

**Solicitation Number: RFP #051623****CONTRACT**

This Contract is between Sourcewell, 202 12th Street Northeast, P.O. Box 219, Staples, MN 56479 (Sourcewell) and AXIS Insurance Company, 10000 Avalon Boulevard, Suite 200, Alpharetta, GA 30009 (Supplier).

Sourcewell is a State of Minnesota local government unit and service cooperative created under the laws of the State of Minnesota (Minnesota Statutes Section 123A.21) that offers cooperative procurement solutions to government entities. Participation is open to eligible federal, state/province, and municipal governmental entities, higher education, K-12 education, nonprofit, tribal government, and other public entities located in the United States and Canada. Sourcewell issued a public solicitation for Group Employee Benefits and Related Services from which Supplier was awarded a contract.

Supplier desires to contract with Sourcewell to provide equipment, products, or services to Sourcewell and the entities that access Sourcewell's cooperative purchasing contracts (Participating Entities).

1. TERM OF CONTRACT

A. **EFFECTIVE DATE.** This Contract is effective upon the date of the final signature below.

EXPIRATION DATE AND EXTENSION. This Contract expires July 19, 2027, unless it is cancelled sooner pursuant to Article 22. This Contract allows up to three additional one-year extensions upon the request of Sourcewell and written agreement by Supplier. Sourcewell retains the right to consider additional extensions beyond seven years as required under exceptional circumstances.

B. **SURVIVAL OF TERMS.** Notwithstanding any expiration or termination of this Contract, all payment obligations incurred prior to expiration or termination will survive, as will the following: Articles 11 through 14 survive the expiration or cancellation of this Contract. All other rights will cease upon expiration or termination of this Contract.

2. EQUIPMENT, PRODUCTS, OR SERVICES

A. **EQUIPMENT, PRODUCTS, OR SERVICES.** Supplier will provide the Equipment, Products, or Services as stated in its Proposal submitted under the Solicitation Number listed above. Supplier's Equipment, Products, or Services Proposal (Proposal) is attached and incorporated into this Contract.

This Contract offers an indefinite quantity of sales, and while substantial volume is anticipated, sales and sales volume are not guaranteed.

B. **WARRANTY.** Supplier warrants that all Equipment, Products, and Services furnished are free from liens and encumbrances, and are free from defects in design, materials, and workmanship. In addition, Supplier warrants the Equipment, Products, and Services are suitable for and will perform in accordance with the ordinary use for which they are intended. Supplier's dealers and distributors must agree to assist the Participating Entity in reaching a resolution in any dispute over warranty terms with the manufacturer. Any manufacturer's warranty that extends beyond the expiration of the Supplier's warranty will be passed on to the Participating Entity.

C. **DEALERS, DISTRIBUTORS, AND/OR RESELLERS.** Upon Contract execution and throughout the Contract term, Supplier must provide to Sourcewell a current means to validate or authenticate Supplier's authorized dealers, distributors, or resellers relative to the Equipment, Products, and Services offered under this Contract, which will be incorporated into this Contract by reference. It is the Supplier's responsibility to ensure Sourcewell receives the most current information.

3. PRICING

All Equipment, Products, or Services under this Contract will be priced at or below the price stated in Supplier's Proposal, Proposed Coverage Offering, and Table 11A-1.

Regardless of the payment method chosen by the Participating Entity, the total cost associated with any purchase option of the Equipment, Products, or Services must always be disclosed in the pricing quote to the applicable Participating Entity at the time of purchase.

4. PRODUCT AND PRICING CHANGE REQUESTS

Supplier may request Equipment, Product, or Service changes, additions, or deletions at any time. All requests must be made in writing by submitting a signed Sourcewell Price and Product Change Request Form to the assigned Sourcewell Supplier Development Administrator. This

approved form is available from the assigned Sourcewell Supplier Development Administrator. At a minimum, the request must:

- Identify the applicable Sourcewell contract number;
- Clearly specify the requested change;
- Provide sufficient detail to justify the requested change;
- Individually list all Equipment, Products, or Services affected by the requested change, along with the requested change (e.g., addition, deletion, price change); and
- Include a complete restatement of pricing documentation in Microsoft Excel with the effective date of the modified pricing, or product addition or deletion. The new pricing restatement must include all Equipment, Products, and Services offered, even for those items where pricing remains unchanged.

A fully executed Sourcewell Price and Product Change Request Form will become an amendment to this Contract and will be incorporated by reference.

5. PARTICIPATION, CONTRACT ACCESS, AND PARTICIPATING ENTITY REQUIREMENTS

A. PARTICIPATION. Sourcewell's cooperative contracts are available and open to public and nonprofit entities across the United States and Canada; such as federal, state/province, municipal, K-12 and higher education, tribal government, and other public entities.

The benefits of this Contract should be available to all Participating Entities as provided in Proposed Coverage Offering and Table 11A-1. A Participating Entity's authority to access this Contract is determined through its cooperative purchasing, interlocal, or joint powers laws. Any entity accessing benefits of this Contract will be considered a Service Member of Sourcewell during such time of access. Supplier understands that a Participating Entity's use of this Contract is at the Participating Entity's sole convenience and Participating Entities reserve the right to obtain like Equipment, Products, or Services from any other source.

Supplier is responsible for familiarizing its sales and service forces with Sourcewell contract use eligibility requirements and documentation. Sourcewell reserves the right to add and remove Participating Entities to its roster during the term of this Contract. Any Supplier insurance policies issued to Participating Entities will not be affected by removal from Sourcewell roster. Insurance issued to Participating Entities is governed by the terms and conditions of the policy.

PUBLIC FACILITIES. Supplier's employees may be required to visit government-owned facilities, including schools. Supplier's employees and agents must conduct themselves in a professional manner while on the premises, and in accordance with Participating Entity policies and procedures, and all applicable laws.

6. PARTICIPATING ENTITY USE AND PURCHASING

A. **ORDERS AND PAYMENT.** To access the contracted Equipment, Products, or Services under this Contract, a Participating Entity must clearly indicate to Supplier that it intends to access this Contract; however, order flow and procedure will be developed jointly between Sourcewell and Supplier. Participating Entity will request insurance coverage from Supplier via licensed insurance broker. All Participating Entity policies under this Contract must be issued prior to expiration or cancellation of this Contract; however, Supplier performance, Participating Entity payment obligations, or other Supplier or Participating Entity obligations, may extend beyond the term of this Contract.

Supplier's acceptable forms of payment are included in its attached Proposal. Participating Entities will be solely responsible for payment and Sourcewell will have no liability for any unpaid invoice of any Participating Entity.

B. **SPECIALIZED SERVICE REQUIREMENTS.** In the event that the Participating Entity requires service or specialized performance requirements not addressed in this Contract (such as e-commerce specifications, specialized delivery requirements, or other specifications and requirements), the Participating Entity and the Supplier may enter into a separate, standalone agreement, apart from this Contract. Sourcewell, including its agents and employees, will not be made a party to a claim for breach of such agreement.

C. **GOVERNING LAW AND VENUE.** The governing law and venue for any action related to a Participating Entity's order will be determined by the Participating Entity making the purchase.

7. CUSTOMER SERVICE

A. **PRIMARY ACCOUNT REPRESENTATIVE.** Supplier will assign an Account Representative to Sourcewell for this Contract and must provide prompt notice to Sourcewell if that person is changed. The Account Representative will be responsible for:

- Maintenance and management of this Contract;
- Timely response to all Sourcewell and Participating Entity inquiries; and
- Business reviews to Sourcewell and Participating Entities, if applicable.

B. **BUSINESS REVIEWS.** Supplier must perform a minimum of one business review with Sourcewell per contract year. The business review will cover sales to Participating Entities, pricing and contract terms, administrative fees, sales data reports, and Supplier or Sourcewell performance issues. The business review will not include any information specific to any individual insured persons, any claims information, any PII or PHI.

8. REPORT ON CONTRACT SALES ACTIVITY AND ADMINISTRATIVE FEE PAYMENT

A. **CONTRACT SALES ACTIVITY REPORT.** Each calendar quarter, Supplier must provide a contract sales activity report (Report) to the Sourcewell Supplier Development Administrator assigned to this Contract. Reports are due no later than 45 days after the end of each calendar quarter. A Report must be provided regardless of the number or amount of sales during that quarter (i.e., if there are no sales, Supplier must submit a report indicating no sales were made).

The Report must contain the following fields:

- Participating Entity Name (e.g., City of Staples Highway Department);
- Participating Entity Physical Street Address;
- Participating Entity City;
- Participating Entity State/Province;
- Participating Entity Zip/Postal Code;
- Participating Entity Contact Name;
- Participating Entity Contact Email Address;
- Participating Entity Contact Telephone Number;
- Sourcewell Assigned Entity/Participating Entity Number;
- Item Purchased Description;
- Item Purchased Price;
- Sourcewell Administrative Fee Applied; and
- Date Purchase was invoiced/sale was recognized as revenue by Supplier.

B. **ADMINISTRATIVE FEE.** In consideration for the support and services provided by Sourcewell, the Supplier will pay an administrative fee to Sourcewell on all Equipment, Products, and Services provided to Participating Entities. Sourcewell does not solicit insurance products and services on behalf of awarded suppliers. The solicitation, placement and servicing of insurance remains the role of awarded suppliers and their distribution channels. Therefore, the proposed administration fee shall not be considered commissions and should not be paid to Sourcewell as commissions. The Administrative Fee must be included in, and not added to, the pricing. Supplier may not charge Participating Entities more than the contracted price to offset the Administrative Fee.

The Supplier will submit payment to Sourcewell for the percentage of administrative fee stated in the Proposal multiplied by the total sales of all Equipment, Products, and Services purchased by Participating Entities under this Contract during each calendar quarter. Payments should note the Supplier's name and Sourcewell-assigned contract number in the memo; and must be mailed to the address above "Attn: Accounts Receivable" or remitted electronically to

Sourcewell's banking institution per Sourcewell's Finance department instructions. Payments must be received no later than 45 calendar days after the end of each calendar quarter.

Supplier agrees to cooperate with Sourcewell in auditing transactions under this Contract to ensure that the administrative fee is paid on all items purchased under this Contract.

In the event the Supplier is delinquent in any undisputed administrative fees, Sourcewell reserves the right to cancel this Contract and reject any proposal submitted by the Supplier in any subsequent solicitation. In the event this Contract is cancelled by either party prior to the Contract's expiration date, the administrative fee payment will be due no more than 30 days from the cancellation date.

9. AUTHORIZED REPRESENTATIVE

Sourcewell's Authorized Representative is its Chief Procurement Officer.

Supplier's Authorized Representative is the person named in the Supplier's Proposal. If Supplier's Authorized Representative changes at any time during this Contract, Supplier must promptly notify Sourcewell in writing.

10. AUDIT, ASSIGNMENT, AMENDMENTS, WAIVER, AND CONTRACT COMPLETE

A. **AUDIT.** Pursuant to Minnesota Statutes Section 16C.05, subdivision 5, the books, records, documents, and accounting procedures and practices relevant to this Contract are subject to examination by Sourcewell or the Minnesota State Auditor for a minimum of six years from the end of this Contract. This clause extends to Participating Entities as it relates to business conducted by that Participating Entity under this Contract.

B. **ASSIGNMENT.** Neither party may assign or otherwise transfer its rights or obligations under this Contract without the prior written consent of the other party and a fully executed assignment agreement. Such consent will not be unreasonably withheld. Any prohibited assignment will be invalid.

C. **AMENDMENTS.** Any amendment to this Contract must be in writing and will not be effective until it has been duly executed by the parties.

D. **WAIVER.** Failure by either party to take action or assert any right under this Contract will not be deemed a waiver of such right in the event of the continuation or repetition of the circumstances giving rise to such right. Any such waiver must be in writing and signed by the parties.

E. **CONTRACT COMPLETE.** This Contract represents the complete agreement between the parties. No other understanding regarding this Contract, whether written or oral, may be used

to bind either party. For any conflict between the attached Proposal and the terms set out in Articles 1-22 of this Contract, the terms of Articles 1-22 will govern.

F. **RELATIONSHIP OF THE PARTIES.** The relationship of the parties is one of independent contractors, each free to exercise judgment and discretion with regard to the conduct of their respective businesses. This Contract does not create a partnership, joint venture, or any other relationship such as master-servant, or principal-agent.

11. INDEMNITY AND HOLD HARMLESS

Supplier must indemnify, defend, save, and hold Sourcewell and its Participating Entities, including their agents and employees, harmless from any claims or causes of action, including attorneys' fees incurred by Sourcewell or its Participating Entities, arising out of any act or omission in the performance of this Contract by the Supplier or its agents or employees; this indemnification includes injury or death to person(s) or property alleged to have been caused by some defect in the Equipment, Products, or Services under this Contract to the extent the Equipment, Product, or Service has been used according to its specifications. Sourcewell's responsibility will be governed by the State of Minnesota's Tort Liability Act (Minnesota Statutes Chapter 466) and other applicable law.

12. GOVERNMENT DATA PRACTICES

Supplier and Sourcewell must comply with the Minnesota Government Data Practices Act, Minnesota Statutes Chapter 13, as it applies to all data provided by or provided to Sourcewell under this Contract and as it applies to all data created, collected, received, maintained, or disseminated by the Supplier under this Contract.

13. INTELLECTUAL PROPERTY, PUBLICITY, MARKETING, AND ENDORSEMENT

A. INTELLECTUAL PROPERTY

1. *Grant of License.* During the term of this Contract:
 - a. Sourcewell grants to Supplier a royalty-free, worldwide, non-exclusive right and license to use the trademark(s) provided to Supplier by Sourcewell in advertising and promotional materials for the purpose of marketing Sourcewell's relationship with Supplier.
 - b. Supplier grants to Sourcewell a royalty-free, worldwide, non-exclusive right and license to use Supplier's trademarks in advertising and promotional materials for the purpose of marketing Supplier's relationship with Sourcewell.
2. *Limited Right of Sublicense.* The right and license granted herein includes a limited right of each party to grant sublicenses to their respective subsidiaries, distributors, dealers, resellers, marketing representatives, and agents (collectively "Permitted Sublicensees") in advertising and promotional materials for the purpose of marketing the Parties' relationship to Participating Entities. Any sublicense granted will be subject to the terms and conditions

of this Article. Each party will be responsible for any breach of this Article by any of their respective sublicensees.

3. Use; Quality Control.

- a. Neither party may alter the other party's trademarks from the form provided and must comply with removal requests as to specific uses of its trademarks or logos.
- b. Each party agrees to use, and to cause its Permitted Sublicensees to use, the other party's trademarks only in good faith and in a dignified manner consistent with such party's use of the trademarks. Upon written notice to the breaching party, the breaching party has 30 days of the date of the written notice to cure the breach or the license will be terminated.

4. Termination. Upon the termination of this Contract for any reason, each party, including Permitted Sublicensees, will have 30 days to remove all Trademarks from signage, websites, and the like bearing the other party's name or logo (excepting Sourcewell's pre-printed catalog of suppliers which may be used until the next printing). Supplier must return all marketing and promotional materials, including signage, provided by Sourcewell, or dispose of it according to Sourcewell's written directions.

B. PUBLICITY. Any publicity regarding the subject matter of this Contract must not be released without prior written approval from the Authorized Representatives. Publicity includes notices, informational pamphlets, press releases, research, reports, signs, and similar public notices prepared by or for the Supplier individually or jointly with others, or any subcontractors, with respect to the program, publications, or services provided resulting from this Contract.

C. MARKETING. Any direct advertising, marketing, or offers with Participating Entities must be approved by Sourcewell. Send all approval requests to the Sourcewell Supplier Development Administrator assigned to this Contract.

D. ENDORSEMENT. The Supplier must not claim that Sourcewell endorses its Equipment, Products, or Services.

14. GOVERNING LAW, JURISDICTION, AND VENUE

The substantive and procedural laws of the State of Minnesota will govern this Contract. Venue for all legal proceedings arising out of this Contract, or its breach, must be in the appropriate state court in Todd County, Minnesota or federal court in Fergus Falls, Minnesota.

15. FORCE MAJEURE

Neither party to this Contract will be held responsible for delay or default caused by acts of God or other conditions that are beyond that party's reasonable control. A party defaulting under this provision must provide the other party prompt written notice of the default.

16. SEVERABILITY

If any provision of this Contract is found by a court of competent jurisdiction to be illegal, unenforceable, or void then both parties will be relieved from all obligations arising from that provision. If the remainder of this Contract is capable of being performed, it will not be affected by such determination or finding and must be fully performed.

17. PERFORMANCE, DEFAULT, AND REMEDIES

A. **PERFORMANCE.** During the term of this Contract, the parties will monitor performance and address unresolved contract issues as follows:

1. *Notification.* The parties must promptly notify each other of any known dispute and work in good faith to resolve such dispute within a reasonable period of time. If necessary, Sourcewell and the Supplier will jointly develop a short briefing document that describes the issue(s), relevant impact, and positions of both parties.
2. *Escalation.* If parties are unable to resolve the issue in a timely manner, as specified above, either Sourcewell or Supplier may escalate the resolution of the issue to a higher level of management. The Supplier will have 30 calendar days to cure an outstanding issue.
3. *Performance while Dispute is Pending.* Notwithstanding the existence of a dispute, the Supplier must continue without delay to carry out all of its responsibilities under the Contract that are not affected by the dispute. If the Supplier fails to continue without delay to perform its responsibilities under the Contract, in the accomplishment of all undisputed work, the Supplier will bear any additional costs incurred by Sourcewell and/or its Participating Entities as a result of such failure to proceed.

B. **DEFAULT AND REMEDIES.** Either of the following constitutes cause to declare this Contract, in default:

1. Nonperformance of contractual requirements, or
2. A material breach of any term or condition of this Contract.

The party claiming default must provide written notice of the default, with 30 calendar days to cure the default. Time allowed for cure will not diminish or eliminate any liability for liquidated or other damages. If the default remains after the opportunity for cure, the non-defaulting party may:

- Exercise any remedy provided by law or equity, or
- Terminate the Contract or any portion thereof.

18. INSURANCE

A. REQUIREMENTS. At its own expense, Supplier must maintain insurance policy(ies) in effect at all times during the performance of this Contract with insurance company(ies) licensed or authorized to do business in the State of Minnesota having an "AM BEST" rating of A- or better, with coverage and limits of insurance not less than the following:

1. *Workers' Compensation and Employer's Liability.*

Workers' Compensation: As required by any applicable law or regulation.

Employer's Liability Insurance: must be provided in amounts not less than listed below:

Minimum limits:

\$500,000 each accident for bodily injury by accident

\$500,000 policy limit for bodily injury by disease

\$500,000 each employee for bodily injury by disease

2. *Commercial General Liability Insurance.* Supplier will maintain insurance covering its operations, with coverage on an occurrence basis, and must be subject to terms no less broad than the Insurance Services Office ("ISO") Commercial General Liability Form CG0001 (2001 or newer edition), or equivalent. At a minimum, coverage must include liability arising from premises, operations, bodily injury and property damage, independent contractors, products-completed operations including construction defect, contractual liability, blanket contractual liability, and personal injury and advertising injury. All required limits, terms and conditions of coverage must be maintained during the term of this Contract.

Minimum Limits:

\$1,000,000 each occurrence Bodily Injury and Property Damage

\$1,000,000 Personal and Advertising Injury

\$2,000,000 aggregate for products liability-completed operations

\$2,000,000 general aggregate

3. *Commercial Automobile Liability Insurance.* During the term of this Contract, Supplier will maintain insurance covering all owned, hired, and non-owned automobiles in limits of liability not less than indicated below. The coverage must be subject to terms no less broad than ISO Business Auto Coverage Form CA 0001 (2010 edition or newer), or equivalent.

Minimum Limits:

\$1,000,000 each accident, combined single limit

4. *Umbrella Insurance.* During the term of this Contract, Supplier will maintain umbrella coverage over Employer's Liability, Commercial General Liability, and Commercial Automobile.

Minimum Limits:

\$2,000,000

5. *Network Security and Privacy Liability Insurance.* During the term of this Contract, Supplier will maintain coverage for network security and privacy liability. The coverage may be endorsed on another form of liability coverage or written on a standalone policy. The insurance must cover claims which may arise from failure of Supplier's security resulting in, but not limited to, computer attacks, unauthorized access, disclosure of not public data – including but not limited to, confidential or private information, transmission of a computer virus, or denial of service.

Minimum limits:

\$2,000,000 per occurrence

\$2,000,000 annual aggregate

Failure of Supplier to maintain the required insurance will constitute a material breach entitling Sourcewell to immediately terminate this Contract for default.

B. CERTIFICATES OF INSURANCE. Prior to commencing under this Contract, Supplier must furnish to Sourcewell a certificate of insurance, as evidence of the insurance required under this Contract. Prior to expiration of the policy(ies), renewal certificates must be mailed to Sourcewell, 202 12th Street Northeast, P.O. Box 219, Staples, MN 56479 or sent to the Sourcewell Supplier Development Administrator assigned to this Contract. The certificates must be signed by a person authorized by the insurer(s) to bind coverage on their behalf.

Failure to request certificates of insurance by Sourcewell, or failure of Supplier to provide certificates of insurance, in no way limits or relieves Supplier of its duties and responsibilities in this Contract.

ADDITIONAL INSURED ENDORSEMENT AND PRIMARY AND NON-CONTRIBUTORY INSURANCE CLAUSE. Supplier agrees to list Sourcewell and its Participating Entities, including their officers, agents, and employees, as an additional insured under the Supplier's commercial general liability insurance policy with respect to liability arising out of activities, "operations," or "work" performed by or on behalf of Supplier, and products and completed operations of Supplier. The policy provision(s) or endorsement(s) must further provide that coverage is primary and not excess over or contributory with any other valid, applicable, and collectible insurance or self-insurance in force for the additional insureds.

C. WAIVER OF SUBROGATION. Supplier waives and must require (by endorsement or otherwise) all its insurers to waive subrogation rights against Sourcewell and other additional insureds for losses paid under the insurance policies required by this Contract or other insurance applicable to the Supplier or its subcontractors. The waiver must apply to all deductibles and/or self-insured retentions applicable to the required or any other insurance maintained by the Supplier or its subcontractors. Where permitted by law, Supplier must require similar written express waivers of subrogation and insurance clauses from each of its subcontractors.

D. UMBRELLA/EXCESS LIABILITY/SELF-INSURED RETENTION. The limits required by this Contract can be met by either providing a primary policy or in combination with umbrella/excess liability policy(ies), or self-insured retention.

19. COMPLIANCE

A. LAWS AND REGULATIONS. All Equipment, Products, or Services provided under this Contract must comply fully with applicable federal laws and regulations, and with the laws in the states and provinces in which the Equipment, Products, or Services are sold.

B. LICENSES. Supplier must maintain a valid and current status on all required federal, state/provincial, and local licenses required for the operation of the business that the Supplier conducts with Sourcewell and Participating Entities.

20. BANKRUPTCY, DEBARMENT, OR SUSPENSION CERTIFICATION

Supplier certifies and warrants that it is not in bankruptcy or that it has previously disclosed in writing certain information to Sourcewell related to bankruptcy actions. If at any time during this Contract Supplier declares bankruptcy, Supplier must immediately notify Sourcewell in writing.

Supplier certifies and warrants that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from programs operated by the State of Minnesota; the United States federal government or the Canadian government, as applicable; or any Participating Entity. Supplier certifies and warrants that neither it nor its principals have been convicted of a criminal offense related to the subject matter of this Contract. Supplier further warrants that it will provide immediate written notice to Sourcewell if this certification changes at any time.

21. CANCELLATION

Sourcewell or Supplier may cancel this Contract at any time, with or without cause, upon 60 days' written notice to the other party. However, Sourcewell may cancel this Contract immediately upon discovery of a material defect in any certification made in Supplier's Proposal. Cancellation of this Contract does not relieve either party of financial, product, or service obligations incurred or accrued prior to cancellation.

Sourcewell

AXIS Insurance Company

DocuSigned by:
Jeremy Schwartz
By: C0FD2A139D06489...
Jeremy Schwartz
Title: Chief Procurement Officer
Date: 7/14/2023 | 3:49 PM CDT

DocuSigned by:
James Hamilton
By: 74983E2F88B84A8...
James Hamilton
Title: Global Head of Accident & Health
Date: 7/18/2023 | 4:20 PM EDT

Approved:

DocuSigned by:
Chad Coquette
By: 48BAF71B0894454...
Chad Coquette
Title: Executive Director/CEO
Date: 7/18/2023 | 4:21 PM CDT

RFP 051623 - Group Employee Benefits and Related Services

Vendor Details

Company Name: AXIS Insurance Company
Address: 1000 Avalon Blvd
Suite 200
Alpharetta, GA 30009
Contact: Stacey Sutts
Email: stacey.sutts@axiscapital.com
Phone: 305-523-1376
HST#: FEIN: 39-1338397

Submission Details

Created On: Friday April 21, 2023 15:12:12
Submitted On: Tuesday May 16, 2023 14:11:42
Submitted By: Stacey Sutts
Email: stacey.sutts@axiscapital.com
Transaction #: 2a9fee77-ddb7-4ae6-981d-7234cb1438e1
Submitter's IP Address: 165.225.222.178

Specifications**Table 1: Proposer Identity & Authorized Representatives**

General Instructions (applies to all Tables) Sourcewell prefers a brief but thorough response to each question. Do not merely attach additional documents to your response without also providing a substantive response. Do not leave answers blank; respond "N/A" if the question does not apply to you (preferably with an explanation).

Line Item	Question	Response *
1	Proposer Legal Name (one legal entity only): (In the event of award, will execute the resulting contract as "Supplier")	AXIS Insurance Company
2	Identify all subsidiary entities of the Proposer whose equipment, products, or services are included in the Proposal.	AXIS Reinsurance Company (Canada Branch)
3	Identify all applicable assumed names or DBA names of the Proposer or Proposer's subsidiaries in Line 1 or Line 2 above.	AXIS REINSURANCE COMPANY (SUCCURSALE CANADIENNE)
4	Provide your CAGE code or Unique Entity Identifier (SAM):	7RR53
5	Proposer Physical Address:	10000 Avalon Boulevard Suite 200 Alpharetta, GA 30009
6	Proposer website address (or addresses):	https://www.axiscapital.com/
7	Proposer's Authorized Representative (name, title, address, email address & phone) (The representative must have authority to sign the "Proposer's Assurance of Compliance" on behalf of the Proposer and, in the event of award, will be expected to execute the resulting contract):	James Hamilton Global Head of Accident & Health james.hamilton@axiscapital.com 111 S. Wacker Drive Suite 3500 Chicago, IL 60606
8	Proposer's primary contact for this proposal (name, title, address, email address & phone):	Stacey Sutts Lead Underwriter, Specialty Accident & Health stacey.sutts@axiscapital.com 660 Beachland Blvd. Suite 240 Vero Beach, FL 32963
9	Proposer's other contacts for this proposal, if any (name, title, address, email address & phone):	N/A

Table 2: Company Information and Financial Strength

Line Item	Question	Response *
10	Provide a brief history of your company, including your company's core values, business philosophy, and industry longevity related to the requested equipment, products or services.	<p>AXIS Capital, through its operating subsidiaries, is a global provider of specialty lines insurance and treaty reinsurance with shareholders' equity \$6 billion at December 31, 2022, and locations in Bermuda, the United States, Europe, Singapore and Canada. AXIS Insurance Company, an insurance company subsidiary of AXIS Capital Holdings Limited, is rated "A+" ("Strong") by Standard & Poor's and "A" ("Excellent") by A.M. Best. AXIS was launched under the laws of Bermuda on November 20, 2001 to address specialty insurance and reinsurance opportunities. For more information about AXIS Capital, visit our website at www.axiscapital.com.</p> <p>Since our inception in 2001, we have always been a specialty underwriter. Our purpose is to help people and organizations navigate and manage risk in an increasingly complex and uncertain world. We are anchored by our Corporate Citizenship program designed to address key environmental, social and governance (ESG) issues, by focusing on the areas where we believe we can make the greatest impact: protecting our planet; promoting diversity equity, and inclusion (DEI); and supporting our communities.</p> <p>The Company's strong commitment to social purpose and citizenship is directly due to our people and culture. Ours is a receptive and inclusive culture where people can see themselves and their values reflected. We believe that the right way to run a business is by treating each other with respect, bringing our best to our customers and distribution partners, and contributing to our communities. Our steadfast commitment to our values makes AXIS a more diverse, resilient, and stronger company, and one that can be trusted to attract and develop talent, meet the needs of stakeholders, be a positive force in society, and deliver shareholder value.</p>
11	What are your company's expectations in the event of an award?	We would work diligently with Sourcewell to launch this program as quickly as possible.
12	Demonstrate your financial strength and stability with meaningful data. This could include such items as financial statements, SEC filings, credit and bond ratings, letters of credit, and detailed reference letters. Upload supporting documents (as applicable) in the document upload section of your response.	Please see attached "2022 AXIS Annual Report"
13	What is your US market share for the solutions that you are proposing?	30% of Emergency Service Market
14	What is your Canadian market share for the solutions that you are proposing?	5% of Emergency Service Market
15	Has your business ever petitioned for bankruptcy protection? If so, explain in detail.	No
16	How is your organization best described: is it a manufacturer, a distributor/dealer/reseller, or a service provider? Answer whichever question (either a) or b) just below) best applies to your organization. a) If your company is best described as a distributor/dealer/reseller (or similar entity), provide your written authorization to act as a distributor/dealer/reseller for the manufacturer of the products proposed in this RFP. If applicable, is your dealer network independent or company owned? b) If your company is best described as a manufacturer or service provider, describe your relationship with your sales and service force and with your dealer network in delivering the products and services proposed in this RFP. Are these individuals your employees, or the employees of a third party?	<p>Service Provider:</p> <p>AXIS has an existing partnership with Provident, a full-service benefits program administrator and claims third-party administrator, for over 8 years. With more than 90 years of providing benefits to first responders, Provident will be responsible for the program and claims administration. Services provided: Sales/Marketing Policy Administration Licensing of brokers Underwriting Premium Billing/Collection Claims Administration</p> <p>Provident has a dedicated and caring claims staff who remain committed to timeliness and accuracy while processing claims. It remains our goal to treat people with the utmost respect and courtesy. When a claim is identified, the Cancer First Notice of Claim (FNOC) form that is available on-line should be completed. Once completed, the FNOC must be signed by: o member claiming benefits, o member's attending physician, and o authorized member of the fire department confirming eligibility In addition to the FNOC, supporting medical documentation will be requested and reviewed to determine compensability.</p>
17	If applicable, provide a detailed explanation outlining the licenses and certifications that are both required to be held, and actually held, by your organization (including third parties and subcontractors that you use) in pursuit of the business contemplated by this RFP.	<p>AXIS holds certificates of authority to sell insurance in all states and provinces contemplated under this agreement.</p> <p>Provident and all other appointed administrators, hold all licenses required to sell insurance policies and administer/adjudicate claims in the states and provinces contemplated under this agreement.</p>
18	Provide all "Suspension or Debarment" information that has applied to your organization during the past ten years.	N/A

Table 3: Industry Recognition & Marketplace Success

Line Item	Question	Response *
19	Describe any relevant industry awards or recognition that your company has received in the past five years	<p>AXIS has received many industry awards, both as an enterprise, and for specific AXIS employees. Below is list of recent awards.</p> <p>2023:</p> <ul style="list-style-type: none"> Forbes 2023 America's Best Midsize Employers Insurance Business America 5-Star DE&I Award Bloomberg Gender-Equality Index Inclusion Insurance Business UK Top Employer Achievers 50 Most Engaged Workplaces The Insurer E&S Carrier of the Year Insurance Business America Global 100 – Vince Tizzio, CEO Specialty Insurance and Reinsurance and Dan Trueman, Head of Global Cyber and Technology <p>2022:</p> <ul style="list-style-type: none"> Insurance Business America Insurance Hot 100 – Janet Jordan-Foster, AXIS Insurance Brandon Hall Group Technology Excellence Award for AXIS Applause – AXIS in partnership with Achievers Insurance Insider Honors 2022, ESG Initiative of the Year Insurance Insider Honors 2022, Young Claims Professional of the Year – Harry Tucker Insurance Business America's Top Insurance Employers 2022 British Insurance Awards Specialist Insurer of the Year Forbes 2022 America's Best Midsize Employers Insurance Business America's Elite Women 2022 Winners - Christina Geller and Oveta Mitchell, AXIS Insurance; Gail Wien, AXIS Capital 50 over Fifty's The Final 50 - Ann Haugh, AXIS Re The Insurer's Lloyd's ESG Survey, Commitment to ESG Top Score Duck Creek Technologies Standard of Excellence Customer Award Insurance Business America 5-Star DE&I Award <p>2021:</p> <ul style="list-style-type: none"> Achievers 50 Most Engaged Workplaces Cigna Wellbeing Award Business Insurance Women to Watch - Jill Bryant, AXIS Insurance Savoy's 2021 Most Influential Black Corporate Directors - Michael Millegan, AXIS Capital Board Member WSIA Dana Roehrig Award for Outstanding Volunteer Commitment - Carlton Maner, AXIS Insurance Insurance Business UK 5-Star Construction Award JUST Capital #5 of 44 evaluated insurance companies Mayoral Recognition Certificate from the City of New York, for local philanthropy and volunteering in 2020 50/50 Women on Boards - Recognized as a 3+ Company <p>2020:</p> <ul style="list-style-type: none"> The Insurance Insider U.S. Honors, Community Initiative of the Year - Global Day of Giving Rally Insurance Business America – Hall of Fame Class of 2020 Insurance Business – Global 100 List Reactions London Market Awards, Up-and-Coming Underwriter of the Year The Insurance Insider Global Honors, Young Underwriter of the Year The Insurance Insider Annual Cyber Rankings <p>2019:</p> <ul style="list-style-type: none"> Mentor of the Year IACP Young Claims Professional of the Year (Europe) - AXIS Re Insurance Hall of Fame Laureate <p>Provident has been awarded "Best Places to Work" by Insurance Business of America for 5 consecutive years.</p>
20	What percentage of your sales are to the governmental sector in the past three years	90% of Provident's sales; 50% of AXIS Specialty A&H's sales
21	What percentage of your sales are to the education sector in the past three years	21% of AXIS Specialty A&H's sales
22	List any state, provincial, or cooperative purchasing contracts that you hold. What is the annual sales volume for each of these contracts over the past three years?	Various throughout the United States including a Cancer Policy in South Carolina for all Fire Fighters. Actual volume could be disclosed but would have to be redacted.
23	List any GSA contracts or Standing Offers and Supply Arrangements (SOSA) that you hold. What is the annual sales volume for each of these contracts over the past three years?	N/A

Table 4: References/Testimonials

Line Item 24. Supply reference information from three customers who are eligible to be Sourcwell participating entities.

Entity Name *	Contact Name *	Phone Number *
South Carolina State Firefighters Association	Joshua Holzheimer, President	864-553-1312
South Dakota State Firefighters Association	Charlie Kludt, President	605-940-1087
Ross Township Firemen's Relief Association (PA)	John Sponcer, Treasurer	412-459-8164

Table 5: Top Five Government or Education Customers

Line Item 25. Provide a list of your top five government, education, or non-profit customers (entity name is optional), including entity type, the state or province the entity is located in, scope of the project(s), size of transaction(s), and dollar volumes from the past three years.

Entity Name	Entity Type *	State / Province *	Scope of Work *	Size of Transactions *	Dollar Volume Past Three Years *
State of South Carolina	Government	South Carolina - SC	Cancer Policy	All State Firefighters	value is available but would have to be redacted
DVFA	Non-Profit	Delaware - DE	A&H and ADD Policy	All State Volunteer Firefighters	value is available but would have to be redacted
Wichita Kansas	Government	Kansas - KS	A&H Policy	All Fire Department Employees	value is available but would have to be redacted
Enduris	Non-Profit	Washington - WA	A&H Policy	All Fire Department Employees & Volunteers	value is available but would have to be redacted
St. Lucie County	Government	Florida - FL	Cancer Policy	All full time Firefighters	value is available but would have to be redacted

Table 6: Ability to Sell and Deliver Service

Describe your company's capability to meet the needs of Sourcwell participating entities across the US and Canada, as applicable. Your response should address in detail at least the following areas: locations of your network of sales and service providers, the number of workers (full-time equivalents) involved in each sector, whether these workers are your direct employees (or employees of a third party), and any overlap between the sales and service functions.

Line Item	Question	Response *
26	Sales force.	National Sales Force
27	Dealer network or other distribution methods.	National Insurance Broker network in US and Canada
28	Service force.	At Provident's headquarters
29	Describe the ordering process. If orders will be handled by distributors, dealers or others, explain the respective roles of the Proposer and others.	Request for proposals and binding of coverage will be handled in conjunction with a Provident broker partner or broker of participating entity's choosing.
30	Describe in detail the process and procedure of your customer service program, if applicable. Include your response-time capabilities and commitments, as well as any incentives that help your providers meet your stated service goals or promises.	All service and claims forms are available on Provident's website. Everything can be submitted electronically through a secure portal on the website. Service standards based on UW, administrative, or claims functions that meet or exceed industry standards.
31	Describe your ability and willingness to provide your products and services to Sourcwell participating entities in the United States.	Please see attached "Proposed Coverage Offering 11A-111" grids for state/province and eligible group availability. Variations are due to state laws and approvals.
32	Describe your ability and willingness to provide your products and services to Sourcwell participating entities in Canada.	Please see attached "Proposed Coverage Offering 11A-111" grids for state/province and eligible group availability. Variations are due to state laws and approvals.
33	Identify any geographic areas of the United States or Canada that you will NOT be fully serving through the proposed contract.	Please see attached "Proposed Coverage Offering 11A-111" grids for state/province and eligible group availability. Variations are due to state laws and approvals.
34	Identify any Sourcwell participating entity sectors (i.e., government, education, not-for-profit) that you will NOT be fully serving through the proposed contract. Explain in detail. For example, does your company have only a regional presence, or do other cooperative purchasing contracts limit your ability to promote another contract?	Please see attached "Proposed Coverage Offering 11A-111" grids for state/province and eligible group availability. Variations are due to state laws and approvals.
35	Define any specific contract requirements or restrictions that would apply to our participating entities in Hawaii and Alaska and in US Territories.	N/A

Table 7: Marketing Plan

Line Item	Question	Response *
36	Describe your marketing strategy for promoting this contract opportunity. Upload representative samples of your marketing materials (if applicable) in the document upload section of your response.	-Existing broker force - Email campaigns to Sourcwell member entities if allowed - Announcement on website - Posts on all social media channels - Display Sourcwell partnership at local, state and national trade shows. See sample Marketing brochures attached.
37	Describe your use of technology and digital data (e.g., social media, metadata usage) to enhance marketing effectiveness.	- Announcement on website - Posts on all social media channels
38	In your view, what is Sourcwell's role in promoting contracts arising out of this RFP? How will you integrate a Sourcwell-awarded contract into your sales process?	We would welcome the opportunity to cross market with Sourcwell and leverage any resources brought by Sourcwell.
39	Are your products or services available through an e-procurement ordering process? If so, describe your e-procurement system and how governmental and educational customers have used it.	N/A

Table 8: Value-Added Attributes

Line Item	Question	Response *

40	Describe any product, equipment, maintenance, or operator training programs that you offer to Sourcewell participating entities. Include details, such as whether training is standard or optional, who provides training, and any costs that apply.	N/A																																																								
41	Describe any technological advances that your proposed products or services offer.	N/A																																																								
42	Describe any "green" initiatives that relate to your company or to your products or services, and include a list of the certifying agency for each.	<p>AXIS strives to maintain high standards of environmental management and is committed to adopting a long-term sustainable approach to caring for and safeguarding the environment and managing climate-related and other environmental risks.</p> <p>AXIS adopted a fossil fuels policy that limits the provision of insurance and facultative reinsurance to, or investment in, thermal coal, oil sands or oil and gas in the Arctic National Wildlife Refuge or the companies that build, own or operate such enterprises. The policy aims to encourage environmentally responsible business practices among AXIS' current and prospective insureds by, among other things, encouraging them to commit to transition plans away from carbon-intensive industries, and is part of AXIS' broader strategy to invest in growth areas such as renewable energy insurance.</p> <p>As a leading renewable energy insurer, AXIS offers a variety of renewable energy products that support a low carbon economy, including insurance cover for solar, wind and battery storage projects and technology. In addition, AXIS incorporates incentives into its property and casualty products that encourage environmentally responsible behavior. Examples include pricing incentives to benefit and reward energy clients that best manage their environmental and pollution exposures and premium credits offered to insureds with energy efficient buildings. AXIS has also embedded environmental considerations into its fixed income and risk asset investments through ESG diligence of the investment manager prior to investing and through ESG performance assessments on an annual basis using a manager scorecard process.</p> <p>As a good corporate citizen, AXIS seeks to maintain excellent standards of environmental management, including by considering the impact that its business operations have on the environment. AXIS complies with all legal and regulatory requirements pertaining to environmental management in all of the jurisdictions in which it operates and reviews its progress on a regular basis. Measures we have taken to manage the environmental impact of our business operations include:</p> <ul style="list-style-type: none"> • Encouraging recycling; • Reducing and reusing waste in all of our offices worldwide because we believe that behaving sustainably in every location where we operate benefits not only local communities, but all of our stakeholders, including employees and shareholders; • Reducing our carbon footprint by investing in videoconferencing and other communication technology to minimize air travel and encouraging video conferencing in lieu of internal office-to-office travel; • Reducing the amount of paper used in our operations and the number of copiers in our U.S. offices and removing personal printers from individual office spaces; • Reducing electricity usage through the introduction of light timers and light sensors in new facilities; • Reducing global square footage by transitioning to open office configurations; • In light of AXIS' successful transition to remote work during the COVID-19 pandemic, permitting more flexible work arrangements thereby reducing commuting emissions; • Leasing a number of office spaces in buildings that are BREEAM or LEED certified; and • Actively tracking our direct and indirect greenhouse gas emissions. 																																																								
43	Identify any third-party issued eco-labels, ratings or certifications that your company has received for the equipment or products included in your Proposal related to energy efficiency or conservation, life-cycle design (cradle-to-cradle), or other green/sustainability factors.	<p>On February 14, 2023, Axis announced its commitment to a 50% absolute reduction of Scope 1 and 2 greenhouse gas emissions by 2030 across its global operations. Key to this goal is the leasing of office spaces in buildings that are BREEAM, LEED or Minergie certified. The following locations, home to approximately 69% of employees as of 2021, fall into green categories, including:</p> <p>LEED:</p> <ul style="list-style-type: none"> • Alpharetta, GA – LEED Gold • Chicago, IL – LEED Platinum • New York, NY – LEED Gold • Toronto, ON – LEED Gold <p>BREEAM:</p> <ul style="list-style-type: none"> • London – BREEAM with "Excellent" rating <p>Minergie:</p> <ul style="list-style-type: none"> • Zurich 																																																								
44	Describe any Women or Minority Business Entity (WMBE), Small Business Entity (SBE), or veteran owned business certifications that your company or hub partners have obtained. Upload documentation of certification (as applicable) in the document upload section of your response.	<p>AXIS is committed to developing a diverse supplier base that reflects the communities we serve. Suppliers fitting the definition of Diverse Business Enterprises include:</p> <table border="1"> <thead> <tr> <th>Designation</th> <th>Vendor Name</th> </tr> </thead> <tbody> <tr><td>MBE</td><td>JEAN EDWARDS CONSULTING LTD</td></tr> <tr><td>WBE</td><td>SHI CORP</td></tr> <tr><td>WBE</td><td>WORKING SPACES INC</td></tr> <tr><td>WBE</td><td>HORNET STAFFING INC</td></tr> <tr><td>MBE</td><td>SUTHERLAND GLOBAL SERVICES</td></tr> <tr><td>WBE</td><td>DATA DIRECT TECHNOLOGIES</td></tr> <tr><td>WBE</td><td>BRILLIANT INK</td></tr> <tr><td>MBE</td><td>DATA INC</td></tr> <tr><td>SC-SDB</td><td>GEIGER</td></tr> <tr><td>LGBTQE</td><td>MIXX GRAPHICS INC</td></tr> <tr><td>WBE</td><td>INFORMATION TRANSPORT SOLUTIONS INC</td></tr> <tr><td>WBE</td><td>DESTINATION CONCEPTS INC</td></tr> <tr><td>WBE</td><td>WHENEVER COMMUNICATIONS LLC</td></tr> <tr><td>SC-SDB</td><td>AM BEST COMPANY INC</td></tr> <tr><td>MBE</td><td>EQUILAR INC</td></tr> <tr><td>SC-SDB</td><td>HUMANSCALE LTD</td></tr> <tr><td>SC-SDB</td><td>TELECOM INFRASTRUCTURE CORPORATION</td></tr> <tr><td>WBE</td><td>RUDEK FINN INC</td></tr> <tr><td>SC-SDB</td><td>MADISON CONSULTING GROUP</td></tr> <tr><td>WBE</td><td>ADCO ELECTRICAL CORPORATION</td></tr> <tr><td>WBE</td><td>ERIKSEN TRANSLATIONS INC</td></tr> <tr><td>SC-SDB</td><td>TRUE TEXAS BENEFITS INC</td></tr> <tr><td>MBE</td><td>THE EMPLOYMENT LAW SOLUTION MCFADDEN DAVIS LLC</td></tr> <tr><td>SC-SDB</td><td>FABRICARE CENTER</td></tr> <tr><td>WBE</td><td>247 EXPRESS LOGISTICS IN</td></tr> <tr><td>SC-SDB</td><td>ABBYY USA SOFTWARE HOUSE</td></tr> <tr><td>MBE</td><td>SPECTRUM</td></tr> </tbody> </table>	Designation	Vendor Name	MBE	JEAN EDWARDS CONSULTING LTD	WBE	SHI CORP	WBE	WORKING SPACES INC	WBE	HORNET STAFFING INC	MBE	SUTHERLAND GLOBAL SERVICES	WBE	DATA DIRECT TECHNOLOGIES	WBE	BRILLIANT INK	MBE	DATA INC	SC-SDB	GEIGER	LGBTQE	MIXX GRAPHICS INC	WBE	INFORMATION TRANSPORT SOLUTIONS INC	WBE	DESTINATION CONCEPTS INC	WBE	WHENEVER COMMUNICATIONS LLC	SC-SDB	AM BEST COMPANY INC	MBE	EQUILAR INC	SC-SDB	HUMANSCALE LTD	SC-SDB	TELECOM INFRASTRUCTURE CORPORATION	WBE	RUDEK FINN INC	SC-SDB	MADISON CONSULTING GROUP	WBE	ADCO ELECTRICAL CORPORATION	WBE	ERIKSEN TRANSLATIONS INC	SC-SDB	TRUE TEXAS BENEFITS INC	MBE	THE EMPLOYMENT LAW SOLUTION MCFADDEN DAVIS LLC	SC-SDB	FABRICARE CENTER	WBE	247 EXPRESS LOGISTICS IN	SC-SDB	ABBYY USA SOFTWARE HOUSE	MBE	SPECTRUM
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45	What unique attributes does your company, your products, or your services offer to Sourcewell participating entities? What makes your proposed solutions unique in your industry as it applies to Sourcewell participating entities?	Provident specializes in customized insurance product solutions in the first responder sector for 95 years. Provident and AXIS have been partners in this market for 10 years.	*
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Table 9: Performance Standards or Guarantees

Describe in detail your performance standards or guarantees, including conditions and requirements to qualify, claims procedure, and overall structure. You may upload representative samples of your performance materials (if applicable) in the document upload section of your response in addition to responding to the questions below.

Line Item	Question	Response *	
46	Describe any performance standards or guarantees that apply to your services	Promise to meet or exceed industry standards.	*
47	Describe any service standards or guarantees that apply to your services (policies, metrics, KPIs, etc.)	Promise to meet or exceed industry standards.	*

Table 10: Payment Terms and Financing Options

Line Item	Question	Response *	
48	Describe your payment terms and accepted payment methods.	Annual premiums payment remitted via check or electronic funds transfer (ACH). Quarterly or Semi-Annual payments available based on premium volume.	*
49	Describe any leasing or financing options available for use by educational or governmental entities.	Premium financing available through third party vendors.	*
50	Describe any standard transaction documents that you propose to use in connection with an awarded contract (order forms, terms and conditions, service level agreements, etc.). Upload a sample of each (as applicable) in the document upload section of your response.	Sample proposal, sample policy attached *Samples are provided. These will vary by state/product.	*
51	Do you accept the P-card procurement and payment process? If so, is there any additional cost to Sourcewell participating entities for using this process?	No	*

Table 11A: Depth and Breadth of Offered Products

Indicate below whether or not each line of coverage is included in your proposal. For each applicable line of coverage describe additional details regarding the proposed coverage offering, such as pricing or enhancements. For any line of coverage not included in your proposal, respond "N/A" or "not applicable" in the additional details column.

Line Item	Line of Coverage	Offered *	Standard Discount Available *	Details of program offering, price, enhancements *
52	Basic Life	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	N/A
53	Basic Accidental Death and Dismemberment	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	10% discount off of market rate where allowed per filed and approved rates benefit limit of 5k-500k See attached "Proposed Coverage Offering 11A" for state/province and group eligibility See attached "Coverage Sample" for Coverage Wording
54	Voluntary Life - Employee	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	N/A
55	Voluntary Accidental Death and Dismemberment - Employee	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	10% discount off of market rate where allowed per filed and approved rates benefit limit of 5k-500k See attached "Proposed Coverage Offering 11A" for state/province and group eligibility See attached "Coverage Sample" for Coverage Wording
56	Voluntary Life - Spouse	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	N/A
57	Voluntary Accidental Death and Dismemberment - Spouse	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	10% discount off of market rate where allowed per filed and approved rates benefit limit of 5k-500k See attached "Proposed Coverage Offering 11A" for state/province and group eligibility See attached "Coverage Sample" for Coverage Wording
58	Voluntary Life - Child	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	N/A

Table 11B: Depth and Breadth of Offered Products

Indicate below whether or not each line of coverage is included in your proposal. For each applicable line of coverage describe additional details regarding the proposed coverage offering, such as pricing or enhancements. For any line of coverage not included in your proposal, respond "N/A" or "not applicable" in the additional details column.

Line Item	Line of Coverage	Offered *	Standard Discount Available *	Details of program offering, price, enhancements *
59	Short Term Disability	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	10% discount off of market rate where allowed per filed and approved rates For Fire/EMS: covers disability due to accident and illness; for all others only covers accident and emergency illness benefit limit of 25-1500 per week See attached "Proposed Coverage Offering 11B" for state and group eligibility See attached "Coverage Sample" for Coverage Wording
60	Long Term Disability	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	10% discount off of market rate where allowed per filed and approved rates For Fire/EMS: covers disability due to accident and illness; for all others only covers accident and emergency illness benefit limit of 25-1500 per week See attached "Proposed Coverage Offering 11B" for state and group eligibility See attached "Coverage Sample" for Coverage Wording
61	Voluntary Incremental Long Term Disability (e.g. You may elect any level of coverage, in increments of \$100 between \$500 and \$5,000 per month, provided you don't insure more than 60% of your monthly income.)	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	N/A
62	Allow for 70% all sources integration on Long Term Disability. (e.g. The normal maximum is 60%, but if an employee is receiving income from another source (PERA or Social Security Disability), the maximum benefit increases to 70% when all sources of income are considered.)	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	Fire/EMS: has coordination with employer paid, not individually paid and can reimburse up to 100% of lost wages.
63	Dental	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	N/A
64	Vision	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	N/A
65	EAP	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	See attached "FRAP Services" for details on benefits.
66	Accident	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	10% discount off of market rate where allowed per filed and approved rates For Fire/EMS: covers Medical due to accident and illness; for all others only covers accident and emergency illness benefit limit of 500-500k See attached "Proposed Coverage Offering 11B" for state and group eligibility See attached "Coverage Sample" for Coverage Wording
67	Critical Illness	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	10% discount off of market rate where allowed per filed and approved rates benefit limit of 500-500k See attached "Proposed Coverage Offering 11B" for state and group eligibility See attached "Coverage Sample" for Coverage Wording
68	Cancer	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	Available as part of the Critical Illness product benefit limit of 500-500k See attached "Proposed Coverage Offering 11B" for state and group eligibility See attached "Coverage Sample" for Coverage Wording
69	Gap	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	N/A
70	Other	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	Pet 10% discount off of market rate where allowed per filed and approved rates benefit limit of 5k-15k deductible of 300-700 reimbursement of 70%-90% See attached "Proposed Coverage Offering 11B" for state and group eligibility see attached "Pet Sample Policy"

Table 11C: Depth and Breadth of Offered Products

Indicate below whether or not each contract provision or enhancement is available as part of the coverages included in your proposal. For each applicable contract provision or enhancement identify the attached line(s) of coverage. For any contract provision or enhancement that is not available as part of the coverages included in your proposal, respond "N/A" or "not applicable" in the attached lines of coverage column.

Line Item	Provision/Enhancement	Included *	Extra Cost *	Line of Coverage benefit is attached to and/or details of program offering, price, enhancements *
71	Able to match all basic plan components for existing groups and new groups	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	yes, per attached "Proposed Coverage Offering 11A-111"
72	Accelerated Death Benefit	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	N/A
73	Business Travel	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	N/A
74	Child Care Benefit	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	10% discount off of market rate where allowed per filed and approved rates benefit limit of 1k-10k See attached "Proposed Coverage Offering 11C" for state and group eligibility See attached "Coverage Sample" for Coverage Wording
75	COLA	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	See attached "Proposed Coverage Offering 11C" for state and group eligibility See attached "Coverage Sample" for Coverage Wording
76	Coma Benefit	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	10% discount off of market rate where allowed per filed and approved rates benefit limit of 500-500k See attached "Proposed Coverage Offering 11C" for state and group eligibility See attached "Coverage Sample" for Coverage Wording
77	Common Carrier	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	10% discount off of market rate where allowed per filed and approved rates benefit limit of 500-500k See attached "Proposed Coverage Offering 11C" for state and group eligibility See attached "Coverage Sample" for Coverage Wording
78	Conversion to Individual Policy after Termination	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	N/A
79	Dependent Education Benefit	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	10% discount off of market rate where allowed per filed and approved rates benefit limit of 500-30k See attached "Proposed Coverage Offering 11C" for state and group eligibility See attached "Coverage Sample" for Coverage Wording
80	Disappearance	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	10% discount off of market rate where allowed per filed and approved rates Part of Accidental Death and Disability benefit
81	Drug/Alcohol Limitation	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	This is an exclusion that can be included or excluded. Additional cost would be needed to remove the exclusion.
82	Felonious Assault	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	10% discount off of market rate where allowed per filed and approved rates benefit limit of 500-250k See attached "Proposed Coverage Offering 11C" for state and group eligibility See attached "Coverage Sample" for Coverage Wording
83	Employees can elect spouse and child life without having any employee voluntary life election	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	N/A
84	No salary tie on the employee voluntary life election	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	N/A

Table 11D: Depth and Breadth of Offered Products

Indicate below whether or not each contract provision or enhancement is available as part of the coverages included in your proposal. For each applicable contract provision or enhancement identify the attached line(s) of coverage. For any contract provision or enhancement that is not available as part of the coverages included in your proposal, respond "N/A" or "not applicable" in the attached lines of coverage column.

Line Item	Provision/Enhancement	Included *	Extra Cost *	Line of Coverage benefit is attached to and/or details of program offering, price, enhancements *
85	Funeral Assistance	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	10% discount off of market rate where allowed per filed and approved rates As a benefit with limit of 1k-25k See attached "Proposed Coverage Offering 11D" for state and group eligibility See attached "Coverage Sample" for Coverage Wording
86	Grief Healing Services	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	As part of FRAP
87	Helmet Benefit	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	N/A
88	Hemiplegia	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	10% discount off of market rate where allowed per filed and approved rates As part of the Paralysis benefit with limit of 500-500k See attached "Proposed Coverage Offering 11D" for state and group eligibility See attached "Coverage Sample" for Coverage Wording
89	Layoff/Leave of Absence Coverage	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	N/A
90	Legal Services	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	As part of FRAP
91	Disability Continuation	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	10% discount off of market rate where allowed per filed and approved rates Benefit equal to Disability Benefit while disabled Available for Fire/EMS only See attached "Proposed Coverage Offering 11D" for state and group eligibility See attached "Coverage Sample" for Coverage Wording
92	Loss of one limb	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	10% discount off of market rate where allowed per filed and approved rates As part of the AD&D benefit with limit of 5k-500k See attached "Proposed Coverage Offering 11D" for state and group eligibility See attached "Coverage Sample" for Coverage Wording
93	Loss of Sight (One Eye)	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	10% discount off of market rate where allowed per filed and approved rates As part of the AD&D benefit with limit of 5k-500k See attached "Proposed Coverage Offering 11D" for state and group eligibility See attached "Coverage Sample" for Coverage Wording
94	Loss of speech	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	10% discount off of market rate where allowed per filed and approved rates As part of the AD&D benefit with limit of 5k-500k See attached "Proposed Coverage Offering 11D" for state and group eligibility See attached "Coverage Sample" for Coverage Wording
95	Loss of hearing	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	10% discount off of market rate where allowed per filed and approved rates As part of the AD&D benefit with limit of 5k-500k See attached "Proposed Coverage Offering 11D" for state and group eligibility See attached "Coverage Sample" for Coverage Wording
96	Mental/Nervous Limitation	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	10% discount off of market rate where allowed per filed and approved rates A sublimit as part of the Accidental Medical benefit with limit of 500-500k See attached "Proposed Coverage Offering 11D" for state and group eligibility See attached "Coverage Sample" for Coverage Wording
97	Online Reporting	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	Ability to submit claims online but no online reporting

Table 11E: Depth and Breadth of Offered Products

Indicate below whether or not each contract provision or enhancement is available as part of the coverages included in your proposal. For each applicable contract provision or enhancement identify the attached line(s) of coverage. For any contract provision or enhancement that is not available as part of the coverages included in your proposal, respond "N/A" or "not applicable" in the attached lines of coverage column.

Line Item	Provision/Enhancement	Included *	Extra Cost *	Line of Coverage benefit is attached to and/or details of program offering, price, enhancements *
98	Paraplegia	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	10% discount off of market rate where allowed per filed and approved rates As part of the Paralysis benefit with limit of 5k-500k See attached "Proposed Coverage Offering 11E" for state and group eligibility See attached "Coverage Sample" for Coverage Wording
99	Pension Contribution Benefit	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	N/A
100	Portability	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	N/A
101	Quadriplegia	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	10% discount off of market rate where allowed per filed and approved rates As part of the Paralysis benefit with limit of 5k-500k See attached "Proposed Coverage Offering 11E" for state and group eligibility See attached "Coverage Sample" for Coverage Wording
102	Rehabilitation Services	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	10% discount off of market rate where allowed per filed and approved rates As a benefit with limit of 1k-50k See attached "Proposed Coverage Offering 11E" for state and group eligibility See attached "Coverage Sample" for Coverage Wording
103	Relocation Expense Benefit	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	10% discount off of market rate where allowed per filed and approved rates As a benefit with limit of 500-100k See attached "Proposed Coverage Offering 11E" for state and group eligibility See attached "Coverage Sample" for Coverage Wording
104	Return to Work Incentive	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	N/A
105	Seat Belt/Air Bag Benefit	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	10% discount off of market rate where allowed per filed and approved rates As a benefit with limit of up to 25% of Death Benefit See attached "Proposed Coverage Offering 11E" for state and group eligibility See attached "Coverage Sample" for Coverage Wording
106	Survivor Benefit	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	10% discount off of market rate where allowed per filed and approved rates As a benefit with limit of 500-50k See attached "Proposed Coverage Offering 11E" for state and group eligibility See attached "Coverage Sample" for Coverage Wording
107	Travel Assistance	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	See "AXIS On Call_ID Card and Description of Services 2023-02" for details
108	Will Preparation	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	N/A

Table 11F: Depth and Breadth of Offered Products - Law Enforcement/Public Safety

Indicate below whether or not each contract provision or enhancement is available as part of the coverages included in your proposal. For each applicable contract provision or enhancement identify the attached line(s) of coverage. For any contract provision or enhancement that is not available as part of the coverages included in your proposal, respond "N/A" or "not applicable" in the attached lines of coverage column.

Line Item	Provision/Enhancement	Included *	Coverage Offered to Paid Employees?	Coverage Offered to Volunteer Employees?	Coverage Offered for On the Job Coverage?	Coverage Offered for Off the Job Coverage?	Details of program offering, price, enhancements
109	Accident Medical Expense	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	10% discount off of market rate where allowed per filed and approved rates For Fire/EMS: covers Medical due to accident and illness; for all others only covers accident and emergency illness limit of 500-500k See attached "Proposed Coverage Offering 11F" for state and group eligibility See attached "Coverage Sample" for Coverage Wording
110	Accidental Death and Dismemberment	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	10% discount off of market rate where allowed per filed and approved rates limit of 5k-250k See attached "Proposed Coverage Offering 11F" for state and group eligibility See attached "Coverage Sample" for Coverage Wording
111	Bereavement	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	10% discount off of market rate where allowed per filed and approved rates limit of 50-250 per session, max of 10k See attached "Proposed Coverage Offering 11F" for state and group eligibility See attached "Coverage Sample" for Coverage Wording
112	Bulletproof Vest	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	10% discount off of market rate where allowed per filed and approved rates limit of up to 50% of death benefit See attached "Proposed Coverage Offering 11F" for state and group eligibility See attached "Coverage Sample" for Coverage Wording
113	Bomb Scare	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	10% discount off of market rate where allowed per filed and approved rates limit of 500-250k See attached "Proposed Coverage Offering 11F" for state and group eligibility See attached "Coverage Sample" for Coverage Wording

114	Burial & Cremation	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	10% discount off of market rate where allowed per filed and approved rates limit of 1k-25k See attached "Proposed Coverage Offering 11F" for state and group eligibility See attached "Coverage Sample" for Coverage Wording
115	Felonious Assault & Violent Crime	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	10% discount off of market rate where allowed per filed and approved rates limit of 500-250k See attached "Proposed Coverage Offering 11F" for state and group eligibility See attached "Coverage Sample" for Coverage Wording
116	Child Care Benefit	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	10% discount off of market rate where allowed per filed and approved rates limit of 1k-20k See attached "Proposed Coverage Offering 11F" for state and group eligibility See attached "Coverage Sample" for Coverage Wording
117	Child Survivor Benefit	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	10% discount off of market rate where allowed per filed and approved rates limit of 500-50k See attached "Proposed Coverage Offering 11F" for state and group eligibility See attached "Coverage Sample" for Coverage Wording
118	College Education	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	10% discount off of market rate where allowed per filed and approved rates limit of 25k-100k See attached "Proposed Coverage Offering 11F" for state and group eligibility See attached "Coverage Sample" for Coverage Wording
119	Home Alteration/Vehicle Modification	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	10% discount off of market rate where allowed per filed and approved rates limit of 2k-50k See attached "Proposed Coverage Offering 11F" for state and group eligibility See attached "Coverage Sample" for Coverage Wording
120	Owned/Leased Aircraft	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	10% discount off of market rate where allowed per filed and approved rates limit of up to 100% of death benefit See attached "Proposed Coverage Offering 11F" for state and group eligibility See attached "Coverage Sample" for Coverage Wording
121	Pilot	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	10% discount off of market rate where allowed per filed and approved rates limit of up to 100% of death benefit See attached "Proposed Coverage Offering 11F" for state and group eligibility See attached "Coverage Sample" for Coverage Wording
122	Coma	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	10% discount off of market rate where allowed per filed and approved rates limit of 500-500k See attached "Proposed Coverage Offering 11F" for state and group eligibility See attached "Coverage Sample" for Coverage Wording
123	Burn	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	10% discount off of market rate where allowed per filed and approved rates limit of up to 100% of death benefit See attached "Proposed Coverage Offering 11F" for state and group eligibility See attached "Coverage Sample" for Coverage Wording
124	COBRA	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	10% discount off of market rate where allowed per filed and approved rates limit of 500-15k See attached "Proposed Coverage Offering 11F" for state and group eligibility See attached "Coverage Sample" for Coverage Wording
125	HIV	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	10% discount off of market rate where allowed per filed and approved rates limit of up to 100% of death benefit See attached "Proposed Coverage Offering 11F" for state and group eligibility See attached "Coverage Sample" for Coverage Wording
126	Hepatitis	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	10% discount off of market rate where allowed per filed and approved rates limit of up to 100% of death benefit See attached "Proposed Coverage Offering 11F" for state and group eligibility See attached "Coverage Sample" for Coverage Wording
127	Medical	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	10% discount off of market rate where allowed per filed and approved rates For Fire/EMS: covers Medical due to accident and illness; for all others only covers accident and emergency illness limit of 500-500k See attached "Proposed Coverage Offering 11F" for state and group eligibility See attached "Coverage Sample" for Coverage Wording
128	Evacuation/Repatriation	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	10% discount off of market rate where allowed per filed and approved rates limit of 1k-500k See attached "Proposed Coverage Offering 11F" for state and group eligibility See attached "Coverage Sample" for Coverage Wording

129	Rehabilitation	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	10% discount off of market rate where allowed per filed and approved rates limit of 1k-50k See attached "Proposed Coverage Offering 11F" for state and group eligibility See attached "Coverage Sample" for Coverage Wording
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Table 11G: Depth and Breadth of Offered Products - Municipal Workers/Special Districts

Indicate below whether or not each contract provision or enhancement is available as part of the coverages included in your proposal. For each applicable contract provision or enhancement identify the attached line(s) of coverage. For any contract provision or enhancement that is not available as part of the coverages included in your proposal, respond "N/A" or "not applicable" in the attached lines of coverage column.

Line Item	Provision/Enhancement	Included *	Coverage Offered to Paid Employees?	Coverage Offered to Volunteer Employees?	Coverage Offered for On the Job Coverage?	Coverage Offered for Off the Job Coverage?	Details of program offering, price, enhancements
130	Accident Medical Expense	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	10% discount off of market rate where allowed per filed and approved rates For Fire/EMS: covers Medical due to accident and illness; for all others only covers accident and emergency illness limit of 500-500k See attached "Proposed Coverage Offering 11G" for state and group eligibility See attached "Coverage Sample" for Coverage Wording
131	Accidental Death and Dismemberment	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	10% discount off of market rate where allowed per filed and approved rates limit of 5k-250k See attached "Proposed Coverage Offering 11G" for state and group eligibility See attached "Coverage Sample" for Coverage Wording
132	COBRA	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	10% discount off of market rate where allowed per filed and approved rates limit of 500-15k See attached "Proposed Coverage Offering 11G" for state and group eligibility See attached "Coverage Sample" for Coverage Wording
133	Coma	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	10% discount off of market rate where allowed per filed and approved rates limit of 500-500k See attached "Proposed Coverage Offering 11G" for state and group eligibility See attached "Coverage Sample" for Coverage Wording
134	Home Alteration/Vehicle Modification	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	10% discount off of market rate where allowed per filed and approved rates limit of 2k-50k See attached "Proposed Coverage Offering 11G" for state and group eligibility See attached "Coverage Sample" for Coverage Wording
135	Medical Evacuation/Repatriation	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	10% discount off of market rate where allowed per filed and approved rates limit of 1k-500k See attached "Proposed Coverage Offering 11G" for state and group eligibility See attached "Coverage Sample" for Coverage Wording
136	Rehabilitation	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	10% discount off of market rate where allowed per filed and approved rates limit of 1k-50k See attached "Proposed Coverage Offering 11G" for state and group eligibility See attached "Coverage Sample" for Coverage Wording
137	Child Care Center Benefit	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	10% discount off of market rate where allowed per filed and approved rates limit of 1k-20k See attached "Proposed Coverage Offering 11G" for state and group eligibility See attached "Coverage Sample" for Coverage Wording
138	Child Survivor Benefit	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	10% discount off of market rate where allowed per filed and approved rates limit of 500-50k See attached "Proposed Coverage Offering 11G" for state and group eligibility See attached "Coverage Sample" for Coverage Wording
139	College Education Benefit	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	10% discount off of market rate where allowed per filed and approved rates limit of 25k-100k See attached "Proposed Coverage Offering 11G" for state and group eligibility See attached "Coverage Sample" for Coverage Wording

Table 11H: Depth and Breadth of Offered Products - Schools (Employees and Volunteers)

Indicate below whether or not each contract provision or enhancement is available as part of the coverages included in your proposal. For each applicable contract provision or enhancement identify the attached line(s) of coverage. For any contract provision or enhancement that is not available as part of the coverages included in your proposal, respond "N/A" or "not applicable" in the attached lines of coverage column.

Line Item	Provision/Enhancement	Included *	Coverage Offered to Paid Employees?	Coverage Offered to Volunteer Employees?	Coverage Offered for On the Job Coverage?	Coverage Offered for Off the Job Coverage?	Details of program offering, price, enhancements
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140	Accident Medical Expense	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	10% discount off of market rate where allowed per filed and approved rates For Fire/EMS: covers Medical due to accident and illness; for all others only covers accident and emergency illness limit of 500-500k See attached "Proposed Coverage Offering 11H" for state and group eligibility See attached "Coverage Sample" for Coverage Wording
141	Accidental Death and Dismemberment	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	10% discount off of market rate where allowed per filed and approved rates limit of 5k-250k See attached "Proposed Coverage Offering 11H" for state and group eligibility See attached "Coverage Sample" for Coverage Wording
142	Crisis Death	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	10% discount off of market rate where allowed per filed and approved rates limit of 5k-250k See attached "Proposed Coverage Offering 11H" for state and group eligibility See attached "Coverage Sample" for Coverage Wording
143	Bereavement and Trauma	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	10% discount off of market rate where allowed per filed and approved rates limit of 50-250 per session, max of 10k See attached "Proposed Coverage Offering 11H" for state and group eligibility See attached "Coverage Sample" for Coverage Wording
144	Bomb Scare	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	10% discount off of market rate where allowed per filed and approved rates limit of 500-250k See attached "Proposed Coverage Offering 11H" for state and group eligibility See attached "Coverage Sample" for Coverage Wording
145	Catastrophic Benefit	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	10% discount off of market rate where allowed per filed and approved rates limit of 5k-250k See attached "Proposed Coverage Offering 11H" for state and group eligibility See attached "Coverage Sample" for Coverage Wording
146	COBRA	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	10% discount off of market rate where allowed per filed and approved rates limit of 500-15k See attached "Proposed Coverage Offering 11H" for state and group eligibility See attached "Coverage Sample" for Coverage Wording
147	Coma	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	10% discount off of market rate where allowed per filed and approved rates limit of 500-500k See attached "Proposed Coverage Offering 11H" for state and group eligibility See attached "Coverage Sample" for Coverage Wording
148	Home Alteration/Vehicle Modification	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	10% discount off of market rate where allowed per filed and approved rates limit of 2k-50k See attached "Proposed Coverage Offering 11H" for state and group eligibility See attached "Coverage Sample" for Coverage Wording
149	Medical Evacuation/Repatriation	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	10% discount off of market rate where allowed per filed and approved rates limit of 1k-500k See attached "Proposed Coverage Offering 11H" for state and group eligibility See attached "Coverage Sample" for Coverage Wording
150	Rehabilitation	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	10% discount off of market rate where allowed per filed and approved rates limit of 1k-50k See attached "Proposed Coverage Offering 11H" for state and group eligibility See attached "Coverage Sample" for Coverage Wording
151	Child Care Benefit	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	10% discount off of market rate where allowed per filed and approved rates limit of 1k-20k See attached "Proposed Coverage Offering 11H" for state and group eligibility See attached "Coverage Sample" for Coverage Wording
152	College Education Benefit	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	10% discount off of market rate where allowed per filed and approved rates limit of 25k-100k See attached "Proposed Coverage Offering 11H" for state and group eligibility See attached "Coverage Sample" for Coverage Wording
153	Child Survivor Benefit	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	10% discount off of market rate where allowed per filed and approved rates limit of 500-50k See attached "Proposed Coverage Offering 11H" for state and group eligibility See attached "Coverage Sample" for Coverage Wording
154	Coverage to/from activity or event	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	See attached "Proposed Coverage Offering 11H" for state and group eligibility
155	Overnight stays related to the activity	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	See attached "Proposed Coverage Offering 11H" for state and group eligibility

Table 111: Depth and Breadth of Offered Products - Emergency Services (Fire, Police, EMS, etc.)

Indicate below whether or not each contract provision or enhancement is available as part of the coverages included in your proposal. For each applicable contract provision or enhancement identify the attached line(s) of coverage. For any contract provision or enhancement that is not available as part of the coverages included in your proposal, respond "N/A" or "not applicable" in the attached lines of coverage column.

Line Item	Provision	Enhancement	Included *	Coverage Offered to Paid Employees?	Coverage Offered to Volunteer Employees?	Coverage Offered On the Job Coverage?	Coverage Offered Off the Job Coverage?	Details of program offering, price, enhancements
156	Permanent Impairment for heart		<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	10% discount off of market rate where allowed per filed benefit limit of up to 100% of death benefit See attached "Proposed Coverage Offering 11" for state eligibility See attached "Fire EMS Coverage Sample" for Coverage Wording See attached "Fire EMS Full Suite of Coverage Offerings " for all Coverages Available
157		No age reduction or benefit reduction due to age	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	
158		No qualification periods	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	
159	Permanent Impairment for illness		<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	10% discount off of market rate where allowed per filed benefit limit of up to 100% of death benefit See attached "Proposed Coverage Offering 11" for state eligibility See attached "Fire EMS Coverage Sample" for Coverage Wording See attached "Fire EMS Full Suite of Coverage Offerings " for all Coverages Available
160		No qualification periods	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	
161		Pay based on impairment rating regardless of ability to work (e.g. not tied to disability)	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	
162	Family Expense Benefit		<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	10% discount off of market rate where allowed per filed benefit limit of up to 50k See attached "Proposed Coverage Offering 11" for state eligibility See attached "Fire EMS Coverage Sample" for Coverage Wording See attached "Fire EMS Full Suite of Coverage Offerings " for all Coverages Available
163		Reimbursement without daily maximum	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	
164		Including loss of income	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	For the Family Member or Significant Other
165	Disability		<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	10% discount off of market rate where allowed per filed benefit limit of up to 1.5k See attached "Proposed Coverage Offering 11" for state eligibility See attached "Fire EMS Coverage Sample" for Coverage Wording See attached "Fire EMS Full Suite of Coverage Offerings " for all Coverages Available
166		Lifetime benefit available for total disability due to injury for volunteers/part-time employees; up to a 5-year benefit period for full-time employees	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	166 & 167 appear to be duplicates.
167		Lifetime benefit available for total disability due to Injury for volunteers/part-time employees; up to a 5-year benefit period for full-time employees	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	166 & 167 appear to be duplicates.
168		Benefit up to Age 67 or 5 years, whichever is greater, for total disability due to illness for volunteers/part-time employees; up to a 5-year benefit period?	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	up to a 5-year benefit period for full time employees
169		Partial disability from injury or illness pays up to 100% limit of total disability benefit amount and up to Age 67 or 5 years, whichever is greater, for volunteers/part-time employees.	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	up to a 5-year benefit period for full time employees
170	First Responder Assistance Program (FRAP)		<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	See attached "FRAP Services" for details on benefits.
171		Not just for PTSD, all needs whether personal or vocational in nature	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	
172		Available to family members living in member's/employee's residence	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	
173		Included with our A&H offering	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	

174	24-Hour AD&D Policy		<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	10% discount off of market rate where allowed per filed and approved rates benefit limit of up to 500k See attached "Proposed Coverage Offering 11" for state eligibility See attached "Fire EMS Coverage Sample" for Coverage Wording See attached "Fire EMS Full Suite of Coverage Offerings " for all Coverages Available
175		FRAP can be included as well	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	See attached "FRAP Services" for details on benefits.
176		Option to include an additional Line of Duty Injury Death Benefit	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	10% discount off of market rate where allowed per filed and approved rates benefit limit of up to 50k See attached "Proposed Coverage Offering 11" for state eligibility See attached "Fire EMS Coverage Sample" for Coverage Wording See attached "Fire EMS Full Suite of Coverage Offerings " for all Coverages Available

Table 12: Pricing Offered

Line Item	The Pricing Offered in this Proposal is: *	Comments
177	c. better than the Proposer typically offers to GPOs, cooperative procurement organizations, or state purchasing departments.	10% discount off of market rate where allowed per filed and approved rates

Table 13: Audit and Administrative Fee

Line Item	Question	Response *
178	Specifically describe any self-audit process or program that you plan to employ to verify compliance with your proposed Contract with Sourcwell. This process includes ensuring that Sourcwell participating entities obtain the proper pricing, that the Vendor reports all sales under the Contract each quarter, and that the Vendor remits the proper administrative fee to Sourcwell. Provide sufficient detail to support your ability to report quarterly sales to Sourcwell as described in the Contract template.	We will be programming our automated reporting structure so that Sourcwell business is easily identifiable and trackable.
179	If you are awarded a contract, provide a few examples of internal metrics that will be tracked to measure whether you are having success with the contract.	We will monitor Sourcwell new business and renewal business growth and close rates
180	Identify a proposed administrative fee that you will pay to Sourcwell for facilitating, managing, and promoting the Sourcwell Contract in the event that you are awarded a Contract. Sourcwell does not solicit insurance products and services on behalf of awarded suppliers. The solicitation, placement and servicing of insurance remains the role of awarded suppliers and their distribution channels. Therefore, the proposed administration fee shall not be considered commissions and should not be paid to Sourcwell as commissions. This fee is typically calculated as a percentage of Vendor's sales under the Contract or as a per-unit fee; it is not a line-item addition to the Member's cost of goods. (See the RFP and template Contract for additional details.)	1-2% of gross written premium of products awarded.

Exceptions to Terms, Conditions, or Specifications Form

Only those Proposer Exceptions to Terms, Conditions, or Specifications that have been accepted by Sourcwell have been incorporated into the contract text.

Documents

Ensure your submission document(s) conforms to the following:

1. Documents in PDF format are preferred. Documents in Word, Excel, or compatible formats may also be provided.
2. Documents should NOT have a security password, as Sourcwell may not be able to open the file. It is your sole responsibility to ensure that the uploaded document(s) are not either defective, corrupted or blank and that the documents can be opened and viewed by Sourcwell.
3. Sourcwell may reject any response where any document(s) cannot be opened and viewed by Sourcwell.
4. If you need to upload more than one (1) document for a single item, you should combine the documents into one zipped file. If the zipped file contains more than one (1) document, ensure each document is named, in relation to the submission format item responding to. For example, if responding to the Marketing Plan category save the document as "Marketing Plan."

- [Pricing](#) - Sourcwell Pricing.pdf - Monday May 15, 2023 09:11:34
- [Financial Strength and Stability](#) - 2022 AXIS Annual Report.pdf - Monday May 15, 2023 09:11:52
- [Marketing Plan/Samples](#) - Marketing Samples.zip - Tuesday May 16, 2023 13:35:40
- WM8E/M8E/S8E or Related Certificates (optional)
- Warranty Information (optional)
- [Standard Transaction Document Samples](#) - Standard Transaction Samples.zip - Monday May 15, 2023 17:34:57
- [Upload Additional Document](#) - Coverage Offerings.zip - Tuesday May 16, 2023 12:58:48

Addenda, Terms and Conditions

PROPOSER AFFIDAVIT AND ASSURANCE OF COMPLIANCE

I certify that I am the authorized representative of the Proposer submitting the foregoing Proposal with the legal authority to bind the Proposer to this Affidavit and Assurance of Compliance:

1. The Proposer is submitting this Proposal under its full and complete legal name, and the Proposer legally exists in good standing in the jurisdiction of its residence.
2. The Proposer warrants that the information provided in this Proposal is true, correct, and reliable for purposes of evaluation for contract award.
3. The Proposer, including any person assisting with the creation of this Proposal, has arrived at this Proposal independently and the Proposal has been created without colluding with any other person, company, or parties that have or will submit a proposal under this solicitation; and the Proposal has in all respects been created fairly without any fraud or dishonesty. The Proposer has not directly or indirectly entered into any agreement or arrangement with any person or business in an effort to influence any part of this solicitation or operations of a resulting contract; and the Proposer has not taken any action in restraint of free trade or competitiveness in connection with this solicitation. Additionally, if Proposer has worked with a consultant on the Proposal, the consultant (an individual or a company) has not assisted any other entity that has submitted or will submit a proposal for this solicitation.
4. To the best of its knowledge and belief, and except as otherwise disclosed in the Proposal, there are no relevant facts or circumstances which could give rise to an organizational conflict of interest. An organizational conflict of interest exists when a vendor has an unfair competitive advantage or the vendor's objectivity in performing the contract is, or might be, impaired.
5. The contents of the Proposal have not been communicated by the Proposer or its employees or agents to any person not an employee or legally authorized agent of the Proposer and will not be communicated to any such persons prior to Due Date of this solicitation.
6. If awarded a contract, the Proposer will provide to Sourcewell Participating Entities the equipment, products, and services in accordance with the terms, conditions, and scope of a resulting contract.
7. The Proposer possesses, or will possess before delivering any equipment, products, or services, all applicable licenses or certifications necessary to deliver such equipment, products, or services under any resulting contract.
8. The Proposer agrees to deliver equipment, products, and services through valid contracts, purchase orders, or means that are acceptable to Sourcewell Members. Unless otherwise agreed to, the Proposer must provide only new and first-quality products and related services to Sourcewell Members under an awarded Contract.
9. The Proposer will comply with all applicable provisions of federal, state, and local laws, regulations, rules, and orders.
10. The Proposer understands that Sourcewell will reject RFP proposals that are marked "confidential" (or "nonpublic," etc.), either substantially or in their entirety. Under Minnesota Statutes Section 13.591, subdivision 4, all proposals are considered nonpublic data until the evaluation is complete and a Contract is awarded. At that point, proposals become public data. Minnesota Statutes Section 13.37 permits only certain narrowly defined data to be considered a "trade secret," and thus nonpublic data under Minnesota's Data Practices Act.
11. Proposer its employees, agents, and subcontractors are not:
 1. Included on the "Specially Designated Nationals and Blocked Persons" list maintained by the Office of Foreign Assets Control of the United States Department of the Treasury found at: <https://www.treasury.gov/ofac/downloads/sdnlist.pdf>;
 2. Included on the government-wide exclusions lists in the United States System for Award Management found at: <https://sam.gov/SAM/>; or
 3. Presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from programs operated by the State of Minnesota; the United States federal government or the Canadian government, as applicable; or any Participating Entity. Vendor certifies and warrants that neither it nor its principals have been convicted of a criminal offense related to the subject matter of this solicitation.

By checking this box I acknowledge that I am bound by the terms of the Proposer's Affidavit, have the legal authority to submit this Proposal on behalf of the Proposer, and that this electronic acknowledgment has the same legal effect, validity, and enforceability as if I had hand signed the Proposal. This signature will not be denied such legal effect, validity, or enforceability solely because an electronic signature or electronic record was used in its formation. - Stacey Sutts, Lead UW Specialty Accident and Health, AXIS Insurance Company

The Proposer declares that there is an actual or potential Conflict of Interest relating to the preparation of its submission, and/or the Proposer foresees an actual or potential Conflict of Interest in performing the contractual obligations contemplated in the bid.

Yes No

The Bidder acknowledges and agrees that the addendum/addenda below form part of the Bid Document.

Check the box in the column "I have reviewed this addendum" below to acknowledge each of the addenda.

File Name	I have reviewed the below addendum and attachments (if applicable)	Pages
Addendum_4_Group_Employee_Benefits_RFP_051623 Mon May 1 2023 07:57 AM	☑	2
Addendum_3_Group_Employee_Benefits_RFP_051623 Thu April 27 2023 08:10 AM	☑	1
Addendum_2_Group_Employee_Benefits_RFP_051623 Thu April 6 2023 12:12 PM	☑	1
Addendum_1_Group_Employee_Benefits_RFP_051623 Thu March 30 2023 03:46 PM	☑	1