



South Koochiching - Rainy River School District #363 Northome School



Jeremy Tammi, Superintendent
Email: jeremy.tammi@isd363.org



Phone: 218-897-5275
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11731 Hwy 1
PO Box 465
Northome, MN 56661

Invitation for Insurance Coverage Bids for July 1, 2026-June 30, 2027

South Koochiching-Rainy River ISD #363 is requesting sealed bids for insurance coverage from July 1, 2026 to June 30, 2027.

South Koochiching-Rainy River ISD #363 will receive sealed bids for insurance coverage as set forth in the Request for Proposal. Proposals should include additional coverage recommendations for the district using the form provided. The district reserves the right to modify coverage amounts based upon recommendations for adequate insurance coverage from each agent, but the coverage amounts listed should be used for the basis of the quote for fair comparison, and premium for each coverage should be listed by category. The district also reserves the right to request additional information and negotiate premiums with any or all agents or companies after all quotes have been received.

Instructions:

Vendors are requested to provide an insurance coverage bid beginning July 1, 2026 and ending June 30, 2026. All bids must be legibly written in ink or typed, signed and sealed in an envelope plainly marked "Insurance Bid" and sent to: ISD #363, Attn: Superintendent's Office, PO Box 465, Northome, MN, 56661. Return your bid prior to the stated time and date for opening: **Wednesday, April 8, 2026 at 10:00 a.m.** The School Board will award the bid at the regular board meeting on Wednesday, April 15, 2026 at 7:00 p.m. in the Northome Media Center. The bid shall include the legal name of the individual/company supplying the bid. Each copy shall be signed by the person or persons legally authorized to bind the supplier to a contract. Facsimile bids will not be accepted.

Bids must be presented in the format requested, using the enclosed Bid Submittal form. Bids not submitted in the prescribed form may be rejected at the discretion of South Koochiching-Rainy River ISD #363. Questions on bidding procedures and bid specifications may be directed to Jeremy Tammi, Superintendent, at 218-897-5275.

South Koochiching-Rainy River ISD #363 reserves the right to accept or reject any and/or all bids in whole or in part and waive any and/or all irregularities therein. South Koochiching-Rainy River ISD #363 will award bids as may appear to be in the best interests of ISD #363.

Clerk of the School Board ISD #363



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Summary of Coverage Requested:

Commercial Property

Crime (Includes Burglary)

Commercial General Liability

Additional Coverages

Employee Benefits

Educators Legal

Cyber Liability

Commercial Automobile

Workers Compensation

Commercial Umbrella



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Property:

Loc #	Property	Limit	Deductible
Bldg#			
1	Main Building – 11731 Hwy 1, Northome, MN	\$25,586,790	\$25,000*
1	Personal Property	\$5,117,358	\$25,000*
1	Property in the Open	\$133,921	\$10,000
2	Building	\$1,814,782	\$25,000
3	Building	\$727,412	\$25,000
3	Personal Property	\$52,826	\$25,000
4	Building \$	\$320,025	\$25,000
4	Personal Property	\$38,985	\$25,000

**Wind and Hail Deductible - \$50,000*

Additional Coverages:

School Enhancement Endorsement	Included (if applicable deductible)
Unreported Buildings, Structures & Outdoor Fixtures	\$50,000 (\$25,000 deductible)
School Flood Coverage Endorsement	\$150,000 (\$25,000 deductible)
Property Off Premises & In Transit	\$100,000 (\$1,000 deductible)
Equipment Breakdown	\$100,000 (\$25,000 deductible)

Employee Benefits Liability: (\$1,000 deductible per claim)



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Employee Benefits Liability - Aggregate \$2,000,000

Employee Benefits Liability – Each Employee \$1,000,000

Crime (Includes Burglary): (\$500 deductible)

Employee Dishonesty Limit \$50,000

Forgery or Alteration Limit \$50,000

Computer Fraud Limit \$50,000

Public Employee Dishonesty Bond Limit \$50,000

General Liability

General Aggregate \$2,000,000

Products & Completed Operations Aggregate \$2,000,000

Personal & Advertising Injury \$1,000,000

Each Occurrence \$1,000,000

Damage to Rented Premises \$300,000

Medical Expense (Any One Person) \$10,000

School Violent Event Response – Aggregate \$1,000,000

School Violent Event Response – Each Event Limit \$1,000,000

School Violent Event Response – Each Person Limit \$25,000

Location & Exposures

Bldg#1 – Elementary – 142, High School – 63, Pre-K – 20 (2025-26)

Bleachers - 1



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Educators Legal: (\$5,000 deductible per claim)

Employee Benefits Liability - Aggregate	\$2,000,000
Employee Benefits Liability – Each Employee	\$1,000,000

Cyber Liability:

Cyber Suite Annual Aggregate Limit	\$250,000
First Party Annual Aggregate Limit	\$250,000
Third Party Defense Annual Aggregate Limit	\$125,000
Third Party Liability Annual Aggregate Limit	\$125,000
Cyber Suite Deductible Per Occurrence	\$2,500
First Party – Data Compromise Response Expenses Sublimits per Occurrence – Public Relations	\$10,000
First Party – Data Compromise Response Expenses Sublimits per Occurrence – Reputational Harm	\$25,000
First Party – Computer Attack Sublimits per Occurrence – Public Relations	\$10,000
First Party – Sublimited Coverages Per Occurrence – Cyber Extortion	\$25,000
First Party – Sublimited Coverages Per Occurrence – Misdirected Payment Fraud	\$25,000
First Party – Sublimited Coverages Per Occurrence – Computer Fraud	\$25,000
First Party – Sublimited Coverages Per Occurrence – Telecommunication Fraud	\$25,000
First Party – Reward Payments	\$25,000
Third Party Coverages – Privacy Incident Liability and Defense	Included
Third Party Coverages – Network Security Liability	Included
Third Party Coverages – Electronic Media Liability	Included



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Identity Recovery Coverage – Annual Aggregate Limit per Identity Recovery Insured	\$25,000
Identity Recovery Coverage – Annual Aggregate Limit per Identity Recovery Insured Deductible	\$0
Identity Recovery Coverage – Lost Wages and Child/Elder Care Expenses	\$5,000
Identity Recovery Coverage – Mental Health Counseling	\$1,000
Identity Recovery Coverage – Miscellaneous Unnamed Costs	\$1,000

Commercial Automobile:

Combined Single Limit	\$1,000,000
Personal Injury Protection	\$20,000
Uninsured Motorists - Each Accident	\$1,000,000
Underinsured Motorists - Each Accident	\$1,000,000
Comprehensive	Included
Collision	Included
Hired / Borrowed Auto Liability	Included
Non-owned Auto Liability	Included

Comp. Deductible \$1,000

Collision Deductible \$1,000

Free Glass Repair (Replacement Subject to Deductible)

Schedule of Automobiles:



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#	Year	Make	Model	Type of Vehicle
01	2013	Chevy	Mid Bus	Mid Bus
02	2015	Ford	Van	Van
03	2010	Chevy	Suburban	SUV
04	2015	Ford	Van	Van
05	2018	Chevy	Silverado	Pick Up
06	2019	Dodge	Grand	Van
07	2020	Chevy	Malibu	Car
08	2020	Chevy	Suburban	SUV
09	2019	Dodge	Caravan	Van
10	2022	Chevy	Suburban	SUV

Workers Compensation & Employers Liability Insurance:

Employers Liability: Each Accident \$1,000,000

Employers Liability: Disease – Policy Limit \$1,000,000

Employers Liability: Disease – Each Employee \$1,000,000

Workers Compensation: Statutory Benefit Included

Payrolls: 8868 – School Professional, Teachers, Clerical - \$1,769,293 (estimated 25-26)

9101 – School All Other - \$426,984 (estimated 25-26)

1.08 Experience or Merit Modification Factor Calculation (26-27)



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Commercial Umbrella:

Each Occurrence	\$2,000,000
Aggregate	\$2,000,000
Retained Limit	\$0

Underlying Coverages:

Automobile Liability

Combined Single Limit	\$1,000,000
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General Liability

Each Occurrence	\$1,000,000
General Aggregate	\$2,000,000
Product & Completed Ops Agg	\$2,000,000
Personal & Advertising Injury	\$1,000,000

Employers Liability

Each Accident	\$1,000,000
Disease Each Employee	\$1,000,000
Disease Policy Limit	\$1,000,000

Employee Benefits Liability

Each Employee	\$1,000,000
Aggregate	\$2,000,000

Educators Legal



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Each Loss	\$1,000,000
Aggregate	\$2,000,000



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Insurance Bid Submittal Form

Insurance Coverage Bids are Due by Wednesday, April 8, 2026 at 10:00 a.m.

Please send sealed bids marked "Insurance Bid" to ISD #363, Attn: Superintendent's Office, PO Box 465, Northome, MN, 56661.

Schedule of Premiums

Coverage Type	Premium \$
Property	
Crime	
General Liability	
Educators Legal	
Cyber Liability	
Commercial Automobile	
Worker's Compensation	
Commercial Umbrella	
Total Premium	

Authorized Signature:

Authorized Signature: _____
Title: _____
Date: _____
Company Name: _____
Address: _____
City, State & Zip: _____
Phone Number: _____
Email Address: _____

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