



NEDERLAND INDEPENDENT SCHOOL DISTRICT
220 N. 17th Street
Nederland, Texas 77627

REQUEST FOR PROPOSALS
RFP# 2025 - 01

VOLUNTARY STUDENT ACCIDENT COVERAGE
AND
STUDENT ATHLETIC & UIL PARTICIPANTS ACCIDENT COVERAGE
AND
CATASTROPHIC STUDENT ATHLETIC & UIL PARTICIPANTS
ACCIDENT COVERAGE

Nederland Independent School District will be accepting proposals for insurance coverage for Voluntary Student Accident, Student Athletic & UIL Participants Accident, and Catastrophic Student Athletic & UIL Participants Accident Coverage until **Friday, April 4, 2025, at 10:00 a.m. CST**, when they will be publicly opened in the Nederland Independent School District Boardroom, 220 17th Street, Nederland, Texas.

Completed packets must be received in a sealed envelope clearly marked **Student Insurance** in the lower left hand corner. Packets may be mailed or hand delivered to Christi Saleme, Purchasing Agent, Nederland ISD, 220 17th St, Nederland, TX 77627. Information can be obtained from the Purchasing Office by email at csaleme@nederlandisd.org or by calling (409) 726-2207. Nederland Independent School District reserves the right to accept or reject any or all proposals.



Proposal Specifications
Nederland Independent School District

Nederland Independent School District will accept proposals for the District's Voluntary Student Accident Coverage & Student Athletic Accident Coverage, and Catastrophic Student Accident Insurance Coverage until **Friday, April 4, 2025, at 10:00 a.m. CST** in the Nederland Independent School District Board room, 220 17th Street, Nederland, Texas 77627.

All documents must be complete in order for your proposal to be considered. Proposals can be mailed or hand delivered to Nederland ISD Purchasing Department, 220 N. 17th Street, Nederland, Texas 77627 in an envelope marked as indicated with your company name and **Student Insurance** in the lower left hand corner. Office hours are 7:30 a.m. – 4:00 p.m. Monday – Friday, excluding holidays. Faxed Proposals will not be accepted. All questions regarding the proposal must be emailed to csaleme@nederlandisd.org no later than noon on March 31, 2025.

Any proposal received later than the specified time, whether delivered in person or mailed, shall be disqualified. Late responses will not be accepted in any form or fashion. Any proposal may be withdrawn before the above scheduled deadline. Proposals may not be withdrawn within 30 days after the proposal deadline.

Nederland Independent School District reserves the right to reject any and all proposals, and does not bind himself to accept the lowest proposal. It is the intention of the Nederland Independent School District to award the contract to the company that appears the most advantageous to the District. It is anticipated the proposal will be awarded by the Board of Trustees at their next scheduled Board Meeting. The Board reserves the right to waive all formalities, to be the sole judges of quality and suitability, and may reject any or all proposal items.

The information contained in these specifications is confidential and is to be used only in connection with preparing proposals of insurance. The proposed insured reserves the right to accept or reject in part or in whole any portion of the proposal program, when in its judgement such action is deemed necessary and in the best interest of the Nederland Independent School District.

Each proposer is requested to submit proposals based on the specifications contained herein. Alternative proposals will also be considered, provided the alternatives are clearly explained.



Alternate proposals with increased benefits will be considered.

All deviations from the specifications must be clearly identified and explained in the proposal form submitted. Any attachments will become a part of this proposal.

The underwriting information contained herein is believed to be accurate and up-to-date, but is not intended to be an express or implied warranty.

All bidders are expected to comply with all federal, state, and local insurance laws and regulations relative to the preparation and submission of insurance proposals.

Proposed carrier must have at least an AM Best Rating or A or better.

Promptness of claims payment is important to the district and will be considered along with the proposals.

Proposal Specifications
Nederland Independent School District

A. Name of Insured:

Nederland Independent School District

B. Effective Date and Policy Term for Blanket & Catastrophic Accident Insurance

Effective Date	-	August 1, 2025
Policy Term	-	One (1) Year.
Option	-	Renew policy up to five additional terms of (1) year each if agreed upon by both parties in writing

C. Student Coverage Voluntary:

NEDERLAND I.S.D. DOES NOT PROCESS APPLICATIONS

24-Hour - Up to \$25,000, \$0 deductible, for injuries sustained during the year. The coverage will be a PRIMARY POLICY. Specify if plan is accepted on FULL ASSIGNMENT through a PPO or special network group.

At School - Up to \$25,000, \$0 deductible for injuries that occur at school or school sponsored activities and to and from school, including all sports, except varsity football. Plan will also be primary. Specify if plan is accepted on FULL ASSIGNMENT through a PPO or special network group.

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Voluntary Extended Dental - Pays Usual and Customary to \$25,000 for injuries to sound teeth.

- D. Interscholastic Sports and Activities Coverage - A \$25,000 maximum policy with \$0 deductible for injuries sustained while practicing or participating in any UIL event. The blanket policy will cover all UIL activities and a list of names will not be provided. The policy will be excess and have an effective date of August 1, 2025 and expires July 31, 2026. Benefits must be accepted on full assignment through a PPO or special network group.
- E. Catastrophic - Nederland Independent School District will purchase blanket catastrophic accident insurance for those students participating in all UIL sports and activities. There will be a \$25,000 deductible with indemnity amount of no less than \$5,000,000. Deductible period will be two- (2) years and a five- (5) year minimum benefit period. Expires July 31, 2020. Benefits must be accepted on full assignment through a PPO or special network group.
- F. Treatment of a Covered Person - Treatment must be initiated by a licensed physician within 90 days of the date of injury. Ambulance expenses must be for the first trip to a hospital not to the nearest hospital and this includes life flight.

General Information

Nederland Independent School District demographics.

- 1 High School: enrollment approximately 1487.
- 2 Middle Schools: enrollment approximately 1250.

Three-Year Claims History & Premiums Paid & Prior Carriers

	Years	As of Date	Claims Paid	Premium Paid	Carrier
1.	2024-2025	2/27/2025	\$38,296	\$75,000	The Brokerage Store
2.	2023-2024	2/27/2025	\$54,775	\$75,000	The Brokerage Store
3.	2022-2023	2/27/2025	\$60,063	\$75,000	The Brokerage Store

Note: Total Claims Paid, Incurred, Pended, and Unreported

Bidder Must Submit the Following:

1. Errors and Omissions Coverage, minimum \$1,000,000.00.
2. List of all schools and school districts insured last year.
3. Resume - including number of years you have represented company bid.
4. Number of years experienced in student athletic insurance. (Included in resume.)
5. Copy of plan benefits including exclusions.

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6. List of providers that accept benefits on FULL ASSIGNMENT or PPO Network (if applicable).
7. Copy of multi-year agreement.
8. Explanation how the PPO or special network functions (if applicable).

Proposal Specifications
Nederland Independent School District

Bidders Plan Outline: Name of Plan: _____

Please check the appropriate if your PPO or Network will accept benefits on full assignment. Definition of full assignment - "When a covered student is injured and utilizes the PPO or Network all covered procedures will be accepted as payment in full." If a student goes outside the PPO or Network show the amount your plan will pay.

Please check what benefits your plan offers and Co. Name:

BENEFITS	Full Assignment			Full Assignment			Full Assignment			Out of Network		
	U&C			PPO			NETWORK			OTHER		
	Yes	No	Paid	Yes	No	Paid	Yes	No	Paid	Yes	No	Paid
Plan Maximums												
Hospital Room & Board												
Hospital Inpatient												
Misc. Expenses												
Hospital Outpatient												
Emergency Care												

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E.R. Physician												
Hospital Outpatient Surgery												
Doctor Visits												
Physician Surgical												
Assistant Surgeon												
24-Month Pin Removal												

Proposal Specifications

Nederland Independent School District

BENEFITS:	Full Assignment			Full Assignment			Full Assignment			Out of Network		
	U&C			PPO			NETWORK			OTHER		
	Yes	No	Paid	Yes	No	Paid	Yes	No	Paid	Yes	No	Paid
Anesthesia Expenses												
Pvt. Duty Nursing												
Outpatient Therapy												
Outpatient X-ray												
Outpatient Laboratory												
Dental (Injuries)												
Ambulance 1 st trip												
Life Flight												
Motor Vehicle												

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EEG&EKG MRI Expenses												
Orthopedic Appliances												
Prescription Drugs												
Glasses/Hearing Aids												
Diagnostic Surgery												

NOTE: If you submit a U&C plan, can you guarantee that all covered benefits will be paid in full?

Yes ☐ No ☐

Official Signature _____ Date _____

Proposal Specifications
Nederland Independent School District

PROPOSAL

Having carefully examined the Proposal Notice, General Conditions, Specifications and Forms, the undersigned hereby proposes and agrees to furnish goods and/or services in strict compliance with the specifications and conditions at the prices quoted unless noted in writing.

Section I - Voluntary Student Accident Coverage – Primary Coverage (24 hour)

TERM ONE YEAR	☐	FULL ASSIGNMENT	☐
COVERAGE UP TO \$25,000	☐	PPO	☐
DEDUCTIBLE NONE	☐	OTHER	☐
PRIMARY	YES		
		PREMIUM _____	
		CARRIER _____	

Section II - Voluntary Coverage - At School

TERM ONE YEAR	☐	FULL ASSIGNMENT	☐
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COVERAGE UP TO \$25,000	☐	PPO	☐
DEDUCTIBLE NONE	☐	OTHER	☐
PRIMARY	☐		
		PREMIUM	_____
		CARRIER	_____

Section III – Student Athletic & UIL Participants Accident Coverage – Excess

MAXIMUM COVERAGE \$25,000.00	☐	FULL ASSIGNMENT	☐
BENEFIT PERIOD	☐	PPO	☐
DEDUCTIBLE NONE	☐	OTHER	☐
EXCESS	☐		
		PREMIUM	_____
		CARRIER	_____

Section IV – Catastrophic Student Athletic & UIL Participant Accident Coverage

MAXIMUM COVERAGE \$5,000,000	☐	FULL ASSIGNMENT	☐
BENEFIT PERIOD ONE-YEAR	☐	PPO	☐
DEDUCTIBLE \$25,000	☐	OTHER	☐
BENEFITS PAYABLE FOR LIFETIME	☐		
		PREMIUM	_____
		CARRIER	_____

Under all plans, the district is offered the option of extending the term of the policy contract for two additional years at the same annual amount each term.

YES () NO ()

Nederland Independent School District

PROPOSAL SIGNATURE PAGE

STUDENT ACCIDENT COVERAGE School Year 2025 - 2026

"The undersigned affirms that they are duly authorized to execute this contract, that this company, corporation, firm, partnership or individual has not prepared this proposal in collusion with any other bidder, and that the contents of this proposal as to prices, terms or 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."



Agent _____

Address _____

Phone _____

Email Address: _____

Bidder (signature) _____

Bidder (print name) _____

Position with company _____

Signature of company official
Authorizing this proposal _____

Company official (print name) _____

Official position _____