

**HAYS CONSOLIDATED INDEPENDENT SCHOOL DISTRICT
21003 Interstate 35,
Kyle, TX 78640**

**REQUEST FOR PROPOSAL FOR WORKERS COMPENSATION COVERAGE
RFP # 25-0517WC**

The Hays Consolidated Independent School District (HCISD, the District) is requesting proposals for Workers Compensation Coverage. Proposals will be received in the Office of Human Resources, until **2:00 p.m., May 19, 2017**, at which time they will be opened. Proposals received after the specified time will not be considered. All interested parties are invited to be present for the proposal receipt in the Office of Human Resources, Hays Consolidated Independent School District, 21003 Interstate 35, Kyle, TX 78640

The Board of Trustees of the Hays Consolidated Independent School District or its designee reserves the right to reject any and/or all proposals, to make awards as they may appear to be advantageous to the District and to waive all formalities and irregularities in bidding.

Responding organizations should answer the appropriate sections of the proposal and return an original and two (2) copies to

Lisa Thomas – Director of Employee Services
Human Resources
Hays Consolidated Independent School District
21003 Interstate 35, Kyle, TX 78640

no later than **2:00 p.m., May 19, 2017**. Proposals must be mailed or hand delivered.
HCISD DOES NOT ACCEPT FAX OR ELECTRONIC SUBMISSIONS.

If you have any questions regarding this proposal, or require additional information not contained, please direct inquiries in writing by e-mail or no later than **8:00 a.m., May 18, 2017**, to:

Lisa Thomas
Director of Employee Services
Hays Consolidated Independent School District
21003 Interstate 35, Kyle, TX 78640
lisa.thomas@hayscisid.net

Responses will be compiled and posted the following week. All requests to review District documentation on site will be by appointment scheduled through the Office of Purchasing.

Please label the RFP Invitation Number and the RFP Opening Date of this invitation on the front of your envelope. NOTE: This is a request for proposal, IT IS NOT AN ORDER.

RFP # 25-0517WC

TABLE OF COTENTS

General Information3

General Instructions4

Proposer Certificate of Authority Form..... 8

Execution Contract Form.....9

Authentication Certificate.....10

Coverage Specifications 11–13

Transition Plan Specifications 14

Loss Control Specifications 15

Proposal Form..... 16–17

Deviation Form 18

Reference Form..... 19-20

Underwriting Exhibits

Historical Payroll / Estimated Payroll Information.....Exhibit A

Claim Summary Valued as of April 30, 2017..... Exhibit B

Detailed Loss Run History Valued as of April 30, 2017.....Exhibit C

GENERAL INFORMATION

1. Located in North Central Hays County, the Hays Consolidated Independent School District reaches more than 221 square miles. The district's 23 campuses are located throughout northern Hays County, serving nearly 20,000 students. Hays CISD is a proud partner with all of the communities it serves, providing extraordinary educational services and opportunities for students. Hays CISD graduates are ready for success!

Two 4-year high schools, six middle schools (6-8 grade), 13 elementary schools, an alternative high school of choice and disciplinary center comprise the district's campuses, which have tripled in number since 2000. The district also features a state-of-the-art Performing Arts Center.

2. The Board of Trustees (Board), a seven-member group, is the level of government, which has governance responsibilities over all activities related to public elementary and secondary school education within the jurisdiction of Hays Consolidated Independent School District. The Board receives funding from local, state and federal government sources and must comply with the concomitant requirements of these funding sources' entities.
3. The Superintendent is the chief executive employee of the District and is responsible for the effective execution of policies adopted by the Board. The Superintendent manages the administration of all District operations, assigns personnel responsibilities, and recommends the number, types, and organization of positions needed to carry out District functions effectively.
4. The District's fiscal accounts are audited annually at District expense by a Texas certified independent public accountant. All fund types and account groups for which the District is responsible are included in the financial statements. The audit meets at least the minimum requirement prescribed by the State Board of Education and approved by the State Auditor. A copy of the annual audit report, approved by the Board, is filed with the Central Education Agency. The Board maintains an internal audit function to provide assurance to the District management and to the Board that, within economic considerations, financial statements and reports and underlying financial information are presented with sufficient accuracy to ensure compliance with Generally Accepted Accounting Principles (GAAP); and internal account and operational controls are adequate and effective in promoting efficiency and protecting the assets of the District.
5. The District has taken every reasonable precaution for the safety of the students, employees, visitors, and others having business with the District.

GENERAL INSTRUCTIONS

1. Proposals received after the proposal due date will be returned unopened.
2. Only sealed proposals will be accepted. Each proposal must be stamped and plainly marked "Workers Compensation Proposal" with the **RFP# 25-0517WC**.
3. Proposals must be submitted in duplicate on Bid Response forms included herein to be considered by the District. Proposals submitted on other than District forms or with different terms or provisions may be considered as non-responsive. All proposals must be for the described coverage in the bid specifications. Any deviation should be clearly noted in the coverage sheet and on the deviation page.
4. All proposals received from interested proposers will receive a fair evaluation. While price is an important consideration, the District will consider all applicable factors in determining which is the best proposal, and to accept any advantage considered beneficial to it.
5. The District reserves the right to reject any and all proposals that it deems to be not in the best interest of the school district or that it judges to be not in compliance with the specifications. Prior to making a decision concerning the proposals, the District also reserves the right to request additional information or interviews from any or all firms submitting proposals.
6. The district will assume that the submitted proposal complies with all aspects of the proposal specifications except in those areas that are specifically listed as deficiencies and deviations. Therefore, it is extremely important that any deficiency and deviation from these specifications are specifically itemized.
7. The District accepts no financial responsibility for any costs incurred by any proposer in the course of responding to these specifications.
8. Proposals shall be firm and effective three (3) months after date of submission. Rejection or withdrawal after offer is accepted shall constitute a breach of contract. Once proposal is delivered, company must observe notice provisions as stated herein.
9. Proposals must be submitted on behalf of insurers licensed in the State of Texas to provide insurance of the type proposed or on behalf of a self-insurance pool that is adequately reinsured by insurers approved to provide such reinsurance in the State of Texas. Insurers or reinsurers must have a minimum A.M. Best rating of A, A-, which must be maintained throughout the term of the contract. If during the contract period, the rating of the Company is lower, it is the responsibility of the Insurance Company/Agent to notify the district. (Copies of all licenses must be included.). All information will be verified by the District.
10. Claims Administrators must be licensed as required by the state and federal laws. All adjusters, supervisors, and medical auditors must have required certifications by Texas Department of Insurance (TDI) and TDI Division of Workers' Compensation Commission.
11. Recommendations for variances in the specifications will be considered only when such recommendations comply with the following:
 - Are clearly identified as variances from the specifications by an asterisk (*).
 - Are submitted in the same format as the specifications.

- Are deemed an improvement or addition to the program
12. Claim reports must be submitted at least ninety days prior to the anniversary date of coverage. These reports must indicate each claim, nature of each claim, paid amount of each claim and remaining reserve for any open claims. This claims information must be provided on a quarterly basis. Sample copies of the claims reports to be submitted to the District must be included with the proposals requested herein.
 13. The District is interested in the development and implementation of a comprehensive loss control program and an aggressive claims administration, with on going communication with district supervisors. All proposals must include a recommended loss control program and description of services that will be provided by the carrier.
 14. If claims administration is to be handled by an independent firm through a contractual arrangement, please provide a copy of the contract, names and addresses of all offices, and the names of the claim manager and telephone, claims adjusters with resumes/experience.
 15. If medical bill auditing and medical management is to be handled by an independent firm through a contractual arrangement, please provide a copy of the contract/agreement and names and addresses of all offices along with the names of claims manager and other staff, with resumes/experience.
 16. Any prospective bidder will be responsible for having qualified personnel and computerized systems capable of servicing a plan this size. The contract will not be based on cost alone, but will place equal importance on ability to pay claims in a timely manner (medical only within 30 days) and accurately. The Administrator must be able to offer and administer cost containment programs (Network, Medical Management, etc.). Please supply copies of resumes of all personnel that will be servicing the account (i.e., Safety Engineers, Loss Control Representative, Claims Adjusters, Field or Marketing Representatives, etc.).
 17. Upon acceptance of a proposal by the Hays Consolidated ISD Board of Trustees, insurer(s) shall agree that coverage shall not be canceled prior to the anniversary date except for failure of the District to pay the premium as proposed. All policies shall contain an endorsement stating such terms of cancellation.
 18. All individuals, organizations, companies or entities submitting proposals must submit a list of references (including contact person and telephone number). The references given must be districts of equal size or large in comparison to our District.
 19. The successful provider(s) will agree to work with the District with regard to any possible subrogation efforts.
 20. Due care and diligence has been exercised in the preparation of the RFP, and all information contained herein is believed to be substantially correct. However, the responsibility for determining the full extent of the services required, the exposure to risk, and verification of all information herein shall rest solely with those making proposals. Neither the District nor its representative shall be responsible for any error or omissions in this RFP or for the failure on the part of the proposer to determine the full extent of the subject exposure.
 21. Each Company submitting a proposal acknowledges that the District has made a reasonable attempt to provide the Companies with relevant information on premium costs, underwriting,

claims, and other data contained herein. The Companies submitting the proposals therefore waive any right or denial of coverage or avoidance of the policy provisions based upon any expressed or implied warranty or representation that any of the premium costs, underwriting, loss information, etc., provided discloses all exposures or data known to exist.

- 22. The District is subject to the Open Records Act; therefore, if you wish to preserve any information as confidential, please mark that particular information by stamping the page or sections as such, as the full proposal may not be handled as confidential.
- 23. The Company shall at all times observe and comply with all existing and future federal, state, local and municipal laws, rules and regulations of the contract, or any of its provisions and/or services being offered. It is the responsibility of the Company to keep updated on the obligations stated herein.
- 24. The District reserves the right to terminate this agreement upon failure of Contractor/Company to perform per terms of this proposal, failure to perform per negotiated terms and conditions, or failure to comply with usual and customary practices of the industry and upon breach of any laws, rules or regulations. The District also reserves the right to terminate the contract at any time for any cause provided. Sixty (60) days advance termination notice will be given in writing to the Company (ies). Contractors must provide the District with ninety (90)-day notice to terminate the contract.
- 25. The Contractor shall maintain and provide proof of insurance during the term of this contract and any extensions thereto. Certificates of insurance of the following type of coverages and limits are requested to be enclosed with the proposal:

Coverage	Limits
○ Workers Compensation and Employers Liability	W.C. Statutory/ E.L. - \$1,000,000
○ Commercial General Liability Policy – to include	\$1,000,000 CSL
▪ Coverage for Premises Operation, Independent Contractor, Products & Completed Operations, Contractual Liability, Personal Injury, Medical Payments	for BI and PD
○ Automobile Liability Insurance to include	\$500,000
▪ Owned/leased, hired, and non-owned vehicles	
○ Employee Fidelity/Faithful Performance	\$1,000,000
▪ Coverage – including loss to the District arising from Contractor’s officers and employees	
○ Errors & Omissions	\$5,000,000 Aggregate/\$1,000,0000 Each Claim

- 26. Successful Proposer shall indemnify, defend and hold the District, its Board of Directors, officers, employees, and authorized representatives harmless from any and all claims, demands, allegations, lawsuits, action of any type/description for personal injury, death and/or property damage arising from any cause or sustained by any person/persons/organization on account of any negligent act/error/omission/fault of the successful Proposer, or any of its agents, employee, subcontractor, or supplier in the execution of or performance under any contract which may result from award of the Proposal. Successful Proposer will pay all sums of money, judgment with costs, which may be obtained against the District and participating entities.
- 27. Rates/Premium, charges quoted must be total and final including all losses, loss adjustments, reinsurance, other company expenses, standard acquisition expense factors and all state premium taxes.

- 28.** Payments of premiums for guaranteed cost insurance should preferably be on a quarterly basis.
- 29.** The effective date for the proposed coverage is September 1, 2017 through August 31, 2018. HCISD will consider one-year extension for a period of four additional years if agreeable between both parties. Annual renewal rates must be provided 120 days prior to the anniversary date.
- 30.** A program or plan qualifying under the Interlocal Cooperation Act, Article 4413 (32c) Texas Revised Civil Statute Amendment will also be acceptable.
- 31.** Current audited financial statements, or evidence of financial stability must be included with the proposal.
- 32.** The named insured is Trustees, Hays Consolidated Independent School District, Officers, and Employees.

HAYS CONSOLIDATED INDEPENDENT SCHOOL DISTRICT CERTIFICATE OF AUTHORITY

The undersigned is authorized to execute this proposal on behalf of:

Name of the Organization (Legal Name and Address)

Name the services being proposed

The proposer, having examined the specifications and being familiar with all conditions in the specifications, hereby proposes to provide the services/coverage in accordance with the Proposal Documents at the cost in the attached Response Sheets.

Having reviewed the specifications, we have complied with the requirements and conditions with the following exceptions (attached an itemized list of deviations and proposal conditions).

This proposal shall remain firm through:_____

Errors and Omissions Coverage	Yes _____	No _____
E & O Certificate Attached	Yes _____	No _____
Texas License Attached	Yes _____	No _____

Printed NAME of Authorized Representative

Signature of Authorized Representative

Date

EXECUTION CONTRACT

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

In addition, pursuant to the State of Texas Legislative Senate Bill No. 1, Section 44.034, Notification of Criminal History, the undersigned affirms these firm **is**____/**is not**____ owned or operated by anyone who has been convicted of a felony. This statement is not required of a publicly held corporation.

NAME OF COMPANY_____

NAME OF REPRESENTATIVE (Type or Print)_____

AUTHORIZED SIGNATURE_____

TITLE_____

ADDRESS_____

CITY, STATE_____ **ZIP**_____

PHONE _____ **FAX** _____

DATE_____

**AUTHENTICATION CERTIFICATE
REQUEST FOR PROPOSAL**

Name, address, and telephone number of person who is authorized for preparation of this document:

Name (Type/Print)

Name of the Company

Street Name

City

_____ State

_____ Zip Code

Phone No.

Fax

The Proposer understands and agrees that the District reserves the right to evaluate the qualifications of all Proposers and to disqualify any one of the Proposers based upon that evaluation.

The Proposer certifies that its response to the forgoing Proposal and Questionnaire do not contain an untrue statement of a material fact, or omits or misleads any material fact necessary to evaluate the proposal submitted.

By: _____
Name (Type/Print)

Title: _____

Date: _____

HAYS CONSOLIDATED INDEPENDENT SCHOOL DISTRICT WORKERS' COMPENSATION SPECIFICATIONS

COVERAGE

1. The District desires coverage providing the State of Texas, Department of Insurance mandated Workers' Compensation benefits to the employees of the Hays Consolidated Independent School District.
2. The program **must** provide statutory benefits to employees injured during the course and scope of employment, while controlling costs through various loss reduction programs.
3. Standard insurance and self-insured pools may be proposed.
4. Self-funded proposals will be accepted, but each shall provide, excess workers' compensation coverage, proposed TPA costs/contract and loss control and program administration services. The District will only accept complete proposals including all the elements named above.
5. The Self-Funded Pools will also include the necessary accounting and financial reporting requirements as imposed by the Governmental Accounting Standards Board (GASB) Statement No. 10.
6. The District is interested in a provider who will provide the following services which include but are not limited to:
 - a. Quality and prompt claims adjusting and processing services.
 - b. Receipt and filing of the Employers' First Report of Injury Forms from the District.
 - c. Assignment of cases to licensed workers' compensation claims adjusters (adjuster/claimant contact must occur within 48 hours of receipt of notice on all potential lost time cases). Adjuster caseload shall not exceed 135 active files (medical and/or loss time) at any one time.
 - d. Supervision of all files, with thirty (30) days review and evaluation of all claims for appropriate action (i.e., closure or remain active).
 - e. Maintain contact with the District's Office of Employee Services, claimant, and/or witnesses on injuries as needed or as requested by the District.
 - f. Determination of liability and compensability by:
 - i. compute proper compensation rate;
 - ii. establish appropriate loss and expense reserves;
 - iii. issue payments for appropriate compensation, medical payments or expenses;
 - iv. conduct periodic activity checks on injured employees and/or beneficiaries;
 - v. prepare claims for presentation to the Workers' Compensation Commission on all loss time cases as required;
 - vi. prepare all required notices and responding to requests for information from any regulatory agency such as is usual and customary in the processing of workers' compensation claims.

7. Prepare for and furnish to the District campuses and departments a claims administration kit containing forms and instructions explaining the steps to be followed in filing a claim. Forms will be furnished to each campus and department that will be adequate to meet the needs of each area.
8. Assist the District by providing and participating in-service training of staff to ensure accurate claims processing.
9. Retain and appropriately supervise qualified legal counsel approved by mutual agreement with the District.
10. Represent the District in preparing the defense of litigated cases, negotiating settlements and pursuing subrogation actions.
11. The Contractor will absorb all allocated claims expense for these representations except for unusual situations and as approved by the District. In the case of a self-funded proposal it is understood that allocated expenses shall be part of the loss and recoverable under the Excess WC policy when a claim is made.
12. Secure prior settlement authority from the District on individual claim settlements warranting payments in excess of a reasonable level that shall be established by the District.
13. Medical bill auditing to assure payments are within the DWC medical fee guidelines.
14. Provide medical rehabilitation and medical cost containment services subject to prior approval of the District for all expenses above \$2,500. Audit all hospital or service provider bills.
15. Loss Control services which will provide the District with experienced personnel for in-service training in various areas, particularly in high risk areas such as maintenance, custodial services, food service, and transportation. Provide or make available videos regarding these areas to the department directors. Resumes on loss control personnel must be provided.
16. Provide up-to-date reports keyed to the District's system of cost allocation and reports utilizing District established occupational, departmental, and location codes. (Reports having classifications as unknown, uncoded, miscellaneous, other, etc. will not be acceptable.) Provide copies of available reports for review. Provide the District the opportunity to accept or reject services that will not be of assistance to the District and allow the adjustment to the fee structure (i.e., Loss Control Services, etc.).
17. All claims files and records shall be available for review by District representatives during normal business hours of the Contractor, and staff must be available to answer questions regarding these files and records.

18. In the event of contract termination, all computerized information will be provided in a tape or disk format that is acceptable to the District. All other information will be provided in hard copy form (i.e., individual claim files). Records and files shall be provided upon request any time during the twelve (12) months following termination of the contract. Such requests for the files, records, reports or other information shall be made in writing and the requested information shall be delivered to the address designated by the District within thirty (30) days of receipt of such written request.
19. The contractor shall furnish the District with loss and information reports including but not limited:
 - a. Claims activities reports.
 - b. Claims and expense summary.
 - c. Transaction registers.
 - d. Loss Analysis reports.
 - e. Specific excess loss report.
 - f. State required reports.
 - g. 1099 Information to meet Federal Requirements.
 - h. Reports to meet GASB 10 requirements and any other GASB requirements for self-funded program.
20. The contractor must provide the District with immediate written notification of bad faith allegations involving the District.
21. The Contractor shall indemnify, hold, and save the District, the consultant and their agents, officers and employees harmless from liability of any nature or kind, including costs, expenses, and attorney's fees, for harm suffered by an entity or person as a result of the negligent, reckless, or willful acts or omissions by the administrator, carrier, its officers, agents or employees.
22. The claims administrator shall not charge against the plan experience any claim payment not authorized under the policy. In the event of such an error, the contractor shall be responsible for all collections and/or plan reimbursement expenses
23. The Contractor must provide bilingual personnel for claims processing for non-English speaking personnel.
24. The District reserves the right to accept or reject an adjuster if the District feels the adjuster would or could not serve the needs of the District. The adjuster's qualifications, experience, and skill will be taken into consideration before assigning adjusters to the District's account.

THE ABOVE ARE MINIMUM REQUIREMENTS AND THE ACTUAL CONTRACT FOR SERVICES MAY HAVE ADDITIONAL REQUIREMENTS. THE ABOVE WILL SERVE AS AN EXAMPLE ONLY AT THIS TIME

TRANSITION PLAN

Please include a transition plan illustrating how your company will make the transition, handle new claims and keep records. You are not restricted to this format, you may add to this format, if you so desire.

1. Claims Administration - the plan should include but not be limited to:
 - a. Data entry
 - b. Coding
 - c. Setting up files from notice of injury
 - d. Assignment of the files
 - e. Determination of compensability
 - f. Setting of reserves
 - g. Diary systems
 - h. Supervisory controls
 - i. Investigation Process
 - j. Payments of medical, indemnity, expenses, and other related charges
 - k. IAB, CCH, Appeals, and Legal defense of claims
 - l. Coordination with Medical Providers, and Occupation Network
 - m. Coordination with Cost Containment companies
 - n. Compliance with TWCC rules, regulations, filings etc.
 - o. Training and Education provided to staff
 - p. Interaction with the client, and client involvement
 - q. Cost Control strategies

2. Special Presentations
 - a. Pre-Hearing Conferences
 - b. Special Formal Hearings
 - c. WCC appearances in Austin
 - d. Special Board Filings
 - e. Court Appearances

3. Surveillance Services
Reports on claims suspected to be fraudulent, exaggerated or suspicious. Include a sample copy.

4. Risk Management Information Systems
 - a. Standard Reports
 - b. Ad Hoc Reports
 - c. On Line Capabilities

5. Workers Compensation Medical Cost Management Services
 - a. Medical Bill Review
 - b. Hospital Bill Review
 - c. Utilization Review
 - d. Case Management
 - e. Pre-authorization process
 - f. Peer Review
 - g. Return to Work Coordination with parties involved
 - h. Rehabilitation Services

6. Banking Procedures & Controls

LOSS CONTROL SERVICES

The successful bidder will be asked to supply (as a minimum) the following Loss Control Services as a condition of this agreement. These shall include but not be limited to:

1. **Surveys.** On-site identification and subsequent evaluation of exposures relative to employees, material, equipment, processes, environmental concerns and facilities.
2. **Recommendations for risk improvement.** Communication regarding ways to control and reduce exposures to occupational accidents, injuries and/or illnesses.
3. **Training Programs.** The Contractor will provide appropriate training programs and in-service programs, aids, materials and general information to assist in the control of risk and exposures.
4. **Consultations.** Counsel, advise and make recommendations relative to risk, exposure, and experience in the District's operations. Provide timely data in an acceptable format to determine claim trends, key in on areas requiring attention, and recommend consultants in technical areas that may be able to assist the district.
5. **Accident Analysis.** Review of reported accidents or injuries to determine causes and trends and make recommendations for corrective action or programs to control frequency and severity of such accidents and/or injuries.
6. **Industrial Hygiene Services.** Recognition and evaluation of chemical, physical, biological, environmental and economic exposures with recommendations for corrective action or programs to reduce risk and exposure.
7. **Industrial Health Services.** Advise and consult relative to cost containment programs.
8. **Annual Plan of Service:** At the beginning of each year and as directed by the District, the Contractor will develop a detailed plan of service to ensure that the loss control services outlined above are applied in the most cost effective and efficient manner to reduce losses for the District. This plan of services shall be coordinated with the District and shall include but not be limited to:
 - a. A plan to make initial contact with the District management and its various sites, and advise them of the loss control services that are available to them.
 - b. A service plan indicating type of service to be delivered to specifically named sites in order to assist in loss reduction and control in areas where specific trends have developed.
 - c. Special projects anticipated for the year. These may include industrial hygiene studies, training packages, seminars, workshops, new legislation and publications intended specifically for the District's use.
 - d. Quarterly reviews with the District management staff to ensure these objectives are being met (this will include reports of service which has been given to each site and also information referred to in paragraph 3 above).
 - e. Recommendation for other services that will help the District control costs associated with frequency and severity of claims.

**HAYS CONSOLIDATED INDEPENDENT SCHOOL DISTRICT
WORKERS' COMPENSATION PROPOSAL FORM**

OPTION 1:

Guaranteed Cost

Proposed Premium (Annual) _____
(Year One) (Year Two) (Year Three)

Description of Loss Control Services with Schedule Attached	_____	Yes	_____	No
Premium Determination Worksheet Attached (Manual rates and experience modifier used to calculate premium/contribution)	_____	Yes	_____	No
Description of Claims Administrative Services Attached	_____	Yes	_____	No
Description of Medical Auditing Services Attached	_____	Yes	_____	No
Specimen Policy with all Endorsements and Exclusions Attached	_____	Yes	_____	No
Insurance Company's Latest Audited Financial Statement Attached	_____	Yes	_____	No
Description of Deviations Attached	_____	Yes	_____	No

Authorized Signature _____ Date _____

**HAYS CONSOLIDATED INDEPENDENT SCHOOL DISTRICT
WORKERS' COMPENSATION PROPOSAL FORM – PAGE 2**

ALTERNATIVE OPTION:

- Administrative Costs

Administration	\$ _____
Claims Administration	\$ _____
Medical Audit/Management Service	\$ _____
Loss Control/Safety Engineering	\$ _____

- Stop Loss Coverages

Specific Amount	\$ _____
Aggregate Amount	\$ _____

Total Annual Premium/Contribution: \$ _____

If the Administrative Hearings/Review fees are not included in the above costs, please answer the section below:

Benefits Review Pre-hearing Conferences:	\$ _____
Contested Case Hearings:	\$ _____
Appeals Panel Reviews:	\$ _____
Austin Commission Representation:	\$ _____

Agency Submitting Proposal: _____
Agency Representative: _____

Signature: _____
Errors and Omissions Coverage: _____ Yes _____ No
Insurance Carrier for E & O: _____
Texas License No.: _____
Insurance Company: _____
Insurance Company Representative: _____

Signature of Authorized Representative: _____

24-Hour Claims Service: _____ Yes _____ No
Claim Office Location(s): _____

A.M. Best Rating of Company (Current): _____
Texas License No.: _____

REFERENCES

Please provide references for three (3) Texas School related clients and three school related (3) clients who have left your organization during the last two years? (Please provide references of clients who are of similar size as HCISD, and have similar type of plans being requested).

Current Clients

1.	Name of the Organization and Address	_____

	Name of the Contact Person:	_____
	Telephone Number:	_____
	List Services Provided:	_____
	Number of Employees:	_____
2.	Name of the Organization and Address	_____

	Name of the Contact Person:	_____
	Telephone Number:	_____
	List Services provided:	_____
	Number of Employees:	_____
3.	Name of the Organization and Address	_____

	Name of the Contact Person:	_____
	Telephone Number:	_____
	List Services provided:	_____
	Number of Employees:	_____

FORMER CLIENTS

1.	Name of the Organization and Address	_____

	Name of the Contact Person:	_____
	Telephone Number:	_____
	List Services Provided:	_____
	Number of Employees:	_____
2.	Name of the Organization and Address	_____

	Name of the Contact Person:	_____
	Telephone Number:	_____
	List Services provided:	_____
	Number of Employees:	_____
3.	Name of the Organization and Address	_____

	Name of the Contact Person:	_____
	Telephone Number:	_____
	List Services provided:	_____
	Number of Employees:	_____