
QCS

Quitman County Schools

Quitman County Board of Education

P.O. Box 248

215 Kaigler Road

Georgetown, Georgia 39854

Phone: 229-334-4189

Fax: 229-334-2109

Mrs. Victoria Harris
Superintendent

Board of Education
Mr. Willie J. Anderson, Chairman
Dr. Bobby D. Willis, Vice Chairman
Mr. Jimmy Eleby
Mr. Billy Shirah, Sr.
Mr. Larry Wilborn

May 9, 2016

TO: Potential Bidders

INVITATION TO BID Quitman County Board Of Education

It is the purpose and the intent of this invitation to secure bids on Workers Compensation Insurance. Your written bid must be received on or before Monday, June 6, 2016, no later than 12:00 noon, and submitted in a sealed envelope to:

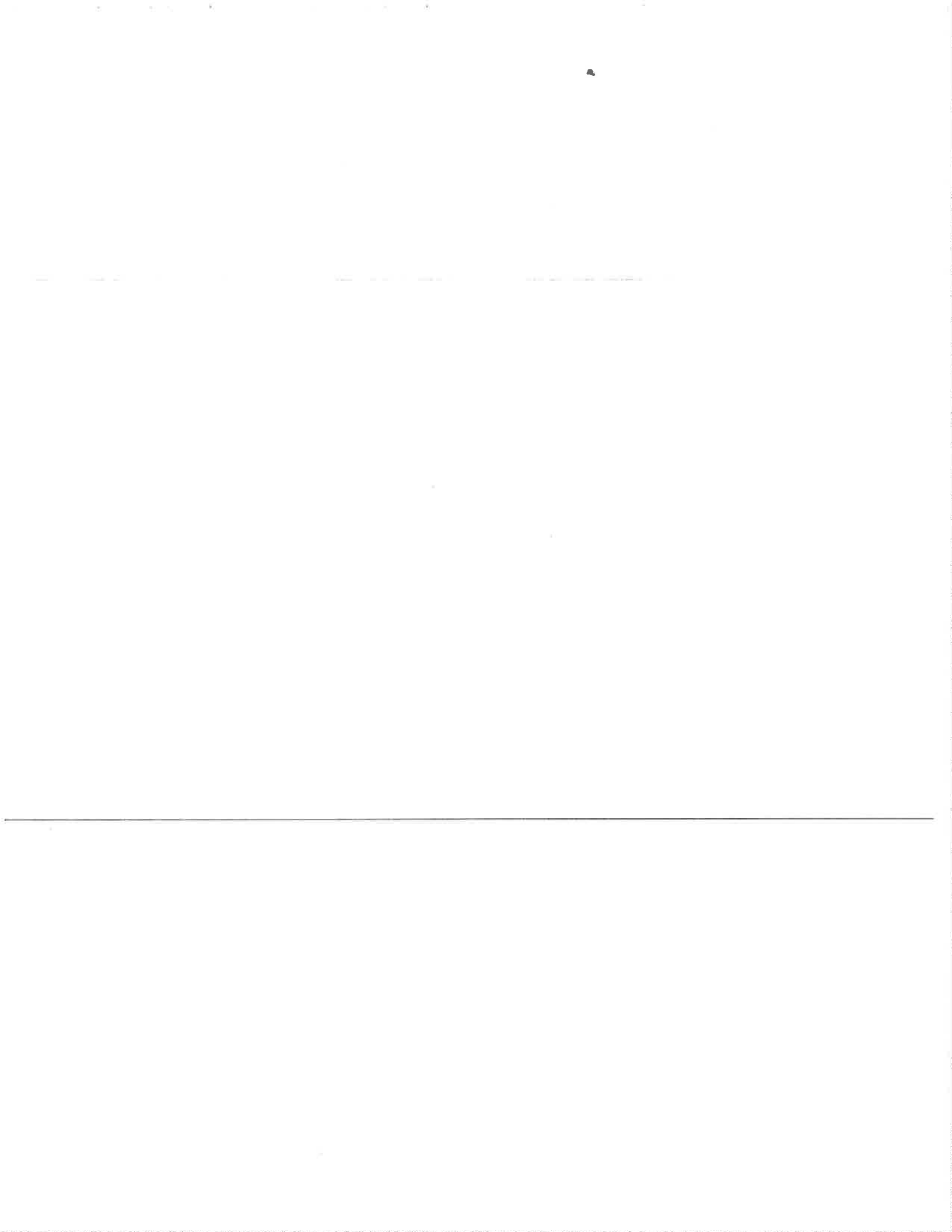
Quitman County Board Of Education
Office of the Superintendent of School
P.O. Box 248
Georgetown, Georgia 39854

The outside of the envelope must be clearly marked **BID FOR WORKERS COMPENSATION INSURANCE**. Bids will be opened and tabulated on Monday, June 6, 2016, at 12:00 noon in the Office of the Superintendent. Bid winners will be approved and announced at the public meeting of the Quitman County Board of Education on Tuesday, June 7, 2016 at 7:00 p.m.

The board reserves the right to reject any and all bids in whole or in part, and/or to accept the bids that in its judgment will be in the best interest of the system. It is expressly stipulated that the school system may award bids on individual items or on a lump sum basis.

Prices quoted shall be firm for the period between July 1, 2016 and June 30, 2017. The Quitman County School System's tax-exempt number is 58-6000307.

In the event that the successful bidder or bidders are unable to perform as required, the successful bidder or bidders shall be responsible for the securing of services from an alternate vendor and pay the vendor any additional cost involved in supplying the goods.



QUITMAN COUNTY SCHOOL SYSTEM

PROPOSAL SPECIFICATIONS

FOR

WORKERS' COMPENSATION

PROPOSALS TO BE RECEIVED BY 12:00 NOON, MONDAY, JUNE 6, 2016

**QUITMAN COUNTY SCHOOL SYSTEM
OFFICE OF THE SUPERINTENDENT
P.O. BOX 248
GEORGETOWN, GA 39854**

SPECIAL NOTE TO PROPOSERS

All requests for additional information must be made in writing, and faxed or emailed to Victoria Harris, School Superintendent at (229) 334-2109 or victoria.harris@quitman.k12.ga.us. In order to allow all Proposers to use the same information, requests for information will not be honored after June 3, 2016.

GENERAL CONDITIONS

1. The following data pertaining to insurance has been compiled by our personnel department. It is intended to form the basis for the School System's Workers' Compensation for the year beginning July 1, 2016.
2. It is anticipated that this package of coverages will not be subject to another Request for Proposal for a period of four (4) years unless the service or cost becomes unacceptable or unwarranted.
3. To provide fairness to all Proposers, it is the School System's intent to have the insurance market completely open for all Proposers when the Specifications are released. If an agent has previously tied up an insurance company, this company must be released to allow agents fair access. The Proposal form requires that each insurance company verify that they did not commit their company to any agent prior to receiving the Proposal package.
4. In order to provide all Proposers with the same information, requests for additional information will not be honored after Friday, June 3, 2016.
5. It is a condition that an itemized listing of losses is provided to the administration on a quarterly basis. The report should be cumulative to year end, and should include at least date of accident, description, whether claim open or closed, and estimated incurred value as of date of report.
6. This material in this Proposal package contains, coverage requests, underwriting data, and Proposal sheets to be used in presenting the Proposals.
7. All data has been collected from sources believed to be accurate, and represents the best information available at this time.
8. It is understood that applications may be required in some instances, but it is requested that quotations be provided based on the information contained in the Proposal Specifications. Applications will be completed after the award of the insurance.
9. It is mandatory that the proposal forms in the Specifications be used. The Proposal must include the answer to all questions, and must include the name of a person who can be contacted in the event of any question on the Proposal. Failure to use the Proposal forms may disqualify the Proposal.
10. Each proposal must include the name of the insurance carrier and its most recent Best's rating. All coverages must be in compliance with the Georgia Statutes. The insurance company must have a Best's rating of **A-**, **Class VI** or better. For self-insurance funds, a complete copy of the most recent financial report filed with the Insurance Department must be included.
11. Proposals must be received by **12:00 Noon on Monday, June 6, 2016** at the Office of the School Superintendent, P.O. Box 248, Georgetown, GA 39854.

Proposals received after this time and date will not be opened or considered.

Proposals should be in a sealed envelope marked "Bid for Insurance" in the lower left corner. The School System accepts no responsibility for the premature opening of envelopes that are not properly marked. The School System reserves the right to consider Proposals that have been determined by the School System to be received late due to mishandling by the School System.

The School System accepts no responsibility for delays in the mail.

12. Payment terms for any and all plans and options should be included with Proposals.

13. For information concerning the Proposal Specifications please contact:

Victoria Harris
School Superintendent
P. O. Box 248
Georgetown, Georgia 39854
(229) 334-4189, Fax (229) 334-2109

14. The Board reserves the right to: (a) reject any and all Proposals; (b) accept any alternative Proposal presented which, in its opinion, would best serve the interest of the School System; (c) give full and proper consideration to the reputation, knowledge, experience and servicing facilities of the insurance agency presenting the Proposal; (d) waive any formality or informality in the Proposal submission; (e) select the agency of their choice, if more than one Proposal is offered on behalf of the same insurance company.

NOTICES

NOTICE OF CANCELLATION

IT IS AGREED THAT THE COMPANY WILL GIVE THE INSURED NOT LESS THAN 90 DAYS NOTICE OF ITS INTENT NOT TO RENEW THIS POLICY.

NOTICE OF OCCURRENCE

IT IS AGREED THAT:

INSURED'S DUTIES IN THE EVENT OF OCCURRENCE, CLAIM OR SUIT

- (A) IN THE EVENT OF AN OCCURRENCE WRITTEN NOTICE CONTAINING PARTICULARS SUFFICIENT TO IDENTIFY THE INSURED AND ALSO REASONABLY OBTAINABLE INFORMATION WITH RESPECT TO THE TIME, PLACE AND CIRCUMSTANCES THEREOF, AND THE NAMES AND ADDRESS OF INJURED AND OF AVAILABLE WITNESSES, SHALL BE GIVEN BY OR FOR THE NAMED INSURED TO THE COMPANY OR ANY OF ITS AUTHORIZED AGENTS AS SOON AS PRACTICABLE AFTER THE SUPERINTENDENT HAS ACTUAL KNOWLEDGE OF THE OCCURRENCE.

IF, HOWEVER, A CLAIM IS LATE BEING REPORTED, THE CLAIM WILL NOT BE DENIED UNLESS THE LATENESS PREJUDICES THE INTEREST OF THE COMPANY.

IT IS FURTHER AGREED THAT NOTICE TO THE AGENT/BROKER REPRESENTS NOTICE TO THE COMPANY.

UNINTENTIONAL ERRORS AND OMISSIONS

IT IS AGREED THAT FAILURE OF THE INSURED TO DISCLOSE ALL HAZARDS EXISTING 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.

PROPOSAL FORM

PROPOSALS TO BE RECEIVED:

12:00 Noon, MONDAY, JUNE 6, 2016

QUITMAN COUNTY SCHOOL SYSTEM
THE OFFICE OF THE SCHOOL SUPERINTENDENT
P.O. BOX 248
GEORGETOWN, GA 39854

NAME OF AGENCY: _____

ADDRESS _____

BY: _____

PRINT NAME & TITLE: _____

AREA CODE & PHONE #: _____

AREA CODE & FAX #: _____

IMPORTANT NOTICE

Failure to use these Proposal forms may **disqualify** your Proposal. Use only the Proposal forms supplied for **this** Proposal package. **Do not substitute** pages from any other Proposal package.

*In addition, all requests for additional information must be made in writing, emailed or faxed to Victoria Harris, School Superintendent at (229) 334-2109 or victoria.harris@quitman.k12.ga.us. In order to allow all Proposers to use the same information, requests for information will not be honored after **Friday, June 3, 2016**.*

Leaving a question blank is not acceptable. Most questions require a simple yes or no answer, and if clarification is needed, a complete explanation should be provided.

In addition, answers such as "**Included**" after the premium are not acceptable. Please indicate an amount for each coverage.

INSURANCE COMPANY COMMITMENT STATEMENT

(FORM MUST BE COMPLETED BY EACH INSURANCE COMPANY PRESENTING A PROPOSAL)

I hereby certify that we did not commit our company to any insurance agent/broker prior to receiving the Proposal specifications from the agent/broker named in this Proposal.

Date

Name of Insurance Company

Telephone Number

Signature

Print or Type Name

Title

<i>PROPOSAL FOR WORKERS' COMPENSATION</i>	
Name of Insurance Company?	
Best's Policyholder's Rating?	
Best's Financial Size Category?	
Annual Premium:	
Will you agree that notice to the agent represents notice to the company?	
If the premium is adjustable, please indicate the rate.	
How many days notice of cancellation are provided?	
Is the Agent presenting this proposal a licensed agent for the ins. co. named above?	
Is the ins. company listed above a licensed admitted company for this State?	
Please provide three references for the insurance company (preferably schools) and at least one located in Georgia that can be contacted with regard to quality of your service.	
Name of Client	
Contact Person	
Phone Number	
Name of Client	
Contact Person	
Phone Number	
Name of Client	
Contact Person	
Phone Number	
How will this coverage be written? Indicate a, b, or c. If the answer is "c", please indicate which coverage(s) it can be added to.	
(a) Stand-Alone - does not have to be written with any other coverages	
(b) Total Package - Cannot Be Split	
(c) Contingent - Cannot Stand Alone, but can be added to another coverage.	
Indicate any variances from the Bid Specs.:	

Loss Summary
By School System/Major Coverage

Valued as of: 3/31/2016

Period	Claim Count	Incurred Total	Paid Total	O/S Reserve Total	Ground Up	Average Incurred Loss	Largest Incurred Loss
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School System: 718 - QUITMAN COUNTY SCHOOLS

Major Coverage: 10 - WORKERS' COMPENSATION

7/1/2011 - 6/30/2012 (07/01/2011 - 06/30/2012 (10))	2	724.01	724.01	0.00	0.00	362.01	724.01
7/1/2012 - 6/30/2013 (07/01/2012 - 06/30/2013 (10))	2	821.25	821.25	0.00	0.00	410.63	821.25
7/1/2014 - 6/30/2015 (07/01/2014 - 06/30/2015 (10))	1	21,519.91	21,519.91	0.00	0.00	21,519.91	21,519.91
7/1/2015 - 6/30/2016 (07/01/2015 - 06/30/2016 (10))	5	2,499.00	0.00	2,499.00	2,499.00	499.80	2,499.00
Total by Major Coverage	10	25,564.17	23,065.17	2,499.00	2,499.00	2,556.42	21,519.91
Total by School System	10	25,564.17	23,065.17	2,499.00	2,499.00	2,556.42	21,519.91
Grand Totals:	10	25,564.17	23,065.17	2,499.00	2,499.00	2,556.42	21,519.91

Estimated Payroll for 2016-2017

School Bus Drivers and Mechanics - \$113,018
 Professional Employees & Clerical - \$2,268,823
 All Other Employees - \$155,483

Limits	Coverage Description
\$1,000,000	Employer's Liability - Each Accident
\$1,000,000	Employer's Liability - Disease Policy Limit
\$1,000,000	Employer's Liability - Disease - Each Employee

The experience modification factor effective July 1, 2016 is 1.05.

Georgia School Boards Association

Loss Detail

By School System/Major Coverage

Valued as of: 3/31/2016

Claim Number	Loss Date	Report Date	Status	Description 1	Paid Total	O/S Reserve Total	Incurred Total
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School System: 718 - QUITMAN COUNTY SCHOOLS
Major Coverage: 10 - WORKERS' COMPENSATION

Period: 7/1/2011 - 6/30/2012 (07/01/2011 - 06/30/2012 (10))

WC2-0128-5561 8	4/26/2012	5/16/2012	F	Student sitting inside shelf of the easel, typed	0	0	0
WC2-0128-5145 1	2/27/2012	3/14/2012	F	Employee was called to the office for parent pho	724	0	724

Total by Period 2 Claims

Period: 7/1/2012 - 6/30/2013 (07/01/2012 - 06/30/2013 (10))

WC2-0128-7131 4	10/1/2012	10/23/2012	F	Top part of tissue dispenser was opened and empl	0	0	0
WC2-0139-3231 0	3/4/2013	3/12/2013	F	Employee was teaching class and leaned against	821	0	821

Total by Period 2 Claims

Period: 7/1/2014 - 6/30/2015 (07/01/2014 - 06/30/2015 (10))

WC2-0149-9957 0	11/5/2014	11/7/2014	F	Putting up stock in the cafeteria - right elbow	21,520	0	21,520
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Total by Period 1 Claim

Period: 7/1/2015 - 6/30/2016 (07/01/2015 - 06/30/2016 (10))

WC2-0151-0443 54	12/1/2015	12/22/2015	R	moving things/ materials in classroom	0	2,499	2,499
WC2-0151-0480 78	11/9/2015	2/12/2016	F	R Fore lifting a box kit of books L Thumb	0	0	0
WC2-0161-0481 36	2/5/2016	2/12/2016	F	working in concession stand for basketball game.	0	0	0



STARS ENTERPRISE™

Georgia School Boards Association

Loss Detail

By School System/Major Coverage

Valued as of: 3/31/2016

Claim Number	Loss Date	Report Date	Status	Description 1	Paid Total	O/S Reserve Total	Incurred Total
School System: 718 - QUITMAN COUNTY SCHOOLS Major Coverage: 10 - WORKERS' COMPENSATION Period: 7/1/2015 - 6/30/2016 (07/01/2015 - 06/30/2016 (10))							
WC2-0151-0414 02	11/6/2015	11/10/2015	F	In bathroom, tissue holder was not closed and it	0	0	0
WC2-0151-0415 61	11/4/2015	11/11/2015	F	Standing in hallway back	0	0	0
Total by Period 5 Claims Total by Major Coverage 10 Claims Total by School System 10 Claims Grand Totals: 10 Claims							



STARS ENTERPRISE™