

SCHROON LAKE CENTRAL SCHOOL DISTRICT

REQUEST FOR PROPOSALS

FOR

INSURANCE COVERAGE

EFFECTICE DATE 7/1/2021

REQUEST FOR INSURANCE PROPOSALS

INTRODUCTION

The Schroon Lake Central School District, located in Essex County, New York, has a student Enrollment of approximately 211 (Pre K thru 12).

The contact person in the district for this proposal is Danielle Fosella, District Business Manager. Danielle may be reached at 518-432-7164 ext. 3398, by fax at 518-532-0284, or by email at dfosella@slwildcats.org, or by sending written correspondence to Schroon Lake Central School, P.O. Box 338, Schroon Lake, NY 12870.

You are invited to submit quotations for the Property-Casualty coverage of the Schroon Lake Central School District in accordance with the conditions, instructions, and specifications set Forth in this packet.

Quotations are due May 24th, 2021 at 1:00 pm, 1125 Route 9 (Main St.), Schroon Lake, NY 12870.

If you quote, you must complete and return the insurance proposal acknowledgement, Quotation form 1, 2, and 3, the Additional Property, General Liability, and Auto coverage forms (Exhibit #1 Pages 17A - E), and the Non-Collusion Statement. You need not return any other pages. If you add supplemental sheets, be sure to number them.

All policies are to be effective 12:01 is, 7/1/2021.

Be sure to read all the specifications carefully. Some of the coverage requested may differ from Typical policy language.

SUBMISSION OF PROPOSALS

Deadline for submission of proposals is 1:00 pm on May 24th, 2021. Any proposals received After this deadline will be returned unopened to the firm. All proposals and accompanying Documentation becomes the property of Schroon Lake Central School District.

Each firm shall submit one original proposal and one copy in an envelope labeled "Proposal For Insurance Coverage" to:

Danielle Fosella
District Business Manager
Schroon Lake Central School District
1125 Route 9
Schroon Lake, NY 12870

INSURANCE PROPOSAL ACKNOWLEDGEMENT

PLEASE COMPLETE AND RETURN THIS FORM TO SCHROON LAKE CENTRAL SCHOOL AS SOON AS POSSIBLE.

SEND TO: BUSINESS OFFICE
SCHROON LAKE CENTRAL SCHOOL
P.O. BOX 338
SCHROON LAKE, NY 12870
ATT: DANIELLE FOSELLA, DISTRICT BUS. MANAGER
PHONE: 518-532-7164
FAX: 518-532-0284
EMAIL: dfosella@slwildcats.org

Check X as applicable:

() We hope to offer an insurance proposal. Please send us copies of any Addenda that may be issued at a later date. Our choice (s) of insurance Carriers to be proposed, in order of preference are as follows;

- 1. _____
- 2. _____
- 3. _____

() We regret that we will not be offering a quotation.

AGENT:
SIGNATURE:
AGENCY NAME:
ADDRESS: _____

PHONE #: _____

Quotations are due Monday May 24th, 2021 at 1:00 PM in the School District Business Office, 1125 Route 9 (Main St.), Schroon Lake, NY 12870. They may be faxed to meet the deadline, but the original quotations with original signatures must be received within three (3) business days after the day of opening. The original and FAX must provide identical information. If they do not, the quotation will be rejected. Both must be clearly marked "Insurance Quotation". No changes in the quotations will be accepted after they have been opened, except for clarification or corrections requested by the District. It is quoter's responsibility to confirm that the District has received his or her quotation of FAX of it, by the due date and time. An original quotation of FAX received after the deadline will not be considered.

We believe it is detrimental to the District's interests if more than one agency or brokerage firm solicits the same insurance company for quotes for the District's multi-peril, Auto, and initial layer (if more than one) Umbrella liability policies. In order to avoid multiple solicitations of the same companies for these policies but still afford the opportunity for competition, we will accept quotes for them only from firms to which we have issued Broker of Record letters, and only for the policies and companies specified in the letters. Only one letter will be issued for a particular company for a given policy. Note that the process applies only to the Multi-peril, Auto, and initial umbrella. Quotes in the same insurance company from more than one firm for other policies, such as separate School Board Legal Liability and Boiler policies, are acceptable.

The following procedure is prescribed to equitably determine which firms will be issued the letters for which companies and policies:

1. Interested firms will advise the District of the names of the company or companies that they wish to approach and the kinds of policies the quotes would include. Firms that select more than one company for the same policy must indicate the order of choice; First choice, second choice, and so on.
2. Issuance of Broker of Record letters will be based upon the following criteria, which will be applied in the order shown:
 - a. The firm whose selection is accompanied by a letter from the selected company appointing the firm as its exclusive representative for the District's business;
 - b. The firm that currently writes the District's policies for the current company, if the firm selects that company as its first choice;
 - c. The firm that selects a company that no other firm selects;
 - d. The firm that selects a company at a higher choice level than other firms;

- e. The firm that selects a company at the same choice level than other firms, but for a greater number of policies than the other firms;
 - f. The firm whose name is drawn by lot.
3. The District reserves the right to resolve selection conflicts that are not contemplated by these procedures, in any manner that it deems to be in the District's best interests.
 4. All insurance company selections and choice rankings by the various firms will be kept strictly confidential. The District will, however, respond to inquiries about the contents of the Broker of Record letters once they have been issued.
 5. Interested firms must notify the District within ten business days after the mailing date of this quote packet of the names of the companies it wishes to approach, the policies they would be asked to quote, and their choice ranking if more than one company is indicated for a given policy or policies.

We will not issue a "Broker of Record" letter to a rating organization to permit a given agent or broker exclusive access to rate make-ups or other rating data about our District. Notify us if you need such information. We will get it from the rating organization and make it available to all agents or brokers who request it.

This quotation packet consists of sheets numbered 1 through 21, including additional coverage checklists 17A - E. Please check to be sure you have a complete packet. Please then complete and return the enclosed Quotation Receipt Form, so that we can be sure you received the packet.

Please contact us if you have any questions, need additional information, or if you find errors or inconsistencies in the materials provided. We will send addenda which address issues that we judge to have a material bearing on the quotations to all agents and brokers who returned the quotation Receipt Form indicating the intent to quote. We will enclose an Addendum Receipt Form with any such addenda.

If you quote, you must complete and return Quotation forms 1 through 3 (pages 18 - 21), including the additional coverage questionnaires (pages 17A - 17E). Do not return any of the other pages. If you add supplemental sheets, be sure to number them and note the numbers on Quotation form 2, so that we can be sure your complete quotation is received.

All policies are to be effective **7/1/2021**.

Be sure to read the specifications carefully. Some of the coverage requested differs from typical policy language.

GENERAL CONDITIONS AND INSTRUCTIONS

1. Quotations must be made on the attached "Quotation Forms" in accordance with the instructions and subject to the stated conditions.
2. All insurance companies must be licensed to do business in New York State. Quotations must indicate the company's current rating by A.M. Best and Co., Inc. and must indicate whether or not the company is protected by the NYS Guaranty Fund.
3. Each agent or insurance company must answer all questions asked, and sign in the space provided. If no quote is provided or a statement does not apply, enter "none" or "not applicable".
4. Alternate proposals will be considered, but must be marked "Alternate Proposal" and stapled to the back of the quotation. **A clear explanation of the advantages and disadvantages of the alternate are required.**
5. You may quote one policy contingent upon the award of another or others, or qualify the entire quotation as contingent upon award of all policies, but any such qualifications must be clearly stated on "Quotation Form 2". Unless such a qualification is so stated, we will assume that separate awards are acceptable. We prefer, however, to have one agent or broker service all coverages. Awards to more than one agent or broker will be made only if a substantial premium savings can be gained by separate awards.
6. With the possible exception of coverages such as Umbrella Liability, School District Legal Liability and Workers compensation (if applicable), we prefer to have all coverage written by the same company. We will, however, accept coverage in more than one company if a substantial premium savings can be gained. The phrase "same company" can mean the same group of companies provided that all services such as claims, underwriting and engineering are the responsibility of a single executive authority. The effect should be the same as if one company handles the entire account.
7. Standard ISO (Insurance Service Office) Commercial Lines Program forms, such as CG 00 01, or equal, is minimum standards for all coverages where such forms are Promulgated, except where broader coverage is specified.
8. We contemplate that the agency or brokerage selected will write the coverage awarded To it for 3 years, and that competitive quotations that would affect the coverage in force during the three year period will not be sought during that period. It should be clearly understood, however, that the Board of Education reserves the right on its own behalf and/or behalf of any future Board of Education, to rescind this policy or to modify it in any fashion for whatever reason or reasons it or any future Board of Education may deem necessary. Nothing herein contained shall prohibit or restrict the Board of Education from cancelling any policy or changing any agency of brokerage firm.

9. By submitting this quotation, the signer warrants that the insurance companies shown as the writers of the quoted coverages have indicated their willingness to write the coverage according to the specifications except for qualifications noted in Quotation form 2, together with any proposed alternates, and at the prices quoted. No quotations will be considered that are not firm, and it is contemplated that each company providing a bid will have engineered the risk prior to providing their bid.
10. Quote annual premiums for all policies and coverages. *For policies subject to dividends, show on Quotation Form 2, separately for each policy, the percentage of dividend paid for each of the past 5 years.* Please be sure to indicate the annual period for which each dividend was paid. For policies not subject to dividends, please so indicate for each such policy on Quotation Form 2.
11. If the quotation contemplates coverages, procedures, deductibles, etc...., that are different than those outlined in the Quotation Packet.... Either broader and/or more beneficial to the District, or more limited and/or less beneficial to the District.... **such differences must be clearly stated on Quotation Form 2**, as well as on the additional coverage checklists (pages 17A - 17E).
12. All quotations must be firm until 30 days after the respective coverages are to be effective. This will allow the Board to "re-award" the coverage in the event the agent, or broker or insurer originally awarded the coverage is unable to provide the coverage at the premium quoted.
13. Policies or written binders for the coverages awarded on the basis of this Invitation for quotations and renewals thereof, and for up-dates of the agreed value provision, must be provided to the District at least 2 business days before their effective dates. For other coverage modifications made after the policies are in force, except those that are automatically covered by the policy, endorsements or written binders must be provided to the District within 7 days of approval of the change. All binders and certificates of insurance must be signed by a person who has the legal authority to commit the insurance company.
14. The financial stability, efficiency of management, experience in writing school insurance, and available services of the insurers, experience in general and school insurance, and services of the agents and brokers, will receive significant consideration by the District in addition to the premiums quoted.
15. The agent or broker awarded the coverage must maintain an office with sufficient staff to service the District's insurance program. A staff member who is familiar enough with the program to answer routine questions concerning claims, invoices, endorsements and similar matters must be available during business hours.

16. The agent or broker will be expected to work closely with the Business Official and the insurers to foster the best interest of the School District. In particular, the agent or broker shall;
 - Review all policies, endorsements, audit adjustments, and invoices for accuracy prior to delivery to the District.
 - Provide and discuss printouts of claims and reserves at least once each year.
 - Prepare an outline of policies each year which includes limits of coverage, premiums and any dividends.
 - Provide premium cost breakdowns to permit cost allocations to proper budget and aid formula categories.
17. To our best knowledge, the information contained in the quotation specifications is accurate. However, if a variance is noted upon inspection, the data supplied in the specifications should be used for quotation purposes, and the revised data and cost adjustment, if any, should be shown on Quotation Form 2.
18. The District reserves the right to waive any or all informalities, to reject any or all quotations, and award contracts which in its own judgement, will best serve the interests of the School District. ***The District is not obligated by operation or any statute or regulation to award contracts for insurance on the sole basis of the lowest premium quotation.***
19. Permission will be granted to inspect the premises, but arrangements must first be made with the business office.
20. Describe on Quotation Form 2, in sufficient detail to permit evaluation, any features or services that are proposed without additional charge, that have not been addressed in the additional coverages checklists 17A - E, or any differences proposed in the additional coverages. The extent of safety and loss control engineering and inspection advice and on-site assistance is of particular interest. Also describe any additional cost features or services that you feel would be of interest to the District.

QUOTATION INFORMATION

I. PROPERTY (FIRE AND RELATED PERILS COVERAGE):

- A. Direct damage, Special form ("All risk") coverage for all real and personal property of the District, at the blanket limit shown below (90% of the estimated replacement cost values) on an *Agreed-amount replacement cost basis*, subject to a **\$1,000 per occurrence** deductible, using ISO forms CP 00 10, CP 10 30, and other pertinent ISO forms, or equivalent. Building coverage must include architect fees, and contents coverage must include theft. The building values set forth below are for replacement cost less exclusions, and include architect fees and permanent fixtures. The values are from our appraisal company's latest annual appraisal summary, updated to reflect current cost indices. A statement of values will be supplied as needed each year to extend the agreed value provision.
- B. Same as above, except with a **\$5,000** deductible option.

Total Blanket limit: \$18,773,142. (Per rating values below)

<u>Site-bldg.</u>	<u>Building</u>	<u>Contents</u>
1125 Route 9, Schroon Lake, NY 12870		
1 - 1 PRE K - 12 Main School Building	\$15,481,857	\$2,501,970
1 - 2 Bus Garage	\$407,839	\$208,931
1 - 3 Storage Bldg. # 1	\$5,981	\$1,215
1 - 4 Storage Bldg. # 2	\$3,823	\$1,215
1 - 5 Yard and Outside	\$38,766	\$100,945
1 - 6 OUTSIDE ELECTRONIC SIGN	10,300	
1 - 7 ATHLETIC FIELD DIGITAL SIGN	10,300	

- C. **Misc. additional property coverages.** It is customary for Insurance Companies to include additional property coverages by including endorsements identified as "enhancement" or "enrichment" or "coverage extension" endorsements. These endorsements when packaged together provide many different coverages under one form, and are usually automatically included at no additional premium charge, or are included at a nominal additional premium. Property exhibit #1 (pages 17A & 17B) lists the additional property coverages the District is currently carrying. Using Property exhibit #1 and Quotation Form 2 as necessary, please indicate any coverage differences included in your proposal. Include any additional premium charges for these additional coverages in the space provided on Quotation Form 1.

II. GENERAL LIABILITY

- A. COVERAGES - Quote Coverage on an occurrence basis with defense coverage separate from the limit of insurance using ISO form CG 00 01 or the equivalent, for all hazard groups for all known and unknown General Liability exposures of the District. Coverage must also include;
1. Incidental Medical malpractice for claims arising from the rendering of or failure to render medical services by the District's employed Medical professionals, by those under contract to the District, and by any others, such as EMTS serving on a local volunteer ambulance. Medical professionals who are District employees (but not those who serve the District on a contract basis) must be included as insureds along with the District. NOTE: If the insurer's coverage is more limited, be sure to outline the limitations, and quote separate coverage if available, on Quotation Form 2.
 2. Liability imposed by Law - Coverage must be afforded for the obligations imposed by Sections 3023, 3028, and 3811 of the NYS Education Law and/or Section 18 of the NYS Public Officers Law, if the Board of Education elects to become subject to its provisions. This coverage may be restricted to Bodily Injury, Personal Injury, and Property Damage; but must apply in spite of exclusions or other policy provisions which would serve to exclude or limit coverage for any part of the obligations which involve Bodily Injury, personal Injury or Property Damage. Criminal actions may be excluded, except that coverage should be afforded for indemnification of defense costs of insured defendants who are found innocent or against whom charges have been dropped.
 3. Modification of the mobile equipment exclusion to provide coverage for claims arising from unauthorized mobile equipment racing or stunting activities on District premises. liability arising from the use of snowmobiles must also be covered.
 4. Board members, employees, practice teachers, volunteers whose services have been accepted by the District including parent member(s) of the Committee on Special Education and its subcommittees, and Surrogate Parents appointed to represent the interests of handicapped children must be included as insureds.
 5. Coverage must not be excluded for significant exposures such as; Sports and Physical education activities, child abuse or molestation, riot, civil commotion, or mob action, liability arising from corporal punishment except for persons who administer such punishment or direct that it be administered.
 6. Medical payments (Cov C) for pupils are currently not covered. The District carries blanket Student accident coverage on all pupils in the Pupil Benefits Plan, Inc.
 7. Liability Coverage for Law Enforcement and Security Officers is to be included.
 8. Knowledge of occurrence and unintentional failure to disclose Hazards Endorsement.
 9. Personal Injury liability included for Electronic Chatrooms or Bulletin Boards.

B. EXPOSURES:

1. Premises - Operations:

- a. The District's premises consist of the sites outlined in the property schedule.
- b. Enrollment: Pre K- 8: 147 9 -12: 65
- c. Watercraft: 2

C. LIMITS:

1. GENERAL LIABILITY:

Each occurrence - Bodily Injury and Property damage:	\$1,000,000.
Each occurrence - Personal / Advertising Injury:	\$1,000,000.
Fire Damage limit - any one fire:	\$1,000,000.
Medical Expense Limit (any one person):	\$10,000.
Products/Completed Operations Aggregate Limit:	\$3,000,000.
General Aggregate Limit:	\$3,000,000. *
Deductible:	NA

* General aggregate limit applies separately to each designated location

2. EMPLOYEE BENEFITS LIABILITY:

Each Claim:	\$1,000,000.
Annual Aggregate:	\$3,000,000.
Deductible-each loss:	\$1,000.
Retroactive Date:	7/1/1979

3. QUOTE AS AN OPTION: CYBER LIABILITY/SECURITY COVERAGE

Quote limit of: \$250,000

Privacy Breach Liability, Security Breach Liability, Breach Notice Response Services, Data Restoration / Recreation, Cyber Extortion Costs (including Ransomware)

D. MISC. GENERAL LIABILITY COVERAGE EXTENSIONS:

The District's coverage currently includes additional liability features not described in Section II - A,B,C listed above. Using Additional General Liability - Exhibit #1 Page 17C & 17 D and Quotation Form 2 (page 19) as necessary, please indicate which of these coverage extensions, if any, or nay additional coverages not listed, are included in your Proposal. On Quotation Form # 1 please included any additional premium to include these liability extensions

D. Misc. additional General Liability coverages - The District's coverage currently includes Additional liability features not described in A. 1 - 8 listed above. Using Additional General Liability - Exhibit #1 (page 17C) and Quotation form 2 (page 19) as necessary, please indicate Which of these additional coverages, if any or any other additional coverages not listed, are in? Your proposal. On Quotation Form 1, please include any additional premium to include these Additional liability coverages.

III. INLAND MARINE:

- Camera Floater - Special form ("all risk"), Replacement Cost basis, blanket limit basis, Subject to \$500 deductible per loss, with no coinsurance, covering; Cameras, projection Machines, films, and related equipment and accessories.

Blanket Limit: \$50,000.

- Musical Instrument Floater - Special form ("all risk"), Replacement Cost basis, blanket limit Basis, no coinsurance applicable, subject to \$500 deductible per loss, covering musical instruments including related equipment and accessories.

Blanket Limit: \$500,000.

- Data Processing Floater - Special form ("all risk"), Replacement Cost basis, blanket limit Basis, subject to \$500 deductible (\$500 deductible to apply to Breakdown coverage), at the Following limits, with NO coinsurance requirement;

Data Processing Equipment:	\$75,000 Limit per building
Data, Media, computer programs:	\$10,000 Limit per building
Extra Expense coverage:	\$10,000 Limit per building (no deductible)

- C. Misc. School Equipment (not scheduled elsewhere) Floater - Special form ("all risk"), Replacement cost basis, subject to a \$500 deductible, with no coinsurance clause. Misc. School equipment to include; grounds maintenance equipment, misc. athletic equipment, Mobile radio systems, Automatic External Defibrillators, and band and athletic uniforms.

Blanket Limit: \$500,000.

IV. CRIME COVERAGE -

1. Employee Theft - Per employee coverage: \$100,000 per employee \$500 Ded
 Forgery or Alteration: \$100,000. Per occurrence \$500 Ded
 Theft of Money/Securities: \$25,000 per occurrence inside/outside premises \$500 Ded
 Excess Employee theft by position: \$1,000,000 per Tax Collector No Ded
 \$1,000,000 per Treasurer No Ded
 \$1,000,000 per Internal Auditor No Ded
 Include Identify Theft coverage - \$15,000 limit ann. Aggregate per insured \$250 Ded
 Include Kidnap Expense Coverage: \$50,000 per occurrence/\$50,000 ann. Aggregate \$2500 ded
 Include Faithful Performance of Duty coverage
 Include Treasurers or Tax Collectors as employees
 Include Students as employees
 Quote Optional Computer Fraud/ Funds Transfer Fraud: Quote \$500,000 & \$1,000,000

2.	EMPLOYEE CENSUS	No.
	Superintendent	<u> 1 </u>
	Principle	<u> 1 </u>
	District Treasurer	<u> 1 </u>
	School Nurse	<u> 1 </u>
	Secretary to Superintendent	<u> 1 </u>
	Secretary School /Tax Collector	<u> 1 </u>
	Cleaner	<u> 1 </u>
	Custodian's	<u> 2 </u>
	Head Custodian	<u> 1 </u>
	Bus Mechanic / Driver	<u> 1 </u>
	Bus Drivers	<u> 6 </u>
	Bus Aid	<u> 1 </u>
	Librarian	<u> 1 </u>
	Teachers Aid	<u> 6 </u>
	Special Ed Secretary/deputy tax collector	<u> 1 </u>
	Phys. Ed Teacher / Driver Ed.	<u> 1 </u>
	Cafeteria staff	<u> 4 </u>
	Teacher's	<u> 29 </u>
	Teacher's Assistant	<u> 1 </u>
	Guidance Counselor	<u> 1 </u>
	Speech Therapist	<u> 1 </u>
	School Psychologist	<u> 1 </u>

V. UMBRELLA LIABILITY COVERAGE:

- A. Coverage on an occurrence (and/or claims made basis as necessary) to cover over the Underlying General Liability, Automobile Liability, School Board legal liability, Employee Benefits Liability, Employers Liability, and abuse and molestation. Excess defense coverage must be provided for claims covered by underlying insurance, and first dollar defense coverage must be provided for claims covered by this policy but not by underlying insurance. Defense coverage must be a separate coverage, that is, defense costs and expenses shall not be deducted from the liability insurance limit. Coverage must be at least as broad as underlying liability in all respects, and must drop down to cover losses to which the underlying coverage would have applied but for the exhaustion of an aggregate limit.

Please list on Quotation form 2 all special exclusions and follow form exposures that are excluded because coverage is not contemplated by the underlying liability coverages that are quoted. Please indicate whether your proposal includes retroactive dates on claims made coverage quoted.

B. Limits of Insurance:

Coverages A & B (Bodily Injury, Property Damage, Personal Injury, Advertising Injury)

- Each occurrence BI & PD limit: \$5,000,000.
- Personal & Advertising Injury Limit: \$5,000,000.
- Aggregate limit (except auto): \$5,000,000.

Coverages C & D (Wrongful Acts - Claims made basis or Incident Basis)

- Each loss limit: \$5,000,000.
- Claims made basis aggregate limit: \$5,000,000.
- Retroactive date: None

Combined Aggregate limit for all coverages: \$5,000,000.

Retained limit: \$10,000.

- C. Optional Liability limits: *Please also quote Optional limits at \$7,000,000 and \$10,000,000 In lieu of \$5,000,000.*

EQUIPMENT / SYSTEMS BREAKDOWN COVERAGE

- A. **DIRECT DAMAGE:** Blanket comprehensive coverage covering all locations on a Replacement cost basis, with a \$1,000 per occurrence deductible. Covered equipment To include covered property built to operate under vacuum or pressure, or used for the Generation, transmission, or utilization of energy. Equipment breakdown to include Artificially generated electrical current, including electric arcing, that disturbs electrical Devices, appliances, or wires; mechanical breakdown, including rupture or bursting Caused by centrifugal force; explosion of steam boilers, steam pipes, steam engines or Steam turbines owned or leased by the District, or operated under the District's control; Loss or damage to steam boilers, steam pipes, steam engines or steam turbines caused By or resulting from any conditions or event inside such equipment, or loss or damage To hot water boilers or other water heating equipment caused by or resulting from any Condition or event inside such boilers or equipment, loss of perishable goods due to Spoilage; or contamination from the release of refrigerant.
- B. **INDIRECT DAMAGE:** Unlimited Business income extra expense (actual loss sustained For 12 month period). The insurance provided for business income/extra expense is Extended to apply to loss caused by equipment breakdown to equipment that is owned By a utility, landlord, or other supplier with whom the District receives any of the Following services; electrical power, communications, waste disposal, air conditioning, Refrigeration, heating, gas, air, water, or steam.
- C. **LIMIT OF INSURANCE:** \$ Same as Blanket Property Limit

VIII. AUTOMOBILE COVERAGE

A. Limits of Insurance:

1. **LIABILITY** - must be written on an occurrence basis with defense coverage separate from The limit of insurance and on a comprehensive form to cover on an "any auto" (Symbol 1 basis). ***Quote at \$1,000,000 limit of liability each accident, with no aggregate limit.***

Coverage must be afforded for the obligation imposed on the District by Sections 3023 and 3811 of the Education Law, and/or Section 18 of the Public Officers Law if the Board of Education elects to become subject to its provisions. This coverage may be Restricted to bodily injury and property damage, but must apply in spite of exclusions Or other policy provisions which would serve to exclude or limit coverage for any part Of the obligations which involve bodily injury and property damage. Alternatively, Board members, employees, practice teachers and authorized volunteers, including the Parent members of the Committee on Special Education and its subcommittees, and Surrogate Parents of handicapped children, must be included as insureds for liability While using any vehicle, including their own, on school business, on an excess basis Over any other liability coverage available to them.

2. **NO-FAULT** (Personal Injury Protection) - must apply to vehicles used to transport Pupils on out -of- state trips. Quote at \$50,000 minimum limits plus quote optional additional personal injury protection limits of \$100,000.
3. **COLLISION COVERAGE** - provided with a \$1000 deductible on all vehicles with Actual Cash value settlement option. **REPLACEMENT COST LOSS SETTLEMENT ON BUSES 10 YEARS OLD OR NEWER.**
4. **DAMAGE OTHER THAN COLLISION** (Comprehensive) - provided with a \$500 Deductible on all vehicles with Actual Cash Value settlement option. **REPLACEMENT COST LOSS SETTLEMENT ON BUSES 10 YEARS OLD OR NEWER**
5. **UNINSURED/UNDERINSURED MOTORISTS PROTECTION**
Quote \$50,000 uninsured motorists minimum limit as well as quote optional uninsured And underinsured limits of \$1,000,000
6. **AUTO MEDICAL PAYMENTS** - Quote this optional coverage at limits of \$10,000.
7. **MISC. ADDITIONAL AUTO COVERAGES** - It is customary for insurance companies to Provide additional auto coverages automatically by providing an "Auto Extension or Enrichment endorsement, which packages many coverages on one form, at no premium Charge, or at a nominal premium. Auto Exhibit #1 lists these coverages currently carried By the District. Using Auto Exhibit #1 (page 17D), please indicate any differences included in your proposal. Please indicate any additional premiums to include these coverages, if the coverage is available.

B. AUTOMOBILE EXPOSURES:

1. Non-owned vehicles liability: 64 Employees.

2. Bus No. YR/MAKE VIN# PHYSICAL DAMAGE \$500 comp/\$1000 Coll

SCHROON LAKE CENTRAL BUS FLEET 2/2/21

Bus #	Make/Model	Vin #	Mileage	Cost	Pass#
86	2010 Dodge Caravan	2D4RN4DE7AR380163	89,758	\$ 19,033.00	7
91*	2014 Chevy (small bus)	1GB6G5BG7E1171735	147,339	\$ 65,926.00	22
92	2016 International (Large)	4DRBUC8N3GB220192	66,637	\$ 117,857.00	65
93	2015 Dodge Caravan	2C4RDGBG2FR615985	62,700	\$ 22,223.00	7
94	2015 Dodge Caravan	2C4RDGBG0FR606931	63,735	\$ 22,223.00	7
95	2017 International (Large)	4DRBUCAN3HB036937	53,306	\$ 118,850.00	65
96	2018 International (Large)	4DRBUC8N8JB641476	30,628	\$ 122,806.00	65
97	2020 International (Large)	4DRBUPWN3LB231763	26,234	\$ 108,380.00	65
98	2019 Chevy (small bus)	1HA6GUBG7JN008104	24,652	\$ 54,306.00	30
99*	2019 Chevy (small bus)	1HA6GUBG1JN008132	57,057	\$ 67,858.00	22
100	2020 International (Large)	4DRBUPWN7LB339304	14,722	\$ 107,523.00	65
	2016 Ford F250	1F2BF2B69GED29166	67,025	\$ 27,350.00	3

*- Handicap vehicle wheelchair

ADDITIONAL PROPERTY COVERAGE - EXHIBIT #1

COVERAGE DESCRIPTION	INCLUDED (Y/N)	COVERAGE PROPOSED IF DIFFERENT
Business Income/ Extra Expense (Actual loss sustained - 12 months)	_____	_____
500,000 Limit per building Utility services - Time Element	_____	_____
100,000 Pollution cleanup and removal	_____	_____
100,000 per occurrence Debris Removal	_____	_____
100,000 Property in Transit Limit	_____	_____
100,000 Property off premises limit	_____	_____
25,000 Limit - Spoilage @ \$500 Deductible	_____	_____
25,000 Limit - Outdoor trees, shrubs, plants	_____	_____
50,000 Limit - Direct damage from off Premises utility failure	_____	_____
1,000,000 Limit - Flood \$25,000 deduct.	_____	_____
Broadened building glass coverage	_____	_____
Water damage from sewer/drain backup Subject to \$500 ded (blanket limit)	_____	_____
10,000 Limit - Outdoor fences	_____	_____
Ordinance or Law coverage;		
\$1,000,000 per building - Demolition cost	_____	_____
\$1,000,000 per bldg. - Increased costs of Construction	_____	_____
Loss to undamaged portion of buildings Included per statement of values limit	_____	_____
1000' distance extension - covered propty In the open (extended from 100')	_____	_____

Earthquake Coverage \$1,000,000 limit (\$25,000 deductible)	_____	_____
0% building inflation guard feature (Pay up to add'l 10% of bldg. value)	_____	_____
5,000 Limit - Appurtenant structures	_____	_____
10,000 Limit - Property in/on vehicle	_____	_____
10,000 Limit for underground pipes, flues And drains (considered building)	_____	_____
Foundations included in bldg. coverage	_____	_____
10,000 Limit - Personal effects of Employees And property of others (\$2500 per person)	_____	_____
1,000,000 Limit - Newly acquired buildings	_____	_____
500,000 Limit - Contents in above buildings	_____	_____
500 Limit - Lock replacement coverage	_____	_____
1000 Limit - Fire Protection device Recharge	_____	_____
30,000 per location - Signs (\$250 deduct.)	_____	_____
100,000 per building - Valuable Papers and Records coverage @ \$100 deductible	_____	_____
50,000 Limit - Accounts receivable (No ded)	_____	_____
15,000 Limit - Fine Arts Floater (\$250 Ded)	_____	_____
10,000 Limit - Radio/TV Transmission equip	_____	_____
5,000 Limit - Fallen Tree Removal Expense	_____	_____
5,000 Limit - Fire Dept. Service Charge	_____	_____
Equipment Breakdown coverage	_____	_____
Bridges/Walkways included as buildings	_____	_____
Elimination of part 1.c. of Section C Limitations of CP1030 (Water Damage)	_____	_____

ADDITIONAL GENERAL LIABILITY COVERAGE - EXHIBIT #1

<u>COVERAGE DESCRIPTION</u>	<u>INCLUDED (Y/N)</u>	<u>COVERED PROPOSED IF DIFFERENT</u>
. Definition of bodily injury extended to Include mental anguish or injury, shock	_____	_____
. Bodily injury liability extended to injury Resulting from the use of reasonable force to Restrain or remove a pupil whose behavior is Interfering with the orderly exercise and Performance of educational institution functions Powers and duties.	_____	_____
. Bodily Injury & Property damage Pollution Liability at \$100,000 limit at premises you own Or where performing operations	_____	_____
. Medical payments coverage for volunteer's	_____	_____
. Liability coverage for bodily injury to Co-employees, co-volunteers, co-instructors At \$25,000 per occurrence/aggregate	_____	_____
. Coverage for unintentional failure to disclose Hazards	_____	_____
. Definition of Personal injury extended to Include "Mental anguish or mental injury"	_____	_____
. Definition of Personal injury extended to Include "Discrimination" (excluding Employment related claims)	_____	_____
. Aircraft liability exclusion does not apply to Model or hobby aircraft	_____	_____
0. Additional insureds - by contract, agreement, Or permit	_____	_____
11. Coverage for IEP (individualized education Programs) claims include in School District Legal Liability?	_____	_____
12. Limited Foreign Coverage-provides school With defense/indemnity for trips outside U.S.	_____	_____

- | | | |
|---|-------|-------|
| 13. Coverage for Personal Injury arising out of an Electronic Chatroom or bulletin board | _____ | _____ |
| 14. General Liability primary/Noncontributory | _____ | _____ |
| 15. Law Enforcement & Security Officers coverage | _____ | _____ |
| 16. Additional Insured- Interim Officer or official | _____ | _____ |
| 17. Bodily injury or Property damage from Pollution - Educational Activities within your Buildings. | _____ | _____ |
| 8. Limited coverage for Professional Health Care Services | _____ | _____ |
| 9. Liberalization clause | _____ | _____ |
| 0. Definition of Personal Injury includes mental Anguish, shock, or humiliation | _____ | _____ |
| 1. Damage to Property not physically injured | _____ | _____ |
| 2. Broadened coverage territory | _____ | _____ |
| 3. Unintentional failure to disclose hazards | _____ | _____ |
| 4. Limited coverage for bodily injury to Co-employees, co-volunteers, or Co-instructors | _____ | _____ |

ADDITIONAL AUTO COVERAGES - AUTO EXHIBIT #1

<u>COVERAGE DESCRIPTION</u>	<u>INCLUDED</u> (Y / N)	<u>COVERAGE PROPOSED</u> <u>IF DIFFERENT</u>
. Physical damage coverage for personal Autos of employees or volunteers; Up to \$1000 reimbursement for the Employee's or volunteer's deductible, or Up to \$500 for loss if no physical damage Coverage applies to the employee's or Volunteer's auto.	_____	_____
. Definition of bodily injury extended to Include "Mental Anguish"	_____	_____
. Fellow employee liability exclusion deleted As respects use of a covered auto (owned or Hired)	_____	_____
. Coverage not denied for unintentionally Failing to disclose hazards	_____	_____
. Automatic Hired Auto Physical damage (\$35,000 limit - ACV Basis)	_____	_____
. Increased supplementary payments (\$1000 and \$250)	_____	_____
. Increased transportation expenses due to Theft of a covered private pass. Vehicle (\$50 per day, \$1000 max limit)	_____	_____
. Window glass breakage ded. Waiver (\$500 ded does not apply if glass is Repaired instead of replaced)	_____	_____
. Broadened Named Insured (Volunteers, employees, elected or Appointed administrative officials are Insureds)	_____	_____
0. Comprehensive deductible applies per Occurrence rather than per auto, with Respect to losses at the same location	_____	_____

QUOTATION FORM 1

Ann Premium before any Dividend*

Property (Fire and related Perils) @ \$1000 ded: _____ or
A. \$5,000 deductible option _____

II. Comprehensive General Liability: _____
a. Employee Benefit Liability _____
b. School District Legal Liability _____
c. Sexual abuse and molestation Liability _____
D. Misc. addt'l General liability coverages _____
e, Cyber Liability _____
f. Optional Enhanced School District Legal _____

III. Crime / Money and Securities: _____
Optional \$500,000 limit - Computer Fraud/Funds Transfer _____ or
Optional \$1,000,000 limit - Computer Fraud/Funds Transfer _____

IV. Inland Marine: _____
A. Camera Floater _____
B. Musical Instrument Floater _____
C. Data Processing Floater _____
D. Misc. Equipment Floater _____

V. Employee Dishonesty: _____
Optional \$1,000,000 District Business Manager _____

VI. Umbrella Liability: _____
A. \$5,000,000 per occurrence _____ or
B. \$7,000,000 per occurrence _____ or
C. \$10,000,000 per occurrence _____

VII. Equipment/Systems Breakdown
(Boiler and Machinery): _____

VIII. Automobile: _____
Options: A. \$100,000 Additional PIP option _____
B. \$1,000,000 UM/SUM option _____
C. Coverage Extension Endst, if any _____

IX. CAPITALIZATION FEES/CHARGES, IF ANY: _____

TOTAL (before any potential Dividend): _____

QUOTATION FORM 2

1. Indicate coverage exceptions, quotation qualifications, and additional information on this form. Please include in writing any coverage differences from the coverage information provided, whether you are proposing additional coverage not currently provided, or broader coverage and limits than currently provided, or areas where you are proposing any reduction in coverage or limits. Add extra sheets as needed, numbering them Quotation Form 2A, 2B, 2C, etc... If you add extra sheets complete the following: "SEE EXTRA SHEETS NUMBERS_____."

Please provide a description and frequency of any loss control/safety inspections and services including any educational and instructional and seminars, if any, to be provided by the proposed insurance carrier:

Please list at least three (3) public school districts in the local region that are presently insured by the proposed insurance company or companies:

Please indicate the extent of the agent's or broker's experience in terms of years and the capacity in which the agent or broker developed such experience:

Provide the Policy #, insurance carrier, and liability limits, of any Errors and Omissions liability insurance carried by the agency proposing insurance coverage:

QUOTATION FORM 3

Indicate full name and address and the latest Best's Insurance Guide Financial and Policyholder's ratings for companies proposed:

Property (fire and related perils):

Comprehensive General Liability:

Employee Benefits Liability:

School District Legal Liability:

Sexual Abuse and Molestation Liability:

Money & Securities:

Inland Marine Floaters:

Blanket Dishonesty Bond:

Catastrophe - Umbrella Liability:

Systems/Equipment Breakdown:

has/have the proposed company/companies committed themselves to write coverage or Coverages for which quotes are provided in accordance with all conditions and Specifications? Yes No

Is the Insurance Company proposed subject to the protection of the New York State Guaranty fund ? Yes No

Is the insurance program proposed non-assessable ? Yes No
(As opposed to a guaranteed cost program with no potential for assessments)

Does the proposal allow the School Board the right to change Insurance carrier's right up to The renewal date without any penalty, restriction, or continuing fees () Y () N

Does the proposed insurance program include any financial obligations, other than pure premium, such as capitalization fees? Yes No

If so, please indicate the amount of any capitalization charges on Quotation Form 1, and The number of years payable.

SCHROON LAKE CENTRAL SCHOOL

General Municipal Law, S103-d: NON- COLLUSION STATEMENT

Each bid must contain the following statement subscribed by the bidder and Affirmed by such bidder as true under penalties of perjury.

- (a) By submission of this bid, each bidder and person signing on behalf of any bidder Certifies, and in the case of a joint bid each party thereto certifies as to its own Organization, under the penalty of perjury, that to the best of knowledge and belief:
 - (1) The prices in this bid have been arrived at independently without collusion, Consultation, communication, or agreement, for the purpose of restricting Competition, as to any matter relating to such prices with any other bidder or with Any competitor;
 - (2) Unless otherwise required by law, the prices which have been quoted in this bid Have been knowingly disclosed by the bidder and will not knowingly be disclosed By the bidder prior to opening, directly, or indirectly, to any other bidder or to any Competitor; and
 - (3) No attempt has been made or will be made by the bidder to induce any Other person, partnership or corporation to submit or not to submit a bid for the purpose of restricting competition.

NAME (print): _____

SIGNATURE: _____

TITLE: _____

DATE: _____

COMPANY/FIRM: _____