



NEW HAVEN PUBLIC SCHOOLS

## Operations Memorandum

**To:** New Haven Board of Education Finance and Operations Committee Carl

**From:** Carangelo, Chief Auditor

**Date:** April 25, 2023

**Re:** Agreement Renewal of Student Accident Insurance, with H.D. Segur, Inc.

**Answer all questions** and have a representative ready to present the details of each question during the Finance & Operations meeting or this proposal may not be advanced for consideration by the full Board of Education.

Company Information	
Vendor Name:	H.D. Segur , Inc.
Doing Business as: (DBA)	
Vendor Address:	10 Research Pkwy, Ste. 400, Wallingford, CT 06492
Vendor Contact Name:	Nancy Cosgrove
Vendor Contact Email:	nbc@hdsegur.com
Is the contractor a minority or women owned small business?	No
Agreement/Contract Information	
New or Renewal Agreement/Contract?	Renewal option 1 of 4
Effective Dates: (mm/dd/yy) <small>Multi-yrs. require Board of Aldermen approval</small>	From 07/01/23 To 06/30/24
Total Amount: <small>If Multi-yr. include yr. to yr. breakdown</small>	\$45,000.00
Funding Source Name: Acct. #:	190-44000-56683
Contract #: <small>(Local or State)</small>	N/A



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**Key Questions:**

**1. What specific service will the contractor provide:**

**To provide a compulsory student accident medical insurance program for all students from birth to twelfth grade students, including interscholastic sports, local, and out of state field trips or other interscholastic activity.**

**2. How was the contractor selected?** *\*Attach appropriate supporting documents*

- Quotes
- Sealed Bid # \_\_\_\_\_
- Sole Source # \_\_\_\_\_
- RFP# 2022-04-1441
- State Contract # \_\_\_\_\_
- Exempt Professional
  - Accountant
  - Actuary
  - Appraiser
  - Architect
  - Artist
  - Dentist
  - Engineer
  - Expert Professional Consultant
  - Land Surveyor
  - Lawyer
  - Physician/Medical Doctor

**3. If the vendor was selected through Solicitation (Bid/RFQ/RFP) process; answer the following:**

**a. Please explain how the vendor was chosen?** *\*Attach Vendor Proposal*

**Sole bidder to RFP**

**b. Who were the members of the selection committee?** *(Minimum 3 members required)*

**Carl Carangelo and Shawn Garris.**



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**Key Questions: - Continued**

- 4. If this is a renewal with a current vendor, has the vendor has met all obligations under the existing agreement/contract?**

**This is our current vendor and has met all obligations under the existing contract.**

- 5. If this agreement/contract is a Renewal, has the cost increase? If yes, by how much? \*Attach Renewal Letters**

**No increase from previous year agreement.**

- 6. If this new agreement/contract, has cost for service increased from previous years? If yes, by how much?**

**N/A**

- 7. Is this a service that existing staff could provide? Why or why not?**

**This is a specialized service which the vendor selected has extensive knowledge and experience to provide the district.**



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**Agreement/Contract Processing Checklist**

To ensure timely processing of the submitted Agreement/Contract it is imperative to collect and provide all of the required documentation noted below and provide with submission to board.

Forms/Documents are available in: Drive G:\F&O Agenda Minutes\Agreement Contract Checklist\2022-2023

<b>1. Has this vendor performed service(s) in prior fiscal years?</b>	
If Yes,	Vendor # 51695
If No or New,	Vendor must provide completed W9
<b>2. A quote or proposal submitting regarding the agreement/contract.</b>	
If RFP	Attach Vendor Submitted
Other	Copy of State Contract, Quotes, etc.
<p><b>3. <u>Certificates of Liability Insurance (COI) are required for ALL agreements/contracts, read the following and select the applicable Rider.</u></b></p> <p><b>It is the submitters responsibility to request the COI from the vendor and attach with submission; the COI from the Vendor <u>must match rider specifications outlined.</u></b></p> <p><b>Failure to obtain or incorrect COIs will be returned for revision and will delay its processing.</b></p>	
Rider 300	Professional Services – Onsite Umbrella; w/ Auto; w/ Workers Compensation
Rider 305	Professional Services – Onsite Umbrella; No Auto; No Workers Compensation
Rider 310	Professional Services – Onsite Umbrella; w/ Auto; No Workers Compensation
Rider 315	Professional Services – Onsite Umbrella; w/ Youth under 21
Rider 320	Professional Services – Offsite; No Auto; No Workers Compensation
Rider 325	Professional Services – Offsite; No Auto; No Workers Compensation; w/ Youth under 21
Rider 330	Professional Services – Offsite Attorney; No Auto; No Workers Compensation
Rider 335	Professional Services – Onsite; Physician/Dentist; No Auto
Rider 340	Professional Services – Onsite Physician/Dentist w/ Youth under 21
Rider 345	Professional Services – Onsite Temp Nurses
Rider 350	Professional Services – Cyber – Onsite
Rider 355	Professional Services – Cyber – Offsite
<p><b>4. The City of New Haven requires the information requested in the <u>Disclosure Affidavit</u> before any City agency, department, or city official seeking agreement/contract shall obtain them, notarized.</b></p> <p>Emailed Disclosures are acceptable.</p>	



# City of New Haven

## Bureau of Purchases

200 Orange Street, Room 301

New Haven, CT 06510

Tel: 203-946-8201 Fax: 203-946-8206

Honorable Justin Elicker  
Mayor

Michael V. Fumiatti, Sr  
Purchasing Agent

The City of New Haven ("City") is accepting sealed  
Request for Proposals (RFP) for the following:

## Request for Proposal

### Project Summary

RFP Title: Student Accident Insurance

RFP #: 2022-04-1441

Projection Description: Student accident insurance program for NHPS

Department: BOE

RFP/Advertise Date: April 3, 2022

Intent to Respond Due Date: April 25, 2022

RFP Due Date: April 26, 2022

Opening Time: 11:00 AM

Pre-Proposal Meeting Date: N/A

Meeting Time:

Pre-Proposal Meeting Location: N/A

Contract Term: 1 year 4 Renewals Option(s) (at the sole discretion of the CONH)

Insurance Requirements: Refer to Rider 4 (This Rider is attached)

Local Preference: X YES NO

Pricing Sheet: Respondent Supplied

Responses must be submitted in the form and manner specified in this request.

## **REQUEST FOR PROPOSALS**

### **Brief Overview of Project:**

To provide a compulsory student accident medical insurance program for all students from birth to twelfth grade students including interscholastic sports, local and out of state field trips and other interscholastic activities for an effective date of July 1, 2022.

### **Your Proposal should include the following**

1. Detailed schedule of Insurance.
2. Include a statement of full compliance with RFP and/or a statement of exceptions.
3. Your premium rates in accordance with coverages outlined
4. Response to Statement of Proposals
5. An outline of administrative and service facilities your organization will offer
6. Proof that you company is authorized to sell insurance in the State of Connecticut

### **Benefit Specifications**

- A. Compulsory Student Accident Medical Insurance Program
- Approximate number of students is 21,000, of which 1,500 are Pre-K, including daycare.
  - Paid by Board of Education.
  - Eligibility; all day students in grades pre-K through twelfth grade including injuries related to all junior and senior high school interscholastic sports including football, band, cheerleaders, majorettes coaches, trainers, managers and related activities.
  - Full excess basis.
  - \$25,000 first-dollar on U&C basis with a two-year benefit payment limit.
  - Alternatively \$50,000, \$100,000 and \$1,000,000 first-dollar limits.
- B. Voluntary 24-Hour Accident Medical Insurance Program
- Coverage, which is in addition to Plan A above, would be paid by parent or guardian.
  - Full excess basis, alternatively primary basis.
  - \$1,000,000 first-dollar on U&C basis with a two-year benefit payment limit.
- C. Catastrophic Accident Medical Insurance Program
- Paid by Board of Education
  - Eligibility: Same as Plan A above.
  - Full excess basis.
  - Benefit Maximum
    - Alternative
    - 1) \$1 million
    - 2) \$5 million
    - 3) \$10 million
  - Deductible; only Plan A or Plan B above.
  - Benefits: U&C basis with a lifetime benefit payment limit.

D. Catastrophic Cash Benefit

- Paid by Board of Education
- Eligibility: same as Plan A
- Cash Benefits; 180 days/6 month standard limits, conditions limited to coma, brain death and paralysis.
- Accidental Death and Specific Loss benefits: within 180 days, payment by the following schedule:

Loss of Life	\$15,000
Accidental Dismemberment:	
Two or more members*	\$20,000
One member*	\$10,000
Speech or hearing	\$10,000
The thumb and index finger of the same hand	\$ 5,000

Note: \*Member means hand, foot or sight of eye.

Only one of the amounts listed above (the largest applicable) will be paid for covered injuries.

E. Special General Liability Coverage

- Paid by the Board of Education
- Eligibility: same as Plan A
- Benefits “carve-out”: basis for coverage above Plan C up to:  
Alternative  
1) \$25 million  
2) \$50 Million  
3) \$100 Million

**Selection Criterion:**

- 1. Demonstrated experience in working with Boards of Education in meeting their Student Accident Insurance needs on flexible, cost-effective bases.**
- 2. Knowledge and experience with Student Accident Insurance programs, administrative procedures, and practices, including best practices in other Connecticut Boards of Education.**
- 3. Demonstrated knowledge of the risk management and other aspects of municipal government operations in Connecticut. “Municipal government” includes components of local government, including government, law enforcement and public schools.**
- 4. Demonstrated experience in designing and administering effective Student Accident Insurance programs.**
- 5. Cost proposal**
- 6. Previous 2 years audited Financial Statements**

**I) Award or Rejection**

All qualified proposals will be evaluated, and the award will be made to that proposer whose proposal is deemed to be in the best interest of the City of New Haven. The City reserves the right to reject any or all proposals.

### **III) Costs for Proposal Preparation**

Any costs incurred by proposers in preparing or submitting proposals are the proposers' sole responsibility.

### **IV) Oral Explanations**

The City of New Haven will not be bound by oral explanations or instructions given at any time during the competitive process or after the award of the contract.

### **V) Reference to Other Data**

Only information which is received in response to the specifications will be evaluated; reference to information previously submitted or explained will not be considered unless specifically authorized.

### **VI) Time for Acceptance**

The proposer agrees to be bound by its proposal for a period of at least 90 days, during which time the City of New Haven may request clarification or correction of the proposal for the purpose of evaluation. Amendments or clarifications shall not affect the remainder of the proposal, but only the portion so amended or clarified.

### **VII) Eligibility Rules**

The proposer agrees to accept any specified eligibility rules established by the City. Any proposed modifications to the specified eligibility rules must be clearly pointed out in the appropriate section of the proposal. Otherwise, it will be considered that all items offered are in strict compliance with the specifications. The successful proposer will be responsible for compliance.

### **VIII) Exceptions**

Any exceptions to terms, conditions, or other requirements in any part of these specifications must be clearly pointed out in the appropriate section of the proposal. Otherwise, it will be considered that all items offered are in strict compliance with the specifications. The successful proposer will be responsible for compliance. Any exceptions will be part of the evaluation process and may constitute grounds for rejection of the proposal.

### **IX) Proposer's Representative**

The proposal must be signed by a legal representative of the proposing firm, who is authorized to bind the firm to a contract in the event of the award.

### **X. Current Claims Information**

#### **1. Incident Reporting Process**

Teacher to principal and accident report completed

Accident report forwarded to the Board of Education

Four investigators review all reports and selectively prepare defense in case there is a lawsuit.

### **XI. Current Premiums**

\$51,000.00 per year





P.O. Box 511  
 Matawan, NJ 07747  
 Phone: 800.445.3126  
 Fax: 732-583-9610  
 www.bobmcclloskey.com

**K – 12 Student Accident Insurance Application**

**CITY OF NEW HAVEN**

Policyholder Name  
 200 ORANGE STREET, ROOM 301

Address  
 NEW HAVEN CT 06510

City State Zip Code  
 7/1/23 7/1/24

Effective Date Expiration Date  
 21,000 K-12

Number of Eligible Students Grades Included Football

COVERAGE	CARRIER	POLICY NUMBER
Base	Chubb - Federal Insurance Co.	9908-57-92
Catastrophic	Chubb - Federal Insurance Co.	9908-57-93
Voluntary	N/A	N/A

**CLASS OF INSURED**

Class 1: All enrolled students of the participating school district participating in sponsored and supervised activities including sports.  
 Class 2: All enrolled students of the participating school or district who participate in Interscholastic Sports including band members, cheerleaders, majorettes, student coaches, student trainers, and student managers.  
 Class 3: All enrolled students of the participating school or district who participate in Intramural or Interscholastic Sports, gym classes and non-sport extracurricular activities including band members, cheerleaders, majorettes, student coaches, student trainers, and student managers.

BENEFITS	BASE STUDENT ACCIDENT	CATASTROPHIC STUDENT ACCIDENT
Class of Insureds	Class 1	Class 1
Maximum Medical Benefit	\$25,000 per Injury	\$5,000,000 per Injury
Deductible	\$0 per Injury	\$25,000 per Injury
Benefit Period	2 Years	10 Years
Accidental Death & Dismemberment	\$10,000	\$10,000
AD&D Aggregate	\$500,000	\$500,000
Dental	Included up to Policy Max.	Included up to Policy Max.
Plan Design & Coinsurance Level	Full Excess - 100% U&C	Full Excess
HMO/PPO, Pre-Existing, Expanded Medical	Included	Included
Heart & Circulatory Benefit	Included	Included
Deferred Dental Benefit	Included - \$1,000	N/A
Outpatient Physical Therapy Benefit	Included	Included
Outpatient Rehab. Braces or Appliances	Included	Included
Catastrophic Cash Maximum	N/A	\$500,000
Total Premium	\$27,500	\$17,500

**Additional Covered Persons, Activities & Coverage Terms:**  Volunteer Workers Benefit - \$25,000 AME -Base Student Accident Only  
 2 year rate guarantee on the base only (2022-2023, 2023-2024)

**VOLUNTARY OPTION (CT, NJ, MA, PA)**

Policy Term: 9/1/23 – 9/1/24:  School Time  Around the Clock  Dental

We understand that insurance will be in force if this request is accepted by the company, and the required premium is received by the company when due. As the signatory, I am an official authorized to contract on behalf of the Policyholder.

Name of Official: \_\_\_\_\_ Signature of Official: \_\_\_\_\_ Date: \_\_\_\_\_