies of Proposal in sealed envelope
- 3. Offeror affirmation form completed and signed
- 4. Offeror information form completed and signed
- 5. Completed and signed W-9 (if not a TCSS registered vendor)
- 6. Premium Quote Form completed and supplemental materials attached (if applicable)