



REQUEST FOR PROPOSAL

PROPOSAL FOR: Property, Liability, Workers Compensation, Auto, and Student Accident Insurance
POSTED DATE: July 14, 2022 **EFFECTIVE DATES:** September 1, 2022 to August 31, 2023
PROPOSAL DUE DATE: August 1, 2022 **PROPOSAL DUE TIME:** 12:00 PM CST

CONTACT: Sandy Garza, Purchasing Agent
 E-mail: sgarza@westlake-tx.org

Electronic proposals subject to the Terms and Conditions of this REQUEST FOR PROPOSAL and other provisions, must be received by the **Purchasing Agent at sgarza@westlake-tx.org** before the closing time and date shown above. The Town will retain late bids; however, they will not be opened nor considered in the evaluation of the bid. Bids may be withdrawn at any time prior to this deadline. Bids may not be altered, amended, or withdrawn after the official opening without the recommendation and approval of the Purchasing Agent. The undersigned agrees if the bid is accepted, to furnish any and all items upon which prices are offered, at the price(s) and upon the terms and conditions contained in the specifications. The period for acceptance of this proposal shall be 60 calendar days.

THE UNDERSIGNED, BY SIGNING BELOW, YOU SIGNIFY THAT YOU HAVE READ THE ENTIRE DOCUMENT AND AGREE TO THE TERMS AND CONDITIONS THEREIN. BY SIGNING BELOW, YOU ALSO CERTIFY THAT IF A TEXAS ADDRESS IS SHOWN AS THE ADDRESS OF THE PROPOSING VENDOR, THE VENDOR QUALIFIES AS A TEXAS “RESIDENT BIDDER” AS DEFINED IN RULE 1 TAC 111.2.

Company Name and Address:	Company’s Authorized Agent Name and Title (Typed or Printed):
	Signature
Federal ID Number (TIN) or SSN and Name	
Telephone No.	Date:
Fax No.:	Email address:

**Request for Proposal – Westlake Academy
Property, Liability, Workers Compensation, and Student Accident Insurance**

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ACKNOWLEDGEMENT OF RECEIPT

THIS FORM MUST BE COMPLETED AND RETURNED PRIOR TO THE SUBMISSION OF ANY BID FOR THIS REQUEST FOR PROPOSAL.

Please fill in the requested information below as acknowledgement that you have received the Request for Proposal noted above. If your firm is interested in participating, please complete pages three and four (3 and 4) and return by email by July 29, 2022 to:

Sandy Garza
Westlake Academy
sgarza@westlake-tx.org

Name of Firm: _____

Address: _____

City/State/Zip: _____

Phone: (____) _____ Fax: (____) _____

E-Mail: _____

Name: (Print) _____

Title: _____

Signature: _____ Date: _____

_____ Yes, our company does have an interest in responding.

_____ No, our company does not have an interest in responding.

QUESTIONNAIRE

1. Who will have primary responsibility for Westlake Academy's account?

a. Number of years in the insurance business: _____

b. Insurance background: _____

c. Number of schools or public entities serviced: _____

2. Who will be the back-up person for Westlake Academy's account? _____

a. Number of years in the insurance business: _____

b. Insurance background: _____

c. Number of schools or public entities serviced: _____

4. Westlake Academy will expect the following annual reports from its agents:

- a) Summary of premiums and losses by coverage.
- b) Forecast of insurance market status prior to renewal.
- c) Insurance policy abstracts (summaries).
- d) Prior to future renewals, report containing suggested coverage or rating enhancements for the upcoming year.
- e) Following future renewals, a report detailing all material policy changes.
- f) Risk management services.

5. Please attach a copy of the following documents:

- a) A copy of the current license.
- b) A certificate for agent's error and omission coverage insured for at least \$1 million limit.

General Requirements and Instructions

A. Information

1. The information contained in these specifications is confidential and is to be used only in connection with preparing a proposal for the following insurance services or insurance coverages:

Commercial Property – Fire & Extended Coverage
Commercial General Liability
School Professional Liability
Auto Liability & Physical Damage
Workers' Compensation
Commercial Umbrella Liability
Crime
International Travel Liability
Student Accident Liability
Cyber Liability

2. **The effective dates of the policy period for all proposals will be from September 1, 2022 through August 31, 2023.**
3. Westlake Academy reserves the right to accept or reject all or any part of the proposals, waive minor technicalities, and award the proposal to best serve the interest of the Academy. The Academy also reserves the right to waive or dispense with any of the formalities contained herein.
3. Proposals are to be submitted on the basis of the specifications contained herein. Alternate proposals will also be considered, provided the alternatives are clearly explained. All deviations from the specifications must be clearly identified and explained.
4. The information contained in these specifications is to be basis for proposal responses. After receipt of proposal, additional information needed may be requested via e-mail at: sgarza@westlake-tx.org.
5. The information contained herein is believed to be accurate and up-to-date but is not intended to be an express or implied warranty.
6. No telephone, or fax, or e-mailed proposals will be accepted. Proposals may only be accepted if delivered by email to sgarza@westlake-tx.org.
7. Vendors are cordially invited view the opening of received proposals but are not required to attend. A link will be posted on the Town of Westlake Bidding page no later than July 14, 2022. Advertisements will be posted for two (2) weeks in the Town's newspaper of record (Fort Worth Star-Telegram) on July 16, 2022 and July 23, 2022.

B. LEGAL

1. All parties submitting proposals are expected to comply with federal, state and local insurance laws and regulations relative to the preparation and submissions of insurance proposals. Specifically, the services to be provided are expected to be in compliance with the Americans with Disabilities Act (ADA), insurance laws and insurance regulations. All proposals that are submitted will be presumed to be in compliance with all applicable laws.

C. COMMUNICATION

1. Proposals should reference ***"RFP 22-001 – Westlake Academy Property & Liability Insurance"***. Proposer is required to provide an electronic copy of proposals to:

Sandy Garza
Westlake Academy
sgarza@westlake-tx.org

2. Alternatively, Proposers may to provide a paper (printed) copy of proposals by the deadline to:

Sandy Garza
Westlake Academy
1500 Solana Boulevard, Bldg. 7, Ste. 7200 • Westlake, Texas 76262

D. COMMUNICATION WITH TOWN OF WESTLAKE/WESTLAKE ACADEMY MEMBERS

Companies submitting proposals shall not discuss this RFP with employees of the Town of Westlake, Westlake Academy or members of the Town Council/Board of Trustees. If discussion is necessary, your company will be notified in writing. **Failure to abide by this requirement may result in automatic disqualification.**

E. TIME FRAME

1. The RFP package will be available for download from our website at <http://www.westlake-tx.org>. Vendors **WILL NOT** be notified of additional information/addenda postings. It is the vendor's responsibility to view the web page regularly, or prior to submitting a proposal response, to ensure that no addenda or additional information have been issued for the solicitation.
2. **Proposals:** must be delivered electronically via email to sgarza@westlake-tx.org, or a printed copy of proposal to 1500 Solana Boulevard, Bldg. 7, Ste. 7200 • Westlake, Texas 76262 by the deadline no later than 2:00 p.m., Monday, August 1, 2022.
3. The parties submitting the selected proposals will be notified by August 9, 2022 of the Academy's decision.
4. The effective date for proposals is September 1, 2022.
5. Policies or coverage documents are to be provided to the Academy by October 1, 2022. The Academy reserves the right to not pay any premium until valid policies or coverage documents are received.

F. PROPOSALS

1. Proposals must be clearly explained and identified. All costs, including optional programs, must be clearly separated and summarized. Exceptions to or deviations from the specifications **must** be explicitly identified.
2. Each party submitting a proposal is asked to screen their designated proposals for correctness and compliance with the specifications.
3. The contents of the proposals shall be kept confidential during the process of review.

G. DISQUALIFICATION AND REJECTION OF PROPOSALS

1. Failure to comply with the requirements or the procedures set forth herein, or to satisfy the insurance and servicing criteria as set forth in the specifications, may result in disqualification. It is not intended that these exceptions to the specifications will, in and of themselves, result in disqualification.

H. SELECTION OF VENDOR

1. Westlake Academy reserves the right to reject any or all of the proposals, in whole or in part; to waive any informality in any proposal, and to accept the proposal which, in its discretion, is in the best interest of the Academy. An Academy insurance consultant may review proposals for completeness and for compliance with bid specifications. Proposals will be carefully evaluated for cost effectiveness, for coverage provisions, and for compliance with the coverage and servicing criteria contained in the specifications and in accordance with Texas Education Code 44.031 and any other pertinent laws.
2. The contract will be awarded to the responsible vendor who submits a superior but economical proposal based on the relative importance of the following selection criteria:

<u>Selection Criteria</u>	<u>Maximum Points</u>
Coverage	35
Cost	35
Professional Qualifications	15
Service	15
Total	100

I. TERMS OF AGREEMENTS

1. Westlake Academy desires to receive proposals for a one (1) year period, beginning on September 1, 2022 through August 31, 2023.
2. Westlake Academy reserves the right to terminate the agreement at the expiration of the budget period, during the term of the agreement or at the end of the anniversary date with a sixty (60) day notice. The agreement will be for current revenues only in accordance with Local Government Code Section 271.903 to terminate the agreement.
3. The agreement is to contain a cancellation provision that provides for a sixty (60) day notice of cancellation (except for non-payment) and sixty (60) days e for non-renewal or material change.

J. QUALIFICATION OF INSURERS

1. Insurance companies must have a general policyholder's rating of A- VII or better as published by A.M. Best Company in the latest edition of its Key Rating Guide. Insurers shall be duly licensed and comply with all applicable insurance laws and requirements of the Texas State Board of Insurance.
2. Proposals will be accepted for intergovernmental risk sharing pools organized in accordance with article 4413(32c), Texas Interlocal Cooperation Act. Self-insured pools must include a current audited **financial statement** (Balance Sheet and Statement of Operations, including the auditor's opinion, and Reinsurance Provisions.)

K. AGENT MINIMUM QUALIFICATIONS

All agents submitting proposals for this insurance must meet the following minimum qualifications:

1. The agency must be licensed in Texas.
2. The agency must have insurance for agent's errors and omissions liability with a limit of at least \$1 million per occurrence. A certificate of the agent's E&O insurance must be included with the proposal.
3. The agency must have been in business for at least five (5) years.
4. The agency must assign a minimum of one qualified account representative. This representative must have a minimum of three (3) years of experience in commercial property and liability insurance lines or hold the C.P.C.U. or A.R.M. designation.

L. AUTHORIZED SIGNATURE

1. All proposal forms must be signed by persons who have legal authority to bind the insurer and administrator to the services that are proposed.

M. Policy Requirements and Limits

1. All proposals must adhere to the specifications and limits as defined on the following pages for each insurance product. Any deviation or additional coverage(s) should be clearly explained. If the quote contains higher limits than specified, it should be listed separately as an **alternate quote**.

PROPERTY, FIRE, AND EXTENDED EQUIPMENT INSURANCE

A. BACKGROUND INFORMATION

1. Please contact Purchasing Agent at sgarza@westlake-tx.org for loss runs.
2. Schedule of Buildings and Contents limits are located on page 25 as Exhibit "A".
3. Summarized property schedule with estimated replacement cost (limits), including desired deductibles and coinsurance as of September 1, 2022 is as follows:

<u>Description</u>	<u>Limit</u>	<u>Deductible</u>	<u>Coinsurance</u>
Building Physical Property	\$ 46,233,750	\$ 5,000	100%
Building Personal Property	\$ 4,904,550	\$ 5,000	100%
Business Income and Extra Expense:	\$ 484,000		
Total Property Limits	\$ 51,622,300		

Note: Blanket Coverage at full replacement cost is required for all property quotes.

B. Insurance coverage is to include the following:

1. Blanket coverage on all buildings, contents and auxiliary structures including on-site improvements.
2. Basis of Recovery is to be full replacement cost.
3. Automatic coverage on newly acquired property is to be included.
4. Coverage is to include extra expense and loss of revenue related to loss.
5. Coverage is to be for all risk, including theft of contents.
6. Quotes should include deductibles of \$5,000 with 100% coinsurance. Deductibles for wind, hail, earthquake, and floods should be \$50,000 or less with 100% coinsurance, if available. In the event a \$50,000 wind/hail deductible (or lower) is not available, the lowest deductible available should be quoted as a percentage.
7. Wind and hail deductibles may be accompanied by a "buy-down" reinsurance policy. This policy should be shown separately from the primary policy, including premiums.
8. Include a listing of endorsements, extensions, and exclusions.

C. Quoted Coverage Provisions

1. <u>Description</u>	<u>Limit</u>	<u>Deductible</u>	<u>Coinsurance</u>
Building Physical Property	\$ 46,233,750	_____	_____
Building Personal Property	\$ 4,904,550	_____	_____
Business Income and Extra Expense:	\$ 484,000	_____	_____

2. Is automatic coverage for newly acquired property provided: Yes No
If yes, please attach description.
3. Does coverage include equipment breakdown? Yes No
If yes, please attach description.
4. Is there additional deductible or exclusion for wind, hail or earthquake? Yes No
If yes, please attach description and/or provide additional proposal to cover this risk.

D. Quotation

1. Property, Fire, and Extended Equipment Quote (Attach complete coverage information)

Annual Premium (Period 09/01/2022 to 08/31/2023): \$ _____

2. Alternate Property, Fire, and Extended Equipment Quote (Attach complete coverage information)

Annual Premium (Period 09/01/2022 to 08/31/2023): \$ _____

E. INSURANCE COMPANY/RISK POOL INFORMATION

Name of Company: _____

A. M. Best Rating/Size: _____

Insurance Company: Yes No

Risk Pool: Yes No

For Alternate Quote(s):

Name of Company: _____

A. M. Best Rating/Size: _____

Insurance Company: Yes No

Risk Pool: Yes No

F. LIST ANY DEVIATIONS OR ADDITIONAL INFORMATION:

GENERAL LIABILITY INSURANCE

A. BACKGROUND INFORMATION

1. All coverage in Section "B" must be included. Please contact Purchasing Agent at sgarza@westlake-tx.org for loss runs.
2. Estimated student count is 880. Grades K-8: 555 Grades 9-12: 325
3. Estimated number of full-time equivalent employees is 108. Total employees (including substitute teachers) is approximately 165.
4. Sports programs include: Football, basketball, volleyball, baseball, softball, track, cross country track, tennis, golf, softball, cheerleading, and soccer.

B. Insurance coverage should include the following:

1. Incidental medical malpractice coverage for registered nurses administering first aid, dispensing prescribed medications, and maintaining students' health immunization records.
2. Coverage for the negligent act, error or omission of the Academy and/or its employees relative to the administration of employment practices and employee benefit programs.
3. Coverage is to include premises liability.
4. Persons to be covered are to include the Academy, school board members, employees, student teachers, school volunteers, or any authorized agent as designated by the Academy.
5. If coinsurance is quoted as an alternative to deductible, please list this figure separately.
6. Include a listing of coverage extensions, endorsements and exclusions.
7. If EPLI, EBLI, ELLI, and D&O coverage is not automatically included, please provide separate quote(s). These are required components of the liability coverage policy.

	<u>Per Occurrence</u>	<u>Aggregate</u>	<u>Deductible</u>
General Liability	\$ 1,000,000	\$ 2,000,000	\$0
Products/Completed Operations	\$ 1,000,000	\$ 2,000,000	\$0
Personal & Advertising Injury	\$ 1,000,000	\$ 1,000,000	\$0
Damage to Rented Premises	\$ 1,000,000	\$ 1,000,000	\$0
Medical Expenses	\$ 10,000		\$0
Employee Benefits Liability	\$ 1,000,000	\$ 3,000,000	\$1,000
Abuse & Misconduct Liability**	\$ 1,000,000	\$ 1,000,000	\$0
Educators Legal Liability* **	\$ 1,000,000	\$ 2,000,000	\$10,000
Professional Liability – D&O* **	\$ 1,000,000	\$ 2,000,000	\$10,000
Employment Practices Liability* **	\$ 1,000,000	\$ 1,000,000	\$10,000

* Retention shown as Deductible
 ** Retroactive Date 8/31/11

C. Quoted Coverage Provisions

1. Coverage Detail	<u>Per Occurrence</u>	<u>Aggregate</u>	<u>Deductible</u>
General Liability	_____	_____	_____
Products/Completed Operations	_____	_____	_____
Personal & Advertising Injury	_____	_____	_____
Damage to Rented Premises	_____	_____	_____
Medical Expenses	_____	_____	_____
Employee Benefits Liability	_____	_____	_____
Abuse & Misconduct Liability	_____	_____	_____
Professional Liability – D&O	_____	_____	_____
Educators Legal Liability	_____	_____	_____
Employment Practices Liability	_____	_____	_____

2. Please respond to the following questions as they relate to the Professional Legal Liability coverage proposed. Please specify if there are any SUB-LIMITS, otherwise it will be assumed full policy limits are available:
 - a. Who are the "covered persons" or "named insureds?"
 - b. Is Prior Acts coverage provided? If so, what is the retroactive date?
 - c. Is corporal punishment/student discipline covered?
 - d. Describe the terms available for "Extended Reporting/Discovery Period" coverage available when either the insured or insurer cancels or non-renews? How long is the reporting period and what is the cost?
 - e. Does the policy cover non-pecuniary relief? If so, are there any sub-limits for either defense costs or damages? If sub-limits apply, please stipulate.
 - f. Are board members/employees covered as they serve on other boards within the course and scope of their employment (i.e., would coverage extend to a superintendent as he/she served on a Special Education Cooperative)?
 - g. Are claims alleging discrimination covered (e.g., 1983 Civil Rights violation)? If so, what is the Limit of Liability?
 - h. Is sexual misconduct (i.e., harassment), sexual abuse and molestation covered? If so, are there sub-limits?
 - i. Does the coverage pay on behalf of or indemnify?
 - j. Are defense costs within limits or in addition to?
 - k. Please explain the notice of claim provision and what constitutes a "demand."

D. Quotation (Must include all coverages and limits from Section A)

1. General Liability, EPLI, EBLLI, ELLI and D&O Quote – (Attach complete coverage information)

Annual Premium (Period 09/01/2022 to 08/31/2023): \$ _____

2. Alternate General Liability, EPLI, EBLLI, EELI, and D&O Quote (Attach complete coverage information)

Annual Premium (Period 09/01/2022 to 08/31/2023): \$ _____

E. INSURANCE COMPANY/RISK POOL INFORMATION

Name of Company: _____

A. M. Best Rating/Size: _____

Insurance Company: Yes No Risk Pool: Yes No

For Alternate Quote(s):

Name of Company: _____

A. M. Best Rating/Size: _____

Insurance Company: Yes No Risk Pool: Yes No

F. LIST ANY DEVIATIONS OR ADDITIONAL INFORMATION:

Automobile & Physical Damage Insurance

A. BACKGROUND INFORMATION

- Please contact Purchasing Agent at sgarza@westlake-tx.org for loss runs.
- Current list of vehicles:
 - 2006 Chevrolet Girardin Bus – 18 passengers
 - 2010 Chevrolet Spartans Bus – 20 passengers
 - 2018 Blue Bird Bus – 77 passengers
 - 2020 Blue Bird Bus – 77 passengers
- All drivers have proper class endorsements and driving histories are reviewed annually.

B. Insurance coverage is to include the following:

- Liability Limits & Coverage Desired: Auto Liability must be as follows:

	<u>Limit</u>	<u>Per</u>	<u>Deductible</u>
Bodily Injury & Property Damage	\$ 1,000,000	Accident	\$ 1,000
Personal Injury Protection	\$ 2,500	Person	\$ 0
Uninsured Motorist	\$ 1,000,000	Accident	\$ 0
Underinsured Motorist	\$ 1,000,000	Accident	\$ 0
Physical Damage Coverage			
Comprehensive	ACV/Repair	Loss	\$ 1,000
Vandalism	ACV/Repair	Loss	\$ 0
Collision	\$ 1,000,000	Accident	\$ 1,000

- Basis of Recovery is to be full repair cost or actual cash value, where applicable.
- Hired auto and non-owned auto is to be included.
- Include a listing of additional coverages, extensions, and exclusions.

C. Quoted Coverage Provisions

1. Coverage Detail	<u>Per Occurrence</u>	<u>Aggregate</u>	<u>Deductible</u>
Bodily Injury & Property Damage	_____	_____	_____
Personal Injury Protection	_____	_____	_____
Uninsured Motorist	_____	_____	_____
Underinsured Motorist	_____	_____	_____
Medical Expenses	_____	_____	_____
Physical Damage Coverage	_____	_____	_____
Comprehensive Physical Damage	_____	_____	_____
Vandalism	_____	_____	_____
Collision	_____	_____	_____

- Does coverage include automatic coverage for substitute or newly acquired vehicles? Yes No
If yes, please describe:

D. Quotation

- Automobile Insurance Quote (Attach complete coverage information)

Annual Premium (Period 09/01/2022 to 08/31/2023): \$ _____

- Alternate Automobile Insurance Quote (Attach complete coverage information)

Annual Premium (Period 09/01/2022 to 08/31/2023): \$ _____

E. INSURANCE COMPANY/RISK POOL INFORMATION

Name of Company: _____

A. M. Best Rating/Size: _____

Insurance Company: Yes No

Risk Pool: Yes No

For Alternate Quote(s):

Name of Company: _____

A. M. Best Rating/Size: _____

Insurance Company: Yes No

Risk Pool: Yes No

F. LIST ANY DEVIATIONS OR ADDITIONAL INFORMATION:

Umbrella/Excess Liability Insurance

A. BACKGROUND INFORMATION

1. No claims since inception of coverage in 2003.
2. Coverage is to be in excess of all Liability limits.

B. Insurance coverage is to include the following:

1. Liability Limits & Coverage:

	<u>Limit</u>	<u>Per</u>	<u>Aggregate</u>
General Liability	\$ 5,000,000	Occurrence	\$ 5,000,000
Personal & Advertising Injury	\$ 5,000,000	Person/Org.	\$ 5,000,000
Wrongful Acts – Claims Made Basis	\$1,000,000	Occurrence	\$ 1,000,000
Aggregate Limit			\$ 5,000,000
Self-Insured Retention - \$10,000			

2. Include a listing of additional coverages and coverage extensions.
3. Include a listing of exclusions.

C. Quoted Coverage Provisions

1. Coverage Detail	<u>Limit</u>	<u>Per</u>	<u>Aggregate</u>
General Liability	_____	_____	_____
Personal & Advertising Injury	_____	_____	_____
Wrongful Acts – Claims Made Basis	_____	_____	_____
Aggregate Limit			_____
Self-Insured Retention _____			

2. Is prior acts coverage provided? Yes No

If yes, please give effective date(s) and explanation.

D. Quotation

1. Umbrella Insurance Quote (Attach complete coverage information)

Annual Premium (Period 09/01/2022 to 08/31/2023): \$ _____

2. Alternate Umbrella Insurance Quote (Attach complete coverage information)

Annual Premium (Period 09/01/2022 to 08/31/2023): \$ _____

E. INSURANCE COMPANY/RISK POOL INFORMATION

Name of Company: _____

A. M. Best Rating/Size: _____

Insurance Company: Yes No

Risk Pool: Yes No

For Alternate Quote(s):

Name of Company: _____

A. M. Best Rating/Size: _____

Insurance Company: Yes No

Risk Pool: Yes No

F. LIST ANY DEVIATIONS OR ADDITIONAL INFORMATION:

Crime Insurance

A. BACKGROUND INFORMATION

1. No claims since inception of coverage in 2003.
2. Copy of current policy declaration schedule is attached.

B. Insurance coverage is to include the following:

1. Crime Limits & Coverage Desired:

	<u>Single Loss Limit</u>	<u>Retention</u>
Employee Theft	\$ 250,000	\$ 2,500
ERISA Fidelity	\$ 250,000	\$ 0
Forgery or Alteration	\$ 250,000	\$ 2,500
On Premises	\$ 250,000	\$ 2,500
In Transit	\$ 250,000	\$ 2,500
Money Orders/Counterfeit	\$ 250,000	\$ 2,500
Computer Fraud	\$ 250,000	\$ 2,500
Program/Restoration Expense	\$ 100,000	\$ 2,500
Funds Transfer Fraud	\$ 250,000	\$ 2,500
Claim Expense	\$ 5,000	\$ 0

2. Include a listing of additional coverages and coverage extensions.
3. Include a listing of exclusions.

C. Quoted Coverage Provisions

1. Coverage Detail	<u>Single Loss Limit</u>	<u>Retention</u>
Employee Theft	_____	_____
ERISA Fidelity	_____	_____
Forgery or Alteration	_____	_____
On Premises	_____	_____
In Transit	_____	_____
Money Orders/Counterfeit	_____	_____
Computer Fraud	_____	_____
Program/Restoration Expense	_____	_____
Funds Transfer Fraud	_____	_____
Claim Expense	_____	_____

D. Quotation

1. Crime Insurance Quote (Attach complete coverage information)

Annual Premium (Period 09/01/2022 to 08/31/2023): \$ _____

2. Alternate Crime Insurance Quote (Attach complete coverage information)

Annual Premium (Period 09/01/2022 to 08/31/2023): \$ _____

E. INSURANCE COMPANY/RISK POOL INFORMATION

Name of Company: _____

A. M. Best Rating/Size: _____

Insurance Company: Yes No

Risk Pool: Yes No

For Alternate Quote(s):

Name of Company: _____

A. M. Best Rating/Size: _____

Insurance Company: Yes No

Risk Pool: Yes No

F. LIST ANY DEVIATIONS OR ADDITIONAL INFORMATION:

Workers Compensation Insurance

A. BACKGROUND INFORMATION

1. Please contact Purchasing Agent at sgarza@westlake-tx.org for loss runs.
2. Experience Modifier is currently 0.67.
3. Estimated FY 22-23 payroll schedule is below.
4. Estimated number of regular employees is 108 (excluding substitute teachers & part-time coaches.)

B. Insurance coverage is to include the following:

1. Workers Compensation Limits & Coverage Desired:

	<u>Limit</u>	<u>Per</u>
Bodily Injury by Accident	\$ 1,000,000	Accident
Bodily Injury by Disease	\$ 1,000,000	Policy Limit
Bodily Injury by Disease	\$ 1,000,000	Employee

2. Estimated FY 22-23 payroll is as follows:

<u>Payroll Code</u>	<u>Annual Amount</u>	<u>Employees</u>
8868	\$ 6,148,000	97 (does not include substitute teachers)
8810	\$ 348,000	6
<u>9101</u>	<u>\$ 282,000</u>	<u>5</u>

Total Estimated Payroll: \$6,778,000 108

3. Please include "Others States Coverage" where applicable, as an additional endorsement.
4. Please include "Terrorism Risk" as an additional endorsement.
5. Include a listing of additional coverage, extensions, and exclusions.
6. Include a Blanket Waiver of Subrogation.

C. Quoted Coverage Provisions

1. Does coverage utilize a specific provider network? Yes No
If yes, please provide details.

D. Quotation

1. Workers Compensation Insurance Quote (Attach complete coverage information)

Annual Premium (Period 09/01/2022 to 08/31/2023): \$ _____

2. Alternate Workers Compensation Insurance Quote (Attach complete coverage information)

Annual Premium (Period 09/01/2022 to 08/31/2023): \$ _____

E. INSURANCE COMPANY/RISK POOL INFORMATION

Name of Company: _____

A. M. Best Rating/Size: _____

Insurance Company: Yes No

Risk Pool: Yes No

International Travel Liability Insurance

A. BACKGROUND INFORMATION

1. No claims since inception of coverage in 2015.
2. Coverage is for employees engaged in overseas travel, and no countries excluded.
3. Coverage should include Medical Assistance, Personal Assistance, and Travel Assistance for employees and students, based on 50 participants per year.

B. Desired Insurance coverage is to include the following:

1. Benefits	<u>Limit</u>	<u>Per</u>	<u>Aggregate</u>
Medical Expense Limit	\$ 50,000	Person	\$ 50,000
Dental Treatment	\$ 250	Tooth	\$ 500
Room and Board	Average semi-private room rate		
ICU Room and Board Charges	Twice the semi-private room rate		
Treatment of Pregnancy	Treated as any other medical condition		
Preexisting Conditions	Treated as any other medical condition		
Chiropractic Care	\$ 35	Visit	\$ 350
Emergency Medical Evacuation	100%	Expenses	
Repatriation of Remains	100%	Expenses	
Chaperone Replacement			\$ 2,000
Accidental Death & Dismemberment	\$ 10,000	Student	
Accidental Death & Dismemberment	\$ 50,000	Faculty	
Kidnap/Ransom	\$ 100,000	Event	\$ 100,000
Aggregate Limit	\$ 250,000	Benefit Max	

2. All coverage is \$0 deductible with 100% coinsurance.
3. Include a listing of additional coverages, coverage extensions, and AD&D schedule.
4. Include a listing of exclusions.

C. Quoted Coverage Provisions

1. Coverage Detail

	<u>Limit</u>	<u>Per</u>	<u>Aggregate</u>
Medical Expense Limit	_____	_____	_____
Dental Treatment	_____	_____	_____
Room and Board	_____	_____	_____
ICU Room and Board Charges	_____	_____	_____
Treatment of Pregnancy	_____	_____	_____
Preexisting Conditions	_____	_____	_____
Chiropractic Care	_____	_____	_____
Emergency Medical Evacuation	_____	_____	_____
Repatriation of Remains	_____	_____	_____
Chaperone Replacement	_____	_____	_____
Accidental Death & Dismemberment	_____	_____	_____
Accidental Death & Dismemberment	_____	_____	_____
Kidnap/Ransom	_____	_____	_____
Aggregate Limit	_____	_____	_____

2. Does coverage include evacuation/repatriation? Yes No

D. Quotation

1. International Travel Insurance Quote (Attach complete coverage information)

Annual Premium (Period 09/01/2022 to 08/31/2023)

2. Alternate International Travel Insurance Quote (Attach complete coverage information)

Annual Premium (Period 09/01/2022 to 08/31/2023): \$ _____

E. INSURANCE COMPANY/RISK POOL INFORMATION

Name of Company: _____

A. M. Best Rating/Size: _____

Insurance Company: Yes No

Risk Pool: Yes No

For Alternate Quote(s):

Name of Company: _____

A. M. Best Rating/Size: _____

Insurance Company: Yes No

Risk Pool: Yes No

F. LIST ANY DEVIATIONS OR ADDITIONAL INFORMATION:

Student Accident Insurance

A. BACKGROUND INFORMATION

1. Coverage is for all K-12 students participating in school sponsored activities, including sports. Liability waivers are obtained on all participants in sports programs.
2. Estimated Student Enrollment Count: 885 Grades K-8: 560 Grades 9-12: 325
3. Estimated Sports Participation is as follows:
Football (grades 9-10): 35 Football (grades 11-12): 26
All other sports (grades 9-10): 170 All other sports (grades 11-12): 180
4. Batting cages or trampolines are not within the scope of the program.

B. Insurance coverage is to include the following:

1. Liability Limits & Coverage:

	<u>Limit</u>	<u>Deductible</u>
Accident Medical Expense	\$ 25,000	\$ 0
Accidental Death Benefit	\$ 15,000	\$ 0
Accidental Dismemberment	\$ 50,000	\$ 0
AD&D Aggregate Limit	\$ 500,000	

2. Include a table of benefit amounts & percentages for covered medical expenses.
3. Include a listing of additional coverages, coverage extensions, exclusions, and AD&D schedule.

C. Quoted Coverage Provisions

1. Coverage Detail:

	<u>Limit</u>	<u>Deductible</u>
Accident Medical Expense	_____	_____
Accidental Death Benefit	_____	_____
Accidental Dismemberment	_____	_____
AD&D Aggregate Limit	_____	

2. Is arranged transportation included, prior, during, and after sponsored events?: Yes No
If yes, please give effective date(s) and explanation.

D. Quotation

1. Student Accident Insurance Quote (Attach complete coverage information)

Annual Premium (Period 09/01/2022 to 08/31/2023): \$ _____

2. Alternate Student Accident Insurance Quote (Attach complete coverage information)

Annual Premium (Period 09/01/2022 to 08/31/2023): \$ _____

E. INSURANCE COMPANY/RISK POOL INFORMATION

Name of Company: _____

A. M. Best Rating/Size: _____

Insurance Company: Yes No

Risk Pool: Yes No

For Alternate Quote(s):

Name of Company: _____

A. M. Best Rating/Size: _____

Insurance Company: Yes No

Risk Pool: Yes No

F. LIST ANY DEVIATIONS OR ADDITIONAL INFORMATION:

Cyber Risk Liability (optional)

A. BACKGROUND INFORMATION

1. Coverage is intended to supplement Cyber Liability Coverage(s) that are contained within other policies quoted, or offer additional coverage excluded within those policies.
2. This should be offered as a stand-alone policy which may be accepted or rejected by Westlake Academy, without affecting the pricing of other policies.
3. Coverage should include the following or the most equivalent limits and deductible available:

B. Insurance coverage is to include the following:

1. Liability Limits & Coverage:

	<u>Limit</u>	<u>Deductible</u>
Liability Coverages		
Networks and information security	\$ 1,000,000	\$10,000
Communications and media	\$ 1,000,000	\$10,000
Regulatory defense expenses	\$ 500,000	\$10,000
1 st Party coverage		
Crisis Management event expenses	\$ 500,000	\$10,000
Security Breach remediation and notification expenses	\$ 500,000	\$10,000
E-commerce extortion	\$ 500,000	\$10,000
Business interruption and additional Expenses	\$ 500,000	24 Hours

2. Include coverage descriptions of each insuring agreement
3. Include a listing of additional coverages, coverage extensions, and exclusions.

C. Quoted Coverage Provisions

1. Coverage Detail:

	<u>Limit</u>	<u>Deductible</u>
Liability Coverages		
Networks and information security	_____	_____
Communications and media	_____	_____
Regulatory defense expenses	_____	_____
1 st Party coverage	_____	_____
Crisis Management event expenses	_____	_____
Security Breach remediation and notification expenses	_____	_____
E-commerce extortion	_____	_____
Business interruption and additional expenses	_____	_____

D. Quotation

1. Cyber liability Insurance Quote (Attach complete coverage information)

Annual Premium (Period 09/01/2022 to 08/31/2023): \$ _____

2. Alternate Cyber liability Insurance Quote (Attach complete coverage information)

Annual Premium (Period 09/01/2022 to 08/31/2023): \$ _____

E. INSURANCE COMPANY/RISK POOL INFORMATION

Name of Company: _____

A. M. Best Rating/Size: _____

Insurance Company: Yes No

Risk Pool: Yes No

For Alternate Quote(s):

Name of Company: _____

A. M. Best Rating/Size: _____

Insurance Company: Yes No

Risk Pool: Yes No

F. LIST ANY DEVIATIONS OR ADDITIONAL INFORMATION:

PROPOSAL SUBMITTAL FORMAT

Quotations should be clearly labeled, using the format below. Proposals using an alternate format should have all quotes clearly labeled by policy type, and include policy limits, details, and cost. All submissions must include the completed forms below.

- 1 – Completed Questionnaire
- 2 - Property Insurance, Fire and Extended Equipment Coverage Quote
- 3 - General Liability Quote (including D&O, EPLI, EBLI and ELLI coverage)
- 4 - Automobile Liability & Physical Damage Quote
- 5 - Umbrella Liability Insurance Quote
- 6 - Crime Insurance Quote
- 7 – Workers Compensation Insurance Quote
- 8 – International Travel Insurance Quote
- 9 – Student Accident Insurance Quote
- 10 – Cyber Liability & Cyber Security Insurance Quote
- 11 - Agent's Current License, Copy of E&O Insurance Certificate
- 12 - Completed and signed Felony Conviction Notice Form
- 13 - Completed and signed Non-Collusion Certification Form
- 14 - Completed and signed Conflict of Interest Questionnaire Form
- 15 - Completed and signed W-9 Form
- 16 - Completed and signed Form 2270

Exhibit "A" - Property Schedule

- All buildings are located on 2600 JT Ottinger Road, Westlake TX, 76262. Blanket coverage is required for buildings and contents.

<u>Building</u>	<u>Sq. Footage</u>	<u>Valuation</u>	<u>Roof Type</u>
#1	15,600	12,899,250	100% concrete tile
#2:	20,000	9,208,500	100% concrete tile
#3	11,200	4,715,550	100% concrete tile
#4:	8,400	5,965,050	80% concrete tile, 20% flat membrane
#5:	1,500	80,000	Portable
#6:	1,500	80,000	Portable
#7:	1,500	80,000	Portable
#8:	10,853	3,066,000	75% seam metal, 25% flat membrane
#9:	9,698	3,709,650	25% concrete tile, 75% flat membrane
#10:	19,820	6,189,750	75% seam metal, 25% flat membrane
#11:	1,500	80,000	Portable
#12:	1,500	80,000	Portable
#13:	1,500	80,000	Portable

Property (Blanket) Limits: \$46,233,750

2. Contents: **\$4,904,550**

3. Business Income
and Extra Expense: **\$484,000**

4. **Total Property Limits \$51,622,300**