


Purchase Change Request			 Marshall University Office of Purchasing One John Marshall Drive Huntington, WV 25755-4100			Order # MU20ATHINS		
FY 21	Buyer BN	Date 7/7/2020	Account Various	P.O. Date 7/31/2019	Contract MU20ATHINS			
Document <input type="checkbox"/> Requisition (Cancellation only) <input type="checkbox"/> Regular Purchase Order <input type="checkbox"/> Contract Purchase Order <input checked="" type="checkbox"/> Open End Contract Purchase <input type="checkbox"/> Agreement				Document Action <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Cancellation <input type="checkbox"/> Increase/Decrease <input type="checkbox"/> Unused Balance <input type="checkbox"/> Freight <input checked="" type="checkbox"/> Renewal <input type="checkbox"/> Extension Error </div> <div> <input type="checkbox"/> Error in Total Amount <input type="checkbox"/> Change of Account <input type="checkbox"/> Change of Vendor Name/Address <input type="checkbox"/> Other </div> </div>				
Vendor Name, Address, Phone #, etc. Vendor Code McGriff Insurance Services Inc 3605 Glenwood Avenue, Suite 201 Raleigh, NC 27612				BOG Unit Name & Address Marshall University Office of Purchasing One John Marshall Drive Huntington, WV 25755-4100				
Ph# 864-380-9583		Fax		FEIN# 56-1623293				
Item#	Quantity	Description of Change			Unit Price	Extended Price		
		<p style="text-align: center;">Change Order # <u>1</u></p> <p>To renew contract MU20ATHINS all in accordance with the terms, conditions, and specifications contained in the original contract.</p> <p style="text-align: center;">Intercollegiate Athletic Accident Insurance</p> <p>Effective Date(s): August 1, 2020 to July 31, 2021 Renewal #1 of 4 Renewals remaining: (3) three</p>						
Reason for Change: Contract Renewal					Previous Total	\$ Open-End		
					Increase	\$		
					Decrease	\$		
					New Total	\$ Open-End		

Approved: Angela White Negley 7/7/20 Date

Authorized Signature

N/A

Attorney General if required

Date

Purchasing Continuation Sheet

BOG 36

Page#
2P.O. #
MU20ATHINS co1

Vendor: McGriff Insurance Services, Inc.

Organization Name Marshall University

Description	
Pricing Page:	
Full Coverage Insurance after claim loss is paid by the University - Aggregate Deductible	\$565,000.00
Premium - Plan Cost	\$62,610.00
Administration for the Medical Fund - Percentage (%) or Flat Fee Amount	\$46,000.00
Expanded Activities Coverage Option (Cheerleaders, Mascot, Dance, Student Managers, Student Trainers)	
Prospective Student - Athlete Catastrophic Option	\$1,600.00



Office of Purchasing

June 30, 2020

McGriff Insurance Services Inc
3605 Glenwood Avenue, Suite 201
Raleigh, NC 27612

Re: Contract Renewal for MU20ATHINS

To Whom It May Concern:

The above referenced contract will expire on July 31, 2020. There is a provision for another renewal upon written mutual agreement of the parties.

Please annotate on the bottom of this letter, with your signature and date, if you agree to renew contract **MU20ATHINS** effective August 1, 2020 through July 31, 2021 under the same terms and conditions. Enclosed is a Purchasing Affidavit which requires signature and notarization as well.

Please return the letter and the enclosed purchasing affidavit signed in the original to the noted below.

Marshall University – Office of Purchasing
One John Marshall Drive
Huntington, WV 25755-4100

If you have any questions, please feel free to contact me at hawthorne2@marshall.edu.

Sincerely,

Justin P. Hawthorne
Purchasing Agent

I agree to renew the current contract # **MU20ATHINS** for an additional one (1) year period under the same terms and conditions.

☒ Yes ☐ No

Yes, subject to the following changes indicated below or in the attached letter.

6/30/2020

Signature

Date

Daniel R. Nunnery
Printed Name

Sr. Vice President, Educational Risk
Title

Comments:

WE ARE...MARSHALL.

One John Marshall Drive • Huntington, West Virginia 25755-4100 • Tel 304/696-2821
A State University of West Virginia • An Affirmative Action/Equal Opportunity Employer

STATE OF WEST VIRGINIA
Purchasing Division

PURCHASING AFFIDAVIT

CONSTRUCTION CONTRACTS: Under W. Va. Code § 5-22-1(i), the contracting public entity shall not award a construction contract to any bidder that is known to be in default on any monetary obligation owed to the state or a political subdivision of the state, including, but not limited to, obligations related to payroll taxes, property taxes, sales and use taxes, fire service fees, or other fines or fees.

ALL CONTRACTS: Under W. Va. Code §5A-3-10a, no contract or renewal of any contract may be awarded by the state or any of its political subdivisions to any vendor or prospective vendor when the vendor or prospective vendor or a related party to the vendor or prospective vendor is a debtor and: (1) the debt owed is an amount greater than one thousand dollars in the aggregate; or (2) the debtor is in employer default.

EXCEPTION: The prohibition listed above does not apply where a vendor has contested any tax administered pursuant to chapter eleven of the W. Va. Code, workers' compensation premium, permit fee or environmental fee or assessment and the matter has not become final or where the vendor has entered into a payment plan or agreement and the vendor is not in default of any of the provisions of such plan or agreement.

DEFINITIONS:

"Debt" means any assessment, premium, penalty, fine, tax or other amount of money owed to the state or any of its political subdivisions because of a judgment, fine, permit violation, license assessment, defaulted workers' compensation premium, penalty or other assessment presently delinquent or due and required to be paid to the state or any of its political subdivisions, including any interest or additional penalties accrued thereon.

"Employer default" means having an outstanding balance or liability to the old fund or to the uninsured employers' fund or being in policy default, as defined in W. Va. Code § 23-2c-2, failure to maintain mandatory workers' compensation coverage, or failure to fully meet its obligations as a workers' compensation self-insured employer. An employer is not in employer default if it has entered into a repayment agreement with the Insurance Commissioner and remains in compliance with the obligations under the repayment agreement.

"Related party" means a party, whether an individual, corporation, partnership, association, limited liability company or any other form or business association or other entity whatsoever, related to any vendor by blood, marriage, ownership or contract through which the party has a relationship of ownership or other interest with the vendor so that the party will actually or by effect receive or control a portion of the benefit, profit or other consideration from performance of a vendor contract with the party receiving an amount that meets or exceeds five percent of the total contract amount.

AFFIRMATION: By signing this form, the vendor's authorized signer affirms and acknowledges under penalty of law for false swearing (W. Va. Code §61-5-3) that: (1) for construction contracts, the vendor is not in default on any monetary obligation owed to the state or a political subdivision of the state, and (2) for all other contracts, that neither vendor nor any related party owe a debt as defined above and that neither vendor nor any related party are in employer default as defined above, unless the debt or employer default is permitted under the exception above.

WITNESS THE FOLLOWING SIGNATURE:

Vendor's Name: McGriff Insurance Services, Inc.

Authorized Signature: [Signature]

Date: 6/30/2020

State of South Carolina

County of Pickens, to-wit:

Taken, subscribed, and sworn to before me this 30 day of JUNE, 2020

My Commission expires August 17, 2020

APRIX SEAL HERE

NOTARY PUBLIC [Signature]

Purchasing Affidavit (Revised 01/19/2018)



2020 - 2021
ICS Athletic & Catastrophic
Insurance Program
REVISED 5/27/20

Marshall University
1 John Marshall Drive
Huntington, WV 25755



Insurance Services

Dan Nunnery

Sr. Vice President of Education Risk
McGriff Insurance Services
417 East Main Street (29640)
Easley, SC 29641
DNunnery@McGriffInsurance.com
864.442.4005

Matt D'Antoni

Vice President
McGriff Insurance Services
1359 21st Avenue North, Suite 105
Myrtle Beach, SC 29577
MDAntoni@mcgriffinsurance.com
843.213.2621



Marshall University

2020/2021 ICS Eligibility and Athletic Census

ELIGIBILITY: All enrolled student athletes, cheerleaders, dance team, student managers, student trainers, and student coaches of the Policyholder.

COVERAGE: Coverage for the insured includes any type for accident or injury sustained while participating in scheduled intercollegiate athletic events, practices or games.

TYPE: Claims will be paid EXCESS of all other insurance for eligible injuries incurred during the policy period of the related expenses incurred within the benefit period.

CARRIER: Catlin Insurance Company Incorporated

CLAIM ADMINISTRATOR: Bob McCloskey Insurance & BMI Benefits, LLC. (BMI)

2020/21 ICS ATHLETIC CENSUS			
SPORT	MEN	WOMEN	Write "NEW for NEW SPORT in 2020/2021
Baseball	35	0	
Basketball	17	16	
Cheerleading	6	18	
Cross Country	17	14	
Dance / Mascot	1	13	
Football	122	0	
Golf	12	7	
Soccer	30	30	
Softball	0	25	
Swimming & Diving	0	26	
Tennis	0	7	
Track & Field (Indoor & Outdoor)	0	37	
Volleyball	0	17	
Student Managers/Trainers/Coaches	32	15	
TOTALS =	272	225	
The addition or deletion of an entire sport category may affect premium cost! Number changes need not be reported.			

Marshall University

2020/2021

Schedule of Benefits

Intercollegiate Sports Accident Insurance

Covered Persons & Activities	
Coverage for all student-athletes, student-coaches, and student-managers of the Policyholder, while participating in organized and supervised play and practice for an Intercollegiate team of which he/she is a registered member, including supervised travel to and from such play and practice. Coverage includes Guest/Recruits and Prospective Student-Athletes. Coverage includes participants of the Cheerleading and Dance/Drill Teams as well as the Mascot as listed on the RFP Census.	
Plan Maximum (Accident Medical Expense – AME)	\$90,000 per injury Maximum
Deductible	\$0 Deductible per Injury
Coinsurance	100% after the deductible, Full Excess
Benefit Period	104 weeks from the date of the covered accident
First Medical Treatment (includes treatment provided by Student Health Services or an Athletic Trainer)	Within 180 days of the injury to trigger the claim to be eligible under this policy
Accidental Death and Dismemberment (AD&D)	\$25,000
AD&D Aggregate Limit of Indemnity	\$5,000,000
Accidental Dental Benefit	Same as Medical Maximum
Expanded Medical Coverage, Recurring Injuries	Yes, Included
HMO/PPO Denial Coverage	Yes, Included
Pre-existing Condition Coverage	Yes, Included
Cardiovascular accident, heat exhaustion, stroke or other traumatic events caused by exertion (H&C Benefit)	Yes, Included
Outpatient Physical Therapy	Yes, Included
Durable Medical Equipment	Yes, Included
Prescription Drug Benefit	Yes, Included
Off Season Conditioning	Yes; if school sponsored and supervised
Air/Ground Ambulance Benefit	Yes, Included. Air ambulance must be medically necessary
Guest/Recruit Benefit	Yes, included for Division I Universities
Approved Experimental Treatments	Yes, when approved by the University and BMI

NOTE: The information contained in this proposal is only an outline of the benefits offered. It is NOT a complete explanation of the policy provisions or specifics of the policy benefits. To review a complete description of the program coverage, exclusions, and benefits, please contact us for a specimen copy of the policy.

Marshall University

2020/2021

Schedule of Benefits

Prospective Student-Athlete and Expanded Activities Accident Coverage

Covered Persons & Activities	
Coverage for all Prospective student-athletes of the Policyholder while on campus visit. Coverage for all active student-mascots, band members, student-managers, student-coaches, student-trainers, cheerleaders, dance/drill team members, pom team members, and mascots of the Policyholder. Coverage is in effect during school sponsored events and activities, that are not covered by the NCAA Catastrophic plan as NCAA sanctioned events.	
Plan Maximum (Accident Medical Expense – AME)	\$5,000,000 per injury Maximum
Deductible	\$25,000 Deductible per Injury
Coinsurance	100% after the deductible, Full Excess
Benefit Period	10 years from the date of the covered accident
First Medical Treatment (includes treatment provided by Student Health Services or an Athletic Trainer)	Within 180 days of the injury to trigger the claim to be eligible under this policy
Accidental Death and Dismemberment (AD&D)	\$10,000
AD&D Aggregate Limit of Indemnity	\$1,000,000
Accidental Dental Benefit	Same as Medical Maximum
Expanded Medical Coverage, Recurring Injuries	Yes, Included
HMO/PPO Denial Coverage	Yes, Included
Pre-existing Condition Coverage	Yes, Included
Cardiovascular accident, heat exhaustion, stroke or other traumatic events caused by exertion (H&C Benefit)	Yes, Included
Outpatient Physical Therapy	Yes, Included
Durable Medical Equipment	Yes, Included
Prescription Drug Benefit	Yes, Included
Off Season Conditioning	Yes; if school sponsored and supervised
Air/Ground Ambulance Benefit	Yes, Included. Air ambulance must be medically necessary
Approved Experimental Treatments	Yes, when approved by the University and BMI
Catastrophic Cash Benefit	\$500,000

NOTE: The information contained in this proposal is only an outline of the benefits offered. It is NOT a complete explanation of the policy provisions or specifics of the policy benefits. To review a complete description of the program coverage, exclusions, and benefits, please contact us for a specimen copy of the policy.

CONFIDENTIAL

MARSHALL UNIVERSITY						
Claims Fund Analysis						
ATHLETICS INSURANCE PLAN DESIGN						
YEAR	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
SIR/AGG. DEDUCTIBLE	\$470,000	\$589,000	\$589,000	\$589,000	\$650,000	\$540,000
ICS PREMIUM	\$66,198	\$72,612	\$72,612	\$72,612	\$79,900	\$62,600
ADMIN FEE	\$43,936	\$41,753	\$48,729	\$72,886		\$46,000
TOTALS	\$580,134	\$703,365	\$710,341	\$734,498		\$648,600
Expanded Activities	\$1,095.00	\$1,200.00	\$1,200.00	\$1,200.00	\$1,200.00	\$1,600.00
AGGREGATE DEDUCTIBLE CLAIMS PAID						
CLAIMS	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
MOO As of: 4/1/20	\$437,881.84	\$424,682.25	\$492,423.76	\$589,000.00	\$379,584.71	
BMI As of: 5/1/20						\$407,646.03
2019/20 Claims in Pending Status as of 5/01/2020						\$30,089.74
						\$437,735.77
INSURED CLAIMS PAID						
CLAIMS	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
MOO As of: 4/1/20	\$0.00	\$0.00	\$0.00	\$251,805.89	\$0.00	
BMI As of: 5/1/20						\$0.00
CLAIMS FUND HISTORY						
DEPOSIT YEAR	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
SIR/AGG DEDUCTIBLE						\$540,000
9/25/2019						\$270,000
4/29/2020						\$150,000
Billed but not Processed						\$50,000
TOTAL PAID	\$0	\$0	\$0	\$0	\$0	\$470,000
DIFFERENCE EXPECTED & PAID						
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$70,000.00
BALANCE IN CLAIMS FUND AS OF 5/1/2020						\$42,443.71
Once the pending claims are processed, Marshall should have a Claims Fund Balance of \$12,353.97.						
The \$50,000 payment will be added to this bance once received and processed.						

Marshall University

2020/2021 ICS Self-Insured (SIR) Market Analysis – **REVISED 5/27/20**

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ICS PREMIUM & LOSS HISTORY					
	2016/2017	2017/2018	2018/2019	McGriff CURRENT 2019/2020 Catlin/BMI	McGriff REVISED RENEWAL 2020/2021 AIG/BMI
Aggregate Deductible:	\$589,000	\$589,000	\$650,000	\$540,000	\$565,000
STOP LOSS PREMIUM	\$72,612	\$72,612	\$79,900	\$62,600	\$62,610
ADMIN FEE	\$48,729	\$72,886		\$46,000	\$46,000
TOTAL FIXED COST	\$121,341	\$145,498		\$108,600	\$108,610
MAXIMUM (Worst Case)	\$710,341	\$734,498		\$648,600	\$673,610
Losses: as of 4/1/20 & 5/1	\$492,424	\$840,806	\$379,585	\$437,736	N/A

2020/2021 SIR ALTERNATE QUOTES							
SIR Specs	Catlin #1	Catlin #2	AIG	Berkley	Hartford	US Fire	Liberty M.
AD/AP	\$755,000	\$650,000	\$565,000	\$726,000	\$785,000	\$998,234	\$650,000
SL PREMIUM	\$62,600	\$90,500	\$62,610	\$100,000	\$64,915	\$149,735	\$109,000
ADMIN FEE	\$46,000	\$46,000	\$46,000	\$46,000	\$46,000	\$46,000	\$46,000
TOTAL FIXED COST	\$108,600	\$136,500	\$108,610	\$146,000	\$110,915	\$195,735	\$155,000
MAX*	\$863,600	\$786,500	\$673,610	\$872,000	\$895,915	1,193,969	\$805,000
* MAX is the Worst Case Scenario: This is the total maximum Marshall would have to spend. This amount can fluctuate based on the amount paid into the claims fund.							

Arch: DTQ – No SIR Filing in West Virginia

Starr: DTQ - No SIR Filing in West Virginia

QBE: DTW

Marshall University

2020/2021 Catastrophic Coverage

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CATASTROPHIC COVERAGE		
SPORT	WOMEN	MEN
Cheerleading	X	X
Dance	X	X
Mascots	X	X
Student Managers	X	X
Student Trainers	X	X

ELIGIBILITY

Class 1: All enrolled members of the cheerleading and dance teams/groups, as well as student managers, student trainers and coaches of the Policyholder.

Class 2: All visiting prospective student athletes participating in an organized visitation arranged by the Policyholder.

WHEN COVERED Sports Coverage

CATASTROPHIC BENEFITS	
Full Excess Accident Medical Benefit Maximum	\$5,000,000 per injury
Deductible	\$25,000 per injury (Incurred within 2 years)
Aggregate Limit of Liability	\$5,000,000
Accidental Death & Dismemberment	\$10,000
Deductible Establishment Period	24 Months
Maximum Benefit Period	10 Years from the date of the Covered Accident
CAT CASH BENEFIT	
Maximum Lump Sum Benefit	\$100,000
Maximum Monthly Benefit	\$6,667.00
Maximum Number of Months	60
<i>Refer to Policy to see details and internal limitations and exclusions</i>	

Marshall University

2020/2021 Catastrophic Coverage

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CAT PREMIUM & LOSS HISTORY				McGriff CURRENT 2019/2020 MOO/BMI	McGriff RENEWAL 2020/2021 US Fire/BMI
	2016/2017	2017/2018	2018/2019		
CAT PREMIUM:	N/A	N/A	N/A	\$1,600	\$1,600
LOSSES: as of	N/A	N/A	N/A	\$0	N/A

AIG: Cannot meet Current Premium (Estimated \$4,000)

UC Defaulted Accounts Search Results

Sorry, no records matching your criteria were found.

FEIN: 561623293
Business name: MCGRIFF INSURANCE SERVICES INC
Doing business
as/Trading as:

Please use your browsers back button to try again.

WorkforceWV	Unemployment Compensation	Offices of the Insurance Commissioner
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