



**Invitation for Bid  
Amendment #2**

Solicitation Number **IFB-2297**  
 Date Issued **02/19/2018**  
 Purchasing Officer **Paul MacDonald**  
 Phone **(843) 661-1161**  
 E-Mail Address **pmacdonald@fmarion.edu**  
 Amendment Date: **03/09/2018**

DESCRIPTION: **Provide Student Athletic Accident Insurance for Francis Marion University**

*The Term "Offer" Means Your "Bid" or "Proposal".*

SUBMIT OFFER BY (Opening Date/Time): **03/22/2018 at 2:00 PM EST** See "Deadline For Submission Of Offer" provision

QUESTIONS MUST BE RECEIVED BY: **03/07/2018 at 2:00 PM EST** See "Questions From Offerors" provision

NUMBER OF COPIES TO BE SUBMITTED: 1

**SUBMIT YOUR OFFER TO ONE OF THE FOLLOWING ADDRESSES IN A SEALED PACKAGE.**

<b>MAILING ADDRESS:</b> <b>Francis Marion University</b> <b>Purchasing Office</b> <b>P.O. Box 100547</b> <b>Florence, SC 29502-0547</b>	<b>EXPRESS SHIPPING ADDRESS:</b> <b>Francis Marion University</b> <b>Central Receiving</b> <b>4822 E. Palmetto Street</b> <b>Florence, SC 29506</b>	<b>HAND-DELIVERY:</b> <b>Francis Marion University</b> <b>Purchasing Office (Room 102)</b> <b>Stokes Administration Building</b> <b>4822 E. Palmetto Street</b> <b>Florence, SC 29506</b>
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<b>CONFERENCE TYPE: N/A</b> <b>DATE &amp; TIME:</b> <b>As appropriate, see "Conferences - Pre-Bid/Proposal" &amp; "Site Visit" provisions</b>	<b>LOCATION:</b>
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<b>AWARD &amp; AMENDMENTS</b>	Award will be posted at the Physical Address stated above on or around <b>03/23/2018</b> . The award, this solicitation, and any amendments will be posted at the following web address: <a href="http://www.fmarion.edu/about/solicitationsawards">http://www.fmarion.edu/about/solicitationsawards</a>
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You must submit a signed copy of this form with Your Offer. By submitting a bid or proposal, You agree to be bound by the terms of the Solicitation. You agree to hold Your Offer open for a minimum of thirty (30) calendar days after the Opening Date.

<b>NAME OF OFFEROR</b> (Full legal name of business submitting the offer)	<b>OFFEROR'S TYPE OF ENTITY:</b> (Check one)  <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (tax-exempt) <input type="checkbox"/> Corporate entity (not tax-exempt) <input type="checkbox"/> Government entity (federal, state, or local) <input type="checkbox"/> Other _____
<b>AUTHORIZED SIGNATURE</b>  (Person signing must be authorized to submit binding offer to enter contract on behalf of Offeror named above.)	
<b>TITLE</b> (Business title of person signing above)	
<b>PRINTED NAME</b> (Printed name of person signing above)	
<b>DATE SIGNED</b>	(See "Signing Your Offer" provision.)

Instructions regarding Offeror's name: Any award issued will be issued to, and the contract will be formed with, the entity identified as the offeror above. An offer may be submitted by only one legal entity. The entity named as the offeror must be a single and distinct legal entity. Do not use the name of a branch office or a division of a larger entity if the branch or division is not a separate legal entity, i.e., a separate corporation, partnership, sole proprietorship, etc.

<b>STATE OF INCORPORATION</b> (If Offeror is a corporation, identify the state of Incorporation.)
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<b>TAXPAYER IDENTIFICATION NO.</b>  (See "Taxpayer Identification Number" provision)
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**PAGE TWO**

(Return Page Two with Your Offer)

HOME OFFICE ADDRESS (Address for offeror's home office / principal place of business)	NOTICE ADDRESS (Address to which all procurement and contract related notices should be sent.) (See "Notice" clause)
	Address
	Area Code - Number - Extension <span style="float: right;">Facsimile</span>
	<b>E-mail Address</b>

PAYMENT ADDRESS (Address to which payments will be sent.) (See "Payment" clause)	ORDER ADDRESS (Address to which purchase orders will be sent) (See "Purchase Orders and "Contract Documents" clauses)
<input type="checkbox"/> Payment Address same as Home Office Address <input type="checkbox"/> Payment Address same as Notice Address ( <b>check only one</b> )	<input type="checkbox"/> Order Address same as Home Office Address <input type="checkbox"/> Order Address same as Notice Address ( <b>check only one</b> )

ACKNOWLEDGMENT OF AMENDMENTS Offerors acknowledges receipt of amendments by indicating amendment number and its date of issue. (See "Amendments to Solicitation" Provision)							
Amendment No.	Amendment Issue Date	Amendment No.	Amendment Issue Date	Amendment No.	Amendment Issue Date	Amendment No.	Amendment Issue Date

DISCOUNT FOR PROMPT PAYMENT (See "Discount for Prompt Payment" clause)	10 Calendar Days (%)	20 Calendar Days (%)	30 Calendar Days (%)	_____ Calendar Days (%)
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PREFERENCES - A NOTICE TO VENDORS (SEP. 2009): On June 16, 2009, the South Carolina General Assembly rewrote the law governing preferences available to in-state vendors, vendors using in-state subcontractors, and vendors selling in-state or US end products. This law appears in Section 11-35-1524 of the South Carolina Code of Laws. A summary of the new preferences is available at [www.procurement.sc.gov/preferences](http://www.procurement.sc.gov/preferences) . **ALL THE PREFERENCES MUST BE CLAIMED AND ARE APPLIED BY LINE ITEM, REGARDLESS OF WHETHER AWARD IS MADE BY ITEM OR LOT. VENDORS ARE CAUTIONED TO CAREFULLY REVIEW THE STATUTE BEFORE CLAIMING ANY PREFERENCES. THE REQUIREMENTS TO QUALIFY HAVE CHANGED. IF YOU REQUEST A PREFERENCE, YOU ARE CERTIFYING THAT YOUR OFFER QUALIFIES FOR THE PREFERENCE YOU'VE CLAIMED. IMPROPERLY REQUESTING A PREFERENCE CAN HAVE SERIOUS CONSEQUENCES.** [11-35-1524(E)(4)&(6)]

PREFERENCES - ADDRESS AND PHONE OF IN-STATE OFFICE: Please provide the address and phone number for your in-state office in the space provided below. An in-state office is necessary to claim either the Resident Vendor Preference (11-35-1524(C)(1)(i)&(ii)) or the Resident Contractor Preference (11-35-1524(C)(1)(iii)). Accordingly, you must provide this information to qualify for the preference. An in-state office is not required, but can be beneficial, if you are claiming the Resident Subcontractor Preference (11-35-1524(D)).

In-State Office Address same as Home Office Address  
 In-State Office Address same as Notice Address (**check only one**)

## Amendment 2

### IFB-2297 – Provide Student Athlete Accident Insurance

#### AMENDMENTS TO SOLICITATION

- (a) The Solicitation may be amended at any time prior to opening.
- (b) Offerors shall acknowledge receipt of any amendment to this solicitation (1) by signing and returning the amendment, (2) by identifying the amendment number and date in the space provided for this purpose on Page Two, (3) by letter, or (4) by submitting a bid that indicates in some way that the bidder received the amendment.
- (c) If this solicitation is amended, then all terms and conditions which are not modified remain unchanged.

<b>Question 1</b>	Please provide the updated detailed claims reports for the prior 4 years for the program?
<b>Answer</b>	See Attachment 1 - Claims Reports for Amendment 2, found at <a href="http://www.fmarion.edu/about/solicitationsawards">http://www.fmarion.edu/about/solicitationsawards</a>
<b>Question 2</b>	What premiums have been charged for the past four academic years?
<b>Answer</b>	The premiums for each of the past four years are listed as follows: 2014-2015: \$45,697 2015-2016: \$53,000 2016-2017: \$53,000 2017-2018: \$53,000
<b>Question 3</b>	Can you verify that the program has had a \$1,000 deductible the past 4 years?
<b>Answer</b>	The deductibles for each of the past four years are listed as follows: 2014-2015: \$1,000 2015-2016: \$1,000 2016-2017: \$1,000 2017-2018: \$1,000
<b>Question 4</b>	Please provide a copy of the current policy?
<b>Answer</b>	See Attachment 2 - Current Policy for Amendment 2, found at <a href="http://www.fmarion.edu/about/solicitationsawards">http://www.fmarion.edu/about/solicitationsawards</a>
<b>Question 5</b>	In section 3.13 of the IFB the claims paid are referenced each year in a chart. Some claims are still pending. Can you tell us at what date this info was provided and what the “as of” date is for the claims information provided?
<b>Answer</b>	The claims report for Mutual of Omaha was generated on 02/01/2018. The claims report for Special Insurance Services, Inc. was generated on 1/19/2018. The claims report for 1 <sup>st</sup> Agency was generated on 2/22/2018. The as of date is the same as the claims report generation dates.
<b>Question 6</b>	Do you currently contract or have rate agreements with any of your Doctors or providers? If so, can you please provide the details of those arrangements?
<b>Answer</b>	We do not currently contract or have rate agreements with any of our Doctors or providers.

<b>Question 7</b>	In section 3.14 it states that all athletes are required to “have primary insurance which covers medical bills in the US for athletic-related injuries.” It then states “all international student-athletes have primary coverage that is valid and provides medical coverage while in the US and works in conjunction....” Do you verify that athletes all have this coverage?
<b>Answer</b>	We do not verify that athletes all have this coverage. Athlete’s insurance is verified when they need obtain medical services and their insurance is filed. For international students we do request documents to prove US coverage and intercollegiate athletic injury coverage (via letter or benefits package).
<b>Question 8</b>	Per question 7 - “In section 3.14 it states...” How much coverage do you require student-athletes to have for injuries?
<b>Answer</b>	There is no set required amount of coverage for domestic student athletes. International students must have at least \$10,000 intercollegiate athletic injury coverage
<b>Question 9</b>	Per question 7 - “In section 3.14 it states...” What requirements do you have for your international student-athletes?
<b>Answer</b>	International Student-Athletes insurance must meet the government requirements to attend a University and must maintain at least \$10,000 in intercollegiate athletic injury coverage.
<b>Question 10</b>	Has the university had a \$1,000 deductible per injury on this policy for the prior 4 policy years?
<b>Answer</b>	Yes
<b>Question 11</b>	Has the university had any changes in covered sports under this policy in the prior 4 years?
<b>Answer</b>	No
<b>Question 12</b>	Does the university plan to add any sports for the 2018-2019 policy year?
<b>Answer</b>	At this time, the university does not plan to add any sports for the 2018-2019 policy year.
<b>Question 13</b>	Does the university currently utilize any injury tracking software, and if so, what software does it use?
<b>Answer</b>	The university presently utilizes Vivature Nextt software for injury tracking.
<b>Question 14</b>	Will the school consider any other program structure (different deductible, ICS in conjunction w/ a Mandatory Student Accident product, etc.)?
<b>Answer</b>	The university desires the services as presented in the solicitation. The university will not consider program structures other than what is presented in the solicitation.

Vendor: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_  
(Same signature as individual who signed cover page of the solicitation)

Date: \_\_\_\_\_

**END OF AMENDMENT 2**