

RAVENNA PUBLIC SCHOOLS INSURANCE SPECIFICATIONS

The Board of Education of Ravenna Public Schools invites proposals for all insurance included in these specifications effective 03/04/17.

Proposals must be marked 'Insurance Proposal' and received in the Superintendent's office no later than 12:00 noon on Friday, February 3, 2017. All proposals will be opened and read at this time. Proposals received after this time will be returned unopened.

All proposals shall be valid for a period of sixty days. The Board of Education reserves the right to waive irregularities and to reject any or all proposals.

Additional information may be obtained by contacting: Ken Schroeder at <ken.schroeder@ravennabluejays.org> or 308-470-0502.

1. All proposals must be submitted on the enclosed forms and must include the name of the insurance company or pool. The annual premiums must be indicated on the Premium Summary page.
2. Proposals must be for the coverages and limits requested in order to facilitate comparisons. Deficiencies in coverage or limits as well as improvements included in your proposal and recommendations for improving coverage reducing premiums and other methods of handling risks are welcomed but must be submitted separately with full explanations as to the advantages of the alternate recommended.
3. The successful bidder will have a competent representative available for consultation upon reasonable notice.
4. The agency or agencies awarded the insurance shall furnish a Certificate of Insurance as evidence of errors and omissions insurance with a limit of at least \$1,000,000.
5. The Board reserves the right to accept or reject any or all bids.
6. Sixty days notice of cancellation will be given in the event of cancellation by the insurance company.

PROPERTY INSURANCE

Blanket Limit	\$21,813,000
Coinsurance	<u>100 %</u>

Minimum coverage is to include:

- Blanket Building, Contents and Property in the Open
- Special Form Coverage
- Replacement Cost and Agreed Amount
- Out-door signs, light poles, scoreboards and antennas (if any)
- Coverage for newly acquired property for 90 days - limit \$1,000,000
- \$5000 Deductible shall be per occurrence
- Policy must not require rebuilding at the same site

Options

- \$1000 or \$2500 Deductible Per Occurrence
- Building Ordinance Limit -- \$50,000,000
- Debris Removal Limit -- \$50,000,000
- Extra Expense Limit -- \$25,000,000
- Demolition Cost Limit -- \$50,000,000
- Earthquake Limit -- \$50,000,000
- Flood (Excluding Zone A) Limit -- \$50,000,000
- Flood in Zone A (if any) Limit -- \$15,000,000
- Please identify any special coverage provided by your firm

STATEMENT OF VALUES

Occupancy and Address	Coverage	Construction	Year Built	Square Footage	100% Replacement Cost Value	Flood Zone
K - 12 School 41750 Carthage Rd Ravenna, NE 68869	Building Contents	Non- Combustible			\$15,957,100 \$3,989,300	N/A
Football Field Lights, Poles, Scoreboard & Bleachers 41750 Carthage Rd Ravenna, NE 68869	Property in the Open				\$176,100	N/A
Football Field Concessions Stand 41750 Carthage Rd Ravenna, NE 68869	Building	Frame			\$17,000	N/A
Football Field Announcers Booth 41750 Carthage Rd Ravenna, NE 68869	Building	Frame			\$21,800	N/A
Football Field Equipment Building 41750 Carthage Rd Ravenna, NE 68869	Building				\$5,000	N/A
Elementary Playground Equipment 41750 Carthage Rd Ravenna, NE 68869	Property in the Open				\$19,400	N/A
Radio Tower Antenna 41750 Carthage Rd Ravenna, NE 68869	Property in the Open				\$5,000	N/A
Special Education and Youth Center 41750 Carthage Rd Ravenna, NE 68869	Building Contents	Frame			\$496,800 \$124,200	N/A
Arts and Weight Room 41750 Carthage Rd Ravenna, NE 68869	Building Contents	Frame			\$576,300 \$144,100	N/A

INLAND MARINE

Coverage is to include:

- \$500 Deductible per occurrence
- Automatic coverage for newly acquired property for a period of 90 days.
Limit -\$25,000
- All Risk Replacement Cost coverage on the following:

<u>Type of Equipment</u>	<u>Limit of Insurance</u>
Musical Instruments and Band Uniforms School Owned	\$_____ \$90,000_____
Musical Instruments Student Owned (if desired)	\$_____ \$20,000_____
Camera and Audio Visual	\$_____ \$45,000_____
Data Processing Hardware	\$ 633,407
Data Processing Software	\$ 7,500
Equipment	\$ 87,140
Radios	\$ 7,459
TOTAL	\$ 735,506

COMMERCIAL GENERAL LIABILITY

Coverage to include:

- \$1,000,000 Per Occurrence
- Additional Insured - All employees, members of the Board of Education, student teachers, volunteer workers.
- Any nonstandard exclusions, sub-limits or limitations such as injury to athletic participants, corporal punishment, sexual abuse, sexual harassment, etc. must be identified and explained.

Breakdown of students, teacher and ticket sales receipts:

<u>Class Code and Description</u>	<u>Premium Basis</u>	<u>Exposure</u>
47473 - Schools, High School	Per Student	132
47471 - Schools, Elementary	Per Student	324
44194 - Stadiums / Bleachers	Sets	2
47469 - Schools, Corporal Punishment	Per Faculty Member	80
87500 - Employee Benefits Liability	Per Faculty Member	49
87777 - Abuse or Molestation Liability	Per Student	456
87818 - Violent Event Response Coverage	Per Student	456

COMPREHENSIVE AUTOMOBILE

Coverage is to include:

- Bodily Injury and Property Damage
Limit \$ 1,000,000
- Medical Payments \$ 5,000
- Uninsured/Underinsured Motorists \$ 1,000,000
- Comprehensive Actual cash value
Deductible \$500
- Collision Actual cash value
Deductible \$500
- Non-Owned & Hired Car Coverage
- Garage Insurance
- Number of Auto Shop Teachers (if any) _____1_____
- Hired and Non Owned Physical Damage Limit: \$75,000

VEHICLE SCHEDULE

[illegible]

Stated Amount-Same like or kind

UMBRELLA - EXCESS LIABILITY

Coverage is to include:

- \$3,000,000 limit
- \$10,000 Self Insured Retention
- The policy should include first dollar defense costs.
- Must not exclude coverage for injury to athletic participants.
- Sexual Harassment, Abuse / Molestation Coverage should not be excluded.
- Must be excess over Errors and Omissions

Options:

- \$4,000,000 limit

BOILER AND MACHINERY

Coverage is to include:

- *\$30,000,000 Limit of Liability*
- *\$1,000 Deductible*
- *Comprehensive Form*
- *Repair or replacement included*
- *\$25,000 Expediting Expense*
- *\$25,000 Hazardous Materials*
- *\$25,000 Ammonia Contamination*

Location/Address of Building Containing Boiler and/or Machinery
41750 Carthage Road
Ravenna, NE 68869

WORKER'S COMPENSATION

Coverage is to include:

- Statutory Coverage with \$500,000/\$500,000/\$500,000 or whatever is required by umbrella carrier

Classification	Code	Annual Payroll
Professional and Clerical Employees	8868	\$3,050,220
All Other Employees	9101	\$242,209
Drivers, not otherwise classified	7380	\$88,234

Current Experience Modification: Use 1.06 as modifier for comparison purposes

Explain dividend plan, if any.

SCHOOL BOARD LIABILITY - ERRORS & OMISSIONS

Coverage to include:

- Limit of Liability - \$1,000,000
- Deductible - \$ 2,500
- All employees
- Retro Date: 03/04/01
- Sexual Harassment, Sexual Abuse / Molestation should not be excluded
- Defense costs outside the limit of liability preferred. If defense costs are included in the limit of liability please state such

BONDS

LIMITS

Blanket Public Employee Dishonesty - Faithful Performance
Option: \$1,000,000 Limit

\$ 10,000

School District Treasurer's Bond
Option: \$1,000,000 Limit

\$ 10,000

Deductible:

\$ 250

CRIME

Theft, Disappearance & Destruction
Deductible:
Inside Limit:
Outside Limit:

\$ 250

\$ 5,000

\$ 5,000

Option: \$1,000,000
Deductible: 0

PREMIUM SUMMARY

	<u>PREMIUM</u>	<u>CARRIER</u>
Property - Building and Contents	\$ _____	_____
Options:		
\$500 Deductible	\$ _____	
Building Ordinance	\$ _____	
Debris Removal	\$ _____	
Extra Expense	\$ _____	
Demolition Cost	\$ _____	
Earthquake & Flood	\$ _____	
Inland Marine	\$ _____	_____
Commercial General Liability	\$ _____	_____
Automobile	\$ _____	_____
Umbrella - Liability \$3,000,000	\$ _____	_____
Options:		
\$4,000,000 Limit	\$ _____	
Boiler & Machinery	\$ _____	_____
Bond/Crime Coverages	\$ _____	_____
Options:		
Limit \$1,000,000		
With -0- Deductible	\$ _____	
School Board Legal Liability	\$ _____	_____
Workers Compensation	\$ _____	_____
TOTAL	\$ _____	

LOSS HISTORY EXPERIENCE

Attached are currently valued 5-year loss runs for each line of coverage.

Please include a separate sheet to identify and explain any deficiencies or improvements in coverage or limits from the specifications