



SOUTH SAN ANTONIO INDEPENDENT SCHOOL DISTRICT

Agenda Item Summary

Meeting Date: June 21, 2017

Purpose: Report Only Recognition Discussion/ Possible Action

Presenter(s): Peggy Lee Gonzalez, Director of Purchasing

Item Title:

Discussion and possible action to approve the renewal of student athletic insurance services provided by The Brokerage Store. Contract period will be for one year, August 1, 2017- July 31, 2018 and is not to exceed \$41,764.

Description:

The Brokerage Store Athletic Insurance covers all school sponsored and supervised University Interscholastic League activities to include (but not limited to) – basketball, baseball, soccer, cheerleading, interscholastic football, vocational classes, ROTC, etc. The Brokerage Store contract was board approved on August 17, 2016 and this will be the 1st renewal. Pricing remains the same as quoted in RFP 2016-11.

This encompasses U.I.L. Blanket Student/Athletic Insurance (K-12), Catastrophe Coverage, CAT Cash Coverage and Voluntary Plans.

District Goal:

Goal 6 We will promote and ensure a safe and secure learning environment for all students.

Funding Budget Code and Amount:

CFO Approval

199-36-6429-00-XXX-8-91-000

APPROVAL ROUTE

Principal/Director:

Executive Director:

Chief Administrator:

Superintendent:

SIGNATURE

Handwritten signatures for Principal/Director, Executive Director, Chief Administrator, and Superintendent.

DATE

Handwritten dates: 5/26/17, 5/31/17, 5-31-2017

APPLICATION FOR STUDENT/ATHLETIC ACCIDENT INSURANCE GRADES PK-12



Send completed form to:
 The Brokerage Store
 4114 Pond Hill Road, Suite 100 • San Antonio, TX 78231

**2ND YEAR OF A 2 YEAR
 RATE GUARANTEE**

Underwritten by

**National Guardian
 Life Insurance Company**
 Two East Gilman Street - PO Box 1191
 Madison WI 53701-1191
*National Guardian Life Insurance Company is not affiliated with the
 Guardian Life Insurance Company of America, a/k/a The Guardian
 or Guardian Life.*

SCHOOL/DISTRICT INFORMATION

School/District South San Antonio ISD DIST. CLASS. _____
 Address 5622 Ray Ellison Blvd.
Street
 City San Antonio County _____ State TX Zip 78242

DATE INFORMATION Effective Date 08/01/2017 Termination Date 07/31/2018
 _____ 1st Day of School _____ Last Day of School _____ 1st Day of Football Practice

SCHOOLS THAT PROVIDE COVERAGE ON A GROUP BASIS

A: GROUP COVERAGES	PREMIUMS
<input checked="" type="checkbox"/> 1. Group UIL Coverage: Plan (<u>Texas Value</u>)	\$ <u>39,000</u>
<input type="checkbox"/> 2. All School Coverage: Plan (_____) (Includes UIL Activities) Enrollment grades PK- 12 (_____) @ \$ _____ =	\$ _____
TOTAL PREMIUM	= \$ <u>39,000</u>

SCHOOLS THAT OFFER COVERAGE ON A VOLUNTARY BASIS

B: VOLUNTARY COVERAGES: (See Brochure)	ENROLLMENT FORMS NEEDED
<input type="checkbox"/> 1. Voluntary Sports/UIL Activities Coverage: Plan (<u>Basic</u>) Estimated number of Interscholastic UIL Participants 7-12 _____ (_____)	
<input type="checkbox"/> 2. Voluntary Student Coverage: Plan (<u>Basic</u>) Estimated Total Enrollment in grades PK-12 (No Sports) _____ (_____)	

It is agreed and understood that: (**applies only to voluntary coverages**)

- The school will offer coverage to all students in the school system.
- Voluntary Sports and UIL Activities Coverage are available only if the school installs the Voluntary or Group Student Coverage.
- A School Official will complete the School's section of each claim form for school related injuries.
- Only one student accident plan will be offered by the district.**

WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison

Applied for by:

_____	_____	_____
<small>Print Name of School Official</small>	<small>Phone Number</small>	<small>E-mail Address</small>
_____	_____	_____
<small>Signature of School Official</small>	<small>Title</small>	<small>Date</small>

Agent Signature: _____ Telephone# _____

Administered by:


**STUDENT
 ASSURANCE
 SERVICES**
INCORPORATED
 Stillwater, Minnesota



ZURICH®

2017 Enrollment Form for Catastrophic Coverage

Underwritten by Zurich

The Brokerage Store, Inc., 4114 Pond Hill Road, Suite 100, San Antonio, TX 78231

Participant Information:

Name of Participating School or District: South San Antonio ISD

Address: 5622 Ray Ellison Blvd. City: San Antonio State: TX ZIP: 78242

Number of Schools Junior High: 3 Senior High: 1

Estimated Number of Students Grades K-8: _____ Grades 9-12: _____

Eligible Classes Junior High: Yes No Senior High: Yes No

____ Class I: All enrolled Students of the School or School District, including all sports and activities (includes student coaches, student trainers and student managers). Football: Yes No

X Class II: All enrolled Students of the School or School District, while participating in gym classes and extracurricular school activities, including intramural and interscholastic sports, such as football, band members, cheerleaders, majorettes, student coaches, student trainers and student managers. Coverage also includes supervised travel to and from such games and practice sessions. Football: Yes No

Benefits:

X Accident Medical Expense (AME) Benefit Amount - Excess Coverage \$7,500,000

X Accidental Death & Dismemberment (AD&D) (\$10,000 Death, \$20,000 Dismemberment)

____ Catastrophic Cash Benefit (Maximum Benefit Amount \$500,000)

Rates: See

Premium: Total Premium: \$ 2,764

Requested Effective Date:

The Effective Date will be the requested dates assuming We have accepted the risk and received the attached enrollment form. If the acceptance of the enrollment form or the enrollment form is not received prior to the requested effective date, the Effective Date will be the date We accept the Enrollment Form. The Expiration Date of the policy will be one (1) year from the Effective Date.

08 / 01 / 2017
Month Day Year

Approval for Enrollment:

The authorized signer of this application represents to the best of his or her knowledge and belief that the statements set forth herein are true and include all material information. Signing of this application does not bind Zurich to offer nor the authorized signer to accept insurance, but it is agreed this questionnaire and any attachments thereto shall be the basis of the insurance.

Officer's Name (print): _____ Signature: _____
Title (print): _____ Date: _____

General Statement:

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

OFFICE USE ONLY CERTIFICATION OF FILING

Certificate Number:
2017-203318

Date Filed:
05/05/2017

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

The Brokerage Store, Inc.
San Antonio, TX United States

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

South San Antonio ISD

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.

2017-2018
Student/Athletic Accident Insurance

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Cates, David	San Antonio, TX United States	X	

5 Check only if there is NO Interested Party.

6 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.



[Handwritten Signature]

Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said David Cates, this the 5 day of May, 2017, to certify which, witness my hand and seal of office.

[Handwritten Signature]

Signature of officer administering oath

V. Rochelle Delgado

Printed name of officer administering oath

Notary

Title of officer administering oath