

**KENTUCKY EDUCATIONAL DEVELOPMENT CORPORATION (KEDC)**

**904 ROSE ROAD**

**ASHLAND, KY 41102-7104**

**Bidding Department (606) 928-0205**

**Email - [bidning@kedc.coop.k12.ky.us](mailto:bidning@kedc.coop.k12.ky.us)**

**[www.kedc.org](http://www.kedc.org) or [www.kedc.coop.k12.ky.us](http://www.kedc.coop.k12.ky.us)**

**\*\*\* INVITATION TO BID \*\*\***

REFERENCE: **WC-INS-2002**  
BID OPENING: **3:00 p.m., Monday, November 12, 2001**  
BID PERIOD: **January 1, 2002 through December 31, 2002**

ITEMS: **Workers Compensation Insurance for  
Rockcastle Co. Board of Education**

The KEDC Board of Directors invites you to submit a sealed bid on workers compensation coverage for KEDC and/or participating KEDC bidding consortium member school districts in accordance with the detailed specifications and general conditions of this bid. Bids must be received at the KEDC office at 904 Rose Road, Ashland, KY 41102-7104, not later than the specified bid opening date and time. The public notice for this invitation and the invitation itself can be viewed, downloaded, or printed from the Internet at KEDC's Internet site [www.kedc.org](http://www.kedc.org) or [www.kedc.coop.k12.ky.us](http://www.kedc.coop.k12.ky.us) prior to the date and time specified for the bid opening.

**TIME AND PLACE OF BID OPENING**

**Bids will be opened at the KEDC office at 904 Rose Road, Ashland, KY 41102-7104 at 3:00 p.m., Monday, November 12, 2001.** All bids must be received by the time designated and none will be considered thereafter. Failure to have bid in prior to bid opening will automatically prevent the reading of your bid and such bids will be returned to the bidder. KEDC and the participating boards of education cannot assume the responsibility for any delay as a result of failure of the mails or delivery services to deliver bids on time. (Please note that FED EX does not guarantee delivery time to KEDC because they classify KEDC as being in a rural area.) At the specified time, all bids will be opened and the name of each bidder and each district will be read aloud. Any interested parties may attend. No immediate decision will be rendered concerning the proposals submitted.

**Faxed submissions will NOT be accepted.**

**BID TABULATION**

Tabulations will be made by each participating board of education and each qualified bidder will be mailed a formal tabulation after the Board has taken official action.

**CLARIFICATION**

For clarification or additional information relative to this Invitation, you must first contact our Licensed Insurance Consultant, **George Rupert** of Insurance Management Institute BY EMAIL at [ggrupert@aol.com](mailto:ggrupert@aol.com). Clearly define in your email to Mr. Rupert, the nature of your needs and concerns and provide him with a phone number and best time to call you in the event that later voice communication becomes necessary. He will acknowledge your email by return email as a first response to your request and initiate any other action he deems necessary. For legal questions relative to this Invitation, contact **Timothy Crawford**, KEDC Board Attorney at [crawfordlaw@tcnet.net](mailto:crawfordlaw@tcnet.net). For general information, contact the **KEDC Bidding Department** at [bidning@kedc.coop.k12.ky.us](mailto:bidning@kedc.coop.k12.ky.us) or phone (606) 928-0205. **PLEASE DO NOT CONTACT SCHOOL DISTRICTS.**

## GENERAL CONDITIONS AND INSTRUCTIONS FOR BIDDERS

These General Conditions and Instructions apply to all bids, except to the extent they may be modified by the Proposal Forms. Any deviations or exceptions are to be explained as a part of the bid offer.

### Participating School Districts

Any School District that is a member of the KEDC Collective Bidding Consortium may participate in the Workers Compensation Insurance bidding process, however this does not mean that all member school districts will participate. The individual school district board of education for which each separate bid is submitted may be referred to as "Board" or "Board of Education" in the following specifications and instructions.

### **AUTHENTICATION OF BID AND STATEMENT OF NON-CONFLICT OF INTEREST**

By my signature on the bid form, I hereby swear or affirm under penalty of false swearing as provided by KRS 523.040:

That I am the bidder (if bidder is an individual), a partner in the bidder (if the bidder is a partnership), or an officer or employee of the bidding corporation having authority on its behalf (if the bidder is a corporation);

That the attached bid or bids responding to the Kentucky Educational Development Corporation Workers Compensation Insurance Invitation to Bid have been arrived at by the bidder independently and have been submitted without collusion and without agreement, understanding, or planned common course of action, with any vendor or materials, equipment, or services described in the invitation to bid, designed to limit independent bidding or competition.

That the contents of the bid or bids have not been communicated by the bidder, or its employees or agents, to any person not an employee or agent of the bidder or its surety on any bond furnished with the bids and will not communicate to any such person prior to the official opening of the bid or bids.

That the bidder is legally entitled to enter into contracts with agencies of the Commonwealth of Kentucky and is not in violation of any prohibited conflict of interest, gratuities and kickbacks including those prohibited by the provisions of the Model Procurement Code (KRS Chapter 45A).

I understand the Kentucky Educational Development Corporation collective bidding process is conducted consistent with KRS Chapter 45A, the Model Procurement Code.

### **CERTIFICATION CONCERNING DISBARMENT AND SUSPENSION**

I certify on behalf of myself, the company and its key employees that neither I, the company, nor its key employees have been proposed for debarment, debarred, or suspended by any Federal Agency.

### TERMS AND CONDITIONS

1. **Bids:** All bids must be submitted to KEDC in accordance with specifications in this Invitation to Bid document and the attached or subsequently forwarded "District Information" (District Information includes copies of data compiled by KEDC that may include a page entitled Section II. Individual District Information, a District Questionnaire and Loss Runs) as provided by the school districts through KEDC. All bids shall be valid for a period of sixty (60) days from the bid opening date to allow for tabulation, study, and acceptance by the Board. Submit one (1) copy of the completed bid in a properly addressed envelope. All envelopes should be CLEARLY marked **KEDC Workers Comp Insurance Bid WC-INS-2002** followed by the name of the School District. **EACH Board of Education's bid should be in a separate envelope with a Bid Form (attached), and a Detailed Premium Calculation Exhibit (bidder to provide as an attachment).** Any vendor information that is requested by this bid or additional information you wish to be reviewed by the Board of Education receiving the bid MUST be in EACH envelope. If you bid on 10 districts, you must supply 10 sets of vendor information. One set in each envelope. KEDC will NOT copy vendor information. The bidder should retain a duplicate copy. An officer or member of the bidding firm who is authorized to legally bind the firm must sign each bid form. By executing the Bid Form, the bidder acknowledges that he has read this invitation, understands it, and agrees to bind by its terms and conditions. Any bid received by KEDC by the time designated will be forwarded to the Board of Education.

2. **Premium and Calculations:** Premiums should be based on annualized Payroll as exhibited in the District Information. In addition to the insertion of your proposed FINAL TOTAL PREMIUM on the Bid Form provided, you must complete and submit with each bid, a DETAILED PREMIUM CALCULATION EXHIBIT that shows the complete details of how you calculated and accumulated the FINAL TOTAL PREMIUM you inserted on the Bid Form. This exhibit must show the extension of each individual payroll dollar amount used for each class code times the rate used for each class and the resultant premium calculated from each such extension; thereafter, a total premium for such extensions; thereafter, the application of the Experience Modifier and another total; thereafter, any other credits or debits, all listed individually in percentages as well as amounts and clearly identified as to the name of the credit and debit being applied; thereafter, a total proposed premium before SFA tax; thereafter, the application of the SFA tax showing both the percentage applied and the amount; thereafter, a total of premium plus the SFA tax identified as and which must match the FINAL TOTAL PREMIUM you inserted on the Bid Form. IF YOU DO NOT PROVIDE THIS DETAILED INFORMATION YOU COULD BE THE LOW BIDDER BUT THE DISTRICT MAY BE UNABLE TO VERIFY THIS BECAUSE THE DISTRICT COULD NOT RECONCILE HOW YOU CALCULATED YOUR PREMIUM. Bids may be rejected if incorrect calculations are found. Any and all applicable taxes must be included in the bid price.

3. **Correction of Mistakes:** Bidders are cautioned to re-check their bid for possible errors. No bid can be corrected, altered, or signed after being opened. All prices and quotations must be in ink or typewritten. No pencil figures will be accepted. Mistakes are to be crossed out and corrections inserted adjacent thereto and initialed by the person signing the bid. Errors discovered after public opening cannot be corrected and bidder will be required to accept award if offered.

4. **Withdrawal of Bid:** A bidder may withdraw his bid after it has been submitted only if a written request is submitted and received prior to the expiration of the time during which bids may be submitted, without prejudice to himself, by submitting a written request for its withdrawal to KEDC, Attn: Bidding.

5. **Addendums:** KEDC may issue an addendum to the bid after the bid has been released. In no instance will an addendum be issued within five (5) working days prior to the bid opening.

6. **Insurer (Underwriter) Information:** Proposals must be submitted on behalf of insurers with statutory authority from the Department of Insurance ("DOI") or the Department of Workers Claims ("DWC") to operate as an insurer in the State of Kentucky. It is strongly recommended that such insurers have a General Policyholder's rating of "A+ or A" and a financial size category of a minimum of Class XII, as listed in the latest published report of the Best Insurance Guide or shall be submitted on behalf of a Self-Insurance Group ("SIG") meeting the requirements of the Kentucky Department of Education. All insurance policies bid shall be non assessable and each such bid must be accompanied by the actual policy form in its entirety, including all applicable endorsements. The policy form and endorsements must meet the requirements of the Kentucky Insurance Department and the Kentucky Department of Education. Bids from Self-Insurance Groups should include all actual documents that will be used to effect and define coverage, a copy of the latest audited financial statement of the group, a copy of the reinsurance or excess insurance currently applicable to the group with the current Best Insurance Guide rating of the insurer providing such reinsurance or excess insurance. The insurer must be able to furnish a certificate of errors and omissions insurance with minimum limits of \$5,000,000.

7. **Agency Information:** All agents must have a valid Kentucky property and casualty agent's insurance license. The responding agency must be able to furnish a Certificate of Insurance for Agents Errors and Omissions Insurance with minimum limits of \$2,000,000. The bidder should list other school districts or colleges insured by the agency (Attach separate sheet).

8. **Service:** (Attach separate sheet) Please list response time of agents and claims office upon the district contacting the agent regarding a claim. On page 5 of this invitation, which is the Bid Form, there is a box to check if claims will be handled by a Managed Care Network that has been certified by, approved by and is currently in good standing with Commissioner of the Ky. Dept. of Workers Claims. If you check the box, also include a separate sheet describing your Services, the complete name of the Managed Care Network, contact person, with their address and telephone number. It is understood that the appropriate information must be supplied to vendor for claims to be processed. Also list any added FREE service that you will supply if awarded a bid: i.e.: loss control training.

9. **Employers Liability:** Limit of liability MUST be quoted at the following unless otherwise stated in the District Information or specifically noted in your bid by your attaching a separate sheet indicating the limits you are bidding and the reason(s) why:

1,000,000 Per Accident

1,000,000 Disease per policy limit

1,000,000 Disease each employee

10. **Volunteers:** Volunteers are to be covered unless otherwise stated in the District Information or specifically noted in your bid by your attaching a separate sheet indicating you will not cover volunteers and the reasons(s) why.

11. **Currently Valued, Detailed Loss Runs:** The carrier expressly agrees to promptly furnish currently valued, detailed loss runs to the district no less frequently than quarterly for the duration of the contract period and for an additional term of five (5) full years thereafter, and in addition, will upon request during said periods, promptly furnish to KEDC and or the district, such a loss run at any other time within ten (10) days of a request during the period.

12. **EVALUATION OF BIDS:** After the review of the proposals, the Board of Education may evaluate bids based on the total points assigned to each bid using the scale below or a similar adaptation:

**CRITERIA FOR EVALUATION OF BID**

The model below has been constructed by KEDC’s insurance consultant for possible District use but each individual Board of Education may use its own criteria including a different assignment of the value of points. KEDC will distribute to vendors as part of the District Information or as an addendum, specific evaluation criteria that is provided to the KEDC by the Individual Districts.

	<b><u>POINTS</u></b>
1. Bid amount (Final Total Premium)	30
2. Past experience and service provided by the company	15
3. Claim administration	15
4. Working relationship with school districts	10
5. Type of Plan offered (Managed Care vs Indemnity type)	30
<b>POINT TOTAL</b>	<b>100</b>

It is anticipated that the bidder's ability to meet the Board of Education’s requirements will be an important consideration in the evaluation of any bid. The Board of Education may review the bidder's General Policyholder's rating and financial size category to ensure that the bidder can provide the services specified under this agreement.

It is anticipated that the bid with the highest point total based on the bid criteria will be considered the best evaluated bid. In the case of identical bids, the Board of Education reserves the right to select and to award the contract by whatever method it chooses. The Board of Education reserves the right to waive defects and informalities in proposals, to reject any or all proposals, or to accept any proposal as may be deemed to be in its interest.

13. **Termination of Contract:** The policy shall be endorsed to provide the Board of Education a 90-day written notice of cancellation or non-renewal during the policy period, except for non-payment of premium. The Board of Education may terminate the contract if the successful vendor fails to perform at any level specified in the contract document.

**Procedure for Termination of Contract:** Each party shall follow the procedure outlined below if a contract is to be terminated.

- Step 1: Issue a warning letter and outline the violations and the length of time to correct the problem.
- Step 2: Issue a letter of intent to cancel contract if the problem is not resolved by a given date.
- Step 3: Issue a letter of intent to cancel contract.

14. **Billing:** Terms of invoices shall be net: 30 days, unless otherwise stated on the individual districts bid information form. All payment plans shall be shown as part of the proposal and shall include all installment and finance charges.

15. **Hold Harmless:** It is to be understood that the bidder, if awarded an order or contract, agrees to protect, defend and save harmless KEDC and the Board of Education from any suits of demands for payment that may be brought against them for the use of any patented material, process, article, or device that may enter into the manufacture, construction, or form a part of the work covered by either order or contract; and he further agrees to indemnify and save harmless KEDC and the Board of Education from suits or actions of every nature and description brought against them for, or on account of any injuries or damages received or sustained by any party or parties by, or for any of the contractor, his/her servants or agents.

# KEDC WORKERS COMPENSATION BID FORM – WC-INS-2002

(NOTE: Please attach Detailed Premium Calculation Exhibit and other separate explanations.)

In compliance with this Invitation to Bid, in consideration of the detailed description attached hereto, and subject to the authentication of bid and non-conflict of interest statements and all general and specific terms and conditions thereof, the undersigned agrees if this bid be accepted within the time stipulated, to furnish workers compensation insurance coverage upon which prices are quoted in accordance with the specifications.

The Named Insured shall read: The Commonwealth of Kentucky for the benefit of the Rockcastle Co. Board of Education.

Final Total Premium \_\_\_\_\_  
Price includes all assessments and KY Taxes

[ ] Claims will be handled by a certified Managed Care Network which we have described on our Services page 3 item #8.  
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### Bidding Firm (Agent of Record)

All Insurance carriers will recognize as the Agent of Record only the agent(s) whose KEDC Invitation to Bid WC-INS-2002 was received after September 12, 2001, 8:00 a.m.

_____	_____	
<b>Print or Type Name of Agent</b>	<b>Agent's KY License #</b>	
_____	_____	
<b>Agent's Phone #</b>	<b>Agent's Email Address</b>	
_____	_____	
<b>Agent's Signature</b>	<b>Date</b>	<b>Agent's E&amp;O Liability Limit (Minimum of \$2,000,000 required)</b>
_____	_____	_____
<b>Agent's Address</b>	-----	

_____	_____	
<b>Insurer's COMPLETE Name</b>	<b>Name of Insurer's Underwriter (Person)</b>	
_____	_____	
<b>Underwriter's Address</b>	<b>Underwriter's Phone #</b>	<b>Underwriter's Email Address</b>
_____	_____	_____
<b>Insurer's BEST'S Rating (Min. of "A" recommended)</b>	<b>Class</b> <b>Insurer's Financial Size Category (Min. of "XII" recommended)</b>	<b>Insurer's E&amp;O Liability Limit (Min. of \$5,000,000 required)</b>

_____	_____	
<b>Underwriter's Signature</b>	<b>Date</b>	
_____	_____	
<b>Name of Insurer's Person to call for loss runs</b>	<b>Telephone</b>	<b>Email Address</b>