



**C. COVERAGE OPTIONS**

The College is interested in receiving quotes for coverage options equal to or better than the coverage outlined below. In addition, the College is seeking a quote on a catastrophic plan.

**BASIC PLAN:**

Single level of coverage for claims from \$0 to \$25,000 per claim.

This coverage is to be written on the excess basis and claims are to be processed and paid by the agency awarded the bid. The College does not desire to have the claims paid by an underwriting company; the agency awarded the bid should have the ability to pay the claims.

**CATASTROPHIC:**

Catastrophic plan beginning at \$25,000 per claim to a Lifetime maximum benefit of \$5,000,000.

**D. ACCIDENTAL DEATH AND DISMEMBERMENT**

The coverage quoted should contain a \$10,000 Accidental Death and a \$10,000 Dismemberment Schedule.

**E.** Dental benefit included in the medical maximum.

**F. EXCLUSIONS**

Only charter air flight and electric bio-mechanical devices from the first two layers of coverage.

**G. COVERAGE IN EFFECT**

Coverage is in effect for twelve months of the year for all games, practices, travel to and from, and anytime under the authorized supervision of the College personnel for practice and play of intercollegiate sports.

**H. BENEFIT PERIOD**

The benefit period for Basic Plan is up to 2 years from the date of the accident; catastrophic is to be Lifetime Benefits

Coverage from \$0 to \$15,000 per claim, 2 year benefit period

Coverage from \$15,000 to \$25,000 per claim, 4 year benefit period

**I. DEDUCTIBLES/COVERAGES**

No deductible in the program. The coverage pays 100% of the reasonable and customary medical/dental charges, including physical therapy.

**J. DATES OF SEASONS**

No dates of seasons in the program.

**K. ROSTER LISTS**

No roster lists necessary in the program.

**L. SERVICING AGENCY**

The agency awarded the insurance is expected to provide an annual visit and report any other items the administration of the College desires as it relates to the intercollegiate coverage. In addition, the College expects the agency to recommend changes in procedures for administering the program, and also to make available methods of cost savings that other Colleges have tried and that are working. In other words, the College expects the awarded agency to have the proper experience in this special risk field that will warrant a relationship that will be advantageous to the College.

**M. QUOTE REJECTIONS**

The College reserves the right to reject any/or all quotes. The bidder acknowledges the right of the College to reject any or all proposals and to waive informality or irregularity in any proposal received. In addition, the bidder recognizes the right of the College to reject a proposal if the proposal is in any way incomplete or irregular.

**N. CLAIMS HISTORY**

<i>Year</i>	<i>Claims Paid as of 3/26/08</i>	<i>Pending</i>
2007/2008	\$48,364.83	\$197,978.16
2006/2007	\$66,052.82	\$51,095.48
2005/2006	\$51,077.54	
2004/2005	\$27,577.06	
2003/2004	\$41,100.98	

**O. PREMIUM PAYMENT**

The College will make payment of this coverage between July 15, 2008, and October 1, 2008.

**P. QUOTE SUBMISSION**

The quote must be submitted by 2:00 p.m. on April 24, 2008 to Judy Mitchell, Director of Business & Auxiliary Services, H-1018, Joliet Junior College, 1215 Houbolt Road, Joliet, Illinois, 60431. Please include the notation – Request for Quotation: Athletic Insurance. A label is also enclosed for your convenience.

**JOLIET JUNIOR COLLEGE  
REQUEST FOR QUOTATION  
INTERCOLLEGIATE ATHLETIC ACCIDENT COVERAGE**

<b>BASIC PLAN</b>		\$ _____
<b>CATASTROPHIC (\$5 Million Medical Maximum)</b>		\$ _____
<b>TOTAL</b>		\$ _____

Underwriting Companies: Please specify the underwriting companies for the layers of coverage quoted and give their A.M. Best rating.

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References:

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Firm	Contact	Phone Number
Firm	Contact	Phone Number

Firm	Signature
Address	Printed Name
City	Date
State	Phone Number
Zip	