



Request for Proposal

Mississippi Valley State University

**THIS IS
NOT AN
ORDER**

14000 Hwy 82-W #7244
Itta Bena MS 38941-1400

Web Address: www.mvsu.edu/purchasing/

Phone No: (662) 254-3319 Fax (662) 254-3314

**Bid Title: Student Athlete Accident
Insurance**

Date: 02/05/2025

Bid No. VSRP-1001048

Number of Pages 9

Requesting Department:

Joyce Dixon
Business & Finance

Change Order:

Term – End of Month

Bids/Proposals – Do not include State or Federal Taxes in your bids/proposals. The University is exempt from taxes. All orders will be placed with successful bidder by Official Purchase Order.

Mississippi Valley State University is considering the purchase of the following item (s). **We ask that you submit your Bids/Proposals in three copies.** Rights are reserved to accept or reject any and all parts of your bid/proposals. Your bid/proposals will be given consideration if received in this Office on or before the date and time below.

This bid/proposal will be awarded on a line by line basis

This bid/proposal will be awarded on a all or none basis

However, the University reserves the rights to award any and all bids/proposals in the best interest of the University.

Bid/Proposal opening {Date and Time}

April 25, 2025 @ 2:00 p.m.

Mississippi Valley State University

By: Carla Williams, Purchasing Agent

Email: ctwilliams@mvsu.edu

NOTE: If you cannot quote on the exact material shown, please indicate any exceptions, giving brand names and complete specifications on any alternate. Mississippi Valley State University reserves the right to accept any alternate of equal or greater quality or performance. We also reserve the rights to waiver any irregularities that may appear in the Bids/Proposals specifications.

ITEM	QUANTITY	DESCRIPTIONS	UNIT PRICE	TOTAL NET PRICE
		See Attachment for RFP Proposal for Student Accident Insurance		
<i>Please show Bid/Proposals No. on outside of Envelope</i>				

If checked, Mississippi Valley State University reserves the rights for an additional 60 days to purchase and additional 20% of this bid/proposal at the same cost.

We quote you as above F.O.B – Mississippi Valley State University. Shipment can be made within _____ days from receipt of the order.

Company Quoting

Terms:

Date:

Phone/Fax:

Official Signature:



**REQUEST FOR PROPOSALS STUDENT
ATHLETE ACCIDENT INSURANCE COVERAGE
March 12, 2025**

A. INTRODUCTION

Mississippi Valley State University (MVSU) is seeking insurance to cover accidents to its student athletes, prospective student athletes, and band members.

B. PURPOSE

This RFP is using a market assignment approach to select a broker and insurer to provide student athletics accident coverage for its students and prospective students. Brokers have been assigned specific markets to approach and to solicit competitive quotes consistent with the specifications provided in this RFP.

C. CONTRACT PERIOD AND RFP TIMELINES

The insurance policy, if selected, shall be effective at 12:01 a.m. CDT on August 1, 2025. MVSU will consider either a single year policy or a multiyear policy, within its discretion.

This process consists of two competitive phases. The first phase involves MVSU assigning markets to specific brokers, and the second phase evaluates insurance quotes provided with the proposals.

February 10, 2025, and February 17, 2025	RFP Advertised
February 24, 2025, and upon request until March 3, 2025	Market Assignment Letter Sent
March 10, 2025	Market Assignment Requests Due
March 12, 2025	Markets Assigned and RFP Provided
March 19, 2025	Questions and Informational Request Submitted to MVSU
March 31, 2025, or earlier if possible	Responses to Questions Provided
April 25, 2025	Proposal with Quotes Submitted
June 19, 2025	IHL Board approval, if necessary
Approximately June 20, 2025	Award notification
August 1, 2025	Policy Inception Date

D. MINIMUM INSURER REQUIREMENTS

1. The Insurer shall have a minimum A.M. Best's Rating of A with a Financial Size Category of VIII or better.
2. The Insurer must be authorized to write this line of business in the State of Mississippi.

E. COVERAGE SPECIFICATIONS

1. The coverage shall provide coverage limits up to the NCAA Catastrophic threshold of \$90,000 per claim. The Accidental Medical Expense Maximum will be \$90,000 per claim.
2. An Air Travel Aggregate maximum may apply, but it cannot be less than \$1,000,000.
3. Air or Ground Ambulance: 100% of Usual and Customary
4. Accident Medical Expense Benefit Maximum per claim: \$90,000
5. Dental Maximum: \$90,000, but can be subject to the overall per claim Benefit Maximum
6. Maximum Benefit Period: 104 weeks from the date of the covered accident
7. Excess Coverage: Coverage will provide full excess benefits while being secondary to other policies, including medical or health insurance, if any such policy is applicable
8. Expanded Sports Coverage: Coverage will include expanded sports coverage, which includes (although not necessarily including the exact following language): (a) overuse syndromes, such as bursitis, tendonitis, shin splints, stress fractures; (b) heat-related problems including heat exhaustion, heat stroke and heat prostration; (c) malfunctions of the heart; (d) embolism; (e) re-injuries (any injury for which services have been provided within 90-365 days from the date of the original injury or aggravation thereof); and (f) sprains, hernia, strains, muscle tears, or repetitive motion injury (only if these conditions are aggravated by participation in a covered activity).
9. Exclusions: There shall not be an exclusion for overuse symptoms.
10. Definition of Pre-existing Conditions. Pre-existing conditions shall include a health condition for which a covered person had not sought or received medical advice or treatment during the 12 months immediately preceding his or her policy effective date of coverage.
11. Applicable Law. Applicable law and jurisdiction shall be Mississippi. This may be accomplished by conformity with law or statutes provision or endorsement.

F. DEDUCTIBLE LEVELS

So that proposals may be scored fairly by comparing similar deductibles, quotes must contain one of the following deductible structures, although proposers may provide multiple quotes corresponding to more than one of the structures described below.

All quotes will include claims administration services for all claims, including the administration of claims falling under a deductible level.

1. No deductible; first dollar coverage.

- a. This policy will pay secondary benefits without any applicable deductible.
 - b. A quote using this structure must include a narrative describing the structure and a total cost calculation. The total cost calculation will represent the total cost to MVSU for this option, and it will include all amounts MVSU would or could pay, including any fees, premiums, and any service-related or other costs.
2. \$10,000 individual deductible with a \$120,000 aggregate deductible.
- a. This structure will pay secondary benefits after the \$10,000 retention per claim is met
 - b. This structure will pay first dollar benefits after an aggregate of \$120,000 has been paid in claim deductibles for the program.
 - c. This structure will require a self-insured claim funding mechanism for payments by MVSU before deductible levels are met.
 - d. Administration of the claim funding program, and administration of claims, may include fees, but all related fees must be fully disclosed in the proposal
 - e. A quote using this structure must include a narrative describing the structure and a total cost calculation. The total cost calculation will represent the total cost to MVSU for this option, and the cost will include all amounts MVSU would or could pay, including any fees, premiums, self-insured funding contributions, and any other funding or service-related costs.
3. \$10,000 individual deductible with a \$100,000 aggregate deductible.
- a. This structure will pay secondary benefits after the \$10,000 retention per claim is met
 - b. This structure will pay first dollar benefits after an aggregate of \$120,000 has been paid in claim deductibles for the program.
 - c. This structure will require a self-insured claim funding mechanism for payments by MVSU before deductible levels are met.
 - d. Administration of the claim funding program, and administration of claims, may include fees, but all related fees must be fully disclosed in the proposal
 - e. A quote using this structure must include a narrative describing the structure and a total cost calculation. The total cost calculation will represent the total cost to MVSU for this option, and it will include all amounts it would pay, including any fees, premiums, self-insured funding contributions, and any other funding or service-related costs.

G. RESPONSIBILITIES IN ADDITION TO INSURANCE POLICY REQUIREMENTS

- 1. Claims Reporting. MVSU will be provided with claims experience reports at least quarterly.
- 2. Comprehensive Loss Runs. Loss Run reports shall be provided within a reasonable time of such a request from MVSU, and loss runs shall be provided at least annually.
- 3. A complete and accurate policy shall be provided within 60 days of the effective

date of the policy.

4. Claims Administration. Claims shall be administered by either the insurer, the broker, or a third-party administrator, or by a combination of these entities. Claims administration shall include appropriate record keeping and the ability to create claims reporting and loss run reports.

H. INSURANCE AGENT OR BROKER RESPONSIBILITIES

1. The insurance agent shall facilitate communication between the Insurer and MVSU.
2. The insurance agent must deliver a binder of coverage detailing the coverage prior to August 1, 2025.
3. The insurance agent shall ensure that all information needed by MVSU is delivered and fully explained.
5. The insurance agent shall provide Certificates of Insurance as requested by MVSU and/or insureds.
6. The insurance agent shall assist the Named Insured and its employees with claims and coverage inquiries.
7. The insurance agent shall provide an insurance certificate for Errors and Omissions coverage exhibiting the limits of liability, deductibles and name of the carrier prior to inception of the coverage. The Errors and Omissions coverage shall be maintained throughout the term of this Policy in a minimum amount of one million dollars (\$1,000,000) per occurrence and one million dollars (\$1,000,000) annual aggregate through an insurance company licensed by the Mississippi Department of Insurance. The Certificates of Insurance shall name Mississippi Valley State University as a certificate holder and shall be provided to MVSU upon request.
8. The insurance agent shall provide documentation that he or she is appropriately licensed to write this class of business.
9. The agent shall not have any conflict of interest under Mississippi Ethics laws which would prevent him or her providing services to MVSU.

I. INSTRUCTIONS/SCHEDULE

The insurance agent or broker has been assigned a market(s) from which to solicit quotation(s) for sports-related secondary accident coverage. The agent will submit such quotations to MVSU, who will determine the lowest and best quotation.

By accepting a market assignment, the agent agrees to solicit from the said market the coverage outlined in this RFP. While it is understood that not every assignment will necessarily result in a policy quotation, the agent is expected to make a good faith effort to solicit a competitive quotation for the coverage. The agent must submit a brief statement giving the reason why any assigned insurance company did not submit a quote.

All communication in response to and/or regarding this RFP process should be emailed to the following address: marilyn.jones@mvsu.edu.

The proposal may be submitted electronically or by hard copy, to be received on or before April 25, 2025. If submitting electronically, the response must be in PDF format. An email may provide a link by which the proposal and quote can be downloaded.

If mailing a CD or hard copy, address to Carla Williams, Mississippi Valley State University, Purchasing Department, 14000 Highway 82 West, #7244, Itta Bena, MS 38941-1400, or if sending via e-mail, send to george.ivory@mvsu.edu. Please enclose 3 copies if sending hard copies.

If you have additional information you would like to provide, include it in the back of your proposal as an appendix. All documentation submitted in response to this RFP and any subsequent requests for information pertaining to this RFP shall become the property of MVSU and will not be returned.

All representations made in the quote by the insurance agent and/or insurer shall be a binding contractual term if such an offer is accepted by MVSU.

The quote is subject to the "Mississippi Public Records Act of 1983," codified as section 25-61-1 et seq., Mississippi Code Annotated.

MVSU RESERVES THE RIGHT TO REJECT ANY OR ALL RESPONSES TO THIS RFP. Approval by the Board of Trustees of State Institutions of Higher Learning (IHL) may be required prior to any acceptance of a quote by MVSU. IHL approval, if approved, will provide authority for MVSU to accept the offered proposal and quote, but such IHL approval shall not constitute an acceptance or contract formation. The contracting party will be MVSU rather than IHL.

J. REQUIRED CONTENTS OF THE QUOTE

In preparing your response to the questionnaire, you shall repeat each question in the order presented in this RFP followed by your response. Please provide complete answers and explain all issues in a concise, direct manner. The proposer must submit the following information in the order requested:

1. State the full name and home office address of your agency. If the office that will service MVSU is located at a different address than the home office, provide the complete address and phone number for that office as well.
2. Provide the name, title, address, telephone number, and email address of the contact

person for this quote. The contact person shall be a licensed insurance agent and officer of the organization in a position to address any of MVSU's clarifications and concerns in a prompt and accurate manner.

3. Restate each item listed in Section D., E., G., and H. of the RFP and detail how the Company meets or exceeds the required minimum qualifications. For provisions which are simply requirements indicate your agreement to such requirements.
4. Provide a detailed cost quotation(s) that includes the premium, the policy structure, all costs to MVSU, and summarizes significant coverage terms.
5. An officer, principal or owner of the insurance agent's firm must complete and sign the IHL Certificate of Ownership form (Exhibit A).
6. Provide a specimen policy that includes the terms governing the offered coverage.
7. As an appendix to the proposal, highlight value added services which will be provided to MVSU without additional costs beyond the quoted premium (and any other fees associated with the program or quote).

K. SCORING CRITERIA

When scoring proposals, MVSU will select the lowest cost quote that meets the level of coverage described in this RFP. MVSU may determine which structure or deductible level it prefers, in its sole discretion.

Exhibit "A"

Ownership Interest Form

(A separate form should be completed by an authorized representative of both the broker and the insurer)

Exhibit "B"

Loss Run Information

(Loss Run Information will be provided by email to brokers who have been assigned a market)