

DELGADO COMMUNITY COLLEGE  
NEW ORLEANS, LOUISIANA

Invitation to Bid for Furnishing  
Athletic Insurance Coverage for Intercollegiate Sports for  
Delgado Community College  
Term Contract No: 40006-100

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Bids will be received until 2:00PM CST on July 18, 2021 by the Purchasing Department, Delgado Community College, New Orleans, Louisiana. Bids will not be received after this specified hour and date. At this time, the bids will be publicly opened and read.

This is a competitive sealed bid. Complete details governing the policies and procedures to be followed in responding to the request are contained in the attachment.

All inquiries regarding this request shall be directed to:

Tracey G. Sheffield  
Director of Purchasing  
Delgado Community College  
501 City Park Avenue  
New Orleans, Louisiana, 70119  
Email:tsheff@dcc.edu

Bidder must complete the below submit it with their Bid. The undersigned certifies that he/she (or they) have carefully examined the Instructions to Bidders, General Conditions, Specifications, and any Addendums, if issued, hereto attached and made a part herein, and agree to comply with the instruction, conditions, and specifications, as covered by the attached papers. On the basis of the specifications, the undersigned proposes to furnish any/all items listed in the schedule of items hereto attached, upon which prices are requested, and at the price stated for each item.

FIRM NAME		SIGNATURE	
ADDRESS		NAME	
CITY, STATE, ZIP		TITLE	
TELEPHONE NO.	E-MAIL ADDRESS	DATE	

### Rejection of Bids

The College reserves the right to reject any and all bids received as a result of this Invitation to Bid.

### Bid Preparation

Failure to comply with the following administrative requirements may be grounds, at the College's sole option, for rejection of the bid.

### Format

The bid shall be in two (2) parts. Part I shall contain cost data. Bidders must break down their bid as specified. Part II may be formatted at the discretion of the bidder. However, the bidder must document in detail his ability to meet the requirements as set forth herein. Any such documentation must be cross-referenced to the specific section of this Invitation to Bid. The Bid in its entirety must be sealed.

### Presentation

Clarity of presentation is required. Bids must be prepared simply and economically, providing a straightforward, concise description of the bidder's ability to meet the requirements of this Invitation to Bid. Do not use fancy or bulky bindings, colored displays and promotional materials which are not part of the required submittal. Emphasis should be on completeness and clarity of content.

### Legibility

Each copy of the bid submitted must be clear and readable, and must be printed or typewritten, except for graphics. Any erasures, changes or strikeouts must be initialed in ink by the signatory.

### Inclusion of Bidder Forms, Contracts, Etc.

Bidder contracts, forms, or other materials and information not part of this bid must be submitted separately and clearly identified. If the bidder has previously negotiated, and the College has accepted a contract which would be suitable for this acquisition, it should be included for information purposes.

### Signature

At least one copy of the bid must be signed in original ink on the proposal form by the authorized employee, agent, or representative of the bidder. Caution: The bidder should return all of the original solicitation forms, completed where blanks were left for bidders to complete.

State of Compliance

The individual signing the bid must also sign the following statement:

"This bid complies with all mandatory requirements of the Invitation to Bid. In the event of any ambiguity or lack of clarity, the response is intended to be in compliance."

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

Number of Copies of Bid

Each bidder shall submit one (1) original and one (2) copies of its bid.

Mandatory Administrative Requirements

Bids not conforming to the following requirements will be rejected without further consideration or evaluation.

Sealed Bid

The entire bid and cost section must be sealed. The cost section must be signed separately, in original ink, by an authorized employee, agent, or representative of the bidder.

Bid Confirmation

Each bid must include the following signed in original ink by the signatory of the bid:

\_\_\_\_\_ certifies that this bid was not prepared or developed using assistance or information illegally obtained.

\_\_\_\_\_ is solely responsible for this bid meeting the requirements of the Invitation to Bid.

\_\_\_\_\_ is solely responsible for its compliance with all applicable laws and regulations relating to the preparations, submission, and contents of this bid.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

All bids will be considered valid until final contract award is made.

Contract Terms

All contracts entered into as a result of this bid will be interpreted under Louisiana Law.

Notice to Bidders

Each bidder is solely responsible for the accuracy & completeness of its bid. Errors or omissions may be grounds for rejection, or may be interpreted in favor of the College.

Bid Submission Procedures

The following procedures are mandatory. Failure to comply will result in rejection of the bid without further consideration or evaluation. Variations, if any, will be implemented at the sole discretion of the College, and will apply equally to all perspective bidders.

Calendar of Events

Release ITB:	Monday, June 24, 2024
Deadline to Receive Inquiries:	Monday, July 8, 2024 at 12:00 p.m.
Bid Opening Date/Time:	Thursday, July 18, 2024 at 2:00 p.m.

Delivery of Bids

All copies of each bid shall be mailed or hand delivered to:

Delgado Community College  
Purchasing Office  
501 City Park Avenue  
New Orleans, LA 70119

Bids must be sealed with the name and number of the Bid clearly written on the outside of the packaging including express shipments and boxes. Bids may be delivered in person or by express mail. Bids will not be accepted via fax or by email. Please note that express mail or USPS carriers may not deliver directly to 501 City Park Avenue (Administration Building – Bldg. No. 37). The bidder is solely responsible for ensuring that its courier service provider makes inside deliveries to 501 City Park Avenue. Bids that are unidentifiable which do not have the aforementioned information on the exterior packaging (including express mail), will be automatically rejected. Each bidder is solely responsible for the timely delivery of its bids on or before the due date and time for the receipt of bids. Failure to meet the bid opening deadline will result in rejection of the bid.

Bidder Inquiries

No negotiations, decisions, or actions shall be executed by any bidder as a result of any oral discussions with any College employee, or College consultant. Only those transactions which are in writing may be considered as valid. Likewise, the College will only consider communications from bidders which are signed and in writing.

Inquiries concerning this Invitation to Bid must be submitted in writing to:

Tracey G Sheffield, Purchasing Dept.  
Delgado Community College  
501 City Park Avenue  
New Orleans, LA 70119  
Email: [tsheff@dcc.edu](mailto:tsheff@dcc.edu)

Inquiries must be submitted in writing, signed by a representative of the bidder, and cross-referenced clearly to the relevant Invitation to Bid section. Inquiries may be faxed to (504)762-3089 or emailed to [tsheff@dcc.edu](mailto:tsheff@dcc.edu). All questions or comments must be received by **Thursday, July 8, 2024 by 12:00pm CST**. No such inquiries will be entertained after that date. Answers to questions that change or substantially clarify the Invitation to Bid will be made in writing via addendum and provided to all prospective bidders.

#### Changes, Addenda, Withdrawals

Bidders must submit changes or addenda in writing, signed in original ink by the original bid signatory, cross-referenced clearly to the relevant bid section, in a sealed envelope prior to bid opening. Such must meet all requirements for the bid. Withdrawal notice must be in writing and received prior to bid opening.

Bid Documents and Addenda may be downloaded from

<https://wwwcfprd.doa.louisiana.gov/osp/lapac/dspBid.cfm?search=department&term=39>

#### Bid Opening

Bids will be opened & the prices read aloud at **2:00PM CST on Thursday, July 18, 2024**. All bids become a matter of public record at that time. Bids with information marked confidential will be rejected and returned to bidder immediately upon discovery of such statement.

#### Acceptance of Bid Content

The contents of the bid of the successful bidder will become contractual obligations if a contract ensues. Failure of the successful bidder to accept these obligations will result in the rejection of the bid.

#### Prime Contractor Responsibilities

The selected bidder will be required to assume responsibility for all items offered in his/her bid. Further, the College will consider the selected bidder to be the sole point of contact with regard to contractual matters, including payment of any and all charges resulting from the contract.

#### Evaluation and Selection

All responses received as a result of this Invitation to Bid shall be subject to evaluation by qualified personnel for the purpose of selecting the bidder with whom a contract will be negotiated.

### Basis of Evaluation and Selection

The basis of evaluation & selection will be as follows:

The bid will be evaluated to insure that all mandatory administrative requirements have been met. Failure to meet all of these requirements will result in rejection of the entire bid without further consideration.

The next consideration will be the total projected cost.

The College retains the right to require additional information from bidders, and to conduct necessary investigations to determine responsibility of bidder or to determine accuracy of bid information.

Bidders meeting mandatory requirements may be required to make oral presentations. Failure to comply will result in rejection of the bid.

### Pre-Award Negotiations & Award

Upon determination of which vendor is the apparent lowest responsive and responsible bidder, the College will negotiate final contract terms with that bidder. If for any reason the apparent lowest responsive, responsible bidder does not agree to a contract, the bid will be rejected, and the College may then negotiate with the next best bidder. Caution: Any bidder who expends time or money prior to award as defined above does so at the bidder's own risk.

The College reserves the right to award the insurance separately, grouped, or on an all-or-none basis, whichever is in the best interest of the College. The College reserves the right to reject any or all bids and to waive any informalities including technicalities in specifications that preclude competition.

**Part I**  
**Qualifications for Bidding**

The bidder shall submit as part of this bid, proof of the following:

1. Evidence of successful operation in providing insurance coverage at other Universities/Colleges for at least the last five (5) years.
2. Evidence of sufficient net worth to be able to meet the requirements of the plan as outlined.
3. A list of Universities/Colleges which are served at the present time, with the number of students insured at each institution.

Bidders must also submit "Insurance Company Declaration" as covered in the following:

**Insurance Company Declaration**

Please reply to the following. All items must be answered and all forms requested must be submitted with each bid.

1. Name of insurance company
2. Insurance company's address
3. Insurance company's telephone number, toll free or collect.
4. Best's policyholder's rating.
5. Best's financial size category classification.
6. List of each college insured during previous school year & attach a listing of the name of each college, approximate premium volume for each college, name & title of the administrator to each college responsible for the Intercollegiate Sports Athletic Coverage Program. Denote those schools which have been insured for 3 years or more. Individual schools may be contacted.
7. If the insurance company is paying claims, please provide or answer the following:
  - a. List the location of the office where claims will be paid.
  - b. List name, title, telephone number, & years of experience in administering student claims of the person responsible for the claim service.
  - c. List toll free number or number to be called collect by the College in reference to any claim, question, or problem.
  - d. Will claim office provide copies of all claims status to the College?
  - e. Will claim office provide information on all claims rejected & the reason for the rejection?
  - f. What is the average time for a claim to be processed after the date it is received by the insurance company?

If you cannot release premium information on your plans in force (proprietary information), please provide a list of contact references.

8. What are the insurance company's procedures in processing claims when notice of claim is submitted beyond the policy time limit?

9. What are the insurance company's procedures in processing claims when written proof of loss is submitted more than ninety (90) days after the date of such loss?
10. Will the insurance company furnish the College with a monthly listing of all claims paid including:
  - a. claim
  - b. insured's name
  - c. date claim incurred
  - d. date claim paid
  - e. amount of claim
  - f. vendor paid
11. Provide copies of all claim forms necessary for payment of claims, for both illness & accident for the use of example only.

#### Reporting to the College

The company shall report monthly to the College in a manner acceptable to the College details on each claim received by the company these details to include:

- a. Date of receipt of claim
- b. Amount being claimed itemized by each vendor.
- c. Any payments made, & where differences of amount claimed & payments made to be clearly indicated.
- d. Grand total of amount claimed, and grand total of payments made, itemized by vendor.

The company shall provide to the College on a yearly basis a statement of experience for the College. This statement must be in such detail as to indicate what is included in the phrase "loss ratio" and be itemized so as to report all claims whether incurred or pending and any provision for incurred but not reported claims paid, and any administrative or overhead which is included in the "loss ratio".

The company may print, at their expense, a brochure which explains to the student the extent of the coverage of this policy. The layout and contents of this brochure must be approved by the College so as to ensure that all pertinent data is included. Brochures are to be made available at the beginning of the insured term. If a brochure cannot be provided, a summary sheet outlining the coverage to the students and coaches/trainers will be accepted.

#### Telephone Calls

Company will provide a toll free line or accept collect calls from the College representatives in reference to claims, invoicing, payments, or other problems or questions in regards to this contract for the life of the contract.



### Public Notice of Awards

Delgado Community College has no facilities for furnishing abstracts of bids; a complete record of all bids is on file in this office subject to inspection of any citizen who is interested in investigating for any purpose the Record of State Purchases. Bidders/contractors are permitted to review competitors' bids and evaluate documents in accordance with the Provision of the Public Record Act, Louisiana R.S. 44:1 et. seq. such review must be conducted on site at Delgado Community College in accord with the public records statutes.

### Contract Result From an Invitation to Bid

Be aware that the actual contract between the College & the Contractor shall consist of the following documents:

1. Invitation to Bid & any amendments issued thereto
2. The bid submitted by the bidder(s) in response to the Invitation to Bid
3. The actual policy issued

In the event of a conflict in language between the three (3) documents referenced above, the provision and requirements set forth and/or referenced in the Invitation to Bid shall govern. The College reserves the right to clarify any contractual relationship in writing and such written clarification in the Invitation to Bid or the contractor's proposal. In all other matters not affected by the written clarification, if any, the Invitation to Bid shall govern. The bidder/contractor is cautioned that his/her proposal shall be subject to acceptance by the College without further clarification. In the event of any discrepancies between the insurance requirements delineated in these bid specifications and the model policy(ies) provided herein, the specifications shall govern.

**Part II**  
**Technical Specifications**

**General Specifications**

The Contractor shall provide Intercollegiate Sports Athletic Insurance coverage for Delgado Community College. The Contractor shall agree that underwriting information provided in the schedule is believed to be correct and it shall not be considered in any way a warranty by the College & shall not impair the rates for the insurance coverage based upon the information provided.

Admitted companies licensed to do business in the State of Louisiana possessing a Best's Insurance Reports policyholder's current rating of A, with a financial rating of Class 6 or better will be considered first. Surplus line companies or unauthorized companies will be considered & accepted only if bids are not tendered by an admitted company. The bidding company shall meet the Best's qualifications mentioned above without regard to any cut-through endorsements to a higher company.

The contract & policy term shall be for the following period:

***Basic/Excess & Catastrophic – September 1, 2021 – September 1, 2022***

If mutually acceptable, the contract may be extended for two (2) additional twelve-month periods. The Company will have the privilege, after approval by the College, on each anniversary date of adjusting premium rates upward or downward as their loss experience may indicate. Written notice of intention by the Company to adjust the premium rated for the next policy year shall be given to the College not less than sixty (60) days prior to the expiration date. Both parties must agree to any extension, and a decision will be made at each twelve (12) month interval.

The continuation of this contract is contingent upon the appropriation of funds to fulfill the requirements of the contract by the Legislature. If the Legislature fails to appropriate sufficient monies to provide for the continuation of the contract, or if such appropriation is reduced by the veto of the Governor or by any means provided in the Appropriations Act to prevent the total appropriations for the year from exceeding revenues for that year or for any other lawful purpose and the effect of such reduction is to provide insufficient monies for the continuation of the contract, the contract shall terminate on the date of the beginning of the first fiscal year for which funds are not appropriated.

The College reserves the right to cancel this contract upon thirty (30) days written notice.

All bidders should be aware that our legislative process is such that it is often impossible to give prior notice of non- appropriation of funds.

Invoices for policies delivered and accepted shall be submitted by the contractor on its own form directly to the College Director of Purchasing. Contractor shall be required to furnish closure claims settlement notices to the College on all settlement of claims. Contractor must submit quarterly reports for opened/closed claims and claims reserved & paid for each policy year.

All books & records of transaction under this contract shall be maintained by the contractor for a period of five (5) years from the date of the final payment under this contract.

At the request of the College the insurance policy issued to include coverages as referenced in Part IV of these specifications will be revised by way of endorsements to the policy extending or deleting coverage as a result of any changes in units or exposure, if needed.

A bidder/contractor offering a direct sale of insurance to the College should have reduced the policy premium by the amount of the commission which would have been paid, as indicated by Louisiana R.S. 22:1171.

"It shall be unlawful for an agent (contractor) to split, pass on or share with any person, group, organizations or other agent, except the State of Louisiana, all or any portion of the commission derived from the sale of insurance to the state..." Louisiana R.S. 39:1632

#### General Required Endorsements

The cancellation provision of bidder/contractor policy shall be replaced with the following:

"The insured may cancel the policy by returning it to the company or by giving the company advance notice of the date cancellation is to take effect. The company may cancel or non-renew the policy by mailing to the insured at least one hundred twenty (120) days notice at the insured's last address known by the company. The company may deliver any notice instead of mailing it. Proof of mailing of any notice will be sufficient proof of notice. The effective date of cancellation stated in the notice shall become the end of the policy period."

The insurance policy shall include this endorsement:

"The inclusion of more than one Named Insured in the policy shall not affect the rights of any Named Insured as respects any claim or suit by any other Named Insured or by an employee or such other insured."

The insurance policy shall include this endorsement:

"The policy shall insure each Named Insured in the same manner as though a separate policy had been issued to each, but nothing contained herein shall operate to increase the company's liability as set forth elsewhere in this policy beyond the amount(s) for which the company would have been liable if only one insured had been named,

without the prior written approval of the Named Insured."

#### Delivery Dates & Location

A policy(ies)of insurance shall be received by the College within 45 days from the inception date of the policy.

Contractor shall issue endorsement(s) to any additional insured(s) as requested by the Named Insured.

#### Claims Service

The contractor shall provide claims service for the Intercollegiate Sports Athletic Coverage.

The claims service shall be responsible for the handling of our claims to their conclusion in a professional manner. Should the contract be terminated, the contractor shall remain responsible for occurrences that take place during the policy period.

### Part III

#### General Contractual Requirements

Bidder/contractor and the contractor shall be bound by the provision of Louisiana R.S. 39:1551, et. seq. (The Louisiana Procurement Code).

Endorsements extending and/or deleting coverage which are issued to the policy of insurance must reflect any increases or decreases in the amount of the contractor's compensation (premium) and shall serve to modify or amend the total contract amount as reflected on bid sheets of these bid specifications. No other method, and/or no other document, including correspondence, acts & oral communications by or from any period, shall be construed as a modification or supplementation of the contract except as herein delineated as regards amendments and endorsement.

In the event the primary company or companies contracted with by the College fail(s) to perform, the College shall not allow substitution for such primary company or companies even if the parties sought to be substituted meet other criteria established by these specifications.

#### General Meeting After Award

Contractor agrees to meet with representatives from the College to discuss the procedures for processing of claims, reporting, billing, etc.

Part IV  
General Bid Information

Special Instructions to Bidder/Contractor

The policy form which the bidder/contractor proposes to issue if it received the award shall be submitted to the College with the bid. To demonstrate compliance and compatibility with Part II - Technical Specifications, the policy shall include all endorsements intended for use with the standard policy form to be used. The sample policy need not include a list of the Named Insureds or schedules of exposure units, however, the general and specific required endorsements reflected herein shall be included in the policy.

Any deviations in conditions, warranties, exclusions, etc., from the standard form of insurance or from these specifications must be completely explained in writing and attached to the bid. Alternate quotations shall be considered only if no bid received complies with the specifications herein.

Pricing Information

Percentage of commission return shall reflect the percentage of the total premium which will be returned to the College by the successful bidder/contractor, if applicable, and as allowed in Louisiana R.S. 39:1631 and Louisiana R.S. 39:1632.

Any increase and/or decrease in premiums during the policy period shall increase and/or decrease the amount of commission return to the same degree of percentage as the original commission return utilized in the next premium determination.

Bidder/Contractor Information

The bidder/contractor must attach a resolution or letter of authorization for the following:

- a. Giving the insurance agency representative authority to tender a premium quotation on behalf of the agency
- b. Giving the insurance company representative authority to tender a premium quotation on behalf of the insurance company.
- c. Giving the insurance agency representative authority to tender a premium quotation on behalf of the insurance company.

The bidder/contractor must submit a narrative description of the claim service it proposes to provide. The narrative should include, but not necessarily be limited to, a description of the claim handling procedures (routine processing) commencing with the date of loss, reaction time on claims and length of time before a claims payment will be made.

Insurance Required

Part I

A. Medical & dental, accidental death and dismemberment for:

1. Student athletes, student trainers, student managers, cheerleaders, dance team members, and student coaches
2. Pre-season tryouts, pre-season and regular season practices and games
3. Travel to and from pre-season and regular season practices and games

Medical & dental expenses must be incurred within a two (2) year period after the date of the accident which caused the injury.

B. Limit of Liability

Medical and dental expenses - \$25,000 maximum per injury  
Accidental death and dismemberment - \$10,000

Underwriting Information

<u>Sport</u>	<u>Male</u>	<u>Female</u>
Baseball	50	0
Basketball	18	18
Cheerleaders	0	0
Coaches (Student)	2	1
Dance Team	0	0
Trainer	1	0

Total No. of Participants – 90

Please note that we cannot provide a list of names and ages of participants as most teams have not yet been selected.

Attached bid sheets, request prices on the following plans with options on each.

Part I Basic Excess Coverage (In the absence of primary coverage, basic excess policy must pay as primary.) Coverage for all Delgado Community College athletes, trainers, student managers, cheerleaders, and student coaches. Athletes are not required to have primary insurance before they can play or practice a sport.

Note: Refer to bid sheets attached.

Less Commission Return

It shall be unlawful for an agent (contractor) to split, pass on or share with any person, group, organization or other agent, except the State of Louisiana, all or any portion of the commission derived from the sale of insurance to the state (Louisiana R.S. 39: 1632).

ATHLETIC INSURANCE BID FORM  
DELGADO COMMUNITY COLLEGE

**PART I BASIC EXCESS COVERAGE (UP TO \$25,000)**

	<b>*DEDUCTIBLE</b>	<b>TOTAL ANNUAL PREMIUM</b>	<b>LESS COM. RETURN</b>	<b>ANNUAL BID</b>
1.	\$0.00	_____	_____/_____%	_____
2.	\$500.00	_____	_____/_____%	_____
3.	\$1,000.00	_____	_____/_____%	_____
4.	\$1,500.00	_____	_____/_____%	_____

**\*Deductible will apply to a per athlete basis (not a per injury basis).**

	<b>**DEDUCTIBLE</b>	<b>TOTAL ANNUAL PREMIUM</b>	<b>LESS COM. RETURN</b>	<b>ANNUAL BID</b>
1.	\$0.00	_____	_____/_____%	_____
2.	\$500.00	_____	_____/_____%	_____
3.	\$1,000.00	_____	_____/_____%	_____
4.	\$1,500.00	_____	_____/_____%	_____

**\*\*Deductible will apply to a per injury basis (not a per athlete basis).**



**PART II CATASTROPHIC COVERAGE (UP TO \$5,000,000)**

	<b>DEDUCTIBLE</b>	<b>TOTAL ANNUAL PREMIUM</b>	<b>LESS COM. RETURN</b>	<b>ANNUAL BID</b>
1.	\$25,000.00 <b>Ten Year Benefit</b>	_____	____ / ____ %	_____
2.	\$25,000.00 <b>Life Benefit</b>	_____	____ / ____ %	_____

\_\_\_\_\_  
NAME OF COMPANY

\_\_\_\_\_  
SIGNED BY

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
TITLE

\_\_\_\_\_

DATE \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_

FAX NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

SECTION 1  
DEFINITIONS

1. "Academic Class" means the designation given to an incoming Freshman Class which assumes the members of the class will complete the course credits required for a degree in two (2) consecutive years of undergraduate work.
  
2. "Adjustment Expense" means reasonable and customary expenses incurred for (a) Medically Necessary family counseling, (b) expense of training of a member of the immediate family of the Insured Person to perform rehabilitative or custodial functions necessary to rehabilitation or care of the Insured Person, (c) the expense of family travel for an Insured Person's immediate family members (parents, brothers, and sisters residing in the same household), and (d) loss of earnings by the Insured Person's parents, due to and in connection with a Covered Accident sustained by the Insured Person. Family travel will be limited to travel by not more than two members of the Insured Person's immediate family to and from the location at which the Insured Person is receiving treatment.
  
3. "Ancillary Illness or Injury" means an accidental bodily injury to an Insured Person which occurs during the period he/she is receiving benefits under the Policy in connection with a Covered Accident and which results from a separate accident unrelated to such Covered Accident, or an illness of an Insured Person which first manifests itself during the period he/she is receiving benefits under the Policy in connection with a Covered Accident which is unrelated to the Covered Accident.
  
4. "Covered Accident", with respect to all benefits under the Policy, except the Amount of Insurance for Accidental Death shown on the Schedule of Benefits, means an accident:
  - a - which occurs to an Insured Person while the Policy is in effect and while he/she is participating in a Covered Event or performing directly assigned duties in connection with the Covered Event; or
  - b - which occurs during Covered Travel to and from the location of a Covered Event: or
  - c - which occurs during a temporary stay at the location of a Covered Event held away from the location of the Insured Person's Participating School while the Insured Person is engaged in an activity or travel authorized by the Insured Person's Participating School; which results in bodily injury (not excluded from coverage by the Policy Exclusions to the Insured Person on account of which the Insured Person, within two (2) year (24 months) following the date of that accident (i) incurs Medical Expenses of Dental Expenses of Rehabilitation Expenses due to all bodily injury resulting from that accident in an amount exceeding \$25,000.00 or (ii) has a Covered Loss which qualifies as a Presumptive Disability.

With respect only to the Amount of Insurance for Accidental Death shown on the Schedule of Benefits in the Policy, "covered Accident" means an accident which occurs to an Insured Person while the Policy is in effect and while he/she is participating in an Intercollegiate Sport competition or practice session which is authorized, organized, and supervised by the Insured Person's Participating School.

5. "Covered Accident Deductible" means \$25,000.00 of Medical Expenses and/or Dental Expenses and/or Rehabilitation Expenses incurred by the Insured Person in connection with a Covered Accident within the period of twenty-four(24) continuous months following the date of the Covered Accident, for which no benefits are payable under the Policy.

6. "Covered Event" means an Intercollegiate Sport competition scheduled by the Insured Person's Participating School and includes pre-competition activities and practice sessions which are authorized, organized, and supervised by the Insured Person's Participating School.

7. "Covered Loss" means Medical Expense, Dental Expense, Miscellaneous Expense, Lost Earnings, Rehabilitation Expense, Adjustment Expense, and Special expense as described in the Policy incurred by an Insured Person as a result of a Covered Accident. An expense will be a Covered Loss under the Policy only to the extent that it is reasonable and customary and not excluded under Exclusions and Limitations (Section 6) in the Policy. A reasonable and customary expense is an expense that is determined by the Company not to exceed the amount usually charged by most providers in the same geographic area for similar treatment, services or purchase, taking into account the nature and severity of the illness or injury. The same geographic area means the same city or town in which the treatment, service, or purchase occurs, if the city or town is large enough to obtain a representative charge. In smaller urban or rural areas the geographic areas will be expanded as necessary to obtain a representative charge.

8. "Covered Travel" means team or group travel which is:

- a - directly to or from the location of a Covered Event
- b - authorized by the Insured Person's Participating School
- c - supervised by staff members or designated representatives of the Insured Person's Participating School.

Covered Travel to a Covered Event will commence upon departing from the meeting place for such authorized and supervised team or group travel, and terminates upon arrival at the location of the Covered Event.

Covered Travel from a Covered Event will commence upon departing from the location of the Covered Event and terminate upon return directly to the original meeting place from which such Covered Travel to the Covered Event began.

9. "Dental Expense" means expenses only for the repair or replacement of sound, natural teeth which result from a Covered Accident, provided the care is given by a Doctor operating within the scope of his/her license.

10. "Doctor" means a duly licensed medical or dental practitioner who provide services or treatment within the scope of his/her license.

11. "Effective Date of Participation" for a participating school means September 1<sup>st</sup> in the calendar year requested by the school.

12. "Extended Care Facility" means an institution operating pursuant to law which is engaged in providing, for a fee, skilled nursing care and related services and physical therapy services under the supervision of a Doctor and Graduate Registered Nurses, to persons convalescing from illness. It must have facilities for ten (10) or more inpatients and maintain clerical records on all of its patients. To qualify as "a medical expense" under the Policy, the Insured Person's confinement in an Extended Care Facility must:

- a - start within five (5) days after the Insured person has been continuously confined for at least five (5) days in a hospital as a result of a Covered Accident; and
- b - be for treatment of the injuries resulting from such Covered Accident; and
- c - be one during which a doctor visits the Insured Person at least once every thirty (30) days; and
- d - be certified to be Medically Necessary by the attending Doctor; and
- e - not be for routine custodial care

13. "Home Health Care" means nursing care and treatment of an Insured Person in his/her home as part of an overall extended treatment plan. To qualify, the plan must:

- a - be established by and approved in writing by the attending Doctor; and
- b - be provided by a Hospital certified to provide home health care service or by a certified home health care agency; and
- c - commence within seven (7) days of discharge from Hospital or Extended Care Facility; and
- d - be preceded by a Hospital or Extended Care Facility confinement for five (5) days or more.

No benefits will be paid for Home Health Care services which are general housekeeping services or custodial care services, or which are provided by a member of the Insured Persons' immediate family or by an individual who resides with the Insured Person.

14. "Hospital" means an institution which meets all of the following requirements:

- a - is licensed (if required) as a hospital; and
- b - is open at all times; and
- c - is operated mainly to diagnose and treat illnesses on an inpatient basis; and
- d - has a staff of one or more Doctors on call at all times; and
- e - has twenty-four (24) hour nursing services by Registered Nurses; and
- f - is not mainly a skilled nursing facility, clinic, nursing home, rest home, convalescence home, or like place; and
- g - has organized facilities for major surgery or provided for such facilities for its patients through formal written agreement with other hospitals.

15. "Incurred" - For purposes of the Policy, an expense for treatment, service, or purchase will be deemed incurred on the date the treatment or service is rendered or the purchase occurs.

16. "Insured Person means:

a - a Student attending the Participating School and participating as:

- 1 - a player on an athletic team in an Intercollegiate Sport sanctioned and recognized by the Participating School; or
- 2 - a student coach, student manager, or student trainer on such a team formally identified as such by the Participating School; or
- 3 - a cheerleader or dance team member officially recognized as such by the Participating School

b - a person as identified by the Participating School, approved by the Company and endorsed on this Certificate of Insurance.

17. "Intercollegiate Sport" means a sport:

- a - which has been accorded varsity status by the School
- b - which is administered by such school's department of intercollegiate athletics
- c - for which the eligibility of the participating student athletes is reviewed and certified in accordance with NJCAA legislation, rules, or regulations
- d - which entitles qualified participants to receive the Participating Schools official awards

18. "Medical Expenses" means the charges: (a) of a professional ambulance service for Medically Necessary transportation to and from a Hospital; (b) of a doctor for Medically Necessary care and treatment; (c) of a Hospital for inpatient services, including room and board

(not exceeding the semi-private room rate for each day of confinement unless a private room is Medically Necessary); (d) for Hospital inpatient services and supplies, including intensive care services, and per diem charges for personal Hospital services (including television, radio, telephone, barber and beauty services up to a maximum payment of \$300.00 per month; (e) for outpatient and emergency room care and treatment which is Medically necessary; (f) for confinement in an Extended Care Facility; (g) for Home Health Care; and (h) for medical or surgical services, prescription drugs, and other medical supplies commonly used for therapeutic or diagnostic services, which are prescribed by a Doctor.

19. "Medically Necessary" means recommended by a Doctor and commonly recognized in the Doctor's profession as proper care or treatment of the patient's condition. In the case of Hospital or Extended Care Facility confinement or Home Health Care treatment, the length of confinement of treatment and the services or supplies furnished by the Hospital or Extended Care Facility or Home Health Care plan will be Medically Necessary only if it is reasonably determined by the company that they are related to the care of treatment for the patient's condition. The care or treatment, services or supplies must not be for the scholastic education or vocational training of the patient, nor experimental in nature.

20. "Partial Disability" or "Partially Disabled" means that an Insured person is engaged in an occupation but is unable, as the result of a Covered Accident, to perform some but not all of the important duties of such occupation and is earning less than \$2500.00/month.

21. "Partial Hospitalization" means at least three (3) hours of continuous care and treatment in a Hospital, but not more than twelve (12) hours or such care and treatment in any twenty-four (24) hour period.

22. "Participating School" means a college or university which is a member of the NJCAA and has had its application for this insurance accepted by the Company.

23. "Presumptive Disability: or "Presumptively Disabled" means the entire and irrecoverable loss, due to a Covered Accident and within two (2) years (24 months) following the date of the Covered Accident of:

- a - speech, or
- b - hearing or both ears, or
- c - sight in both eyes, or
- d - use of both arms, or
- e - use of both legs, or
- f - use of one arm and one leg

Presumptive Disability shall be deemed to occur on the date the disability was first manifested as determined by a doctor.

24. "Rehabilitation Expense: means expenses for physical and occupational rehabilitation, which are necessary, and reasonable and customary.

25. "Special Expense: means expense incurred by an Insured Person for special items to accommodate his/her physical disability, such as the purchase of a motor vehicle for the Insured Person and/or the modification of the Insured Person's motor vehicle in either design or equipment or both, or for modification of the Insured Person's housing in either design or equipment or both. Such items or modifications must be approved by a Doctor as being appropriate to accommodate the physical disability of the Insured Person as a result of a Covered Accident.

26. "Student" means an individual who is actually enrolled and attending school as a full time student at the Participating School, or recognized as a full time student by the Participating School.

27. "Total Disability" or "Totally Disabled" means:

- a - for the period ending with the later of; the date the Insured Person's Academic Class graduates, or the end of the Academic Year in which the Covered Accident occurs; the inability of the Insured Person, due to a Covered Accident, to engage in the usual and customary activities of other persons in the same age group; and
- b - for any period thereafter, the inability of the Insured person, due to a covered Accident, to engage in any gainful occupation for compensation or profit for which he/she is or may become reasonably fitted by education, training, or experience.

SECTION 2  
SCHEDULE OF BENEFITS

MISCELLANEOUS EXPENSE BENEFIT:

Monthly Benefit.....\$ 200.00

LOST EARNINGS BENEFIT:

Maximum Monthly Benefit for Continuous Total Disability.....\$ 15,000.00

Maximum Monthly Benefit for Continuous Partial Disability.....\$ 1,000.00

The maximum monthly benefit for the second and each additional twelve (12) month period of continuous total Disability or Partial Disability will be the amount of the monthly benefit paid for the most recent previous such period, plus an amount equal to four percent (4%) of the monthly benefit for the pervious period.

SPECIAL EXPENSES BENEFIT:

Maximum benefit for the first ten (10) year period of continuous Total Disability.....\$100,000.00

Maximum benefit for each additional ten (10) year period of continuous Total Disability.....\$ 3,000.00

SECTION 3  
DESCRIPTION OF BENEFITS

REHABILITATION EXPENSE BENEFIT

Benefits will be paid under the Policy for Covered Loss arising out of Rehabilitation Expense which is incurred by the Insured Person after the earlier of the date the Covered Accident Deductible has been satisfied or the date the Insured Person becomes presumptively disabled.

ADJUSTMENT EXPENSE BENEFIT

Benefits will be paid under the Policy for Covered Loss arising out of Adjustment Expense incurred on behalf of the insured person after the earlier of the date the Covered Accident



Deductible is satisfied or the date the Insured Person becomes Presumptively Disabled, subject to the maximum benefit shown for Adjustment Expense on the Schedule of Benefits.

#### MISCELLANEOUS EXPENSE BENEFIT

The miscellaneous expense monthly benefit shown on the Schedule of Benefits will be paid to an Insured Person who is Totally Disabled or Presumptively Disabled as a result of a Covered Accident.

Miscellaneous Expense benefits will in no event be payable prior to the date the Covered Accident Deductible is satisfied or the Insured Person becomes presumptively Disabled.

Payment of Miscellaneous Expense benefits will be paid, retroactive to the date such Total Disability or Presumptive disability commences.

Payment of Miscellaneous Expense benefits will continue until the earlier of:

- a - the date the Insured Person is no longer totally disabled, or
- b - the later of (i) his/her Academic Class graduates, or (ii) the end of the academic year in which such Total Disability begins.

#### LOST EARNINGS BENEFIT

The Lost Earnings Benefit shown on the Schedule of Benefits will be paid each month to an Insured Person who is Totally Disabled as a result of a Covered Accident. The Loss Earnings Benefit will in no event be payable prior to the date the covered Accident Deductible is satisfied or the Insured Person becomes Presumptively Disabled.

Payment of benefits for lost earnings will begin on the later of:

- a - the date the Insured Person's Academic Class graduates, or
- b - the end of the academic year in which the Insured Person becomes totally Disabled and will continued so long as the Insured Person continues to be totally Disabled.

The Lost Earnings Benefit will be paid to an Insured Person who is Partially Disabled immediately following a period of Total Disability resulting from a Covered Accident for which Lost Earnings Benefits were paid, if:

- a - the Partial Disability results from the same covered Accident which caused the immediately preceding period of total Disability, and
- b - the Insured Person's Academic Class had graduated, and Partial Disability will end when:

- c - the Insured Person becomes able to perform all of the important duties of the occupation in which he/she is engaged; or
- d - the Insured person's average gross monthly earnings exceeds \$2,500.00 for six (6) consecutive months.

However, with respect to an Insured Person who has a Presumptive Disability due to a Covered Accident and who recovers from Partial Disability from the same Covered Accident under the terms of (b) above, if after such recovery, such Insured Person's average gross monthly earnings fall below \$2,500.00/month for three (3) consecutive months due directly and solely to the same Covered Accident, he/she will be regarded as Partially Disabled and qualified for Lost Earnings Benefits payable for Partial Disability.

The monthly benefit for Partial disability shown on the Schedule of Benefits will be reduced by one-half (1/2) of the after tax monthly compensation earned by the Insured Person in excess of \$500.00/month.

#### SPECIAL EXPENSES BENEFIT

Special Expenses incurred by an Insured Person due to a Covered Accident will be paid under the Policy after the earlier of the date the Covered Accident Deductible is satisfied or the date the Insured Person becomes Presumptively Disabled subject to the Maximum Benefit for Special Expenses shown on the Schedule of Benefits.

#### ANCILLARY ILLNESS OR INJURY BENEFITS

Benefits will be paid for Medical Expense incurred in connection with an Ancillary Illness or Ancillary Injury which exceed the Ancillary Illness or Injury Deductible shown on the Schedule of Benefits, up to the Maximum Benefit for all Ancillary Illnesses or Injuries shown on the Schedule of Benefits.

#### ACCIDENTAL DEATH BENEFITS

If an Insured Person sustains injury to a Covered Accident which directly and independently of any other cause results in the death of the insured Person within the period of twelve (12) months following the date of such injury, the Company will pay the Amount of Insurance shown on the Schedule of Benefits for Accidental Death Benefits.

### SECTION 4 DESIGNATION AND CHANGE OF BENEFICIARY

Each Insured Person may designate a beneficiary to whom any death benefit shall be payable and at his/her option may change the beneficiary designation. Any beneficiary designation or change will not take effect until a written request of such on a form satisfactory to the company

has been signed by the Insured Person and recorded by the company or its authorized representative.

Whether or not the Insured Person is living, the designation or change of beneficiary, when properly signed and recorded shall relate back to and take effect from the date it is signed by the insured Person. Any payment made by the company prior to the date the beneficiary designation or change is recorded by the company or its authorized representative shall release the Company from any further liability under the Policy, to the extent to such payment.

If the designated beneficiary of record does not survive the Insured Person, or if the Insured Person fails to designate a beneficiary, payment of death benefits will be made to the Insured Person's estate, or at the option of the company, to the following:

- a - Insured Person's spouse, if living; otherwise
- b - Insured Person's then living children, if any; otherwise
- c - Insured Person's surviving parent(s); otherwise
- d - Insured Person's surviving brothers and/or sisters, equally.

If two or more beneficiaries of record are named, and if the Insured Person does not state their respective interests, such beneficiaries shall share equally. If any of such beneficiaries die before the Insured Person his/her interest will pass to the surviving beneficiary(s) equally.

If any indemnity of the Policy shall be payable to an estate of the Insured Person, or to the Insured Person or beneficiary who is a minor or otherwise unable to give a valid release, the Company may pay such indemnity, up to an amount not exceeding \$1000.00, to any relative by blood or by marriage of the Insured Person or beneficiary who is deemed by the company to be equitably entitled thereto. Payment in accordance with this paragraph will release the company from all liability hereunder for any amount so paid.

The death benefits provided hereunder shall not be assigned, transferred, or encumbered, without the consent of the company, and to the extent permitted by law will be exempt from attachment and otherwise free from the claims of creditors of the Insured Person or beneficiary.

#### SECTION 5 OTHER COLLECTIBLE BENEFITS

If an Insured Person received or is entitled to receive benefits or services from any source described below (herein called Other Collectible Benefits) for any benefit category of a Covered Loss for which he/she is entitled under the Policy, such benefit under the Policy will be in excess of (or in the case of the Lost Earnings Benefit, will be reduced by) the amount of such other

collectible benefits. If an Insured Person receives other collectible benefits for a benefit category of a Covered Loss for which he/she has been paid benefits under the Policy, the Insured Person will reimburse the company to the extent of such benefits paid under the Policy, not to exceed the amount of Other Collectible Benefits received.

For purposes of the Policy, an Insured Person's entitlement to Other Collectible Benefits will be determined as if the Policy did not exist and shall not depend upon whether timely application for other collectible benefits is made by or on behalf of the Insured Person.

"Other Collectible Benefits" means any reimbursement for or recovery of any element of covered Loss available from any other source whatsoever, except gifts and donations, but including without limitation:

- a - any group, blanket or franchise policy of accident and health insurance
- b - any arrangement of benefits for members of a group, whether insured or uninsured
- c - any prepaid service arrangement such as Blue Cross or Blue Shield individual or group practice plans or health maintenance organizations
- d - any amount payable for Hospital, medical, or other health services for accidental bodily injury arising out of a motor vehicle accident to the extent such benefits are payable under any medical expense payment provision (by whatever terminology used including such benefits mandated by law) of any automobile insurance policy
- e - any amount payable for services for injuries or diseases related to the Insured Person's job to the extent that he actually received benefits under a Worker's Compensation Law. If the Insured Person enters into a settlement to give up his/her rights to recover future medical expenses under a Worker's Compensation Law, the Policy will not pay those medical expenses that would have been payable except for that settlement
- f - Social Security Disability Benefits, except that Other Collectible Benefits shall not include any increase in Social Security Disability Benefits payable to an Insured Person after he/she becomes disabled while insured hereunder
- g - any benefits payable under any program provided solely or primarily by the government or law
- h - fifty percent (50%) of any net recovery from all alleged third party wrongdoer (including the School at which the Insured Person was a student and any agents thereof). This shall not apply to Insured Persons residing in states or attending Participating Schools in states where this setoff is prohibited by law.

Provided, however, that if an Insured Person is covered under a group catastrophic policy issued by another insurance carrier which provides substantially similar benefits which are subject to a deductible of \$25,000.00 or more, any benefits payable under such policy will not be regarded as Other Collectible Benefits.

For purposes of provision (h) above, no recovery means gross recovery by an Insured Person or his/her estate, less attorney's fees and expenses, and court costs.

SECTION 6  
EXCLUSION AND LIMITATIONS

The Policy does not cover, and the covered Accident Deductible shown on the Schedule of Benefits may not be satisfied by, any covered loss or death arising out of bodily injury caused or contributed to by or resulting from:

- a - self destruction or attempted self destruction, while sane or insane, or intentional self inflicted injury
- b - the Insured Person' commission of, or attempt to commit, a criminal or felonious act, Except this exclusion does not apply to bodily injury which occurs at the facility in which a Covered Event is being held and as a result of Insured Person's participation in that covered Event
- c - the Insured person being intoxicated or being under the influence of narcotics unless used as prescribed by a Doctor for a medical condition other than drug addiction, Except this exclusion does not apply to bodily injury which occurs at the facility in which a Covered Event is being held and as a result of the Insured Person's participation in that Covered Event. An Insured Person shall be presumed to be intoxicated if the level of alcohol in his/her blood is determined to exceed the level above which a person is held under the law of the location at which the covered Accident occurs, to be intoxicated if operating a motor vehicle, regardless of whether the Insured Person is in fact operating a motor vehicle when the Covered Accident occurs.
- d - disease or illness, EXCEPT:
  - (1) as provided in the Ancillary Illness or Injury provision of the Policy, or
  - (2) when treatment is rendered necessary by bodily injury caused by a Covered Accident, or
  - (3) in the event of a cardiovascular accident or stroke or other similar traumatic event caused by exertion while participating in Covered Event, or
  - (4) in the event of the aggravation of a condition such as tendonitis, strains, sprains, and other similar conditions, caused by exertion while participating in a Covered Event

SECTION 7  
PREMIUMS

1. Computation of Premiums

Premiums for the Policy will be based on the Company's rates, adjusted to reflect the Company's underwriting risk.

2. Payment of Premiums

All premiums due for the Policy, including any adjustments, are to be paid by the Participating School to the company on or before their due date. The due date is shown on the face page of the Policy. Premiums will only be considered paid when they are received at the Home Office of the Company or its authorized representative.

SECTION 8  
GENERAL PROVISIONS

1. Insurance Benefits: Benefits for Insured Persons will be determined by the provision of the Policy.

2. Notice of Claim:

- a - Written notice of claim must be given to the Company or its authorized representative within thirty (30) days of the date of the Covered Loss.
- b - If notice is not given within thirty (30) days, a claim will not be denied or reduced if notice was given as soon as was reasonably possible.
- c - When the Company or its authorized representative receives notice of claim, forms for filing proof of claim will be furnished to the Insured Person. If these forms are not furnished to the Insured Person within fifteen (15) days from the time notice is received by the Company or its authorized representative, the Insured Person will have met the proof of loss requirements if written proof of loss is submitted within the time required.

3. Proof of Claim:

- a - Proof of claim for Hospital confinement must be given to the company or its authorized representative within ninety (90) days after release from the Hospital.
- b - Proof of any other Covered Loss or death must be given to the company or its authorized representative not later than ninety (90) days after the Covered Loss or death.
- c - If proof of any claim is not given within ninety (90) days, the claim will not be denied

or reduced if that proof was given as soon as reasonably possible.  
d - "Proof" as required in this section means proof satisfactory to the Company.

4. Examination:

- a - The Company, at its own expense, will have the right to have an Insured Person examined, as often as it may require, whenever his/her loss is the basis of a claim.
- b - the Company will have the right to require an autopsy if not prohibited by law.

5. Payment of Claim:

Benefits payable under the Policy for loss of life will be paid in accordance with the beneficiary designation and the provision respecting such payment set out herein and effective at the time of payment. Any other payable benefits which remain unpaid at the time of the Insured Person's death may, at the option of the Company, be paid to the beneficiary or to the Insured Person's estate.

All other benefits will be payable to the Insured Person, unless the Company determines that he/she is unable to receive such payment because he/she is not legally able to give a binding receipt for the payment.

If the company determines that the Insured Person is not able to receive such payment, the Company may, at its option, pay the benefits to the Insured Person's estate, or to any or all of the following relative of the Insured Person:

- a - spouse
- b - child(ren)
- c - parents
- d - brother(s)
- e - sister(s)

Any payment made under this option will completely discharge the Company from further obligation for such payment. The Company reserves the right to allocate the deductible amount to any Covered Loss and to apportion the benefits to the Insured Person and or his/her assignees. Such action will be binding on the Insured Person and his/her assignees.

6. Choice of Doctor:

The Insured Person is free to be treated by any Doctor he/she chooses.

7. Worker's Compensation:

The Policy is not a worker's Compensation Policy. The Policy does not satisfy any requirements for coverage by worker's Compensation Insurance.

8. Lawsuits:

No lawsuit may be brought to recover on the Policy within sixty (60) days after proof of loss has been given as required by the Policy. No lawsuit may be brought after five (5) years from the time written proof of loss is required to be given.

9. Statements:

In the absence of fraud, all statements made by the Insured Person will be deemed representations and not warranties. No such representations will void the insurance or be used to deny a claim unless a copy of the instrument containing such representation is or has been furnished to the Insured Person.

10. Termination of Insurance:

Insurance with respect to an Insured Person will terminate on termination of the Policy for any reason or when the Insured Person ceases to be an Insured Person, whichever occurs first. Such termination will be without prejudice to any claim originating from a Covered Accident.

11. Assignment:

The benefits provided under the Policy shall not be assigned, transferred, or encumbered without the consent of the company, and to the extent permitted by law, shall be exempt from attachment and otherwise free from claims of creditors or the Insured Person.

12. Amendment and Alteration of the Contract:

- a - The Policy may be amended or changed, effective on any Policy anniversary date, by written agreement between the Policyholder and the company.
- b - Only an Officer of the Company may change, amend, alter, or waive in any manner, the provision of the Policy, and then only when in writing and signed by the Officer.
- c - The Company will not be bound by any promise made by any person other than an Officer, agent, or employee of the Company.

13. Non-Waiver of Policy Provisions:

Failure of the Company to insist on compliance with any of the provision of the Policy at any time under any set of circumstances will not operate with respect to any other time or as to any other occurrence whether the circumstances are, or are not, the same to:

- a - waive or modify such provision, or
- b - in any way render it unenforceable

14. Continuation of the Certificate of Insurance:

This certificate of insurance may be continued in force after the initial coverage period shown on page 1 of this certificate by payment of premiums at the rate established annually by the



Company and agreed to in advance by the Policyholder and the Participating School.

15. Non Participating Policy:

The Policy does not share in the profits of the Company.

16. Effect of Actions of the Policyholder:

In all matters regarding the Policy, the Policyholder or its authorized representative acts for the Insured Persons. Each agreement made by the Company with the Policyholder or its authorized representative will be binding on all parties. Each notice given by the Company will be deemed to have been given to all parties.

17. Information Required:

The Policyholder and Participating School shall furnish to the Company all information which the Company may reasonably require with regard to matters pertaining to the insurance afforded by the Policy. All documents, books, and records which may have a bearing on the insurance or premiums under the Policy shall be open for inspection by the Company at all reasonable times during the continuance of the Policy and within one (1) year after its final termination.

## RECENT PREMIUMS/CLAIMS INFORMATION

To assist in the preparation of your bid, the College is providing all available premiums/claims information for the College. The benefits listed in this ITB are the same benefits provided for the period covered below.

### Premiums

23-24FY - \$64,816 (\$59,000 basic/excess,\$5,816 catastrophic)  
22-23FY - \$55,716 (\$49,900 basic/excess,\$5,816 catastrophic)  
21-22FY - \$45,316 (\$39,500 basic/excess,\$5,816 catastrophic)  
20-21FY - \$54,038 (\$46,500 basic/excess,\$7,538 catastrophic)  
19-20FY - \$50,038 (\$42,500 basic/excess,\$7,538 catastrophic)  
18-19FY - \$43,902 (\$37,172 basic/excess,\$6,730 catastrophic)  
17-18FY - \$35,008 (\$29,400 basic/excess,\$5,608 catastrophic)  
16-17FY - \$35,015 (\$29,407 basic/excess,\$5,608 catastrophic)  
15-16FY - \$29,988 (\$24,380 basic/excess,\$5,608 catastrophic)  
14-15FY - \$31,166 (\$26,680 basic/excess,\$4,486 catastrophic)  
13-14FY - \$27,486 (\$23,000 basic/excess,\$4,486 catastrophic)  
12-13FY - \$27,486 (\$23,000 basic/excess,\$4,486 catastrophic)

### Claims Paid by Insurance Company

23-24FY - \$33,660.01 through June 2024  
22-23FY - \$35,542.22  
21-22FY - \$33,254.91  
20-21FY - \$12,151 through 6/14/21  
19-20FY - \$ 9,431  
18-19FY - \$23,453  
17-18FY - \$69,587.40  
16-17FY - \$35,987.93  
15-16FY - \$31,280.83  
14-15FY - \$0.00 thru 5-19-15  
13-14FY - \$ 3,057.64  
12-13FY - \$25,367.00

Please note that we cannot provide a list of names and ages of participants as most teams have not yet been selected.

# Claims Details: Fiscal Year 2022, Fiscal Year 2023, Fiscal Year 2024

BMI Benefits, LLC  
 Claim Report  
 Paid as of Date: 05/29/2024  
 DELGADO COMMUNITY COLLEGE

**Payor: DELGADO COMMUNITY COLLEGE-STAR**  
**Benefit Contract ID: BAP485321\_090120-21**  
**Effective Date: 09/01/2020**

Insured	Date of Accident	Sport/Activity	Billed Charges	Allowed Charges	Write-Off Amt.	Ineligible Amt.	Primary Ins. Pd.	Deductible	Amount Paid
BARRIOS, J	01/29/2021	BASKETBALL	\$5,123.56	\$1,393.35	\$3,728.21	\$0.00	\$0.00	\$500.00	\$1,029.56
BROUSSARD, B	09/22/2020	BASKETBALL	\$355.00	\$137.90	\$217.10	\$0.00	\$0.00	\$137.90	\$0.00
CHARLES, M	10/14/2020	BASKETBALL	\$576.44	\$330.69	\$245.75	\$0.00	\$0.00	\$269.25	\$61.44
CHARLES, M	02/24/2021	BASKETBALL	\$2,387.73	\$800.84	\$1,586.89	\$0.00	\$0.00	\$404.11	\$396.73
CLARK, J	11/04/2020	BASKETBALL	\$15,504.65	\$4,074.06	\$11,430.59	\$0.00	\$0.00	\$500.00	\$3,574.06
COLLET, C	04/01/2021	BASKETBALL	\$2,121.92	\$1,149.49	\$972.43	\$0.00	\$0.00	\$500.00	\$649.49
CULPEPPER, C	02/01/2021	BASKETBALL	\$60,196.20	\$15,850.58	\$44,345.62	\$0.00	\$0.00	\$500.00	\$15,350.58
DUPONT, S	09/30/2020	BASKETBALL	\$2,037.00	\$1,070.11	\$966.89	\$0.00	\$895.11	\$500.00	\$173.00
FURY, J	02/08/2021	BASKETBALL	\$2,176.00	\$1,390.54	\$785.46	\$0.00	\$962.10	\$500.00	\$428.44
GUIGE, D	09/24/2020	BASKETBALL	\$11,659.47	\$4,836.03	\$6,823.44	\$0.00	\$3,448.69	\$500.00	\$1,387.34
HARRELL, B	02/24/2021	BASKETBALL	\$26,199.51	\$15,267.75	\$10,931.76	\$0.00	\$12,844.69	\$500.00	\$2,423.06
HARRIS, A	03/24/2021	BASKETBALL	\$2,472.14	\$931.63	\$1,540.51	\$0.00	\$0.00	\$500.00	\$431.63
HARRIS, C	03/24/2021	BASKETBALL	\$419.33	\$174.00	\$245.33	\$0.00	\$0.00	\$112.67	\$61.33
OLIVIER, C	03/19/2021	BASKETBALL	\$166,634.32	\$25,500.00	\$141,043.79	\$0.00	\$0.00	\$500.00	\$25,000.00
PEARS, C	10/05/2020	BASKETBALL	\$355.00	\$166.36	\$188.64	\$0.00	\$0.00	\$166.36	\$0.00
QUEEN, J	11/19/2020	BASKETBALL	\$782.13	\$252.61	\$529.52	\$0.00	\$0.00	\$166.48	\$66.13
QUEEN, J	02/01/2021	BASKETBALL	\$710.00	\$281.32	\$428.68	\$0.00	\$291.32	\$281.32	\$0.00
WILBURN, T	03/13/2021	BASKETBALL	\$419.33	\$174.00	\$245.33	\$0.00	\$0.00	\$112.67	\$61.33
ZEPPUHAR, Z	10/06/2020	BASKETBALL	\$2,191.00	\$1,395.96	\$795.04	\$0.00	\$616.98	\$500.00	\$778.98
ZEPPUHAR, Z	02/28/2021	BASKETBALL	\$1,891.00	\$1,204.33	\$686.67	\$0.00	\$957.52	\$500.00	\$246.81
<b>Total for Benefit Contract ID: BAP485321_090120-21:</b>			<b>\$304,221.73</b>	<b>\$76,383.55</b>	<b>\$227,747.05</b>	<b>\$0.00</b>	<b>\$19,976.41</b>	<b>\$7,650.76</b>	<b>\$52,141.91</b>

Total for DELGADO COMMUNITY COLLEGE-STAR: **\$52,141.91**

**Payor: DELGADO COMMUNITY COLLEGE-CATLIN**

**Benefit Contract ID: C-US00092843AC19A\_090119-20**  
**Effective Date: 09/01/2019**

Insured	Date of Accident	Sport/Activity	Billed Charges	Allowed Charges	Write-Off Amt.	Ineligible Amt.	Primary Ins. Pd.	Deductible	Amount Paid
BEAN, A	01/29/2020	BASKETBALL	\$35,282.15	\$12,772.52	\$22,509.63	\$0.00	\$9,273.34	\$500.00	\$3,499.18
COOK, C	02/23/2020	BASKETBALL	\$11,137.47	\$4,140.42	\$6,997.05	\$0.00	\$367.05	\$500.00	\$3,500.00
FONSECA, C	10/04/2019	BASKETBALL	\$2,901.40	\$631.81	\$2,269.59	\$0.00	\$0.00	\$319.41	\$312.40
FONSECA, C	01/27/2020	BASKETBALL	\$815.44	\$214.69	\$600.75	\$0.00	\$0.00	\$153.25	\$61.44
JEFFERSON, D	11/14/2019	BASKETBALL	\$477,844.12	\$21,437.31	\$26,406.81	\$0.00	\$19,192.58	\$500.00	\$2,244.73
MURTHIL, R	02/04/2020	BASKETBALL	\$628.27	\$344.20	\$486.07	\$0.00	\$0.00	\$222.93	\$121.17
POULARD, K	11/08/2019	BASKETBALL	\$1,082.56	\$456.34	\$626.22	\$0.00	\$0.00	\$299.78	\$156.56
ROSS, J	10/09/2019	BASKETBALL	\$337.63	\$155.10	\$182.53	\$0.00	\$0.00	\$109.47	\$45.63
ROSS, J	02/01/2020	BASKETBALL	\$1,110.03	\$466.54	\$643.49	\$0.00	\$0.00	\$305.51	\$161.03
VICKNAIR, H	09/24/2019	BASKETBALL	\$487.00	\$290.63	\$196.37	\$0.00	\$0.00	\$290.63	\$0.00

Date Printed: 05/29/2024 09:48:12 AM

**BMI Benefits, LLC**  
 Claim Report  
 Paid as of Date: 05/29/2024  
**DELGADO COMMUNITY COLLEGE**  
 Total for Benefit Contract ID: C-US00092843AC19A\_090119-20: \$101,827.07 \$40,909.56 \$60,917.51 \$0.00 \$28,832.97 \$3,200.98 \$10,102.86

Benefit Contract ID: BAH-2000269-0918\_090118-19  
 Effective Date: 09/01/2018

Insured	Date of Accident	Sport/Activity	Billed Charges	Allowed Charges	Write-Off Amt.	Ineligible Amt.	Primary Ins. Pd.	Deductible	Amount Paid
ALBIN, D	09/17/2018	BASEBALL	\$2,357.00	\$1,271.92	\$1,085.08	\$0.00	\$826.53	\$500.00	\$445.46
ALBIN, D	03/11/2019	BASEBALL	\$10,977.25	\$4,090.46	\$6,886.79	\$0.00	\$3,307.38	\$500.00	\$783.08
BRUIGLIO, B	10/05/2018	BASEBALL	\$5,228.00	\$2,652.94	\$2,575.06	\$0.00	\$1,896.94	\$500.00	\$750.00
BRUIGLIO, B	04/17/2019	BASEBALL	\$955.00	\$295.64	\$299.36	\$0.00	\$203.41	\$255.64	\$0.00
CANNON, A	10/05/2018	BASKETBALL	\$925.72	\$399.94	\$525.78	\$0.00	\$0.00	\$334.22	\$65.72
CARTER, J	09/08/2018	BASKETBALL	\$2,882.00	\$966.56	\$1,915.44	\$0.00	\$346.54	\$500.00	\$451.23
CARTER, J	10/20/2018	BASKETBALL	\$2,581.00	\$1,217.94	\$1,363.06	\$0.00	\$759.80	\$500.00	\$458.14
COSSSE, C	09/09/2018	BASEBALL	\$4,806.00	\$2,404.35	\$2,401.65	\$0.00	\$1,746.64	\$500.00	\$657.71
COSSSE, C	01/23/2019	BASEBALL	\$56,362.92	\$19,152.03	\$37,210.89	\$0.00	\$14,684.25	\$500.00	\$4,467.78
EVANS, P	09/18/2018	BASEBALL	\$1,570.97	\$627.08	\$943.89	\$0.00	\$0.00	\$454.11	\$172.97
FEUSTLE, C	03/11/2019	BASEBALL	\$712.00	\$330.16	\$381.84	\$0.00	\$0.00	\$330.16	\$0.00
FEUSTLE, C	04/17/2019	BASEBALL	\$47,252.46	\$19,491.04	\$27,761.42	\$0.00	\$15,834.79	\$500.00	\$5,135.61
FONTENOT, K	09/22/2018	BASEBALL	\$38,517.42	\$15,433.67	\$23,083.75	\$0.00	\$12,587.19	\$500.00	\$2,846.48
FORD, C	02/28/2019	BASEBALL	\$209.00	\$50.32	\$158.68	\$0.00	\$30.32	\$50.32	\$0.00
FUENTES, H	09/22/2018	BASEBALL	\$1,538.00	\$998.60	\$539.40	\$0.00	\$923.60	\$500.00	\$75.00
HARDING, B	10/22/2018	BASKETBALL	\$555.00	\$401.18	\$153.82	\$0.00	\$352.04	\$401.18	\$0.00
JOHNSON, D	01/11/2019	BASKETBALL	\$5,842.49	\$1,683.52	\$4,158.97	\$0.00	\$0.00	\$520.00	\$0.00
LEWIS, B	01/27/2019	BASKETBALL	\$16,201.52	\$4,446.43	\$11,755.09	\$0.00	\$0.00	\$500.00	\$3,946.43
MACK, S	09/14/2018	BASKETBALL	\$1,647.28	\$594.18	\$1,053.10	\$0.00	\$0.00	\$468.17	\$190.28
MCJANUS, T	05/19/2019	BASEBALL	\$209.00	\$80.28	\$128.72	\$0.00	\$0.00	\$80.28	\$0.00
NEIL, L	09/17/2018	BASKETBALL	\$3,261.00	\$1,596.24	\$1,664.76	\$0.00	\$1,291.24	\$500.00	\$260.00
ORY, J	01/25/2019	BASEBALL	\$400.00	\$177.82	\$222.18	\$0.00	\$44.24	\$177.82	\$0.00
ROSS, J	12/03/2018	BASKETBALL	\$3,069.64	\$1,064.08	\$2,005.56	\$0.00	\$0.00	\$500.00	\$564.08
RUSSELL, M	02/19/2019	BASEBALL	\$2,835.00	\$1,491.15	\$1,343.85	\$0.00	\$175.07	\$500.00	\$816.08
TUTT, J	02/06/2019	BASKETBALL	\$860.00	\$430.00	\$430.00	\$0.00	\$0.00	\$430.00	\$0.00
VIAL, D	04/09/2019	BASEBALL	\$523.00	\$239.52	\$283.48	\$0.00	\$126.88	\$239.52	\$0.00
Total for Benefit Contract ID: BAH-2000269-0918_090118-19:			\$211,876.67	\$81,547.05	\$130,329.62	\$0.00	\$55,136.86	\$10,736.42	\$23,949.57

Total for DELGADO COMMUNITY COLLEGE-CATLIN: \$33,652.23



CLAIMS SUMMARY FOR Delgado Community College/LA [RiskID 7574] - Blanket Coverage  
 (DLT) 6/14/2024 8:52:21AM

Report Parameters: Years 2021/2023

CLAIMANT	DLA	TOTAL BILLS	OTHER INS	ADJ	PAID TO DATE	ACTIVITY	BODY PART(S)	CLAIM RCVD
<b>2021/2022</b>								
1	10/17/2021	\$0.00	?	\$0.00	\$0.00	Baseball	L Hand, L Thumb	10/18/2021
2	09/28/2021	\$1,984.01	\$0.00	\$1,455.36	\$543.44	Baseball	L Knee	10/08/2021
3	10/04/2021	\$1,279.00	?	\$0.00	\$0.00	Baseball	Head	10/06/2021
4	11/18/2021	\$0.00	?	\$0.00	\$0.00	Baseball	Back-Lumbar Spine	11/19/2021
5	12/30/2021	\$51,512.08	\$0.00	\$47,011.08	\$4,584.27	Baseball	L Knee	12/21/2021
6	10/11/2021	\$2,663.00	\$985.25	\$1,205.86	\$472.09	Baseball	L Knee	10/12/2021
7	10/19/2021	\$646.00	\$0.00	\$500.00	\$146.00	Baseball	R Hip	10/20/2021
8	10/27/2021	\$216.00	?	\$0.00	\$0.00	Unknown	L Knee	11/08/2021
9	10/24/2021	\$6,821.00	\$2,751.06	\$3,336.59	\$883.35	Baseball	L Shoulder	10/24/2021
10	01/15/2022	\$462.00	\$40.29	\$421.71	\$0.00	Baseball	R Shoulder	01/28/2022
11	04/22/2022	\$13,167.00	\$3,203.08	\$6,820.88	\$1,465.04	Baseball	R Shoulder	05/23/2022
12	01/26/2022	\$358.00	\$0.00	\$358.00	\$0.00	Baseball	R Ankle	02/07/2022
13	03/01/2022	\$0.00	?	\$0.00	\$0.00	Baseball	L Arm	07/13/2023
14	10/16/2021	\$877.00	?	\$0.00	\$0.00	Baseball	LOWER Back	11/01/2021
15	09/28/2021	\$741.00	?	\$0.00	\$0.00	Unknown	R Elbow	10/20/2021
16	11/08/2021	\$2,264.00	?	\$370.00	\$0.00	Baseball	R Shoulder	02/07/2022
17	03/12/2022	\$355.00	NO INS	\$355.00	\$0.00	Baseball	L Hamstring	03/31/2022
18	02/21/2022	\$448.00	\$0.00	\$448.00	\$0.00	Baseball	R Foot	02/18/2022
19	11/01/2021	\$898.00	\$0.00	\$500.00	\$398.00	Baseball	L Ankle, L Foot	11/03/2021
20	03/08/2022	\$5,178.00	\$1,890.58	\$2,582.64	\$914.78	Baseball	R Elbow	03/14/2022
21	10/09/2021	\$3,498.00	\$0.00	\$500.00	\$2,998.00	Baseball	L Knee	10/12/2021
22	03/10/2022	\$256.00	?	\$0.00	\$0.00	Unknown	L Ankle	04/19/2022
23	10/17/2021	\$33,881.77	\$1,005.81	\$428.19	\$50.00	Baseball	R Elbow	10/19/2021
24	10/21/2021	\$1,139.00	\$387.10	\$872.90	\$79.00	Baseball	Face, Head, R Hand, Teeth #?	10/21/2021
25	12/03/2021	\$51,251.00	\$0.00	\$35,452.56	\$15,471.19	Baseball	R Knee	12/10/2021
26	03/15/2022	\$1,537.00	?	\$0.00	\$0.00	Unknown	R Shoulder	08/28/2022
27	10/06/2021	\$5,089.00	\$1,641.51	\$3,282.48	\$165.00	Baseball	R Shoulder	10/06/2021
28	11/30/2021	\$0.00	?	\$0.00	\$0.00	Baseball	Tooth #?	04/25/2022
29	10/01/2021	\$6,212.61	?	\$7,424.47	\$788.14	Baseball	R Foot	10/13/2021
30	10/05/2021	\$1,895.00	\$590.03	\$1,203.96	\$101.01	Baseball	R Elbow	10/06/2021
31	06/13/2022	\$6,377.00	?	\$0.00	\$0.00	Unknown	R Arm, R Shoulder	08/16/2022

CLAIMS SUMMARY FOR Delgado Community College/LA [RiskID 7574] - Blanket Coverage  
 (DLT) 6/14/2024 8:52:36AM

Report Parameters: Years 2021/2023



CLAIMANT	DIA	TOTAL BILLS	OTHER INS	ADJ	PAID TO DATE	ACTIVITY	BODY PART(S)	CLAIM RCVD
32	02/07/2022	\$175.00	?	\$0.00	\$0.00	Unknown	R Ankle	09/23/2022
33	01/12/2022	\$713.00	\$267.00	\$446.00	\$0.00	Basketball	L Leg	01/13/2022
34	01/12/2022	\$378.00	\$131.86	\$246.14	\$0.00	Basketball	R Leg	03/11/2022
35	10/25/2021	\$13,431.00	\$0.00	\$9,057.18	\$4,395.60	Basketball	L Knee	10/25/2021
<b>TOTALS</b>		<b>\$217,712.47</b>	<b>\$12,883.57</b>	<b>\$124,078.81</b>	<b>\$33,254.91</b>			

2022/2023								
1	08/30/2023	\$0.00	?	\$0.00	\$0.00	Basketball	L Shoulder	09/08/2023
2	09/30/2022	\$1,282.00	\$0.00	\$500.00	\$12.00	Basketball	Head, Rib	10/13/2022
3	09/06/2022	\$770.00	?	\$0.00	\$0.00	Basketball	Head	10/03/2022
4	01/30/2023	\$126.00	NO INS.	\$0.00	\$0.00	Basketball	L Neck, L Shoulder	02/14/2023
5	12/15/2022	\$355.00	\$0.00	\$0.00	\$0.00	Unknown	L Knee	12/28/2022
6	10/15/2022	\$255,175.60	\$9,779.88	\$12,459.63	\$2,223.09	Basketball	R Arm	12/09/2022
7	11/04/2022	\$935.00	\$0.00	\$493.45	\$441.55	Basketball	BOTH Back	11/14/2022
8	08/29/2023	\$3,210.00	\$0.00	\$2,075.49	\$1,134.51	Basketball	L Knee	10/04/2023
9	11/28/2022	\$926.00	\$0.00	\$500.00	\$426.00	Basketball	R Head	12/05/2022
10	01/10/2023	\$461.00	\$0.00	\$0.00	\$0.00	Unknown	L Knee	01/24/2023
11	12/10/2022	\$1,006.00	\$167.47	\$838.53	\$0.00	Basketball	LOWER Abdomen	02/14/2023
12	01/29/2023	\$355.00	\$90.66	\$264.34	\$0.00	Basketball	L Eyebrow, L Head	02/14/2023
13	12/06/2022	\$355.00	?	\$0.00	\$0.00	Unknown	R Arm, L Arm	12/19/2022
14	03/28/2023	\$611.00	\$0.00	\$157.96	\$0.00	Unknown	R Arm	05/19/2023
15	11/03/2022	\$33,316.00	?	\$0.00	\$0.00	Basketball	R Knee	11/10/2022
16	01/03/2023	\$685.00	?	\$0.00	\$0.00	Basketball	R Knee	01/12/2023
17	06/21/2022	\$11,299.55	\$2,894.69	\$5,998.49	\$0.00	Basketball	R Elbow, R Shoulder, R Knee	10/02/2023
18	11/07/2022	\$511.00	?	\$0.00	\$0.00	Basketball	R Knee	11/14/2022
19	01/07/2023	\$838.00	?	\$0.00	\$0.00	Basketball	L Chest, L Rib	01/12/2023
20	10/25/2022	\$72,088.21	\$0.00	\$1,984.44	\$25,494.81	Basketball	R Knee	01/06/2023
21	11/14/2022	\$5,168.00	\$0.00	\$3,241.55	\$1,928.45	Basketball	L Face	11/18/2022
22	09/02/2022	\$9,201.00	\$3,734.89	\$3,544.63	\$1,921.38	Basketball	L Elbow	11/29/2022
23	11/14/2022	\$677.00	\$0.00	\$500.00	\$177.00	Basketball	L Calf, L Knee, L Leg	11/18/2022
24	01/21/2023	\$6,442.43	\$0.00	\$4,657.00	\$1,785.43	Basketball	LOWER Lip	01/24/2023
25	02/14/2023	\$1,038.00	?	\$0.00	\$0.00	Unknown	L Shoulder	02/27/2023

CLAIMS SUMMARY FOR Delgado Community College/LA [RiskID 7574] - Blanket Coverage  
 (DLT) 6/14/2024 8:52:36AM

Report Parameters: Years 2021/2023



CLAIMANT	D/A	TOTAL BILLS	OTHER INS	ADJ	PAID TO DATE	ACTIVITY	BODY PART(S)	CLAIM RCVD
<b>TOTALS</b>		\$176,831.79	\$16,667.69	\$37,215.51	\$35,542.22			
<b>2023/2024</b>								
1	09/12/2023	\$0.00	?	\$0.00	\$0.00	Basketball	R Wrist	10/23/2023
2	09/18/2023	\$1,322.00	\$0.00	\$671.74	\$650.26	Basketball	Chest	10/17/2023
3	10/05/2023	\$2,675.00	\$0.00	\$1,836.49	\$838.51	Basketball	Head	10/23/2023
4	08/17/2023	\$3,548.00	\$366.99	\$3,054.22	\$126.79	Basketball	R Knee	09/19/2023
5	11/09/2023	\$461.00	\$0.00	\$0.00	\$0.00	Unknown	Head	11/20/2023
6	02/10/2024	\$301.00	?	\$301.00	\$0.00	Basketball	R Ankle	06/23/2024
7	09/16/2023	\$0.00	?	\$0.00	\$0.00	Basketball	Heat Exhaustion	10/03/2023
8	04/05/2024	\$358.00	?	\$0.00	\$0.00	Unknown	Thorax	04/15/2024
9	01/12/2024	\$0.00	?	\$0.00	\$0.00	Basketball	LOWER Back	02/23/2024
10	10/05/2023	\$1,127.00	\$0.00	\$713.10	\$413.90	Basketball	Face, Head	10/23/2023
11	01/29/2024	\$745.00	\$0.00	\$500.00	\$245.00	Basketball	R Finger (Little)	02/02/2024
12	09/01/2023	\$2,900.00	\$0.00	\$1,862.27	\$432.30	Basketball	R Shoulder	08/28/2023
13	02/03/2024	\$3,305.00	?	\$0.00	\$0.00	Basketball	Head	02/27/2024
14	12/03/2023	\$96,466.46	\$0.00	\$69,894.20	\$26,472.26	Basketball	L Elbow	12/13/2023
15	11/18/2023	\$0.00	\$0.00	\$0.00	\$0.00	Basketball	R Rib	12/12/2023
16	01/20/2024	\$4,312.50	\$399.42	\$2,220.66	\$99.42	Basketball	L Ear	02/02/2024
17	12/09/2023	\$0.00	\$0.00	\$0.00	\$0.00	Basketball	L Hip	02/02/2024
18	09/28/2023	\$0.00	?	\$0.00	\$0.00	Basketball	R Hamstring	11/02/2023
19	02/18/2024	\$72,419.54	\$6,721.12	\$60,148.85	\$1,937.46	Basketball	L Hand	02/23/2024
20	02/05/2024	\$2,813.00	\$1,456.82	\$1,194.38	\$0.00	Basketball	Back	02/23/2024
21	10/10/2023	\$4,644.00	\$0.00	\$2,352.00	\$492.00	Basketball	R Shoulder	11/07/2023
22	12/04/2023	\$1,656.00	\$0.00	\$1,213.24	\$442.76	Basketball	Chin, Head	12/12/2023
23	01/06/2024	\$822.00	\$0.00	\$495.78	\$326.22	Basketball	Head	02/02/2024
24	02/06/2024	\$2,118.00	\$0.00	\$1,537.87	\$580.13	Basketball	Back	02/21/2024
25	09/23/2023	\$713.00	\$257.00	\$302.69	\$0.00	Basketball	L Elbow	10/03/2023
26	02/08/2024	\$898.00	?	\$0.00	\$0.00	Unknown	R Ankle	04/29/2024
27	02/21/2024	\$1,103.00	\$0.00	\$500.00	\$603.00	Basketball	Tooth #?, Lip	02/26/2024
28	02/23/2024	\$0.00	?	\$0.00	\$0.00	Basketball	Head	03/01/2024
<b>TOTALS</b>		\$204,707.50	\$9,201.35	\$148,898.49	\$33,660.01			

**CLAIMS SUMMARY FOR Delgado Community College/LA [RiskID 7574] - Blanket Coverage**  
(DLT) 6/14/2024 8:52:36AM

Report Parameters: Years 2021/2023

<u>CLAIMANT</u>	<u>D/A</u>	<u>TOTAL BILLS</u>	<u>OTHER INS</u>	<u>ADJ</u>	<u>PAID TO DATE</u>	<u>ACTIVITY</u>	<u>BODY PART(S)</u>	<u>CLAIM RCV'D</u>
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