

Vendor: McGriff Insurance Services, Inc.

Organization Name:

Marshall University

Contractor shall provide insurance to Marshall University Athletics in accordance with the terms and conditions contained herein. The carrier's certificate of coverage will be supplied to the University for Exact Coverage Amounts.

1. Plan Installation

- Coordinate the Renewal Process to smoothly transition to other carriers (if applicable)
- Finalize applications, contracts, and policy descriptions
- Verify participation and contribution requirements
- On-site informative benefits presentations and enrollment support
- Assure receipt and accuracy of master contract, booklets, and ID cards
- Ensure schools receive Group Administrator's kit, contracts, and booklets

2. Client Support

- Dedicated point of contact for Marshall University
- Respond to all service requests within 24 hours and assist with escalated claim resolution
- Act as a liaison between the university, carrier, and student/parent
- Ensure timely and fair resolution of claims and billing issues
- Conduct school educational meetings (if needed)
- Coordinate training and assistance for the plan administrator
- Conduct quarterly Account Management meetings (as needed)
- Market coverages and produce proposals which compare options in a clear and concise manner
- Work with carriers to receive and analyze claims data on a monthly basis
- Process enrollments, invoicing and payments through carrier

3. **Eligibility:** All enrolled student athletes, cheerleaders, dance team, student managers, student trainers, and student coaches of the Policyholder.

4. **Coverage:** Coverage for the insured includes any type for accident or injury sustained while participating in scheduled intercollegiate athletic events, practices or games.

5. **Type:** Claims will be paid EXCESS of all other insurance for eligible injuries incurred during the policy period of the related expenses incurred within the benefit period.

6. **Carrier:** Catlin Insurance Company Incorporated

7. **Claim Administrator:** Bob McCloskey Insurance & BMI Benefits, LLC. (BMI)

8. AD Plan Claims Administration

Claims will be adjusted by the administrator to the medical maximum limit of insurance. All covered medical expenses will be paid at the reasonable/customary charge, screened for PPO discounts that are then applied to the aggregate deductible. When claims payments have reached the aggregate limit, any additional amounts will be paid by the underwriter's stop-loss policy. Accidental death and dismemberment claims will not be applied toward the aggregate and be paid from first dollar by the underwriter's stop-loss policy.

a. Plan Claims Monies

All monies forwarded for the purpose of claims payments will be placed in a non-interest-bearing account. These monies will only be used for the payment of covered medical expense. Payment of non-covered claims must be requested in writing by the insurance coordinator at the University.

All monies in the claims paying account are the University's and any remaining balance can be refunded to the University after receiving a request in writing. If there are no monies in the fund account, claims will not be paid until monies are deposited into the fund account or the aggregate deductible has been satisfied. The University bears the sole responsibility of funding the aggregate deductible account until the claims reaches the aggregate level.

b. AD Plan Reporting

BMI will provide access to monthly claims reporting and all payments including Administration fees, aggregate, and primary reporting and provider payments.

Vendor: McGriff Insurance Services, Inc.

Organization Name:

Marshall University

LIFE OF CONTRACT PAGE

LIFE OF CONTRACT: This contract becomes effective on August 1, 2019 and extends for a period of **one (1) year** or until such reasonable time thereafter as is necessary to obtain a new contract. Such "reasonable time" shall not exceed twelve (**12**) months upon expiration of one (**1**) year from the effective date of this contract by giving the Director of Purchasing thirty (**30**) days written notice.

RENEWAL: This contract may be renewed upon mutual written consent, submitted to the Director of Purchasing thirty (30) days prior to the date of expiration. Such renewal shall be in accordance with the terms and conditions of the original contract and shall be limited to four (4) successive one (1) year periods.

CANCELLATION: The Director of Purchasing reserves the right to cancel this contract immediately upon written notice to the vendor if the commodities or services supplied are of an inferior quality or do not conform to the specifications of the bid and contract herein.

OPEN MARKET CLAUSE: The Director of Purchasing may authorize a spending unit to purchase in the open market, without the filing of a requisition or cost estimate, items specified on this contract for immediate delivery in emergencies due to unforeseen causes (including but not limited to delays in transportation or an unanticipated increase in the volume of work).

TIME: Time consumed in delivery or performance is of the essence.

ORDERING PROCEDURE: Departments shall submit a requisition for commodities covered by this contract to the Purchasing office. Purchasing will then issue a purchase order to the vendor as authorization for shipment. If the vendor accepts credit cards, purchases may also be made using the P-card up to the established transaction limit for the department.

FUNDING PARAGRAPH: Service performed under this contract is to be continued in the succeeding fiscal year contingent upon funds being appropriated by the Legislature for this service. In the event funds are not appropriated for these services, this contract becomes of no effect and is null and void after June 30.

INTEREST: Should this contract include a provision for interest on late payments, the agency agrees to pay the maximum legal rate under West Virginia Law. All other references to interest charges are deleted.

CONTRACT PRICING: Unless otherwise allowed by the Director of Purchasing, price increases will be approved only at the beginning of each renewal period. All adjustments will be made in dollars, not per cent. Requests for price increases must be received in writing by the Director at least thirty (**30**) days in advance of the effective date. Vendors may add products throughout the term of this contract when it is in the best interest of the University. The Director at Marshall University will determine which products will be added. Price decreases will be "passed through" to Marshall University.

Vendor: McGriff Insurance Services, Inc

Organization Name: Marshall University

Pricing Page

Full Coverage Insurance after claim loss is paid by the University – Aggregate Deductible	\$540,000.00
Premium – Plan Cost	\$62,600.00
Administration for the Medical Fund for the first (1 st) year Percentage (%) or flat fee amount	\$46,000.00
Expanded Activities Coverage Option (Cheerleaders, Mascot, Dance, Student Coaches, Student Managers, Student Trainers)	
Prospective Student – Athlete Catastrophic Option	\$1,600.00

WV-96
1/1/2019

**STATE OF WEST VIRGINIA
ADDENDUM TO VENDOR'S STANDARD CONTRACTUAL FORMS**

State Agency, Board, or Commission (the "State"):

Vendor:

Contract/Lease Number ("Contract"):

Commodity/Service:

The State and the Vendor are entering into the Contract identified above. The Vendor desires to incorporate one or more forms it created into the Contract. Vendor's form(s), however, include(s) one or more contractual terms and conditions that the State cannot or will not accept. In consideration for the State's incorporating Vendor's form(s) into the Contract, the Vendor enters into this Addendum which specifically eliminates or alters the legal enforceability of certain terms and conditions contained in Vendor's form(s). Therefore, on the date shown below each signature line, the parties agree to the following contractual terms and conditions in this Addendum are dominate over any competing terms made a part of the Contract:

1. **ORDER OF PRECEDENCE:** This Addendum modifies and supersedes anything contained on Vendor's form(s) whether or not they are submitted before or after the signing of this Addendum. **IN THE EVENT OF ANY CONFLICT BETWEEN VENDOR'S FORM(S) AND THIS ADDENDUM, THIS ADDENDUM SHALL CONTROL.**
2. **PAYMENT** – Payments for goods/services will be made in arrears only upon receipt of a proper invoice, detailing the goods/services provided or receipt of the goods/services, whichever is later. Notwithstanding the foregoing, payments for software licenses, subscriptions, or maintenance may be paid annually in advance.
Any language imposing any interest or charges due to late payment is deleted.
3. **FISCAL YEAR FUNDING** – Performance of this Contract is contingent upon funds being appropriated by the WV Legislature or otherwise being available for this Contract. In the event funds are not appropriated or otherwise available, the Contract becomes of no effect and is null and void after June 30 of the current fiscal year. If that occurs, the State may notify the Vendor that an alternative source of funding has been obtained and thereby avoid the automatic termination. Non-appropriation or non-funding shall not be considered an event of default.
4. **RIGHT TO TERMINATE** – The State reserves the right to terminate this Contract upon thirty (30) days written notice to the Vendor. If this right is exercised, the State agrees to pay the Vendor only for all undisputed services rendered or goods received before the termination's effective date. All provisions are deleted that seek to require the State to (1) compensate Vendor, in whole or in part, for lost profit, (2) pay a termination fee, or (3) pay liquidated damages if the Contract is terminated early.
Any language seeking to accelerate payments in the event of Contract termination, default, or non-funding is hereby deleted.
5. **DISPUTES** – Any language binding the State to any arbitration or to the decision of any arbitration board, commission, panel or other entity is deleted; as is any requirement to waive a jury trial.
Any language requiring or permitting disputes under this Contract to be resolved in the courts of any state other than the State of West Virginia is deleted. All legal actions for damages brought by Vendor against the State shall be brought in the West Virginia Claims Commission. Other causes of action must be brought in the West Virginia court authorized by statute to exercise jurisdiction over it.
Any language requiring the State to agree to, or be subject to, any form of equitable relief not authorized by the Constitution or laws of State of West Virginia is deleted.
6. **FEES OR COSTS:** Any language obligating the State to pay costs of collection, court costs, or attorney's fees, unless ordered by a court of competent jurisdiction is deleted.
7. **GOVERNING LAW** – Any language requiring the application of the law of any state other than the State of West Virginia in interpreting or enforcing the Contract is deleted. The Contract shall be governed by the laws of the State of West Virginia.
8. **RISK SHIFTING** – Any provision requiring the State to bear the costs of all or a majority of business/legal risks associated with this Contract, to indemnify the Vendor, or hold the Vendor or a third party harmless for any act or omission is hereby deleted.
9. **LIMITING LIABILITY** – Any language limiting the Vendor's liability for direct damages to person or property is deleted.
10. **TAXES** – Any provisions requiring the State to pay Federal, State or local taxes or file tax returns or reports on behalf of Vendor are deleted. The State will, upon request, provide a tax exempt certificate to confirm its tax exempt status.
11. **NO WAIVER** – Any provision requiring the State to waive any rights, claims or defenses is hereby deleted.

WV-96
1/1/2019

- 12. **STATUTE OF LIMITATIONS** -- Any clauses limiting the time in which the State may bring suit against the Vendor or any other third party are deleted.
- 13. **ASSIGNMENT** -- The Vendor agrees not to assign the Contract to any person or entity without the State's prior written consent, which will not be unreasonably delayed or denied. The State reserves the right to assign this Contract to another State agency, board or commission upon thirty (30) days written notice to the Vendor. These restrictions do not apply to the payments made by the State. Any assignment will not become effective and binding upon the State until the State is notified of the assignment, and the State and Vendor execute a change order to the Contract.
- 14. **RENEWAL** -- Any language that seeks to automatically renew, modify, or extend the Contract beyond the initial term or automatically continue the Contract period from term to term is deleted. The Contract may be renewed or continued only upon mutual written agreement of the Parties.
- 15. **INSURANCE** -- Any provision requiring the State to maintain any type of insurance for either its or the Vendor's benefit is deleted.
- 16. **RIGHT TO REPOSSESSION NOTICE** -- Any provision for repossession of equipment without notice is hereby deleted. However, the State does recognize a right of repossession with notice.
- 17. **DELIVERY** -- All deliveries under the Contract will be FOB destination unless the State expressly and knowingly agrees otherwise. Any contrary delivery terms are hereby deleted.
- 18. **CONFIDENTIALITY** -- Any provisions regarding confidential treatment or non-disclosure of the terms and conditions of the Contract are hereby deleted. State contracts are public records under the West Virginia Freedom of Information Act ("FOIA") (W. Va. Code §29B-a-1, et seq.) and public procurement laws. This Contract and other public records may be disclosed without notice to the vendor at the State's sole discretion.


Any provisions regarding confidentiality or non-disclosure related to contract performance are only effective to the extent they are consistent with FOIA and incorporated into the Contract through a separately approved and signed non-disclosure agreement.

- 19. **THIRD-PARTY SOFTWARE** -- If this Contract contemplates or requires the use of third-party software, the vendor represents that none of the mandatory click-through, unsigned, or web-linked terms and conditions presented or required before using such third-party software conflict with any term of this Addendum or that it has the authority to modify such third-party software's terms and conditions to be subordinate to this Addendum. The Vendor shall indemnify and defend the State against all claims resulting from an assertion that such third-party terms and conditions are not in accord with, or subordinate to, this Addendum.
- 20. **AMENDMENTS** -- The parties agree that all amendments, modifications, alterations or changes to the Contract shall be by mutual agreement, in writing, and signed by both parties. Any language to the contrary is deleted.

Notwithstanding the foregoing, this Addendum can only be amended by (1) identifying the alterations to this form by using *Italics* to identify language being added and ~~strikethrough~~ for language being deleted (do not use track-changes) and (2) having the Office of the West Virginia Attorney General's authorized representative expressly agree to and knowingly approve those alterations.

State: Marshall University
 By: [Signature]
 Printed Name: Stephanie Smith
 Title: Interim Director
 Date: 8/2/19

Vendor: McGRIFF INSURANCE SERVICES
 By: [Signature]
 Printed Name: DAN R NUNNERY
 Title: SRVP
 Date: 8/1/19

Request for Proposal	 University Office of Purchasing One John Marshall Drive Huntington, WV 25755-4100 Direct all inquiries regarding this order to: (304) 696-2823	Marshall	Proposal # MU20ATHINS	
Vendor:		For information contact: Buyer: Becky Neace Neace15@marshall.edu and purchasing@marshall.edu Phone: (304) 696-2823		
FEIN/SSN:	Phone	Fax:		
Sealed requests to bid for furnishing the supplies, equipment or services described below will be received by the Institution. TO RECEIVE CONSIDERATION FOR AWARD, UNLESS OTHERWISE NOTED, THE BID WILL BE SUBMITTED ON THIS FORM, SIGNED, AND UPLOADED INTO BONFIRE PORTAL, AND RECEIVED ON OR BEFORE THE DATE AND TIME SHOWN FOR THE BID OPENING. When applicable, prices will be based on units specified; and Bidders will enter the delivery date or time for each item contained herein. The Institution reserves the right to accept or reject bids on each item separately or as a whole, to reject any or all bids, to waive informalities or irregularities and to contract as the best interests of the institution may require. BIDS ARE SUBJECT TO THE GENERAL TERMS AND CONDITIONS AS SET FORTH HEREIN.				
DATE 4/3/2019	DELIVERY IS REQUIRED NO LATER THAN	DEPARTMENT REQUISITION NO.	Proposal OPENS: April 10, 2019 3:00 PM	BIDDER MUST ENTER DELIVERY DATE FOR EACH ITEM BID
Item #	Quantity	Description	Unit Price	Extended Price
<u>Addendum No. 1</u> Project: Intercollegiate Athletic Accident Insurance Date: April 10, 2019 Time: 3:00 PM The purpose of this addendum is to modify and/or clarify project requirements and/or specifications. Receipt of this Addendum must be acknowledged in the space provided below on the right.				
Total				

To the Office of Purchasing,

In compliance with the above, the undersigned offers and agrees, if this offer is accepted within _____ calendar days (30 calendar days (unless a different period is inserted by the purchaser) from the bid opening date, specified above, to furnish any or all items upon which prices are offered, at the price set opposite each item, delivered at the designated point(s), within the time specified.

Bidder guarantees shipment from _____ within _____ days
 FOB _____
 After receipt of order at address shown
 Terms _____

Bidder's name Vendor McGriff Insurance Services
 Signed By *Dan Nunnery*
 Typed/Printed Name Dan Nunnery
 Title VP of Educational Risk
 Email DNunnery@McGriffInsurance.com
 FEIN 56-1623293
 Street Address 417 East First Avenue
 City/State/Zip Easley, SC 29640
 Date 4/5/19 Phone 864.380.9583

Request for Proposal		 Marshall University Office of Purchasing One John Marshall Drive Huntington, WV 25755-4100 Direct all inquiries regarding this order to: (304) 696-2823		Proposal # MU20ATHINS	
Vendor:			For information contact:		
FEIN/SSN:			Buyer: Becky Neace		
Phone			Neace15@marshall.edu and		
Fax:			purchasing@marshall.edu		
			Phone: (304) 696-2823		
Sealed requests to proposal for furnishing the supplies, equipment or services described below will be received by the Institution. TO RECEIVE CONSIDERATION FOR AWARD, unless otherwise noted herein, THE PROPOSAL WILL BE SUBMITTED INTO THE BONFIRE PORTAL AND (1) COPIES DELIVERED TO THE OFFICE OF PURCHASING TO HAVE A DATE/TIME STAMP AFFIXED ON OR BEFORE THE DATE AND TIME SHOWN FOR THE PROPOSAL OPENING. The Institution reserves the right to accept or reject proposals separately or as a whole, to reject any or all proposals, to waive informalities or irregularities and to contract as the best interests of the Institution may require. PROPOSALS ARE SUBJECT TO THE GENERAL TERMS AND CONDITIONS AS SET FORTH HEREIN.					
DATE 3/18/2019		Questions regarding Request for Proposal to be received no later than March 26, 2019 close of business day		DEPARTMENT REQUISITION NO.	
				Proposal Opens: April 10, 2019 3:00 PM	
				Proposer MUST ENTER DELIVERY DATE FOR EACH ITEM BID	
Item #	Quantity	Description			Unit Price
		REQUEST FOR PROPOSALS Marshall University will accept be accepting proposals on the following services until 3:00PM on April 10, 2019. At that time, Marshall University will open and record proposals in Old Main Building, Room 125, Office of Purchasing, Huntington, West Virginia 25755 INTERCOLLEGIATE ATHLETIC ACCIDENT INSURANCE			
					Extended Price
					Total

To the Office of Purchasing,

In compliance with the above, the undersigned offers and agrees, if this offer is accepted within ____ calendar days (30 calendar days (unless a different period is inserted by the purchaser) from the bid opening date, specified above, to furnish any or all items upon which prices are offered, at the price set opposite each item, delivered at the designated point(s), within the time specified.

Proposer's guarantees shipment from _____ within _____ days

_____ after receipt of order at address shown

FOB _____

Terms _____

Company/Proposer's name McGriff Insurance Services

Title VP of Educational Risk

Signed By *Tom R. Nunnery*

Typed Name Tom Nunnery

Street Address 417 East First Avenue

City/State/Zip Easley, SC 29640

Date: 4/5/19 Phone 864.380.9583

Fein: 56-1623293

STATE OF WEST VIRGINIA
Purchasing Division

PURCHASING AFFIDAVIT

CONSTRUCTION CONTRACTS: Under W. Va. Code § 5-22-1(i), the contracting public entity shall not award a construction contract to any bidder that is known to be in default on any monetary obligation owed to the state or a political subdivision of the state, including, but not limited to, obligations related to payroll taxes, property taxes, sales and use taxes, fire service fees, or other fines or fees.

ALL CONTRACTS: Under W. Va. Code §5A-3-10a, no contract or renewal of any contract may be awarded by the state or any of its political subdivisions to any vendor or prospective vendor when the vendor or prospective vendor or a related party to the vendor or prospective vendor is a debtor and: (1) the debt owed is an amount greater than one thousand dollars in the aggregate; or (2) the debtor is in employer default.

EXCEPTION: The prohibition listed above does not apply where a vendor has contested any tax administered pursuant to chapter eleven of the W. Va. Code, workers' compensation premium, permit fee or environmental fee or assessment and the matter has not become final or where the vendor has entered into a payment plan or agreement and the vendor is not in default of any of the provisions of such plan or agreement.

DEFINITIONS:

"Debt" means any assessment, premium, penalty, fine, tax or other amount of money owed to the state or any of its political subdivisions because of a judgment, fine, permit violation, license assessment, defaulted workers' compensation premium, penalty or other assessment presently delinquent or due and required to be paid to the state or any of its political subdivisions, including any interest or additional penalties accrued thereon.

"Employer default" means having an outstanding balance or liability to the old fund or to the uninsured employers' fund or being in policy default, as defined in W. Va. Code § 23-2c-2, failure to maintain mandatory workers' compensation coverage, or failure to fully meet its obligations as a workers' compensation self-insured employer. An employer is not in employer default if it has entered into a repayment agreement with the Insurance Commissioner and remains in compliance with the obligations under the repayment agreement.

"Related party" means a party, whether an individual, corporation, partnership, association, limited liability company or any other form or business association or other entity whatsoever, related to any vendor by blood, marriage, ownership or contract through which the party has a relationship of ownership or other interest with the vendor so that the party will actually or by effect receive or control a portion of the benefit, profit or other consideration from performance of a vendor contract with the party receiving an amount that meets or exceeds five percent of the total contract amount.

AFFIRMATION: By signing this form, the vendor's authorized signer affirms and acknowledges under penalty of law for false swearing (W. Va. Code §61-5-3) that: (1) for construction contracts, the vendor is not in default on any monetary obligation owed to the state or a political subdivision of the state, and (2) for all other contracts, that neither vendor nor any related party owe a debt as defined above and that neither vendor nor any related party are in employer default as defined above, unless the debt or employer default is permitted under the exception above.

WITNESS THE FOLLOWING SIGNATURE:

Vendor's Name: Mc GRIFF INSURANCE SERVICES

Authorized Signature: [Handwritten Signature] Date: 4/4/2019

State of SOUTH Carolina

County of Pickens, to-wit:

Taken, subscribed, and sworn to before me this 4 day of April, 2019

My Commission expires April 13, 2026

AFFIX SEAL HERE

NOTARY PUBLIC Kathryn R. Decker



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/4/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER BB&T Insurance Services, Inc. Risk Management Department 301 College Street, Suite 208 Asheville NC 28801	CONTACT NAME: Nila Swink PHONE (A/C. No. Ext): 828-277-3917 FAX (A/C. No): 888-632-4250 E-MAIL ADDRESS: CertificateRequests@bbandt.com														
INSURED 01BBTMAIN BB&T Corporation and Subsidiaries c/o BB&T Insurance Services Inc. 301 College Street, Suite 208 Asheville NC 28801	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A : Hartford Fire Insurance Company</td> <td style="text-align: center;">19682</td> </tr> <tr> <td>INSURER B : Twin City Fire Insurance Company</td> <td style="text-align: center;">29459</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Hartford Fire Insurance Company	19682	INSURER B : Twin City Fire Insurance Company	29459	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A : Hartford Fire Insurance Company	19682														
INSURER B : Twin City Fire Insurance Company	29459														
INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															

COVERAGES **CERTIFICATE NUMBER: 1738205984** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			22CSES44603	5/1/2018	5/1/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	22WNS44600 22WBRS44601	5/1/2018 5/1/2018	5/1/2019 5/1/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 22WNS44600 - Primary Workers Compensation (Various Writing Company Names within the Hartford Fire Insurance Group apply based on the state of employment) ; 22WBRS44601 - Workers Compensation for Wisconsin ONLY

RFP# MU20ATHINS

CERTIFICATE HOLDER

CANCELLATION

Marshall University Office of Purchasing One John Marshall Drive Huntington WV 25755-4100	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
----------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Marshall University

2.7 Adherence to Specification of Scope-Carrier

2.7.1 – 2.7.9 Expanded Activities and Prospective Student ICS Coverage

Schedule of Benefits Intercollegiate Sports Accident Insurance

Covered Persons & Activities	
Coverage for all student-athletes, student-coaches, and student-managers of the Policyholder, while participating in organized and supervised play and practice for an Intercollegiate team of which he/she is a registered member, including supervised travel to and from such play and practice. Coverage includes Guest/Recruits and Prospective Student-Athletes. Coverage includes participants of the Cheerleading and Dance/Drill Teams as well as the Mascot as listed on the RFP Census.	
Plan Maximum (Accident Medical Expense – AME)	\$90,000 per injury Maximum
Deductible	\$0 Deductible per Injury
Coinsurance	100% after the deductible, Full Excess
Benefit Period	104 weeks from the date of the covered accident
First Medical Treatment (includes treatment provided by Student Health Services or an Athletic Trainer)	Within 180 days of the injury to trigger the claim to be eligible under this policy
Accidental Death and Dismemberment (AD&D)	\$25,000
AD&D Aggregate Limit of Indemnity	\$5,000,000
Accidental Dental Benefit	Same as Medical Maximum
Expanded Medical Coverage, Recurring Injuries	Yes, Included
HMO/PPO Denial Coverage	Yes, Included
Pre-existing Condition Coverage	Yes, Included
Cardiovascular accident, heat exhaustion, stroke or other traumatic events caused by exertion (H&C Benefit)	Yes, Included
Outpatient Physical Therapy	Yes, Included
Durable Medical Equipment	Yes, Included
Prescription Drug Benefit	Yes, Included
Off Season Conditioning	Yes; if school sponsored and supervised
Air/Ground Ambulance Benefit	Yes, Included. Air ambulance must be medically necessary
Guest/Recruit Benefit	Yes, included for Division I Universities
Approved Experimental Treatments	Yes, when approved by the University and BMI

NOTE: The information contained in this proposal is only an outline of the benefits offered. It is NOT a complete explanation of the policy provisions or specifics of the policy benefits. To review a complete description of the program coverage, exclusions, and benefits, please contact us for a specimen copy of the policy.

The rates and benefits shown in this proposal are for an illustrative comparison only. Please refer to the carrier's certificate of coverage for a complete description of benefits, exclusions, and limitations. In the event of a discrepancy, the carrier's contract will always govern.

Marshall University

2.7 Adherence to Specification of Scope-Carrier

2.7.1 – 2.7.9 Expanded Activities and Prospective Student-Athlete Catastrophic Coverage

Schedule of Benefits

Prospective Student-Athlete and Expanded Activities Accident Coverage

Covered Persons & Activities	
Coverage for all Prospective student-athletes of the Policyholder while on campus visit. Coverage for all active student-mascots, band members, student-managers, student-coaches, student-trainers, cheerleaders, dance/drill team members, pom team members, and mascots of the Policyholder. Coverage is in effect during school sponsored events and activities, that are not covered by the NCAA Catastrophic plan as NCAA sanctioned events.	
Plan Maximum (Accident Medical Expense – AME)	\$5,000,000 per injury Maximum
Deductible	\$25,000 Deductible per Injury
Coinsurance	100% after the deductible, Full Excess
Benefit Period	10 years from the date of the covered accident
First Medical Treatment (includes treatment provided by Student Health Services or an Athletic Trainer)	Within 180 days of the injury to trigger the claim to be eligible under this policy
Accidental Death and Dismemberment (AD&D)	\$1,000,000
AD&D Aggregate Limit of Indemnity	\$1,000,000
Accidental Dental Benefit	Same as Medical Maximum
Expanded Medical Coverage, Recurring Injuries	Yes, Included
HMO/PPO Denial Coverage	Yes, Included
Pre-existing Condition Coverage	Yes, Included
Cardiovascular accident, heat exhaustion, stroke or other traumatic events caused by exertion (H&C Benefit)	Yes, Included
Outpatient Physical Therapy	Yes, Included
Durable Medical Equipment	Yes, Included
Prescription Drug Benefit	Yes, Included
Off Season Conditioning	Yes; if school sponsored and supervised
Air/Ground Ambulance Benefit	Yes, Included. Air ambulance must be medically necessary
Approved Experimental Treatments	Yes, when approved by the University and BMI
Catastrophic Cash Benefit	\$500,000

NOTE: The information contained in this proposal is only an outline of the benefits offered. It is NOT a complete explanation of the policy provisions or specifics of the policy benefits. To review a complete description of the program coverage, exclusions, and benefits, please contact us for a specimen copy of the policy.

The rates and benefits shown in this proposal are for an illustrative comparison only. Please refer to the carrier's certificate of coverage for a complete description of benefits, exclusions, and limitations. In the event of a discrepancy, the carrier's contract will always govern.