


Purchase Change Request					Marshall University Office of Purchasing One John Marshall Drive Huntington, WV 25755-4100	Order # MU20ATHINS
FY 22	Buyer JH	Date 7/19/2021	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 checked="" 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. McGriff Insurance Services Inc 3605 Glenwood Avenue, Suite 201 Raleigh, NC 27612			Vendor Code 56-1623293		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>2</u></p> <p>To renew contract MU20ATHINS all in accordance with the terms, conditions, and specifications contained in the original contract and all authorized change orders.</p> <p style="text-align: center;">Intercollegiate Athletic Accident Insurance</p> <p>Effective Date(s): August 1, 2021 to July 31, 2022 Renewal #2 of 4 Renewals remaining: (2) Two</p>				
Reason for Change: Contract Renewal				Previous Total		\$ Open-End
				Increase		\$
				Decrease		\$
				New Total		\$ Open-End

Approved:

Authorized Signature

Angela White Negf

7/19/21

Date

N/A

Attorney General if required

Date

Purchasing Continuation Sheet

BOG 36

Page#
2P.O. #
MU20ATHINS co2

Vendor: McGriff Insurance Services, Inc.

Organization Name Marshall University

Description											
<p>Pricing Page:</p> <table border="1"> <tr> <td>Full Coverage Insurance after claim loss is paid by the University - Aggregate Deductible</td><td>\$725,000.00</td></tr> <tr> <td>Premium - Plan Cost</td><td>\$69,471.00</td></tr> <tr> <td>Administration for the Medical Fund - Percentage (%) or Flat Fee Amount</td><td>\$46,000.00</td></tr> <tr> <td>Expanded Activities Coverage Option (Cheerleaders, Mascot, Dance, Student Managers, Student Trainers)</td><td></td></tr> <tr> <td>Prospective Student - Athlete Catastrophic Option</td><td>\$1,600.00</td></tr> </table>		Full Coverage Insurance after claim loss is paid by the University - Aggregate Deductible	\$725,000.00	Premium - Plan Cost	\$69,471.00	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
Full Coverage Insurance after claim loss is paid by the University - Aggregate Deductible	\$725,000.00										
Premium - Plan Cost	\$69,471.00										
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										

ALL

w w w . m a r s h a l l . e d u

Office of Purchasing
June 7, 2021

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 July 31, 2021. There is a provision for another extension 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, 2021 through July 31, 2022 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 call me at 304-696-2820.

Sincerely,

Hawthorne
Purchasing Agent
Marshall University

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

Yes No

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

Signature

Dan R Nunnery

Date

6/28/2021

Printed Name

DAN R NUNNERY

Title

SVP

Comments: Change in Agg. Deductible and Premium with No Change in Benefits and Admin Fee. (See Below)

2021/2022 ICS ATHELETIC ACCIDENT PLAN YEAR

AGGREGATE DEDUCTIBLE: \$725,000

STOP LOSS PREMIUM: \$69,471

WE ARE...

L.

ADMIN FEE: \$46,000

2021/2022 CATASTROPHIC PLAN YEAR: Premium is same as current - No change. \$1,600 Annual

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

Authorized Signature: [Signature] Date: 6/28/2021

State of South Carolina

County of Greenville, to-wit:

Taken, subscribed, and sworn to before me this 28th day of June, 2021.

My Commission expires 3/10, 2024

AFFIX SEAL HERE

NOTARY PUBLIC

[Signature]



Marshall University 2021/2022

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: AIG

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

ICS ATHLETIC CENSUS - MARSHALL UNIVERSITY

RENEWAL: 2021/2022

SPORT	MEN	WOMEN	Write "NEW for NEW SPORT in 2021/2022"
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 2021/2022

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 2021/2022

ICS Self-Insured (SIR) Market Analysis

CONFIDENTIAL

SOLD 2021/22

ICS PREMIUM & LOSS HISTORY					
	2017/2018	2018/2019	2019/2020 Catlin/BMI	McGriff CURRENT 2020/2021 AIG/BMI	McGriff RENEWAL 2021/2022 AIG/BMI
Aggregate Deductible:	\$589,000	\$650,000	\$540,000	\$565,000	\$725,000
Stop Loss Premium:	\$72,612	\$79,900	\$62,600	\$62,610	\$69,471
Admin Fee:	\$72,886		\$46,000	\$46,000	\$46,000
TOTAL FIXED COST	\$145,498		\$108,600	\$108,610	\$115,471
MAXIMUM (Worst Case)	\$734,498		\$648,600	\$673,610	\$840,471
Losses: as of 6/4/2021	\$840,806	\$379,585	\$756,635	\$505,884	N/A

2021/2022 SIR MARKET ANALYSIS					
SIR Specs	AIG Incumbent	HARTFORD	LIBERTY MUTUAL	BERKLEY	US FIRE
AD/AP	\$725,000	\$790,000	\$870,000	\$780,000	\$875,227
SL PREMIUM	\$69,471	\$75,000	\$65,000	\$100,000	\$131,284
ADMIN FEE	\$46,000	\$46,000	\$46,000	\$46,000	\$46,000
TOTAL FIXED COST	\$115,471	\$121,000	\$111,000	\$146,000	\$177,284
MAX*	\$840,471	\$911,000	\$981,000	\$926,000	\$1,052,511
<p>*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.</p>					

QBE: DTQ – Claim Volatility

ZURICH: DTQ – No SIR Filing in West Virginia

Arch: DTQ – No SIR Filing in West Virginia

Starr: DTQ - No SIR Filing in West Virginia

The rates and benefits shown in this proposal are for an illustrative comparison only. Please refer to the carrier's certificate of coverage for a complete description of benefits, exclusions, and limitations. In the event of a discrepancy, the carrier's contract will always govern.



Marshall University 2021/2022

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.

The rates and benefits shown in this proposal are for an illustrative comparison only. Please refer to the carrier's certificate of coverage for a complete description of benefits, exclusions, and limitations. In the event of a discrepancy, the carrier's contract will always govern.



Marshall University 2021/2022

Catastrophic Coverage Premium and Loss History

CONFIDENTIAL

SOLD 2021/22

CAT PREMIUM & LOSS HISTORY					
	2017/2018	2018/2019	2019/2020 MOO/BMI	McGriff CURRENT 2020/2021 US Fire/BMI	McGriff RENEWAL 2021/2022 US Fire/BMI
CAT PREMIUM:	N/A	N/A	\$1,600	\$1,600	\$1,600
LOSSES: as of	N/A	N/A	\$0	\$0	N/A









The rates and benefits shown in this proposal are for an illustrative comparison only. Please refer to the carrier's certificate of coverage for a complete description of benefits, exclusions, and limitations. In the event of a discrepancy, the carrier's contract will always govern.

Vendor/Customer

Vendor/Customer	Legal Name	Alias/DBA	Vendor Active Status	Customer Active Status	Previous Name
000000214015	BB & T CARSON INSURANCE SERVICES	MCGRUFF INSURANCE SERVICES INC	Active	Inactive	
✓ VC0000064735	MCGRUFF INSURANCE SERVICES INC		Active	Inactive	

From 1 to 2 of 2 First Prev Next Last [Attachments](#)Save [Undo](#) Delete Insert [Copy](#) Paste [Search](#) 








▼ General Info

Vendor/Customer :	VC0000064735	Restrict Use by Department :	
Legal Name :	MCGRUFF INSURANCE SER	Miscellaneous Account :	
Alias/DBA :		Internal Account :	
Vendor Active Status :	Active ▼	Third Party Only :	
Vendor Approval Status :	Complete	Third Party Vendor :	
Customer Active Status :	Inactive ▼	Third Party Customer :	
Customer Approval Status :	Incomplete	Inventory Customer :	
Location Name :		Healthcare Provider :	
First Name :		Never Archive :	
Middle Name :		Restrict VSS Access :	No ▼
Last Name :		Discontinue - No New Business :	
Company Name :	MCGRUFF INSURANCE SER	Prevent MA Reference :	
Previous Name :		PunchOut Enabled :	
Previous Street :		Re-PunchOut Enabled :	
Previous City :		Electronic Order Enabled :	
Previous State/Province :		W-9 Received :	
Previous Country :		W-9 Received Date :	
		W-8 Received :	
		W-8 Received Date :	
		Accepts Credit Cards :	
		Active From :	12/13/2017 
		Active To :	
		Last Usage Date :	07/16/2021
		Department :	
		Unit :	









▼ Headquarters

Headquarters Account :	No	Web Address http:// :	
Headquarters Account Code :	000000214015 	Catalog DUNS :	113260307
Headquarters Account Legal Name :	BB & T CARSON INSURANC	Catalog Extended DUNS :	
Franchise Account :		Taxpayer ID Number :	*****3293
		Taxpayer ID Number Type :	EIN ▼

▼ Organization


Organization Type :	Company ▼	1099 Indicator :	No
1099 Classification :	Corporation ▼	1042-S Indicator :	
1042-S Ch. 3 Recipient Code :		Taxpayer ID Number :	561623293 
1042-S Ch. 4 Status Code :		Taxpayer ID Number Type :	EIN ▼
Number of Employees :	▼	Detailed TIN Type :	
Merchant ID :		Foreign Tax ID :	
Sex :	▼	GIIN :	
Date of Birth :		1042-S Recipient Account Number :	
Marital Status :	▼	W-8 Form :	▼
Annual Income :	▼	Tax Profile :	
IRS Country of Residence :		Tax Profile Name :	
IRS Country Sub Code :		EBIC Number :	
Contract Withholding Exempt :	<input type="checkbox"/>	IAEC Number :	
National Provider ID :		Web Address http:// :	
Assigning Authority :		Employee ID :	
CAGE Code :		Employee Status :	▼
Permanent Staffed Office in State :	<input type="checkbox"/>	Supplier Shared Secret :	

▼ Disbursement Options




Category :	DIRC 	Hold Payment :	
Description :	Direct Payments	Hold Payment Authorized By :	
Default Type :	Check	Hold Payment Authorized On :	
Default Priority :	99 	Hold Reason :	
Default Format :	REG 		
Default Format Description :		Prevent New Spending :	▼
Scheduled Payment Day :		Prevent New Orders :	For All Departments ▼
Single Payment Indicator :		Third Party Code :	
Name on Check :	Legal Name ▼	Third Party Name :	
Eligible for VCA Payments :		Third Party Approved By :	
VCA Effective From Date :		Third Party Approved On :	
VCA Effective To Date :		Third Party Reason :	
VCA Primary Email :			
VCA Secondary Email :			
VCA Comments :			

Always Infer Third Party Vendor : ☐
 Third Party Address ID : 

▼ Prenote/EFT

Generate EFT Payment : <input type="checkbox"/>	EFT Format : 
ABA Number : 	EFT Format Description : 
Bank Name : 	EFT Status : 
Account Type : 	Last Status Change : 
Account Number : 	EFT Status Description : 
Routing ID Number : 	
Bank Phone Number : 	
Prenote Requested Date : 	Prenote Return Reason Explanation : 
Prenote Return Reason : 	
Prenote Return Reason Message : 	
Foreign Correspondent Bank Name : 	W-9 Mailing Date : 
Foreign Correspondent Bank Branch Country Code : 	W-9 Response Date : 06/27/2018
Account Number Linkage to Provider Identifier : 	
Reason for Submission : 	
















▼ Remittance Advice

Remittance Advice Required : ☐
 Remittance Advice Format : 
 Remittance Advice Format Description : 
 Remittance Advice Transmission Mode : 

▼ Vendor Terms

Number of Days 1 : 	Number of Days 3 : 
Discount Percent 1 : 	Discount Percent 3 : 
Discount Always 1 : <input type="checkbox"/>	Discount Always 3 : <input type="checkbox"/>
Number of Days 2 : 	Number of Days 4 : 
Discount Percent 2 : 	Discount Percent 4 : 
Discount Always 2 : <input type="checkbox"/>	Discount Always 4 : <input type="checkbox"/>


▼ Accounts Receivable

Default Receipt Type : 	Bill Headquarters : 
Default Billing Profile : 	Bankruptcy : 
Cost Accounting Funding Type : 	Central Statement BPRO : 
Credit/Debit Card Type : 	Central Statement Billing Location : 
Credit/Debit Card Number : 	Central Statement Address ID : 
Name on Card : 	Suppress Central Statement : 
Credit/Debit Card Expiration Month : 	Suppress Central Past Due Statement : 
Credit/Debit Card Expiration Year : 	

▼ eMALL

DUNS : 113260307	Preferred Ordering Method : 
Extended DUNS : 	Pcard Acceptance Level : 
Internet Catalog : 	Create Certification Document : 
VSS Registered : <input checked="" type="checkbox"/>	Vendor Preference Level : 99

▼ Location Information

*Verify My Locations by : Create My Own 
 Vendor Verification Based On : Migrated vendor accounts ha
 Vendor Verification Password :
 Confirm Verifications :

► Fee and Vendor Compliance Holds





Fee Exempt : 	Tax Clearance : 
Registration Application Date : 	Unemployment Insurance : 
Registration Effective Date : 	Worker's Compensation : 
Registration Expiration Date : 	Secretary of State Registration : 
Pre-Registration Code : 	Federal Debarred : 

► Executive Compensation

▼ Additional Information

Miscellaneous Field 1 : 	Miscellaneous Flag 1 : 
Miscellaneous Field 2 : 	Miscellaneous Flag 2 : 
Miscellaneous Field 3 : 	Miscellaneous Flag 3 : 
Miscellaneous Field 4 : 	
Miscellaneous Field 5 : 	
Miscellaneous Field 6 : 	
Miscellaneous Field 7 : 	

▼ Travel

Traveler : 
 Travel Policy : 
 Allow Traveler Advances : 
 PCard ID : 

▼ Change Management

Created By : chapmanjo1
 Joan E Chapman
Created On : 12/13/2017
Last Approved By : kirktr2
 Trent G Kirk
Last Approved On : 01/17/2020
Date Registered : 12/13/2017

Last Modified By : kirktr2
 Trent G Kirk
Last Modified On : 01/17/2020
Comments :

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