

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

7720 WEST OAKLAND PARK BOULEVARD, SUITE 323, SUNRISE, FLORIDA 33351 • TEL 754-321-0501 • FAX 754-321-0936



PROCUREMENT & WAREHOUSING SERVICES
RUBY CRENSHAW, CPPO, DIRECTOR
www.browardschools.com

SCHOOL BOARD
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ANN MURRAY
NORA RUPERT

VIA EMAIL & FACSIMILE

October 2, 2015

Mr. Tom Gill
Arthur J. Gallagher Risk Management Services, Inc.
2255 Glades Road
Boca Raton, Florida 33431

Phone: 561-995-6706
Fax: 561-995-6708
Email: tom_gill@ajg.com

ROBERT W. RUNCIE
Superintendent of Schools

Reference: RFP 14-015V – Student and Athletic Insurance and Catastrophic Accident Coverages

Dear Mr. Gill:

The above-referenced contract expires **June 30, 2016**. In accordance with Special Condition 2.3 of the RFP, this contract may, by mutual agreement and upon School Board approval, be renewed for an additional year from **July 1, 2016** through **June 30, 2017** for Catastrophic Accident Coverages. **This letter does not constitute the actual renewal or contract offer.** Please indicate below your willingness to renew this RFP award, which shall be considered by the School District for renewal of your award premised upon your combined agreement to all terms and conditions of the awarded RFP and your agreement to maintain (or reduce) the current annual premium.. Please execute this document on the space provided and return it to my attention **no later than October 12, 2015**. For our informational backup, when going to our Board to approve any renewal, if this RFP is not renewed and SBBC goes out for a new RFP, would your hourly costs remain the same, would your hourly costs be lower or would your hourly costs increase?

If this RFP is not renewed, annual ^{commission} premium in the new RFP would stay the same X (check if yes) *
If this RFP is not renewed, annual premium in the new RFP would be lower _____ (check if yes)
If this RFP is not renewed, annual premium in the new RFP would be higher _____ (check if yes)

If you checked off that the price(s) would be higher in a new ITB/RFP, by what percentage would the price(s) be higher compared to the prices in RFP 14-015V. Indicate the percentage if you checked off that your price(s) would be higher in a new RFP _____%

If you do not respond by **October 12, 2015**, the School District will not consider renewal of your award. The School District will notify you if, and when, your contract is renewed by the School Board. Thank you for your prompt attention to this matter. My email address is charles.high@browardschools.com

- * Yes, I offer to renew the current contract award at the current awarded price(s).
- Yes, I offer to renew the current contract award at the lower price(s) contained on the attached page(s).
- No, I do not wish to renew the current contract award.

Sincerely,

Charles V. High, C.P.M., A.P.P., MBA
Purchasing Agent

CVH/avt
cc: Bid File

Signature of Authorized Representative

Tom Gill, Area Assistant Vice President

Name and Title of Authorized Representative (PLEASE PRINT)



Arthur J. Gallagher & Co.

October 9, 2015

Mr. Charles V High, C.P.M., A.P.P., MBA
Purchasing Agent
The School Board of Broward County, Florida
Risk Management Department
600 SE Third Avenue
Fort Lauderdale, FL 33301

Re: RFP 14-015V – Student and Athletic Insurance and Catastrophic Accident Coverages

Dear Mr. High,

Enclosed please find the letter of our intention to renew the captioned contract. Based on the original bid specifications, we can confirm that our brokerage price of 15% commission will not change.

The form also references premium. We have been successful in maintaining the same premium for the three years of this contract. However, at we are almost 10 months ahead of the 7/1/16 renewal date, the carrier cannot commit in writing that the premium rates will remain the same. We do not see any significant changes in the market at this time. We always do our best to provide the best coverage at the best price.

Thank you again for this opportunity to be of continued service. Should you have any questions or desire further information regarding coverage, please contact a member of the Gallagher Team.

Best regards,

Tom Gill, MBA, CRM, CIC
Area Assistant Vice President

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ROBERT W. RUNCIE
Superintendent of Schools

VIA EMAIL & FACSIMILE

October 2, 2015

Mr. Lane Smith
Scholastic Insurance of Florida, LLC
d/b/a School Insurance of Florida
200 County Line Ct., Suite 5
Winter Garden, Florida 34787

Phone: 407-798-0290
Fax: 407-798-0296
Email: lanes@lesmith.net

Reference: RFP 14-015V - Student and Athletic Insurance and Catastrophic Accident Coverages

Dear Mr. Smith:

The above-referenced contract expires June 30, 2016. In accordance with Special Condition 2.3 of the RFP, this contract may, by mutual agreement and upon School Board approval, be renewed for an additional year from July 1, 2016 through June 30, 2017 for Student and Athletic Accident Insurance. This letter does not constitute the actual renewal or contract offer. Please indicate below your willingness to renew this RFP award, which shall be considered by the School District for renewal of your award premised upon your combined agreement to all terms and conditions of the awarded RFP and your agreement to maintain (or reduce) the current annual premium. Please execute this document on the space provided and return it to my attention no later than October 12, 2015. For our informational backup, when going to our Board to approve any renewal, if this RFP is not renewed and SBBC goes out for a new RFP, would your hourly costs remain the same, would your hourly costs be lower or would your hourly costs increase?

If this RFP is not renewed, annual premium in the new RFP would stay the same (check if yes)

If this RFP is not renewed, annual premium in the new RFP would be lower (check if yes)

If this RFP is not renewed, annual premium in the new RFP would be higher (check if yes)

unknown see attached

If you checked off that the price(s) would be higher in a new ITB/RFP, by what percentage would the price(s) be higher compared to the prices in RFP 14-015V. Indicate the percentage if you checked off that your price(s) would be higher in a new RFP %

If you do not respond by October 12, 2015, the School District will not consider renewal of your award. The School District will notify you if, and when, your contract is renewed by the School Board. Thank you for your prompt attention to this matter. My email address is charles.high@browardschools.com

- Yes, I offer to renew the current contract award at the current awarded price(s).
Yes, I offer to renew the current contract award at the lower price(s) contained on the attached page(s).
No, I do not wish to renew the current contract award.

Sincerely

Signature of Charles V. High
Charles V. High, C.P.M., A.P.P., MBA
Purchasing Agent

Signature of Lane Smith
Signature of Authorized Representative

CVH/avt
cc: Bid File

AGENT LANE SMITH
Name and Title of Authorized Representative (PLEASE PRINT)

SCHOOL INSURANCE OF FLORIDA

October 6th, 2015

TO: Mr. Aston Henry
Broward County School Board
Risk Management Department

RE: Broward County 2016-2017 Student Insurance Coverage Extension

Dear Mr. Henry:

Thank you for allowing School Insurance of Florida the privilege of offering student accident insurance coverage options to protect Broward County School District students. It has been a pleasure to be of financial assistance to many families.

We have received the RFP conditions letter. The letter asked if the rates would increase, decrease or stay the same next year if SBBC went out to bid. The rates are generally not provided until late April or May and we are unable to know or speculate the rates at this time. However, we are pleased to advise you that the insurance company has agreed to continue offering the program during the 2016-2017 school term at the same rate and coverage levels. The group coverage for Before and After School participants will also be continued at the same rate and coverage levels. The company has agreed to offer another 2 year rate guarantee at this time. These options to extend coverage are subject to the school board approval by December 1, 2015.

School Insurance of Florida will continue to print and ship approximately 280,000 hardcopy enrollment brochures and separate football participant enrollment forms. We will also continue to offer parents the option to enroll with a credit card online by accessing our custom designed website for Broward County.

To confirm your continued participation please forward the attached application prior to December 1st, 2015. We appreciate your trust and confidence regarding the implementation of *School Insurance of Florida's* programs!

Sincerely,

Lane Smith

School Insurance of Florida

BROWARD COUNTY SCHOOLS

VOLUNTARY STUDENT ACCIDENT INSURANCE SUMMARY

| Policy Benefit | Plan A | Plan B |
|--|---|---|
| Maximum Medical | \$ 25,000 | \$ 25,000 |
| Loss of Life | \$ 1,500 | \$ 3,000 |
| Double Dismemberment | \$ 7,500 | \$10,000 |
| Single Dismemberment | \$ 1,000 | \$ 2,000 |
| Initial Treatment Period Requirement | 30 days | 30 days |
| Eligible Treatment Expense Benefit Period | 52 weeks | 52 weeks |
| Initial Non-Surgical Physician's Benefit | \$50 | \$ 75 |
| Physician's Non-Surgical Follow-Up Visits | \$40 | \$ 45 |
| Outpatient Therapy Or Similar Treatment Visits | Up to \$200 @ \$40 per visit | Up to \$400 @ \$45 per visit |
| Surgery Fee Schedule (includes assistant surgeon and anesthesiologist fees) | Per Florida Work Comp Fee Schedule; \$3,500 maximum | Per Florida Work Comp Fee Schedule; \$7,500 maximum |
| X-Rays, EEG, CAT Scans (Includes Reading Fees) | UCR up to \$150 | Up to \$ 350 |
| MRI | UCR up to \$500 | Up to \$ 750 |
| Inpatient Hospital Room Charges Per Diem | Up to \$350 per day | Up to \$500 per day |
| Inpatient Hospital Miscellaneous Charges Per Diem | Up to \$300 per day | Up to \$ 750 per day |
| Hospital Outpatient, Surgi-Care Center or "Same Day" Surgery Facility Charges when Major Surgery is performed requiring general anesthesia | UCR up to \$3,500 | UCR up to \$7,500 |
| Emergency Room Charges: (policy provides additional benefits for x-rays, scans, physician fees and other specified policy benefits) | UCR up to \$300 | UCR up to \$750 |
| Orthopedic devices, braces or appliances | Up to \$150 | Up to \$300 |
| Outpatient Prescription Drugs | N/A | Up to \$ 50 |
| Dental Treatment | Up to \$350 \tooth | Up to \$750 \tooth |
| Emergency Ambulance Service | Up to \$250 | Up to \$750 |

CURRENT STUDENT RATES

| Group Rates for Voluntary Plan | Plan A | Plan B |
|--|-----------------|-----------------|
| School-Time Plan (Grades Pre-K-12) | \$9.00 | \$25.00 |
| 24-Hour Plan (Grades Pre-K-12) | \$47.00 | \$150.00 |
| Before and After Care | \$8.00 | NA |
| Rates for Tackle Football, grades 9,10,11,12th Fall FHSAA Try-Out Sessions and Classic Game | \$15.00 | \$35.00 |
| Regular FHSAA Season Practices and Games | \$ 60.00 | \$120.00 |
| FHSAA Spring Practice Sessions and Jamboree | \$ 20.00 | \$40.00 |
| FHSAA Try-Out, Regular Season and Spring | \$85.00 | \$190.00 |