SANTA ROSA I.S.D.
P.O. Box 395
Santa Rosa, Texas 78593
(956) 636-9800 Ext. 110
Fax (956) 636-1439

STUDENT ATHLETIC INSURANCE PROPOSAL NO. 16-01

INVITATION FOR PROPOSALS AND SPECIAL CONDITIONS
"REQUEST FOR PROPOSALS"

The Santa Rosa Independent School District invites proposals from interested and competent vendors for **Student Athletic Insurance;** Proposals must be delivered Sealed in order to be considered. Proposals must be plainly marked on the outside of the envelope:

"Student Athletic Insurance Proposal No. 16-01"

Proposals must be delivered to the Central Administration Building, 102 Jesus R Cruz, Room 37, Santa Rosa, Texas, during regular business hours or received at P.O. Box 395 Santa Rosa, Texas 78593 anytime prior to the proposals Deadline. Deadline for proposals will be **Thursday, June 16, 2016 at 10:00 a.m**. at the Business Office. Proposals will be opened at **10:05 a.m.** on June **16, 2016** at the Chief Financial Officer's Office, located at 102 Jesus R Cruz, Central Administration Building, Santa Rosa, Texas. In case of mailed proposals or any correspondence concerning proposals, the District will not be held responsible for improper addresses, improper delivery, lost, or late mail.

PROPOSAL PACKETS ARE AVAILABLE AT THE SANTA ROSA ISD WEB SITE WWW.SRTX.ORG AND AT , 102 Jesus R CRUZ, ADMINISTRATION BUILDING, ROOM 37, SANTA ROSA, TEXAS, 78593.

The Board of Trustees reserves the right to reject any or all proposals when it appears to the best interest of the District and to waive any formalities in the proposing. It also reserves the right to cancel services preformed on the date stated.

The final decision as to the best overall offer, both as price and to suitability, rests solely with the Board of Trustees of this School District.

Proposals submitted may not be withdrawn within 60 days after proposal opening. Policy date August 1, 2016 to July 31, 2017.

Sincerely,

David Robledo,
Chief Financial Officer

P.O. BOX 395
SANTA ROSA, TEXAS 78593
(956) 636-9800 Ext. 110

GENERAL CONDITIONS OF PROPOSING:

1. **INSTRUCTIONS**: These instructions apply to all quotations and becomes part of the terms and conditions of any proposal submitted, unless, vendor takes exceptions in writing when submitting quotations.

2. **FORMS**: Quotations must be submitted on the form provided only.

3. **PROPOSAL RETURN**: The original proposal form must be sealed in an envelope clearly marked on the outside front with **"Proposal No. 16-01, Student Athletic Insurance"** addressed to David Robledo, Chief Financial Officer, Santa Rosa I.S.D., P .O. Box 395, Santa Rosa, Texas 78593.

4. **LATE PROPOSALS:** Proposals must be in the office prior to the closing date and time. NO LATE PROPOSALS WILL BE ACCEPTED for any reason.

5. **ACCEPTANCE:** The right is reserved to accept or reject any or all proposals and to waive any technicalities and accept the offer considered most advantageous to the Santa Rosa I.S.D.

6. **ERRORS/QUANTITY:** Vendors or their authorized representatives are expected to fully inform themselves as to the conditions, requirements and specifications before submitting proposals. Failure to do so will be at the vendor's own risk and vendor cannot secure relief on the plea of error. Neither law nor regulations make allowance for errors of omission or commission on the part of the vendor. Vendors must be submitted on units of quantity specified and extended to show total. In the event of discrepancies in extension, the unit price shall govern.

7. **FOB/DAMAGE:** Quotations shall be proposed F.O.B. destination; Santa Rosa I.S.D., Shipping & Receiving Center, Santa Rosa, Texas 78593 and shall include delivery and packaging costs. The Santa Rosa I.S.D. assumes no liability for goods delivered in damaged or unacceptable condition. The successful vendor shall handle all claims with carriers and in case of damaged goods, shall ship replacement goods immediately upon notification by the Santa Rosa I.S.D.

8. **FIRM PRICES:** Proposal prices must be a minimum of 90 days from the date of proposal closing. In case of annual contract request for quotations, the prices must remain firm for the period as specified on the proposal. "Discount from List" proposals are not acceptable unless specifically requested.

9. **AUTHORIZED SIGNATURE:** Proposals **MUST** show full firm name and address of vendor, and be manually signed. Failure to do so will disqualify proposal. Persons signing proposal must show title or AUTHORITY TO BIND HIS FIRM IN A CONTRACT.

GENERAL CONDITIONS OF PROPOSING (CONT'D)

10. **WITHDRAWAL/ALTERATION OF PROPOSALS:** Proposals **CANNOT** be altered or amended after proposal closing. Alterations made before proposal closing must be initiated by vendor guaranteeing authenticity. No proposal may be withdrawn after closing without acceptable reason in writing and with the approval of the Administrative Assistant for Budget & Finance.

11. **PURCHASE ORDERS AND INVOICING:** Purchase Orders will be assigned to the successful vendor on an order by order basis. All invoices for that order shall bear the assigned P.O. Number. **Invoices with incorrect or missing purchase order number will be returned to the vendor for posting of the correct P.O. number before payment is made.** Invoices must be submitted for payment by the successful vendor to the Santa Rosa I.S.D., P.O. Box 395, Santa Rosa, Texas, 78593. Attn: **Accounts Payable Department.**

12. **CASH DISCOUNTS:** Normal payment terms are net 30 days given that the goods and/or services received are in satisfactory condition. Any discounts available to the school for early payment should be noted. Discounts may be considered in determining low proposals.

13. **TAXES:** The Santa Rosa I.S.D. is exempt from State Sales Taxes. **TAX MUST NOT BE INCLUDED IN PROPOSAL.** Tax exemption certificates will be executed by the Santa Rosa I.S.D. and furnished upon request.

14. **INSURANCE:** If insurance and/or workman's compensation is required by the School for said proposal item(s), proof of insurance and/or workman's compensation should be submitted to the Risk Management Department prior to commencement of the project/service. The Santa Rosa I.S.D. reserves the right to review all insurance policies pertaining to proposal item(s) to guarantee that the proper coverage is obtained by the vendor.

15. **SPECIFICATIONS/REQUIREMENTS:** Any catalog, brand name or manufacturer's reference in the specifications is DESCRIPTIVE**, NOT RESTRICTIVE, AND ARE USED TO INDICATE TYPE AND QUALITY LEVEL DESIRED.** Proposal on brands of like nature and quality may be considered unless specifically excluded. If proposing on other than reference on specifications, proposal must show manufacturer's brand, trade name, catalog or lot number, etc., on article offered and certify article offered is equivalent to specifications. If other than specified brands of items are offered specifications,

illustrations and complete descriptive literature must be submitted with proposal unless previously filed with the Purchasing Agent.

GENERAL CONDITIONS OF PROPOSING (CONT'D)

16. **WARRANTY/MAINTENANCE AGREEMENT:** Any information regarding Warranties and/or maintenance agreements pertaining to said proposal item(s) are to be included in the proposal.

17. **DELIVERY PROMISE/PENALTIES:** Quotations MUST show the number of Calendar days required to place the materials in the possession of the Santa Rosa I.S.D. **DO NOT** quotes shipping dates. Failure to specify the delivery date will Obligate vendor to complete delivery in two (2) weeks from the date the proposal is awarded. Unrealistically short or undue long delivery promises may cause the proposal to be disregarded. Consistent failure of a vendor to meet this delivery promises without a valid reason may cause removal from the proposal list.

When delivery can be foreseen, the vendor shall give prior notice to the Chief Financial Officer, who shall have the right to extend the delivery date if reasons for delay appear acceptable. The vendor must keep the Business Manager informed at all times on the status of the order. Default in promised delivery, without acceptable reasons, or failure to meet specifications, authorizes the Business Manager to purchase the goods elsewhere, and charge any increase in cost and handling to the defaulting vendor. Every effort will be made by purchasing to locate the goods at the same or better price as that originally contracted.

18. **PACKAGING:** Unless otherwise indicated, items will be new, unused and in First Class condition in containers suitable for damage-free shipment and storage.

19. **DELIVERY TIME:** Deliveries will be accepted only during normal working Hours, 8:00 a.m. to 4:00 p.m. Monday through Friday at the designated facility.

20. **TIE PROPOSALS:** Consistent and continued tie proposing on any commodity could cause for rejection of all proposals by the Chief Financial Officer and/or investigation by the Attorney-General to determine possible Anti-Trust violation.

21. **PATENT RIGHTS:** The vendor agrees to protect the school from any claim Involving patent right infringement of copyrights on goods supplied.

22. **NO PROPOSAL:** Quotations forms must be returned at once if vendor is unable to propose.

23. **PROPOSALS EVALUATION:** All proposals are evaluated for compliance with specifications before the proposal price is considered. Response to specifications is primary in determining the best responsible proposal.

SANTA ROSA INDEPENDENT SCHOOL DISTRICT
STUDENT ATHLETIC INSURANCE
BID SPECIFICATIONS
SY 14-15

Maximum Benefit:	**$25,000**
INPATIENT	
Room and Board	100% U&C
Hospital Misc.	100% U&C
X-Rays	100% U&C
Physiotherapy	100% U&C
Surgeon Fees	100% U&C
OUTPATIENT	100% U&C
Surgeon Fees	100% U&C
Day Surgery Misc.	100% U&C
Physician Visits	100% U&C
Physiotherapy	100% U&C
Emergency Room	100% U&C
X-Rays	100% U&C
Prescriptions	100% U&C
Laboratory	100% U&C
Home Health Care*	100% U&C

*To be used in case of antibiotic treatments following outpatient surgery.

OTHER	100% U&C
Ambulance, ground only	100% U&C
Orthopedic Appliances	100% U&C
Dental	100% U&C
Anesthetist	100% U&C
MCI/CAT	100% U&C

SANTA ROSA INDPENDENT SCHOOL DISTRICT
STUDENT ATHLETIC INSURANCE
BID SPECIFICATIONS
SY 14-15

TOTAL STUDENTS K-12	**1157**
TOTAL STUDENTS- VOLUNTARY INSURANCE	**1**

HIGH SCHOOL ATHLETICS

BOYS		**GIRLS**	
FOOTBALL:	70	VOLLEYBALL:	45
BASKETBALL:	45	BASKETBALL:	35
BASEBALL:	30	SOFTBALL:	25
TRACK:	30	TRACK	20
GOLF:	10	GOLF:	10
POWER LIFTING	10	POWERLIFTING	10
XC	10	XC	10

JUNIOR HIGH ATHLETICS

BOYS		**GIRLS**	
FOOTBALL:	60	VOLLEYBALL:	35
BASKETBALL:	30	BASKETBALL:	25
TRACK:	20	TRACK:	20
XC	15	XC	15

OTHER ACTIVITIES

BOYS		**GIRLS**	
UIL:	15	UIL:	15
AGRI-SCI:	35	AGRI-SCI:	25
ROTC:	0	ROTC:	0
CHEERLEADING:	0	CHEERLEADING:	18

VOLUNTARY INSURANCE

SUMMER WORKOUTS	25	SUMMER WORKOUTS	25

STUDENT/ATHLETIC ACCIDENT INSURANCE CLAIMS ANALYSIS
SANTA ROSA ISD
2015-2016

Policy Year		Premium	Total claims Paid	Ending	%
		Received	Incurred, Pended	Date	Loss
From:	To	Y-T-D	And Unreported		Ratio
08/1/2015	07/31/2016	$49,000	$64,159	MAY-16	131%

2015-2016

Policy Year		Premium	Total Claims Paid	Ending	%
		Received	PAID	Date	Loss
From:	To:	Y-T-D			Ratio
8/1/2014	07/31/2015	$48,500	$60,107	MAY-16	124%

2012-2013

Policy Year		Premium	Total Claims	Ending	%
		Received	PAID	Date	Loss
From:	To:	Y-T-D			Ratio
8/1/2013	07/31/2014	$50,900	$31,948	MAY-16	63%

2011-2012

Policy Year		Premium	Total Claims	Ending	%
		Received	PAID	Date	Loss
From:	To:	Y-T-D			Ratio
08/01/2012	07/31/2013	$48,500	$27,004	MAY-16	56%

2010-2011

Policy Year		Premium	Total Claims	Ending	%
		Received	PAID	Date	Loss
From:	To:	Y-T-D			Ratio
08/01/2011	07/31/2012	$48,500	$37,949	MAY-16	78%

REFERENCES:

School	Contact Person	Phone No.
_____	_____	_____
_____	_____	_____
_____	_____	_____

The undersigned affirms that they are duly authorized to execute this contract, that the company, corporation, firm, partnership or individual has not prepared this proposal in collision with any other Vendor, and that the contents of this proposal as to prices, terms and conditions of said proposal have not been communicated by the undersigned nor by any employee or agent to any other person engaged in this type of business prior to the official opening of this proposal.

Vendor: _____

Address: _____

_____

Phone Number 1-800 _____

Fax Number: _____

Vendor (Print Name): _____

Official Authorizing this Proposal: _____

Position With Company: _____

Date: _____

This sheet needs to be included in the proposal package in order for your proposal to be Considered.

STATEMENT OF NON-COLLUSION

TOTAL ITEMS: _____

TOTAL ITEMS PROPOSED: _____

TOTAL EXTENTION: _____

My signature also certifies that the accompanying proposal is not the result of, or affected by any unlawful act of collusion with another person or company engaged in the same line of business or commerce, or any act of fraud punishable under current Texas codes. Furthermore, I understand that fraud and unlawful collusion are crimes under the Statue Law, and can result in fines, prison sentences, and civil damage awards.

COMPANY SUBMITTING PROPOSAL: _____

ADDRESS: _____

PERSON RESPONSIBLE FOR PROPOSAL: _____
(NAME: PRINT OR TYPE)

_____
(TITLE)

_____
(SIGNATURE)

Felony Conviction Notification

State of Texas Legislative Senate Bill No. 1, Section 44.034, Notification of Criminal History, Subsection (a), states "a person or business entity that enters into a contract with a school district must give advance notice to the district if the person or an owner or operator of the business entity has been convicted of a felony. The notice must include a general description of the conduct resulting in the conviction of a felony." Subsection (b) states "a school district may terminate a contract with a person or business entity if the district determines that the person or business entity failed to give notice as required by Subsection (a) or misrepresented the conduct resulting in the conviction. The district must compensate the person or business entity for services performed before the termination of the contract."

This Notice Is Not Required of a Publicly-Held Corporation

I, the undersigned agent for the firm named below, certify that the information concerning notification of felony convictions has been reviewed by me and the following information furnished is true to the best of my knowledge.

Vendor's Name:

_____

Authorized Company Official's Name (Printed):

_____

A. My firm is a publicly-held corporation; therefore, this reporting requirement is not Applicable.
Signature of Company Official:
_____

B. My firm is not owned nor operated by anyone who has been convicted of a felony:
Signature of Company Official:
_____

C. My firm is owned or operated by the following individual(s) who has/have been Convicted of a felony:

Name of Felon(s):
_____

Details of Conviction(s):
_____
_____

Signature of Company Official:

_____