



## Department of Purchasing

100 N. Main Street, 2<sup>nd</sup> Floor  
Suffolk, VA 23434  
(757) 925-6762

April 15, 2020

To All Interested Parties:

**Subject: Addendum #1  
Property and Casualty Insurance Coverages and Related Services**

Please note the following response to questions received regarding the above Request for Proposal. All available information has been provided.

**Question:** To prepare a response in an easy to read format, we are respectfully requesting the following RFP pages in Word format: Exhibit II Offer Response Forms, pages 12-27.

**Answer:** Please see attached

**IF PROPOSAL HAS ALREADY BEEN SUBMITTED, WE RESERVE THE RIGHT TO COLLECT SIGNATURES ON THIS ADDENDUM AFTER THE OPENING OF PROPOSALS**

Please email Anthony Hinds at [anthonyhinds@spsk12.net](mailto:anthonyhinds@spsk12.net) if you have any additional questions and sign below to acknowledge receipt of the addendum and include with your proposal.

Addendum 1 Acknowledged:

\_\_\_\_\_ Date \_\_\_\_\_

Sent by:

Anthony W. Hinds, CPPB  
Purchasing Manager

## EXHIBIT II

### PROPERTY AND CASUALTY INSURANCE OFFEROR RESPONSE FORMS

**THIS RESPONSE FORM MUST BE COMPLETED AND RETURNED WITH PROPOSAL**

**\*\*This section is available as a Word document upon request\*\***

Reference has been made to “mandatory suggested wording” within the attached pages. The following is the suggested wording:

- **Broad Form Named Insured**  
“Suffolk Public Schools, the Board, elected or appointed members, related boards, committees and departments, executives, directors, officers, governors, trustees, employees, student teachers, aides, volunteers, Booster Clubs, and the PTA or PTO of each school all while acting within their scope of duties for the School Board, and any affiliated, associated, or subsidiary entity now held or hereinafter acquired or constituted.”
- **Ninety-Day Notice of Cancellation/Nonrenewal or Material Change**  
It is agreed that in the event of cancellation, nonrenewal or material change, the insured(s) will be provided with a ninety (90) day prior written notice.
- **Knowledge of Occurrence**  
It is understood and agreed that knowledge of an occurrence by the agent, servant or employee of the Named Insured shall not in itself constitute knowledge of the Insured unless the Schools’ Risk Manager or other designated party (as agreed upon) shall have received such notice.
- **Notice of Occurrence (Loss)**  
The company shall not deny coverage as the result of an unintentional failure by the insured to give written notice as respects any occurrence for which the insured has given such written notice to any other insurer, provided written notice is given under this policy as soon as practicable after the insured becomes aware this policy may apply to such occurrence.
- **Unintentional Errors and Omissions**  
It is hereby understood and agreed that failure by the Insured to disclose all information regarding existing hazards as of the inception date of the policy shall not prejudice the insured with respect to the coverage afforded by this policy provided such failure or omission is not intentional.
- **Blanket Additional Insureds**  
It is agreed that all persons or entities for whom the insured has agreed to provide insurance in accordance with the terms of a lease of premises or other written agreement shall be covered as additional insureds hereunder.
- **Amended Definition of Bodily Injury**  
Bodily Injury means bodily injury, mental anguish, shock, mental injury, humiliation, sickness or disease sustained by a person, including death resulting from any of these at any time.

**THIS MUST BE COMPLETED AND RETURNED WITH YOUR PROPOSAL**

**AUTOMOBILE LIABILITY & PHYSICAL DAMAGE INSURANCE  
OFFEROR RESPONSE FORM (MUST BE RETURNED WITH PROPOSAL)**

**Firm Name:**  
**Carrier Name /**  
**A M Best Rating:**

Please state your company's position on each specified coverage by signifying below:

Risk Covered and Auto Symbol	Coverage Limits & Deductibles	RESPONSE & SYMBOLS
<b>Liability Insurance</b>	<b>\$1,000,000 CSL</b>	
• Bodily Injury & Property Damage – Symbol 1		
• Medical Payments- Symbol 2	<b>\$10,000 Each Person</b>	
• Uninsured/Underinsured Motorist – Symbol 6	<b>\$1,000,000 (buses)</b>	
• Uninsured/Underinsured Motorist – Symbol 6	<b>\$50,000/\$500,000/\$50,000 (all other)</b>	
<b>Owned Auto Physical Damage</b>		
• Comprehensive – Symbol 2	<b>\$1,000 Deductible (ACV)</b>	
• Collision – Symbol 2	<b>\$1,000 Deductible (ACV)</b>	
<b>Hired Car or Borrowed Auto Physical Damage</b>		
• Comprehensive – Symbol 8	<b>\$100,000 Limit/\$1,000 Deductible</b>	
• Collision – Symbol 8	<b>\$100,000 Limit/\$1,000 Deductible</b>	
<b>Rental Reimbursement</b>	<b>\$200 daily (up to 30 days) \$6,000 maximum</b>	
<b>Garage Liability – Symbol 29</b>	<b>\$1,000,000 CSL</b>	
<b>Garagekeepers Legal Liability</b>	<b>ACV – up to \$100,000</b>	
• Comprehensive – Symbol 30	<b>\$1,000 deductible</b>	
• Collision – Symbol 30	<b>\$1,000 deductible</b>	

**TERMS AND CONDITIONS**

**RESPONSE**

Will an additional charge apply for vehicles added during the policy term? (Fleet Automatic)

Employees as Insureds Endorsement?	
Fellow Employee Injury coverage?	
Volunteers as additional insureds?	
Auto Lease/Loan Coverage (pay in addition to ACV any unpaid amount due on lease/loan)?	
Automobiles hired by Employees endorsement?	
Policy Territory: Anywhere in the world for hired & non-owned?	
Hired autos specified as covered autos you own?	
Replacement Cost coverage for units with initial purchase cost in excess of \$75,000?	
Pollution liability? (sudden and accidental included)	
Garagekeepers—primary basis?	
Acts of Terrorism (TRIA) included?	
Physical Damage for Radios, Telephones and/or Communication Devices?	
Elevator collision for hoists (if any)?	
If Rental Reimbursement is included (above), please advise if they applies to all vehicles.	

Have you included the mandatory or similar type wording for the following:

**RESPONSE**

Broad Form Named Insured	
Knowledge of Occurrence	
Unintentional Errors and Omissions	
Notice of Occurrence (Loss)	
Notice of Cancellation and Nonrenewal (90 days)	
Blanket Additional Insureds	
<b>TOTAL PREMIUM:</b>	

**REMARKS:**

**THIS MUST BE COMPLETED AND RETURNED WITH YOUR PROPOSAL**

**BOILER AND MACHINERY INSURANCE  
OFFEROR RESPONSE FORM (MUST BE RETURNED WITH PROPOSAL)**

<b>Firm Name:</b>	
<b>Carrier Name / A M Best Rating:</b>	

Please state your company's position on each specified coverage by signifying below:

<b>COVERAGE IS REQUESTED FOR THE FOLLOWING:</b>	<b>RESPONSE</b>
Blanket Real & Personal Property <b>Up to Property Limits</b>	
Blanket Business Income and Extra Expense <b>\$500,000 limit</b>	
CFC Refrigerant Coverage <b>\$100,000 limit</b>	
Expediting Expense <b>\$500,000 limit</b>	
Water Damage <b>\$100,000 limit</b>	
Hazardous Substance <b>\$100,000 limit</b>	
Consequential and Ammonia <b>\$100,000 limit</b>	
Off Premises Service Interruption (PD & BI) <b>\$100,000 limit</b>	
Computer Controlled Equipment <b>\$250,000 limit</b>	
Perishable Goods <b>\$100,000 limit</b>	
Building Ordinance Extension (Property Damage & Business Interruption) <b>\$250,000 limit</b>	
Newly Acquired Property automatically included <b>\$1,000,000 limit</b>	
Deductible: <b>\$1,000 – All Other (note any special deductibles under remarks)</b>	
<b>TERMS &amp; CONDITIONS</b>	<b>RESPONSE</b>
Comprehensive Coverage, including production machinery?	
Blanket coverage for all locations on our Property Schedule?	
Replacement Cost?	
Agreed Value Endorsement/or Waive Coinsurance?	
Loss Adjustment Agreement, if necessary?	
Debris Removal Included?	
Loss to processing computers operating heating, air conditioning, and any other alarm, security, or electronic systems?	
Overhead Transmission Lines included?	
Extra Expense monthly recovery limitation-100% 1 <sup>st</sup> month?	
Newly Acquired locations covered automatically?	
Spoilage of perishable goods resulting from Mechanical Breakdown?	
Definition of "accident" "a sudden and accidental occurrence to the object or part thereof, which results in damage to the object and necessitates repair or replacement of the object or part thereof."?	
Objects being assembled, dismantled, or in storage will be covered?	
In use connected ready for use endorsement?	
Exclusions:	<b>Note in Remarks:</b>
<b>Have you included the mandatory wording for the following?</b>	
➤ Broad Form Named Insured	
➤ Knowledge of Occurrence	
➤ Unintentional Errors & Omissions	
➤ Notice of Cancellation and Nonrenewal (90 days)	
➤ Blanket Additional Insureds	
➤ Notice of Occurrence (Loss)	
<b>TOTAL PREMIUM:</b>	
<b>OPTION:</b>	
\$5,000 Deductible (Please simply note reduction to cost quoted above)	

**REMARKS**

**THIS MUST BE COMPLETED AND RETURNED WITH YOUR PROPOSAL**

**CRIME INSURANCE/BONDS/FIDUCIARY LIABILITY  
OFFEROR RESPONSE FORM (MUST BE RETURNED WITH PROPOSAL)**

<b>Firm Name:</b>	
<b>Carrier Name / A M Best Rating:</b>	
<b>Please state your carrier's position on each specified coverage by signifying below:</b>	
<b>COVERAGE IS REQUESTED FOR THE FOLLOWING:</b>	<b>RESPONSE</b>
Blanket School Employee Dishonesty Bond <b>\$500,000 Limit</b>	
Forgery or Alteration <b>\$500,000 Limit</b>	
Theft, Disappearance & Destruction • Inside & Outside Premises <b>\$500,000 Limit Each</b>	
Computer Fraud <b>\$100,000 Limit</b>	
Money Orders & Counterfeit Paper <b>\$500,000</b>	
Individual Position Bonds for those required by state statute to be individually bonded: • Clerk of the Board Bond: <b>\$25,000 Limit</b> • Deputy Clerk Bond: <b>25,000 Limit</b>	
Deductible applicable to each of above <b>\$500</b>	
<b>TERMS &amp; CONDITIONS</b>	<b>RESPONSE</b>
<b>Are the following included as insured:</b> Any past or present board members, administrators and any sponsored plans or any other trust or employee plan the School Board hereafter created or acquired?	
Period of Discovery Extended to 3 Years? If not, how many years?	
Coverage for Volunteers?	
Coverage for students that are assigned to be in charge of funds?	
Coverage for Part-time Employees?	
Coverage for Independent Contractors?	
Coverage for Leased Employees?	
Coverage for terminated employees covered for 90 Days after termination?	
Coverage for all compensated and non-compensated Board Members, Elected, or Appointed Officials?	
Coverage for losses sustained as a result of dishonest acts by employees of Outside Service Providers?	
Faithful Performance of duties included?	
Limits Apply per employee or occurrence?	
Fiduciary Liability-Administration of Group Employee Benefit or Pension Benefit Plans?	
Credit Card Forgery Included for credit/debit card accounts?	
Definition of Inside Premises—coverage to extend to all grounds under the named insured's control and the exterior within 1,000 feet of the location?	
All losses emanating from viruses, "hackers", "spammers", computer fraud, electronic commerce, and electronic banking?	
Notable Exclusions:	<b>Note in Remarks:</b>
<b>Have you included the mandatory wording for the following:</b>	
➤ Broad Form Named Insured	
➤ Knowledge of Occurrence	
➤ Unintentional Errors & Omissions	
➤ Notice of Cancellation and Nonrenewal (90 days)	
➤ Notice of Occurrence (Loss)	
<b>TOTAL PREMIUM:</b>	

**REMARKS**

<b>THIS MUST BE COMPLETED AND RETURNED WITH YOUR PROPOSAL</b>	
<b>CYBER LIABILITY</b>	
<b>OFFEROR RESPONSE FORM (MUST BE RETURNED WITH PROPOSAL)</b>	
<b>Firm Name:</b>	
<b>Carrier Name / A M Best Rating:</b>	
<b>Please state your carrier's position on each specified coverage by signifying below:</b>	
<b>COVERAGE IS REQUESTED FOR THE FOLLOWING:</b>	<b>RESPONSE</b>
Insured Policy Aggregate - <b>\$1,000,000</b>	
Privacy Liability including regulatory proceedings/action - <b>\$1,000,000</b>	
Network Liability - <b>\$1,000,000</b>	
Internet Media Liability - <b>\$1,000,000</b>	
Data Breach Fund / Privacy Notification Costs - <b>\$500,000</b>	
Cyber Extortion - <b>\$25,000</b>	
Telecommunications Fraud - <b>\$75,000</b>	
Ransomware- <b>\$75,000</b>	
Fraudulent Instruction- <b>\$75,000</b>	
Deductible - <b>Nil</b>	
<b>TERMS AND CONDITIONS</b>	<b>RESPONSE</b>
Retroactive Date?	
Pay on behalf of insuring agreement	
Defense costs outside the policy limit	
Credit Monitoring Expense included	
Cost for Public Relations Consultant included? State sub-limit if any.	
Duty to Defend	
Worldwide Territory	
Extended Reporting Period Term: Period of Coverage Additional Premium Notice to Accept Two-way	
Are there any exclusions other than the Standard ISO exclusions? If so, please list each exclusion in the "REMARKS" section of this form.	
<b>Have you included the mandatory wording for the following:</b>	
• Broad Form Named Insured	
• Knowledge of Occurrence	
• Notice of Cancellation and Nonrenewal (90 days)	
• Unintentional Errors and Omissions	
• Notice of Occurrence (Loss)	
<b>Premium</b>	
<b>OPTION:</b>	
\$2,000,000 Limit (Please state additional cost to above premium; put changes to sub-limits, if any in remarks.)	

**REMARKS**

**THIS FORM MUST BE COMPLETED AND RETURNED WITH YOUR PROPOSAL**

**GENERAL LIABILITY**

**OFFEROR RESPONSE FORM (MUST BE RETURNED WITH PROPOSAL)**

**Firm Name:**

**Carrier Name /  
A M Best Rating:**

**Please state your carrier's position on each specified coverage by signifying below:**

<b>LIMITS OF INSURANCE</b>	<b>RESPONSE</b>
<b>\$1,000,000 Limit</b> Any One Occurrence Subject to the General Aggregate	
<b>\$1,000,000 Limit</b> Personal or Advertising Injury – Any One Person or Organization Subject to the General Aggregate Limit	
<b>\$1,000,000 Limit</b> Products/Completed Operations – Any One Occurrence subject to the Products/Completed Operations Aggregate	
<b>No -</b> General Aggregate	
<b>No -</b> Products/Completed Operations Aggregate	
<b>\$10,000 Limit</b> Medical Expense – Each Person	
<b>\$1,000,000 Limit</b> Damage to premises rented to you – Any One Fire	
<b>\$1,000,000 Limit</b> Employee Benefits – Each Claim & No Aggregate	
<b>\$100,000 Limit</b> Property of Others in Care, Custody or Control	
<b>\$1,000,000 Limit</b> Pollution Liability	
<b>TERMS AND CONDITIONS</b>	
Waiver Annual Audit of General Liability Exposures?	
Occurrence form?	
Separate general aggregate limits for each location (if Aggregates are included in proposal)?	
First Dollar Defense?	
Defense/Supplementary Payments in Addition to Limits of Liability?	
Defense Costs - The mere "allegation" that a claim has occurred should not deprive the Schools of coverage. Will defense costs be provided until grounds are proven?	
Defense Costs for Non-Monetary Claims?	
PTA's, PTO's and Booster Clubs including officers and members as additional insureds?	
Coverage for Bodily Injury or Property Damage arising out of water, sewer/drain backups?	
Medical Payments for students?	
Volunteers as insureds?	
Fellow Employee Injury Coverage (bodily injury and personal injury)?	
Independent Contractors?	
Blanket Contractual—Contractual Liability Exclusion Amended for personal injury and advertising injury to cover "all contracts or agreements the Schools have liability to insure"?	
Blanket Waiver of Subrogation Rights as required by Specific Written Contract?	
Lessors of leased equipment as additional insureds?	
Pollution Coverage from a Hostile Fire-heat, smoke or fumes?	
Coverage for bodily injury arising out of the accidental exposure to hazardous chemical substances or fumes associated with our science labs or other operations?	
Sexual abuse, molestation, misconduct, harassment- (employee/student to employee/student; employee/student to other party; other party to employee/student?)	
Include coverage for vicarious liability for School Board members and employees as a result of alleged sexual abuse, harassment, and/or misconduct?	
Incidental Malpractice (including first aid rendered) by nonprofessionals?	
Coverage for School clinic aides and clinic volunteers?	
Coverage for unarmed Security Personnel patrolling schools?	
Remove the Riot & Civil Commotion Exclusion, if any?	
Coverage for use of force to protect persons & property?	
Coverage for failure to protect from outside influences, criminal acts (for example bombings, threats, school shootings, drug deals, etc.)?	
Injuries, due to our negligence, to participants or spectators participating in or attending athletic events we sponsor?	

**THIS FORM MUST BE COMPLETED AND RETURNED WITH YOUR PROPOSAL**

**GENERAL LIABILITY INSURANCE  
OFFEROR RESPONSE FORM (MUST BE RETURNED WITH PROPOSAL)**

Please state your carrier's position on each specified coverage by signifying below:

<b>TERMS AND CONDITIONS...continued</b>	<b>RESPONSE</b>
Outside groups using schools' facilities? (IE. adult education classes and community or county groups)	
Coverage for exposures from vocational education students working at community based local businesses, if any?	
Coverage for Daycare, Before or After School Care - operations and personnel; if any?	
Teachers Liability including corporal punishment?	
Coverage for Cafeterias and Concessions (Food Preparation & Services)?	
Coverage for Violent Acts or Crisis Intervention included? If so, please state limits/deductibles.	
Will you provide Kidnap and Ransom coverage at \$100,000 Aggregate?	
Coverage relative to internet use, web site publication, e-commerce activities, or e-mail (personal and advertising liability)?	
Coverage for exposures relative to public broadcast liability for our Educational Television operations, if any?	
Coverage for property damage to medical or other equipment of students associated with Special Education or Handicapped Programs?	
Non-Owned Watercraft up to 50'?	
Coverage for JROTC program; if any?	
Coverage for toxic mold, fungi or bacteria?	
Acts of Terrorism?	
Notable Exclusions?	<b>Note in Remarks</b>
<b>Have you included the mandatory wording for the following:</b>	
➤ Broad Form Named Insured	
➤ Knowledge of Occurrence	
➤ Unintentional Errors and Omissions	
➤ Notice of Occurrence (Loss)	
➤ Notice of Cancellation and Nonrenewal (90 days)	
➤ Blanket Additional Insureds	
➤ Amended Definition of Bodily Injury	
<b>TOTAL PREMIUM</b>	

**REMARKS**

<b>THIS FORM MUST BE COMPLETED AND RETURNED WITH YOUR PROPOSAL</b>	
<b>INLAND MARINE INSURANCE OFFEROR RESPONSE FORM (MUST BE RETURNED WITH PROPOSAL)</b>	
<b>Firm Name:</b>	
<b>Carrier Name / A M Best Rating:</b>	
<b>Please state your carrier's position on each specified coverage by signifying below:</b>	
<b>Covered Property/Blanket Limit</b>	<b>RESPONSE</b>
Scheduled Contractors Equipment - <b>\$145,000</b>	
Communications Equipment - <b>\$150,000</b>	
Utility Carts - <b>\$100,000</b>	
Antennas, Towers - <b>\$25,000</b>	
Cameras/Audio Visual Equipment - <b>\$500,000</b>	
Musical Instruments & Uniforms - <b>\$500,000</b>	
Athletic Equipment & Uniforms - <b>\$700,000</b>	
Blanket Misc. Property - <b>\$150,000</b>	
Blanket Miscellaneous Property - <b>\$50,000</b>	
Blanket Miscellaneous Property & Equipment at Pruden Center - <b>\$239,600</b>	
Signs (not attached to buildings) - - <b>\$100,000</b>	
Property in Transit - <b>\$250,000</b>	
Extra Expense or Rental Reimbursement- <b>\$75,000</b>	
Valuable Papers <b>\$350,000</b>	
Fine Arts <b>\$100,000</b>	
<b>DEDUCTIBLE</b>	
<b>\$1,000 (identify additional deductibles in remarks if necessary)</b>	
<b>TERMS &amp; CONDITIONS</b>	<b>RESPONSE</b>
Provide Blanket Limit Coverage for above inland marine property?	
All Risk/Open Perils Coverage?	
Replacement Cost Coverage? (if ACV applies to any items, so note in Remarks)	
Agreed Value Endorsement or waiver of coinsurance?	
90-day automatic coverage for newly acquired equipment?	
Coverage for Flood (state any zone restrictions)?	
Coverage for Earthquake?	
Policy allows insured to waive rights of subrogation if required by written contract?	
Coverage on all equipment we lease or borrow from others or for which we are obligated provide direct damage coverage?	
Notable Exclusions?	<b>Note in Remarks</b>
<b>Have you included the mandatory wording for the following:</b>	
➤ Broad Form Named Insured	
➤ Knowledge of Occurrence	
➤ Notice of Occurrence (Loss)	
➤ Unintentional Errors & Omissions	
➤ Notice of Cancellation and Nonrenewal (90 days)	
➤ Blanket Additional Insureds	
<b>TOTAL PREMIUM</b>	

**REMARKS**

**THIS FORM MUST BE COMPLETED AND RETURNED WITH YOUR PROPOSAL**

**PROPERTY DIRECT DAMAGE AND TIME ELEMENT INSURANCE  
OFFEROR RESPONSE FORM (MUST BE RETURNED WITH PROPOSAL)**

<b>Firm Name:</b>	
<b>Carrier Name / A M Best Rating:</b>	

Please state your carrier's position on each specified coverage by signifying below:

<b>COVERED PROPERTY &amp; BLANKET LIMITS</b>	<b>RESPONSE</b>
Blanket Real & Personal Property Direct Damage <b>\$565,508,175</b> Including EDP Hardware & Software (See SOV)	
Blanket Business Interruption/Extra Expense: <b>\$5,000,000</b>	
Flood <b>\$100,000,000</b> (coverage for flood zones B, C & X)	
Earth Movement <b>\$100,000,000</b>	
Blanket Utility Services Interruption (Off Premises) including Overhead Transmission Lines (for Property Damage & Business Interruption) <b>\$1,000,000</b>	
Blanket Building Ordinance Extension-Coverages A, B, and C (Property Damage & Business Interruption) <b>\$1,000,000 each coverage</b>	
Accounts Receivable <b>\$250,000</b>	
Debris Removal <b>\$250,000</b>	
Glass Coverage <b>Include at Replacement Cost</b>	
Pollution Clean-up & Removal <b>\$100,000</b>	
Newly Acquired Property (Real & Personal) <b>\$1,000,000</b>	
Miscellaneous Unnamed Locations <b>\$100,000</b>	
Property Off Premises/In Transit/At Fairs, trade shows or exhibitions <b>\$250,000</b>	
Personal Property of Others <b>\$25,000</b>	
Proof of Loss Costs—(Appraisals, audits, inventories, etc.) <b>\$10,000</b>	
Infectious Disease Clean Up <b>\$50,000</b>	
<b>DEDUCTIBLES:</b>	
All Other <b>\$5,000</b>	
Flood <b>\$25,000</b>	
Earth Movement <b>\$25,000</b>	
Any Other Special Deductibles not noted above?	
<b>TERMS &amp; CONDITIONS</b>	<b>RESPONSE</b>
Special form or equivalent?	
Blanket Replacement Cost including Improvements & Betterments at all owned, leased, and/or rented locations?	
Include windstorm and hail coverage?	
Any special deductible applicable for windstorm and hail?	
Functional Replacement Cost-Replacement cost valuation shall include replacement new of unlike kind and quality when replacement of like kind and quality cannot be accomplished to restore the appearance and function that existed prior to the loss?	
Extend replacement cost coverage to include permission to rebuild or replace any real property at another owned location?	
Agreed Value Clause eliminating all coinsurance requirements for Direct Damage and Time Element coverage included?	
60 days grace period for filing annual values?	
Loss Adjustment Endorsement with Boiler & Machinery carrier if necessary?	
Coverage for property of others valued at replacement cost?	
Is amendment of the vacancy and unoccupancy provisions to allow for full coverage for any properties which may become vacant or unoccupied available?	
Extra Expense monthly limitation—100% 1st month?	
Replacement Cost coverage for Glass breakage?	
Water Backup-Sewers/Drains?	

<b>THIS FORM MUST BE COMPLETED AND RETURNED WITH YOUR PROPOSAL</b>	
<b>PROPERTY DIRECT DAMAGE AND TIME ELEMENT INSURANCE OFFEROR RESPONSE FORM (MUST BE RETURNED WITH PROPOSAL)</b>	
<b>Please state your carrier's position on each specified coverage by signifying below:</b>	
<b>TERMS &amp; CONDITIONS...continued</b>	<b>RESPONSE</b>
Subject to engineering recommendations prior to binding? If your proposal is subject to engineering recommendations, please advise if recommendations are advisory or required. On required recommendations, please provide time frame for implementation. Proposals subject to satisfactory inspection may not be considered.	
Newly acquired Real or Personal Property-90 days automatic coverage subject to limit specified?	
Acts of Terrorism?	
Any coverage for Toxic Mold, Fungi or Bacteria? Indicate limit if applicable.	
Include Full collapse coverage (including collapse resulting from design error and faulty workmanship or materials after completion of construction)?	
Flood coverage including seepage of water, sewer backup, mudslide, and other water damage? Indicate any zone restrictions.	
Earth Movement coverage, including but not limited to earthquake? Indicate if there are any restrictions.	
Spoilage of perishable goods resulting from power failure originating on or off premises?	
Claim Preparation Expense Coverage – Property Losses? Indicate limit.	
<b>TERMS &amp; CONDITIONS SPECIFIC TO EDP</b>	
Equipment leased or loaned to the Schools for which we are responsible for providing insurance coverage?	
90 days automatic coverage for equipment, programs, media, data at newly acquired locations?	
Direct loss to data or media caused by mechanical breakdown of equipment, electrical or magnetic injury, disturbance, or erasure, occurring on insured premises? Show separate deductible if applicable.	
Coverage for deliberate or accidental damage caused by employees?	
Coverage for loss from corrosion, rust or changes in humidity or temperature?	
Coverage for data and media will include the full cost of reproduction, repair or replacement with same kind including the cost of research and programming	
Coverage for loss as a result of viruses, hackers, or spammers	
<b>Have you included the mandatory wording for the following:</b>	
➤ Broad Form Named Insured	
➤ Blanket Additional Insureds	
➤ Knowledge of Occurrence	
➤ Unintentional Errors & Omissions	
➤ Notice of Cancellation and Nonrenewal (90 days)	
➤ Notice of Occurrence (Loss)	
<b>TOTAL PREMIUM:</b>	
<b>OPTIONS:</b>	
\$ 10,000 Deductible – All Other in lieu of \$5,000 above. (please note cost savings to above premium)	

**REMARKS**

**THIS FORM MUST BE COMPLETED AND RETURNED WITH YOUR PROPOSAL**

**SCHOOL BOARD LEGAL LIABILITY INSURANCE  
OFFEROR RESPONSE FORM (MUST BE RETURNED WITH PROPOSAL)**

**Firm Name:**

**Carrier Name /  
A M Best Rating:**

Please state your carrier's position on each specified coverage by signifying below:

**LIMITS OF INSURANCE**

**RESPONSE**

➤ Each Loss **\$1,000,000**

DEDUCTIBLE **\$0 Each Occurrence**

**TERMS & CONDITIONS**

Does Annual Aggregate apply to this coverage? If so, state limit.

Coverage on a primary basis?

Indicate whether Occurrence or Claims Made Form?

Provide Full Prior Acts Coverage for incidents not known or previously reported?

Retroactive Date, if applicable?

Extended Reporting or Discovery Period and length of time available? Proposal should include an option for extending our reporting period. The extended reporting period should be available at the insured's option whether the insurer cancels or the insured cancels coverage. We request the insured be given at least 30 days after termination to accept this option. (If applicable.)

Please state calculation to determine premium for the ERP, if applicable.

"Two-Way"? (Is the ERP available if the insured terminates coverage as well as when the insurer terminates?)

Teachers Professional Liability including Corporal punishment?

"Pay on behalf of" basis?

"Duty to Defend" insuring agreement?

Defense for injunctive or declaratory relief type claims? Please state sublimit, if any.

Defense Costs -The mere "allegation" that a claim has occurred should not deprive the Schools of coverage for defense costs until found guilty. Will defense be provided until grounds are proven?

Defense costs will be paid outside the policy limit?

Prevailing Party's legal expenses if awarded?

Punitive or Exemplary damages as allowed by statute?

Professional Liability for School employees for their duties on behalf of the Schools? Attorneys, Accountants, Nurses, Psychologists, Counselors, Therapists, Social Workers or other professionals who are School employees while acting within the scope of their professional duties for the Schools.

Employment Related incidents?

Salary Awards and Back Salary Awards?

Discrimination, hiring, firing, alleged civil rights violations, and antitrust actions whether or not money damages are sought?

Sexual Abuse/Molestation/Misconduct/Sexual Harassment—employee/student to employee/student, employee/student to other party, other party to employee/student?

Include coverage for vicarious liability for Board members and employees as a result of alleged sexual abuse, harassment, and/or misconduct

Coverage for armed off-duty police officers to provide security at athletic and other events?

Libel, slander, invasion of privacy, wrongful eviction?

Strikes, riots, or civil commotion?

Acts to protect life or property or in the pursuit of official duties?

Civil Rights Actions whether or not monetary damages are sought? Please state sublimit.

Defense for administrative policy hearings and EEOC hearings?

Fiduciary Liability?

Faithful performance of duties?

Breach of Contract—suppliers, vendors, non-employment related?

Fraud, Dishonesty or Deliberate Violation of federal or state statutes—defense until grounds are proven?

<b>THIS FORM MUST BE COMPLETED AND RETURNED WITH YOUR PROPOSAL</b>	
<b>SCHOOL BOARD LEGAL LIABILITY INSURANCE OFFEROR RESPONSE FORM (MUST BE RETURNED WITH PROPOSAL)</b>	
<b>Please state your carrier's position on each specified coverage by signifying below:</b>	
<b>TERMS &amp; CONDITIONS...continued</b>	<b>RESPONSE</b>
Coverage for School clinic aides and clinic volunteers?	
Coverage for Nursing Education Program, if any? (student nurses and Instructors)	
Coverage for Daycare, After School Care, - operations and personnel, if any?	
Coverage for unarmed Security Personnel patrolling schools?	
Coverage for failure to protect from outside influences, criminal acts, etc?	
Notable Exclusions?	<b>Note in Remarks</b>
<b>Have you included the mandatory suggested wording for the following:</b>	
➤ Broad Form Named Insured	
➤ Knowledge of Occurrence	
➤ Notice of Occurrence (Loss)	
➤ Unintentional Errors & Omissions	
➤ Notice of Cancellation and Nonrenewal (90 days)	
<b>TOTAL PREMIUM</b>	

**REMARKS:**

**THIS FORM MUST BE COMPLETED AND RETURNED WITH YOUR PROPOSAL**

**UMBRELLA/EXCESS LIABILITY INSURANCE  
OFFEROR RESPONSE FORM (MUST BE RETURNED WITH PROPOSAL)**

<b>Firm Name:</b>	
<b>Carrier Name / A M Best Rating:</b>	
<b>If any primary carrier is interested in extending higher limits, you may include a quote for those limits. Limits may be layered to allow for possible better pricing. The Excess Liability layers should be written on a following form basis of the primary liability or umbrella program.</b>	
<b>Please state your carrier's position on each specified coverage by signifying below:</b>	
<b>LIMITS OF INSURANCE</b>	<b>RESPONSE</b>
Each Loss <b>\$10,000,000</b>	
SELF INSURED RETENTION Nil	
<b>TERMS AND CONDITIONS</b>	
Coverage should respond to the following underlying liability policies. <b>Indicate if included as Underlying:</b>	
➤ <b>Automobile / Garage Liability</b>	
➤ <b>General Liability</b>	
➤ <b>Employee Benefits Liability</b>	
➤ <b>Employers' Liability</b>	
➤ <b>Professional Liability (any nurses, psychologists, therapists, nursing students &amp; instructors, cosmetology students &amp; instructors, etc.)</b>	
➤ <b>School Board Legal Liability</b>	
Does Annual Aggregate apply to this coverage? If so, state limit.	
Claims Made or Occurrence Format?	
Full Prior Acts included?	
Umbrella or Excess Form Coverage?	
Does coverage provide the same terms & conditions as underlying? If not, list the exclusions in the Remarks Section at the end of this Response Form. It is not acceptable to exclude any coverage terms provided by the underlying coverage.	
Pure follow form to eliminate any inconsistencies with primary policies?	
Premium on a flat basis not subject to annual audit?	
"Pay on Behalf of" and "Duty to Defend" insuring agreement?	
Blanket Contractual all oral or written contracts, including purchase order agreements and easement agreements?	
Fellow Employee Injury Coverage (bodily injury and personal injury)?	
Silent on Punitive Damage?	
Cross Suits Liability, Separation of Insureds?	
Pollution Coverage from heat, smoke or fumes from a Hostile Fire?	
Worldwide Coverage?	
First Dollar Defense?	
Supplementary Payments to Include Prejudgment Interest if awarded?	
Defense/Supplementary Payment in Addition to Limits of Liability?	
Include coverage for sexual abuse/molestation /misconduct and harassment?	
Include coverage for vicarious liability of the entity for alleged sexual acts committed by an employee or others?	
Incidental malpractice (including first aid rendered or failure to render first aid) by nonprofessionals?	
Include Professional Liability coverage for the Schools employed staff professionals, Nurses, Psychologists, Counselors & therapists, and the like?	
Coverage for Employment Practices & Discrimination?	
Coverage for internet use and web site publication, e-mail, and e-commerce related activities?	
Volunteers?	
Teacher's Liability including Corporal punishment?	
Injuries to participants or spectators participating in or attending athletic or other events?	
Coverage for adult education classes or any school use by outside community groups?	

**THIS FORM MUST BE COMPLETED AND RETURNED WITH YOUR PROPOSAL**

**UMBRELLA/EXCESS LIABILITY INSURANCE  
OFFEROR RESPONSE FORM (MUST BE RETURNED WITH PROPOSAL)**

Please state your carrier's position on each specified coverage by signifying below:

<b>TERMS AND CONDITIONS...continued</b>	<b>RESPONSE</b>
Vicarious Liability for contracted armed Security Personnel at athletic events?	
Water Backup/Sewers/Drains?	
Coverage for unarmed Security Personnel patrolling schools?	
Coverage for use of force to protect persons & property?	
Coverage for failure to protect from outside influences, criminal acts, etc?	
Coverage for community based vocational education programs?	
Coverage for field trips and travel abroad?	
Nonowned Watercraft Liability?	
Coverage for Television Broadcast operations (Media liability)?	
Coverage for Nursing Education Program - Student Nurses & Instructors Professional?	
Terrorism included?	
Coverage for toxic mold, fungi and bacteria?	
Notable Exclusions?	<b>Note in Remarks</b>
<b>Have you included the mandatory wording for the following:</b>	
➤ Broad Form Named Insured	
➤ Knowledge of Occurrence	
➤ Notice of Occurrence (Loss)	
➤ Unintentional Errors and Omissions	
➤ Notice of Cancellation and Nonrenewal (90 days)	
➤ Blanket Additional Insureds	
➤ Amended Definition of Bodily Injury	
<b>TOTAL PREMIUM:</b>	

**REMARKS**

**RFP SUBMISSION FORM FOR SELF-INSURANCE POOLS**

**Administration**

**Experience of the pool's administration:**

Executive Director: \_\_\_\_\_

Program Administrator(s): \_\_\_\_\_

Customer/Membership Services: \_\_\_\_\_

Sales/Underwriting: \_\_\_\_\_

**Experience of service administrators retained by the pool for the following services:**

Underwriting: \_\_\_\_\_

Claims and Claim Litigation: \_\_\_\_\_

Loss Prevention or Safety: \_\_\_\_\_

**Fiscal Affairs**

Number of years the pool has been in operation: \_\_\_\_\_

For each of these years were there:

- | Yes                      | No                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Audited Financial Statements   |
| <input type="checkbox"/> | <input type="checkbox"/> | Published Annual Reports   |
| <input type="checkbox"/> | <input type="checkbox"/> | Opinion of the independent auditor for each year   |
| <input type="checkbox"/> | <input type="checkbox"/> | Financial statements in conformance with generally accepted accounting standards and or state insurance regulations, if they apply in your state |
| <input type="checkbox"/> | <input type="checkbox"/> | Loss reserves set by independent actuaries   |
| <input type="checkbox"/> | <input type="checkbox"/> | Compliance with GASB-10 & 17 when applicable   |

**Pool Structure**

**Type of pool (check all applicable categories)**

- |                                       |   |
|---------------------------------------|---|
| <input type="checkbox"/> Risk sharing | <input type="checkbox"/> Insurance purchasing group |
| <input type="checkbox"/> Assessable   | <input type="checkbox"/> Non-assessable             |

- | Yes                      | No                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Availability of bylaw and policy forms  |
| <input type="checkbox"/> | <input type="checkbox"/> | Dividend and assessment policy  |
| <input type="checkbox"/> | <input type="checkbox"/> | Ownership of assets and/or liabilities, if any  |
| <input type="checkbox"/> | <input type="checkbox"/> | Are assets and liabilities distributed upon dissolution of pool?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Rules that govern the withdrawal from pool and continuing financial obligation as a result of withdrawal. Please state general terms: |

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