



**Invitation for Bid
Amendment #2**

Solicitation Number **IFB- 2410**
 Date Issued **03/15/2023**
 Purchasing Officer **Jennifer Hester**
 Phone **(843) 661-1161**
 E-Mail Address **jdhester@fmarion.edu**
 Amendment Date: **04/25/2023**

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

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

SUBMIT OFFER BY (Opening Date/Time): 04/24/2023 at 2:00 PM EST See "Deadline For Submission Of Offer" provision
05/02/2023 at 2:00 PM EST
~~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.

MAILING ADDRESS: Francis Marion University Purchasing Office P.O. Box 100547 Florence, SC 29502-0547	EXPRESS SHIPPING ADDRESS: Francis Marion University Central Receiving 4822 E. Palmetto Street Florence, SC 29506	HAND DELIVERY: Francis Marion University Purchasing Office (Room 102) Stokes Administration Building 4822 E. Palmetto Street Florence, SC 29506
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SUBMIT YOUR OFFER TO THE FOLLOWING ADDRESS VIA EMAIL.

EMAIL ADDRESS:
jdhester@fmarion.edu

CONFERENCE TYPE: N/A DATE & TIME: As appropriate, see "Conferences - Pre-Bid/Proposal" & "Site Visit" provisions	LOCATION:
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AWARD & AMENDMENTS	Notice of Intent to Award will be posted at the Physical Address stated above on 04/25/2023 05/02/2023 . The award, this solicitation, and any amendments will be posted at the following web address: http://www.fmarion.edu/about/solicitationsawards
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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.

NAME OF OFFEROR (Full legal name of business submitting the offer)		OFFEROR'S TYPE OF ENTITY: (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 (See "Signing Your Offer" provision.)
AUTHORIZED SIGNATURE (Person signing must be authorized to submit binding offer to enter contract on behalf of Offeror named above.)		
TITLE (Business title of person signing above)		
PRINTED NAME (Printed name of person signing above)	DATE SIGNED	

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.

STATE OF INCORPORATION (If Offeror is a corporation, identify the state of Incorporation.)
TAXPAYER IDENTIFICATION NO. (See "Taxpayer Identification Number" provision)

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) <hr/> Address Area Code - Number - Extension Facsimile <hr/> E-mail Address
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PAYMENT ADDRESS (Address to which payments will be sent.) (See "Payment" clause) ___ Payment Address same as Home Office Address ___ Payment Address same as Notice Address (check only one)	ORDER ADDRESS (Address to which purchase orders will be sent) (See "Purchase Orders and "Contract Documents" clauses) ___ Order Address same as Home Office Address ___ Order Address same as Notice Address (check only one)
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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 . **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 1

IFB-2410 – 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.

Modifications

The following have been **added** or **changed/removed** or **emphasized**:

- 1) Cover Page, Page 1

SUBMIT OFFER BY (Opening Date/Time): **04/24/2023 at 2:00 PM EST** See "Deadline For Submission Of Offer" provision
05/02/2023 at 2:00 PM EST

- 2) Cover Page, 1. In response to the changes needed, only Amendment 2 will be accepted via email.

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

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SUBMIT YOUR OFFER TO THE FOLLOWING ADDRESS VIA EMAIL.

EMAIL ADDRESS: jdhester@fmarion.edu
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- 3) Cover Page, Page 1

AWARD & AMENDMENTS	Notice of Intent to Award will be posted at the Physical Address stated above on 04/25/2023 05/02/2023 . The award, this solicitation, and any amendments will be posted at the following web address: http://www.fmarion.edu/about/solicitationsawards
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- 4) Bidding Schedule, Pages 36-37

VIII. BIDDING SCHEDULE / PRICE-BUSINESS PROPOSAL

Note that for this bidding schedule, this is the present number of Student Athletes expected for any given season. These below quantities are estimates and subject to change depending on roster changes from year to year.

Unit Price and Extended price are to reflect ACTUAL costs including offeror's calculated anticipated loss year by year. Unit Price and Extended Price shall reflect the maximum amount charged to the University for subsequent years in anticipation of losses in successive years of contract. Added language from the offeror indicating variation from provided unit price or extended price may render your bid not responsive. Per Page 9 of the solicitation, [emphasis added] *RESPONSIVENESS/IMPROPER OFFERS (JUN 2015)*, (c) "... If a fixed price is required, an Offer will be rejected if the total possible cost to the State cannot be determined....".

BIDDING SCHEDULE (NOV 2007)

Item	Quantity	Unit of Measure	Unit Price	Extended Price
1	336.000	Each Participant		

Item Description: Student Athletic Accident Insurance for the 2023 – 2024 season

Tendering Text \$1,000 Deductible per claim for Student Athlete Accident Insurance. Accident Insurance policy/coverage and claims services for all student athletes, cheerleaders, student managers, athletic training students, university personnel (except for full-time university employees) and prospective athletes (undergraduate, international and graduate students) on an excess basis.

Item	Quantity	Unit of Measure	Unit Price	Extended Price
2	336.000	Each Participant		

Item Description: Student Athletic Accident Insurance for the 2024 – 2025 season

Tendering Text \$1,000 Deductible per claim for Student Athlete Accident Insurance. Accident Insurance policy/coverage and claims services for all student athletes, cheerleaders, student managers, athletic training students, university personnel (except for full-time university employees) and prospective athletes (undergraduate, international and graduate students) on an excess basis.

Item	Quantity	Unit of Measure	Unit Price	Extended Price
3	336.000	Each Participant		

Item Description: Student Athletic Accident Insurance for the 2025 – 2026 season

Tendering Text \$1,000 Deductible per claim for Student Athlete Accident Insurance. Accident Insurance policy/coverage and claims services for all student athletes, cheerleaders, student managers, athletic training students, university personnel (except for full-time university employees) and prospective athletes (undergraduate, international and graduate students) on an excess basis.

Item	Quantity	Unit of Measure	Unit Price	Extended Price
4	336.000	Each Participant		
Item Description: Student Athletic Accident Insurance for the 2026 – 2027 season				
Tendering Text \$1,000 Deductible per claim for Student Athlete Accident Insurance. Accident Insurance policy/coverage and claims services for all student athletes, cheerleaders, student managers, athletic training students, university personnel (except for full-time university employees) and prospective athletes (undergraduate, international and graduate students) on an excess basis.				

Item		Grand Total of items 1 to 4
5		
Product Catg.: 95306 – Accident		
Item Description: Grand total of items 1 to 4		

Question	Mandatory/Optional	Multiple Responses Accepted?	Response
ARE YOU REQUESTING THE SC RESIDENT CONTRACTOR PREFERENCE? SEE THE SC PROCUREMENT CODE, SECTION 11-35-1524(C)(1)(III) AND SECTION IIB OF THIS SOLICITATION FOR MORE INFORMATION. FOR A FAQ ON THESE PREFERENCES, PLEASE SEE WWW.PROCUREMENT.SC.GOV/preferences .	Optional	No	____ YES ____ NO
ARE YOU REQUESTING THE SC RESIDENT SUBCONTRACTOR PREFERENCE-2%? SEE THE SC PROCUREMENT CODE, SECTION 11-35-1524(D) AND SECTION IIB & VIIB OF THIS SOLICITATION FOR MORE INFORMATION. FOR A FAQ ON THESE PREFERENCES, PLEASE SEE WWW.PROCUREMENT.SC.GOV/preferences .	Optional	No	____ YES ____ NO
ARE YOU REQUESTING THE SC RESIDENT SUBCONTRACTOR PREFERENCE-4%? SEE THE SC PROCUREMENT CODE, SECTION 11-35-1524(D) AND SECTION IIB & VIIB OF THIS SOLICITATION FOR MORE INFORMATION. FOR A FAQ ON THESE PREFERENCES, PLEASE SEE WWW.PROCUREMENT.SC.GOV/preferences .	Optional	No	____ YES ____ NO

Note: The service preferences do not apply to a bid for an item of work by the bidder if the annual price of the bidder's work exceeds \$50,000 or the total potential price of the bidder's work exceeds \$500,000. [11-35-1524(E)(3)]

*Once the contract has been given to the winning vendor (lowest responsible and responsive bidder), the University requires that the yearly charges for years 2, 3, and 4 be reduced if loss is less than the bid amount by the contractor.

Vendor: _____

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

Date: _____

END OF AMENDMENT 2