



**TOWN OF STRATFORD  
PURCHASING DEPARTMENT  
STRATFORD, CONNECTICUT**

BID No. 2016-029

Issued : May 27, 2016

Subject : Student Accident Sports Insurance

The Town of Stratford through the Office of the Purchasing Agent, will receive SEALED BIDS for furnishing the equipment described in the accompanying specifications, in accordance with the instructions, conditions and reservations that follow:

**A. CLOSING DATE:**

Bids will be received until 3:00 pm June 17, 2016, at which time they will be publicly opened and read. All bidders are invited to attend this public opening, which will be held immediately following the closing time specified above, in the Office of the Purchasing Agent, Room 202, Town Hall, 2725 Main Street, Stratford, CT 06615.

Any bid may be withdrawn prior to the above-scheduled time for receiving bids or authorized postponement thereof. Any bids received after the date and time specified shall NOT be considered. No bidder may withdraw a bid within 45 days after the actual opening thereof.

**B. INSTRUCTIONS:**

Bid proposals are to be submitted (**THREE COPIES**) in a sealed envelope and clearly marked with the bid number and description on the outside of the envelope, including all outer packaging (DHL, FedEx, UPS, etc).

Bids must be delivered to:

Purchasing Department  
Stratford Town Hall – Rm 202  
2725 Main Street  
Stratford, CT 06615

### **C. CONDITIONS:**

#### **Bid Surety:**

No bid surety is required.

**Payment:** Final payment will be made upon the acceptance of the completed work by an authorized representative of the Town of Stratford. NO partial payments will be made. Invoices covering the work specified herein should be forwarded to the Purchasing Department upon completion of the project.

**Taxes:** The Town of Stratford is exempt from all State and Federal taxes. Do not include these amounts in your quotation.

**Addendums:** All addendums will be posted on the town website, [www.townofstratford.com](http://www.townofstratford.com). It is the responsibility of the bidder to check the website for any addendums before submitting their bid.

**F.O.B. Destination:** All prices quoted must be net delivered to destination.

**Conflict of Interest:** No public official or employee shall, while serving as such, have any financial interest or engage in any business, employment, transaction or professional activity or incur any obligation of any nature which is in substantial conflict with the proper discharge of his/her duties or employment in the public interest.

### **D. RESERVATIONS:**

The Town of Stratford may consider informal any proposal not prepared and submitted to the Town in accordance with the provisions herein stated. The Town of Stratford reserves the right to reject any or all proposals or parts of proposals; to waive defects in same proposals; or to accept any proposal or part thereof deemed to be in the best interests of the Town of Stratford.

Michael Bonnar, Purchasing Agent

**SPECIFICATIONS:** See next page.

**STRATFORD PUBLIC SCHOOLS**  
**Stratford, Connecticut**

**BID NUMBER: 2016-029**

**DATE: June 30, 2016**

Proposals will be received by the Stratford Board of Education for the following:

- I. Student Accident Insurance
- II. Student Boys and Girls Interscholastic All Sports Insurance
- III. Catastrophic Accident Plan

**CLOSING DATE FOR PROPOSALS:**

Mail or hand deliver bids to: Michael Bonner  
Town of Stratford  
2725 Main Street  
Stratford, CT 06615

Bids must be in a sealed envelope and clearly marked with bid name and number.

Information to bidders and questionnaires are attached and are a part of this proposal. The questionnaires must be completed, signed and returned with your proposal.

Bidders are required to submit a sample brochure, sample policy and a packet of material that would be sent home to parents suggesting that they enroll their children into the plan.

The Stratford Board of Education reserves the right to reject any and/or all proposals and unless specified in the bid, to accept either or both sections of the proposal.

The Stratford Board of Education reserves the right to renew the insurance contract(s) for up to four additional terms with the same terms and conditions, providing it is mutually agreed to by the parties concerned.

## INFORMATION TO BIDDERS:

- I. The Stratford Board of Education's present Student Accident Policy is with Zurich.

The premium per student for the school year rate is \$20.00. The full year rate is \$70.00.

Coverage consists of:

- Any type of accident occurring on a regular school day unless the accident occurs while participating in an interscholastic sport
- Traveling directly to or from school
- Traveling either to or from a school sponsored activity
- Any school sponsored activity; either as a participant or a spectator
- Lunchtime coverage
- Attending religious service upon release from regular school session
- Traveling directly to or from religious service

The premium per student for Dental is \$7.00.

Past Enrollments:

1987/88 – 218 School Time	119 – 24 Hour Coverage
1988/89 – 202 School Time	89 – 24 Hour Coverage
1992/93 – 114 School Time	39 – 24 Hour Coverage
1994/95 – 96 School Time	101 – 24 Hour Coverage
1995/96 – 117 School Time	63 – 24 Hour Coverage
1996/97 – 50 School Time	56 – 24 Hour Coverage
1997/98 – 44 School Time	59 – 24 Hour Coverage
1998/99 – 28 School Time	47 – 24 Hour Coverage
1999/00 – 63 School Time	62 – 24 Hour Coverage
2002/03 – 19 School Time	19 – 24 Hour Coverage
2003/04 – 12 School Time	15 – 24 Hour Coverage
2004/05 – 8 School Time	9 – 24 Hour Coverage
2005/06 – 1 School Time	4 – 24 Hour Coverage
2006/07 – 6 School Time	5 – 24 Hour Coverage
2007/08 – 8 School Time	9 – 24 Hour Coverage
2008/09 – 1 School Time	1 – 24 Hour Coverage
2009/10 – 1 School Time	2 – 24 Hour Coverage
2010/11 – 2 School Time	6 – 24 Hour Coverage
2011/12 – 3 School Time	3 – 24 Hour Coverage
2012/13 – 1 School Time	8 – 24 Hour Coverage
2013/14 – 0 School Time	6 – 24 Hour Coverage
2014/15 – 6 School Time	11 – 24 Hour Coverage

**INFORMATION TO BIDDERS (continued)**

II. Student Interscholastic All Sports Accident Policy (Boys & Girls)

a. The Board's present Student Interscholastic All Sports accident policy is with Bollinger Specialty Group for the period of August 1, 2015 to July 31, 2016.

Coverage:

- Death \$10,000.00
- Dismemberment and Excess Accident Medical Expense \$20,000.00
- Dental – None

Interscholastic Sports coverage is for two High schools.

b. Persons insured (male & female) shall include:

- Coaches
- Managers
- Student - Athletes
- Bat Boys
- Scorekeepers
- Cheerleaders
- Dance Team
- High Steppers
- Advisors
- Officials

c. The Premiums are to be based on providing full coverage for all the sports listed as well as any new sports added after the policy is issued:

<u>High School Sport</u>	<u>Try Out Each School</u>	<u>Final Each School</u>
Football	101 - Stratford	88
	90 - Bunnell	80
*Basketball	59 Stratford	34
	70 Bunnell	67
Baseball	46- Stratford	35
	60 - Bunnell	38
*Indoor Track	72 - Stratford	50
	80 - Bunnell	75
*Outdoor Track	120 - Bunnell	115
	79 - Stratford	51
*Cross Country	35 Bunnell	32
	26 Stratford	25
*Swimming	40 Bunnell	38
	25 Stratford	23
*Lacross	60 Bunnell	57
	85 Stratford	68

## INFORMATION TO BIDDERS (continued)

*Soccer	61 Bunnell	59
	92 Stratford	82
*Golf	21- Stratford	17
	20- Bunnell	18
*Tennis	40 Bunnell	38
	47 Stratford	38

<u>High School Sport</u>	<u>Try Out Each School</u>	<u>Final Each School</u>
Wrestling	25	22
Softball	35	33
Volleyball	30	28
*Male and Female		

The above figures do not include coaches, managers, bat boys, scorekeepers, cheerleaders, dance team, high steppers, rifle team, advisors or officials, but these are to be included in the insurance coverage.

Bidders are requested to bid on items I and II as stated above and shown on the bid sheet. Bidders may also include other plans for consideration. A separate questionnaire must be completed for each plan submitted.

### **SUMMARY OF COVERAGE FOR SPORTS/ACCIDENT POLICY**

The intent of this policy is to pay benefits to players, coaches and managers that are injured while taking part in scheduled supervised games, practices or while traveling to or from those games and practices.

The policy is an "excess" policy. This means that benefits will be paid after all other valid and collectible insurance policies have been paid. All expenses are not covered as the policy does contain some limitations and exclusions. All expenses should be submitted for payment. The insured must be under a doctor's care, and require services within 365 days of injury. Treatment must start within thirty (30) days of accident.

The benefits under this plan include:

- Hospitalization (including intensive care)
- Emergency room outpatient coverage
- Physicians services
- Anesthesia

**INFORMATION TO BIDDERS (continued)**

- Follow-up visits
- Consultations
- X-rays
- Physiotherapy
- Ambulance
- Medications
- Dental

In order to receive payment under this policy you must give notice of claim within thirty (30) days after an accident or loss occurs. You must complete the claim form and submit copies of any claim payments made by your health insurance carrier.

**EFFECTIVE DATE OF COVERAGE AND ENROLLMENT:**

The present plan with Bollinger Specialty Group. expires July 31, 2016.

Effective date for contract 2016-2017 school year is August 1, 2016.

Is the effective date of the plan proposed by your company in agreement with the plan now in effect? Yes \_\_\_\_ No \_\_\_\_

If No, explain: \_\_\_\_\_

Would any student (new or old to the system) not presently enrolled in the existing Student Accident Contract that expires August 1, 2015, be covered as of the opening of school in August? Yes \_\_\_\_ No \_\_\_\_

If "No" state conditions, exceptions and effective date of coverage for non-covered students enrolling during the September enrollment period.

Does the policy permit enrollment at any time during the contract year for?  
(a) Newly enrolled students only? Yes \_\_\_\_ No \_\_\_\_  
(b) Any students desiring to do so? Yes \_\_\_\_ No \_\_\_\_

**BASIC PLAN COVERAGE:**

Maximum Medical expense benefits	\$ _____
Death benefits	\$ _____
Loss of sight of both eyes	\$ _____
Loss of both feet or both hands	\$ _____
Loss of either hand or foot and sight of one eye	\$ _____
Loss of hand or foot	\$ _____
Loss of sight of one eye	\$ _____

**INFORMATION TO BIDDERS (continued)**

**DENTAL EXPENSES:**

Limit for dental expenses \$ \_\_\_\_\_

List exclusions and/or restrictions \_\_\_\_\_

**ANSWER ALL QUESTIONS – EXPLAIN ALL “NO” ANSWERS**

1. Does the plan include Summer School? Yes \_\_\_ No \_\_\_
2. Does the plan cover Saturday classes? Yes \_\_\_ No \_\_\_
3. Does the plan cover pupils while en-route to and from school and to home when student is walking? Yes \_\_\_ No \_\_\_  
Riding in any kind of vehicle? Yes \_\_\_ No \_\_\_  
Riding a bicycle? Yes \_\_\_ No \_\_\_
4. Does your plan provide coverage for school children attending religious instruction immediately following the close of regular school session? Yes \_\_\_ No \_\_\_  
Does your plan include travel home immediately thereafter? Yes \_\_\_ No \_\_\_  
By travel in private automobiles driven by students? Yes \_\_\_ No \_\_\_  
By travel in private automobiles driven by others? Yes \_\_\_ No \_\_\_
5. Does the plan cover all extracurricular activities on any day of the week? Yes \_\_\_ No \_\_\_  
Does the plan include supervised travel to & from such activities? Yes \_\_\_ No \_\_\_  
Does the plan include travel to & from such activities when held immediately after school? Yes \_\_\_ No \_\_\_
6. Does the plan cover unsupervised travel to interscholastic activities when held immediately after school and student attend such activity? Yes \_\_\_ No \_\_\_
7. Does your plan include “spectator” coverage? Yes \_\_\_ No \_\_\_
8. Does your plan include coverage for skiing? Yes \_\_\_ No \_\_\_

**INFORMATION TO BIDDERS** (continued)

9. Does the basic student policy cover activities such as volleyball, softball, gymnastics, touch football, basketball, etc., when engaged in-between schools in Stratford as part of the school physical education program and not in interscholastic competition? Yes \_\_\_\_ No \_\_\_\_
10. Must student also be enrolled in BASIC Student Accident Insurance to be eligible for Interscholastic "All Sports" Insurance protection? Yes \_\_\_\_ No \_\_\_\_
11. In the case of a principal sum payment, such as loss of life, loss of sight or dismemberment, do you pay medical and hospital bills in addition to the stated capital sum? Yes \_\_\_\_ No \_\_\_\_
12. Do you pay the regular benefits under this policy regardless of any other insurance the insured might have covering the same accident? Yes \_\_\_\_ No \_\_\_\_
13. Is there a time limit for first treatment of an injury after date of accident? Yes \_\_\_\_ No \_\_\_\_
14. Is there a time limit for filing a claim following a accident? Yes \_\_\_\_ No \_\_\_\_
5. Are ambulance services covered without restriction? Yes \_\_\_\_ No \_\_\_\_  
To what limit do you pay ambulance fees? \$ \_\_\_\_\_
16. Does your plan include coverage for injury due to fighting or brawling? Yes \_\_\_\_ No \_\_\_\_
17. MEDICAL EXPENSES:
- (a). Is medical expense amount allowed all-inclusive? Yes \_\_\_\_ No \_\_\_\_
- (b). Does coverage include payment:
1. For all hospital and medical expenses, including services of physician, surgeons, nursing care, medications, dressings, etc., to the full extent of the medical amount of the contract? Yes \_\_\_\_ No \_\_\_\_
2. For all prescriptions, drugs, dressings, braces, etc., whether in or out of the hospital? Yes \_\_\_\_ No \_\_\_\_
3. For full cost of X-rays in or out of the hospital? Yes \_\_\_\_ No \_\_\_\_
4. For full cost of exploratory X-rays? Yes \_\_\_\_ No \_\_\_\_

**INFORMATION TO BIDDERS (continued)**

5. For treatment provided by licensed physicians, chiropractors, chiropodists, surgeons, hospitals, nurses and dentists? Yes \_\_\_\_ No \_\_\_\_
6. For physiotherapy in the physician's office? Yes \_\_\_\_ No \_\_\_\_

If you have had the school insurance contract for the Stratford Board of Education during the past four years, what has been your company's loss-ratio experience?

Date: \_\_\_\_\_ Loss Ratio: \_\_\_\_\_  
Date: \_\_\_\_\_ Loss Ratio: \_\_\_\_\_  
Date: \_\_\_\_\_ Loss Ratio: \_\_\_\_\_  
Date: \_\_\_\_\_ Loss Ratio: \_\_\_\_\_

Will your agency accept the Student Accident Insurance Contract without the Interscholastic All Sports Contract? Yes \_\_\_\_ No \_\_\_\_

**III. Catastrophic Accident Plan (Accident Medical Benefits)**

- |                                       |                |
|---------------------------------------|----------------|
| a. Accident medical expense: (excess) | \$5,000,000.00 |
| b. Accident dental expense:           | Included       |
| c. Deductible:                        | \$ 25,000.00   |

The \$25,000.00 deductible is satisfied by the basic plan benefits. The deductible must be satisfied with two years from the date of the accident. Once the deductible is satisfied within the two-year time frame the benefit period is for the lifetime of the insured.

**Catastrophic Accident Plan (Catastrophic Cash Benefits)**

Coma:	\$1,000,000.00
Brain Death:	\$1,000,000.00
Paralysis:	\$1,000,000.00
Accidental Death:	\$ 10,000.00
Accidental Dismemberment:	\$ 20,000.00

**Covered Activities (Catastrophic Benefits Only; Class III)**

The Catastrophic Accident Plan is designed to cover all enrolled student athletes while they participate in school sponsored and school supervised interscholastic sports, cheerleading, band, dance team, intramural sports, high steppers, gym classes and non-sport extracurricular activities.

**STRATFORD PUBLIC SCHOOL  
Stratford, Connecticut**

If you are awarded this contract, what is the last notification date your company will accept to be effective with enrollment in September. \_\_\_\_\_

I hereby certify that if awarded the contract for School Accident Insurance for the Stratford Public School, school year 2016-2017, the statements made herein are binding and will be honored by the company underwriting this coverage.

**AGENCY:** \_\_\_\_\_

**UNDERWRITER:** \_\_\_\_\_

**BY:** \_\_\_\_\_

(Signature)

**DATE:** \_\_\_\_\_

**STRATFORD PUBLIC SCHOOL  
Stratford, Connecticut**

**STUDENT ACCIDENT COVERAGE QUESTIONNAIRE**

NAME OF UNDERWRITER: \_\_\_\_\_  
(prepare separate questionnaire for each underwriter)

SERVICES BY: \_\_\_\_\_

CLAIMS SERVICE: State name and location of office where:

- (a) Claims are filed: \_\_\_\_\_
- (b) Process for payments: \_\_\_\_\_
- (c) Payment made: \_\_\_\_\_

YEAR'S UNDERWRITER HAS WRITTEN SCHOOL INSURANCE: \_\_\_\_\_

YEAR'S UNDERWRITER HAS WRITTEN IN CONNECTICUT: \_\_\_\_\_

List schools in Connecticut presently covered by proposed plan offered by you:

Name of School	Enrollment

Will your agency assume full responsibility for enrollment materials, including distribution of literature for parents and applications for student coverage, all of which will be distributed by the schools to student to take home?  
Yes \_\_\_\_ No \_\_\_\_

After the enrollment period closes, the insurance agency is to provide each school with an alphabetical roster of all students covered.  
Yes \_\_\_\_ No \_\_\_\_

Will your agency assume full responsibility for enrollment materials, including distribution of literature for parents, collection of enrollment envelopes and premium moneys from individual school as required?  
Yes \_\_\_\_ No \_\_\_\_

\*Roster listing of students covered must be at each school by the end of October, 2015.

**STRATFORD PUBLIC SCHOOLS  
Stratford, Connecticut**

**STUDENT (BOYS & GIRLS) INTERSCHOLASTIC "ALL SPORTS"  
QUESTIONNAIRE**

NAME OF UNDERWRITER: \_\_\_\_\_  
(prepare separate questionnaire of each underwriter)

SERVICES BY: \_\_\_\_\_

LOCAL AGENT SUBMITTING PROPOSAL: \_\_\_\_\_

CLAIMS SERVICE: State name and location of office where:

(a) Claims are filed: \_\_\_\_\_

(b) Processed for payment: \_\_\_\_\_

(c) Payments made: \_\_\_\_\_

YEAR'S UNDERWRITER HAS WRITTEN INTERSCHOLASTIC "ALL SPORTS"  
INSURANCE: \_\_\_\_\_

YEAR'S UNDERWRITER HAS WRITTEN INTERSCHOLASTIC "ALL SPORTS" IN  
CONNECTICUT: \_\_\_\_\_

List school in Connecticut presently covered by proposed plan offered by you:

NAME OF SCHOOL	ENROLLMENT

**EFFECTIVE DATE OF COVERAGE AND ENROLLMENT:**

Present plan with The Maksin Group, Inc. expires July 31, 2016.

Is the effective date of plan proposed by your company in agreement with the plan  
now in effect? Yes \_\_\_\_ No \_\_\_\_

If no, explain: \_\_\_\_\_

**BASIC COVERAGE:**

Maximum medical expense benefits: \$ \_\_\_\_\_

Death benefits: \$ \_\_\_\_\_

Loss of sight of both eyes: \$ \_\_\_\_\_

Loss of both feet or both hands: \$ \_\_\_\_\_

Loss of either hand or foot and sight of one eye: \$ \_\_\_\_\_

Loss of hand or foot: \$ \_\_\_\_\_

Loss of sight of one eye: \$ \_\_\_\_\_

**DENTAL EXPENSES:**

What is the limit for dental expenses? \$ \_\_\_\_\_

List exclusions and/or restrictions: \_\_\_\_\_

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1. Does your policy cover travel as a participant in a covered sport directly to or from a scheduled game or practice in a conveyance under the direct supervision of authorized adult school personnel riding in said conveyance? Yes \_\_\_\_ No \_\_\_\_
2. Does your policy cover insured persons while traveling as a participant in a covered school sport directly to or from the schools place of practice for a scheduled practice of a covered sport? Yes \_\_\_\_ No \_\_\_\_
3. Are ambulance services covered without restrictions? Yes \_\_\_\_ No \_\_\_\_  
To what limit do you pay ambulance fees? \$ \_\_\_\_\_
4. Does your company underwrite Interscholastic All Sports Insurance without having the basic Student Accident Policy for the Town? Yes \_\_\_\_ No \_\_\_\_
5. Does the policy cover team participants attending sports clinics sponsored by colleges or other school systems? Yes \_\_\_\_ No \_\_\_\_
6. Does your policy include non active participants, such as; managers, coaches bat boys, team scorekeepers, cheerleaders, dance team, high steppers, advisors and officials? Yes \_\_\_\_ No \_\_\_\_

**MEDICAL EXPENSES:**

1. Is the medical expense amount allowed all-inclusive? Yes \_\_\_\_ No \_\_\_\_
2. Does coverage include payment;
  - (a) For all hospital and medical expenses, including services of physicians, surgeons and nursing care, medications and dressings, etc., to the full extent of the medical amount of the contract? Yes \_\_\_\_ No \_\_\_\_
  - (b) For all prescriptions, drugs, dressings, braces, etc. whether in or out of the hospital? Yes \_\_\_\_ No \_\_\_\_
  - (c) For full cost of X-rays, in or out of the hospital? Yes \_\_\_\_ No \_\_\_\_
  - (d) For full cost of exploratory X-rays? Yes \_\_\_\_ No \_\_\_\_
  - (e) For treatment provided by licensed physicians, chiropractors, surgeons, hospitals, nurses and dentists? Yes \_\_\_\_ No \_\_\_\_
  - (f) For physiotherapy in the physicians office? Yes \_\_\_\_ No \_\_\_\_

If you had the school's Interscholastic "All Sports" policy this year or in past years, what had been your company's loss-ratio experience from:

September 20 \_\_ to September 20 \_\_ \_\_\_\_\_

Will your agency accept the "Interscholastic All Sports" contract without the Student Accident Contract? Yes \_\_\_\_ No \_\_\_\_

If awarded this contract what is the last notification date your company will accept to be effective with opening of "All Sports" practice? \_\_\_\_\_

I hereby certify that if awarded the contract for Interscholastic "All Sports" Insurance for the secondary schools in the Stratford School System for 2011-2012, the statements made herein are binding and will be honored by the company underwriting the coverage.

Agency: \_\_\_\_\_

Underwriter: \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_  
(signature)

**STRATFORD PUBLIC SCHOOLS  
Stratford, Connecticut**

**III. CATASTROPHIC ACCIDENT PLAN QUESTIONNAIRE**

NAME OF UNDERWRITER: \_\_\_\_\_

SERVICES BY: \_\_\_\_\_

LOCAL AGENT SUBMITTING PROPOSAL: \_\_\_\_\_

CLAIMS SERVICE: State name and location of office where:

(a) Claims are filed: \_\_\_\_\_

(b) Process for payments: \_\_\_\_\_

(c) Payment made: \_\_\_\_\_

YEAR'S UNDERWRITER HAS WRITTEN SCHOOL INSURANCE: \_\_\_\_\_

YEAR'S UNDERWRITER HAS WRITTEN SCHOOL INSURANCE  
IN CONNECTICUT: \_\_\_\_\_

List schools in Connecticut presently covered by proposed plan offered by you.

NAME OF SCHOOL	ENROLLMENT

**STRATFORD PUBLIC SCHOOLS  
Stratford, Connecticut**

**BID SHEET**

**Bid No. 2016-029**

1. STUDENT ACCIDENT INSURANCE in accordance with "Information to Bidders" and questionnaire.

Specify limits of coverage and premium:

- |                      |          |
|----------------------|----------|
| A. School Year:      | \$ _____ |
| B. 24-Hour coverage: | \$ _____ |
| C. Dental:           | \$ _____ |

**Coverage: August 1, 2016 to July 31, 2017**

I hereby certify that if awarded the contract as specified above, I will comply with the conditions stipulated in the proposal unless otherwise stated herein by me.

Agency: \_\_\_\_\_

Underwriter: \_\_\_\_\_

Address: \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_  
(signature)

**STRATFORD PUBLIC SCHOOLS  
Stratford, Connecticut**

**BID SHEET**

**Bid No. 2016-029**

- II. STUDENT INTERSCHOLASTIC "ALL SPORTS" INSURANCE (Blanket Coverage) in accordance with "Information to Bidders" and questionnaire.

Proposals shall clearly state type of coverage.

Total cost for blanket coverage for "All Sports": \$ \_\_\_\_\_

Coverage: \_\_\_\_\_

I hereby certify that if awarded the contract as specified above, I will comply with the conditions stipulated in the proposal unless otherwise stated herein by me.

Agency: \_\_\_\_\_

Underwriter: \_\_\_\_\_

Address: \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_  
(signature)

**STRATFORD PUBLIC SCHOOLS  
Stratford, Connecticut**

**BID SHEET**

**Bid No. 2016-029**

III. Catastrophic Accident Plan in accordance with "Information to Bidders" and questionnaire.

Proposals shall clearly state the type of coverage.

Annual premium (Cat. medical and Cat. Cash) \$ \_\_\_\_\_  
Annual premium (Cat. Medical only) \$ \_\_\_\_\_

I hereby certify that if awarded the contract as specified above, I will comply with the conditions stipulated in the proposal unless otherwise stated herein by me.

Agency: \_\_\_\_\_

Underwriter: \_\_\_\_\_

Address: \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_  
(signature)

**SUMMARY SHEET**  
**99CCT**  
**SCHEDULE OF BENEFITS**  
**MEDICAL EXPENSE BENEFITS**  
**INUJURY ONLY**

**Maximum Benefit \$1,000,000.00 (For Each Injury)**

The Benefits payable are as defined in and subject to all provisions of this policy and any endorsements thereto.

<b>In Patient</b>	
Room and Board	Semi-Private room rate \$165 per day
Hospital Misc.	\$1,500.00 maximum
Surgeon's Fees	\$2,500.00 maximum
	(additional procedures payable at 50% of Usual and Customary charges)
Assistant Surgeon	No Benefits
Anesthetist	20% of surgery allowance
Registered Nurse	Usual and Customary charges
Physician's visits	\$30 first day / \$20 each subsequent day

<b>Out-Patient</b>	
Surgeon's Fee	\$2,000.00 maximum per procedure
	(additional procedures payable at 50% of Usual and Customary charges)
Day Surgery Misc.	\$200.00 maximum
Anesthetist	20% of surgery allowance
Physician's Visits	\$30 first day / \$20 each subsequent day
Physiotherapy/Occupational Therapy	\$30 first day / \$20 each subsequent day five days maximum
Emergency Room	\$75.00 maximum
X-Rays	\$100.00 maximum
Injections	\$5.00 per injection / \$30 maximum
Prescription Drugs	No benefits

<b>Other</b>	
Ambulance	\$500.00 maximum per trip
Braces & Appliances	No benefits
Dental	\$200.00 per tooth
Consultant	No benefits
Neurological Consultant	\$100.00 maximum

52 Week Benefit Period