

# LASARA

Independent School District

6160 E. 6<sup>th</sup> Street / P.O. Box 57, Lasara, Texas 78561 (956) 642-3598

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July 11, 2016

The Lasara Independent School District is requesting proposals for the purchase of:

**2016-2017 Student Accident Insurance, without Football for Lasara ISD  
(Proposal # 2016-07-08)**

Proposals are to be hand delivered or mailed to the attention of Rogelio Cantu, Business Manager, Lasara I.S.D., 6160 E. 6<sup>th</sup> Street, Lasara, Texas 78561. Please mark your envelope plainly: "Student Accident Insurance without Football for Lasara ISD," **Proposal # 2016-07-08**, **due date: Monday, July 25, 2016 at 3:00 p.m.** **Responses sent by overnight mail should have the proposal # written on the delivery ticket.**

Proposals will be accepted until Monday, July 25, 2016 at 3:00 p.m., at which time they will be opened. Proposals will be opened, but not read publicly, at the Business Office Conference Room, located at, 6160 E. 6<sup>th</sup> Street, Lasara, Texas 78561. Any proposals received late will be returned unopened. Lasara ISD is not responsible for proposals misplaced or mailed incorrectly.

The awarding of the proposal will take place at a public school Board meeting. The Board of Education reserves the right to accept, or reject any and/or all proposals, waive minor technicalities, or to award the proposal to the most responsible offeror which best serves the interest of the District.

Please fill out, sign and submit with your proposal response the enclosed IRS Form W-9 and Conflict of Interest Questionnaire. We look forward to hearing from you.

Sincerely,

**-Original Signed-**

Ms. Sara Alvarado  
Superintendent

**-Original Signed-**

Rogelio Cantu  
Business Manager

**VENDOR SUBMITTING PROPOSAL:**

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# **LASARA INDEPENDENT SCHOOL DISTRICT**

## **Student Accident Insurance, without Football for Lasara ISD (Proposal # 2016-07-08)**

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\*The signing of Page 18 indicates understanding and acceptance of this proposal's terms and conditions\*  
RFP # 2016-07-08 – Student Accident Insurance, without Football for Lasara ISD

**LASARA INDEPENDENT SCHOOL DISTRICT**

**Student Accident Insurance, without Football for Lasara ISD  
(Proposal # 2016-07-08)**

**THIS SHEET DOES NOT HAVE TO BE RETURNED**

IN ORDER FOR YOUR PROPOSAL TO BE CONSIDERED IN THE PROPOSAL PROCESS, THE FOLLOWING ITEMS ARE REQUIRED TO BE INCLUDED IN THE PROPOSAL PACKAGE:

SUBMITTED TO  
LASARA ISD

DESCRIPTION OF ITEM (Required to be Submitted with Bid Package)	YES	NO	N/A
1. STANDARD TERMS & CONDITIONS (Fill in ALL blank lines as needed, Pages 4-7).	_____	_____	_____
2. FELONY CONVICTION NOTIFICATION (Fill in one of the appropriate sections - A, B or C. Company official signature is required, Page 8).	_____	_____	_____
3. PROPOSAL SPECIFICATION REQUIREMENT FORM (Fill in ALL blank lines as needed, Page 9).	_____	_____	_____
4. SPECIFICATIONS AND COST SHEETS (pages 12-13).	_____	_____	_____
5. REFERENCE SHEETS (Page 14)	_____	_____	_____
6. NON-COLLUSION STATEMENT & SIGNATURE SHEET (Fill in blank lines on form completely and sign it, Page 15.)	_____	_____	_____
7. COFIDENTIAL DISCLOSURE STATEMENT (PAGE 16-17)	_____	_____	_____
8. PLEASE SUBMIT THE WHOLE PACKAGE EVEN IF NOT PROPOSING ON ALL ITEMS.	_____	_____	_____
9. PLEASE SUBMIT THE WHOLE PACKAGE EVEN IF NOT SUBMITTING A “NO BID” PROPOSAL.	_____	_____	_____

**\*\* (FAILURE TO MANUALLY SIGN THE PROPOSAL WILL DISQUALIFY IT.) \*\***

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RFP # 2016-07-08 – Student Accident Insurance, without Football for Lasara ISD

# LASARA INDEPENDENT SCHOOL DISTRICT

## Student Accident Insurance, without Football for Lasara ISD (Proposal # 2016-07-08)

### STANDARD TERMS AND CONDITIONS NOTICE TO OFFERORS

ITEMS BELOW APPLY TO AND BECOME A PART OF TERMS AND CONDITIONS OF THIS PROPOSAL UNLESS SUPERSEDED BY ANY ATTACHED TERMS AND SUPPLEMENTAL CONDITIONS OR SPECIFICATIONS IN WHICH CASE ATTACHED CONDITIONS WILL PREVAIL  
**ANY EXCEPTIONS MUST BE IN WRITING**

1. Proposals should be submitted on this form and continued on any attached list(s) of items offered. Each proposal shall be placed in a separate envelope, sealed and properly identified with the proposal title, proposal number and date to be opened. **Responses sent by overnight mail should have the proposal # written on delivery ticket.**
2. Proposals must be received in the LISD Business Office before the hour and date specified. Late proposals will not be considered under any circumstances and will be mailed back un-opened.
3. Delivery shall be made during normal working hours unless prior approval has been obtained from the district.
4. Proposal prices must be firm for acceptance for **ninety (90) days** from proposal opening date. No proposals may be withdrawn without written approval after a contract has been signed or partial performance of the proposal agreement has begun.
5. **Failure to manually sign proposal will disqualify it.** Person signing proposal should show title or authority to bind their firm to a contract.
6. The district is exempt from Federal Excise Tax, State Tax and Local Tax. Do not include tax in proposal. If it is determined that tax was included in the proposal, it will not be included in the tabulation or any awards. Tax exemption certificates will be furnished upon request.
7. The District reserves the right to accept or reject all or any part of any proposal, waive minor technicalities and award the proposal to best serve the interest of the District.
8. During the performance of this contract, the contractor agrees not to discriminate against any employee or applicant for employment because of race, color, national origin, age, religion, gender, marital or veteran status, or handicapping conditions.
9. **No Proposal:** All proposal forms should be signed, as needed, and returned even if offeror is unable to submit a proposal at this time, but wishes to remain on proposer's list.

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RFP # 2016-07-08 – Student Accident Insurance, without Football for Lasara ISD

10. **Awarding of Proposal:** This proposal may be awarded to only one vendor. The offeror (vendor) that offers the best value to the District using the criteria for evaluation of proposals listed on page 10 will be awarded.
11. **No Guaranteed Volume Quantities:** The Range of Estimated Expenditures is based approximately on a twelve (12) month period. No quantity volume is guaranteed.
12. **Order:** Lasara ISD will order from the successful offeror by signed purchase order.
13. **Venue:** Any disputes or litigation that could arise related to this proposal shall have as venue Willacy County in the State of Texas.
14. **Payment Terms:** Payment for items acquired under this proposal will be paid “net, 30 days,” after satisfactory receipt of goods and/or services ordered, or receipt of invoice, whichever occurs last.
15. **Term of Contract:** The term of contract will be for one (1) year effective August 1, 2016 through July 31, 2017, after formal board approval.

There will be an option to renew annually for an additional three (3) years in one year increments if the renewal is agreed to in writing by both parties, no later than thirty (30) days prior to the expiration of the current term contract. In no instance shall this extension be considered automatic.

16. **Invoices and correspondence should be sent to:**

**Lasara ISD  
6160 E. 6<sup>th</sup> Street  
Lasara, Texas 78561  
Contact: Rogelio Cantu  
956-642-5403  
956-642-3546 Fax  
Hours: 8:00am – 4:30pm  
Monday – Friday**

17. **Other Information:**

- a. Please submit your best and final offer. Any deviations or alternate proposals from the base plan or catastrophic plan will not be considered by the district.
- b. Copies of all policy forms and endorsements must be furnished along with your proposal.
- c. Basis of premium should be outlined.
- d. It is the intent of Lasara ISD to award the proposal to one carrier who can provide all lines of coverage in a package format. Preference will be given to proposers willing and able to place the entire package with one company. No proposal will be considered if only a portion of the coverage requested is quoted.

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- e. The proposer must fully explain any assessment clauses applicable.
- f. The successful proposer will agree to accept the final adjusted values at the policy anniversary date.
- g. Unbundling from package to mono-line pricing adjustments must be indicated in the initial quote
- h. Student accident insurance provides:
  1. Voluntary Student Accident coverage for the grades Pre-kindergarten through 12 with a quote for 24 hour coverage for all school only related functions, regardless of time of day.
  2. Student Athletic/UII coverage for students in physical education classes, grades 7-12, athletic activities as long as it is a supervised, sponsored sport, game or activity.
  3. Catastrophic Insurance Coverage for Interscholastic sports, excluding football, band, cheerleaders, majorettes and drill (dance) teams and to include intramural sports, gym classes, and non-sport extracurricular activities.

18. **Specifications:** Lasara ISD desires plan benefits that meet or exceed national plan benefit averages. Favorable consideration will be given to those proposals which exceed national benefit levels:

**SECTION A**  
**Base Plan Proposal – Form 1**

Description of Covered Services Required		YOUR PROPOSAL Base Plan Coverage
Hospital Room and Board	Semi-Private Daily Room Rate	
Hospital Inpatient Expenses	100% Usual and Customary (U&C) up to \$250 per day subject to a maximum of \$5,000 per Hospital Stay	
Hospital Outpatient Surgery Expenses ( <i>facility charges</i> )	Up to \$1,500 per Covered Injury	
Hospital Outpatient Medical Emergency ( <i>use of emergency room and supplies</i> )		
Urgent Care Facility	100% U&C up to \$150 per Covered Injury	
Physician, Emergency Room	100% U&C up to \$50	
Physician, Nonsurgical Visits	100% U&C up to \$40 per visit	
Physician, Concussion	\$100 at U&C plus 100% U&C up to \$40 per visit	
Physician, Urgent Care	100% U&C up to \$150	
Physician, Surgical Services	75% of U&C, Maximum \$3,750	
Anesthetist/Assistant Surgeon	25% of Surgeon's Allowance	
Registered Nurse ( <i>inpatient</i> )	100% U&C up to \$400 per Hospital Stay	
Outpatient Physiotherapy ( <i>Non Post-Surgical</i> )	\$20 per visit, Maximum \$150	
Outpatient Physiotherapy ( <i>Post-Surgical</i> )	\$20 per visit, Maximum \$150	
Outpatient X-Ray Services	100% U&C up to \$200 per Covered Injury	
Outpatient Laboratory Services	100% U&C up to \$50 per Covered Injury	
Dental Treatment	100% U&C up to \$250 per tooth	
Ambulance Services	First Trip to Hospital 100% U &C	

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Diagnostic Imaging Services (Includes MRI, Cat Scans)	100% U&C up to \$500 per Covered Injury	
Orthopedic Braces & Appliances (Inpatient)	100% U&C up to \$300 per Covered Injury	
Orthopedic Braces & Appliances (Outpatient)	100% U&C up to \$300 per Covered Injury	
Durable Medical Equipment	100% U&C up to \$150	
Eyeglasses/Contacts	100% U&C	
Hearing Aid Replacement	100% U&C	
Prescription Drugs (outpatient)	100% U&C	

**SECTION B**  
**Catastrophic Coverage Proposal Form II**

Description of Accidental Death and Dismemberment Benefits Required		YOUR PROPOSAL Catastrophic Coverage
Catastrophic Plan Deductible	\$25,000	
Death Benefit	\$10,000	
Deductible Accumulation Period	365 Days	
For Loss of Life	\$10,000	
For Loss of Both Hands or Both Feet for Both Eyes	\$20,000	
For Loss of One Hand or One Foot	\$10,000	
For Loss of One Eye	\$10,000	

**Summary of Totals**

**Proposal Form I – Base Plan Cost.....\$** \_\_\_\_\_

**Proposal Form II – Cost of Catastrophic Coverage.....\$** \_\_\_\_\_

**Total Premium Cost for 2016-2017.....\$** \_\_\_\_\_

Vendor Name: \_\_\_\_\_ Initials: \_\_\_\_\_

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# LASARA INDEPENDENT SCHOOL DISTRICT

## Student Accident Insurance, without Football for Lasara ISD (Proposal # 2016-07-08)

### FELONY CONVICTION NOTIFICATION

State of Texas Legislative Senate Bill No. 1, Section 44.014, Notification of Criminal History, Subsection (a), states “a person or business entity that enters into a contract with a school district must give advance notice to the district if the person, owner or operator of the business entity has been convicted of a felony. The notice must include a general description of the conduct resulting in the conviction of a felony.”

Subsection (b) states “a school district may terminate a contract with a person or business entity if the district determines that the person or business entity failed to give notice as required by Subsection (a) or misrepresented the conduct resulting in the conviction. The district must compensate the person or business entity for services performed before the termination of the contract.”

THIS NOTICE IS NOT REQUIRED OF A PUBLICLY-HELD CORPORATION, BUT THE COMPANY REPRESENTATIVE MUST CHECK OFF A SELECTION BELOW (A, B, OR C)

I, the undersigned agent for the firm named below, certify that the information concerning notification of felony convictions has been reviewed by me and the following information furnished is true to the best of my knowledge.

VENDOR'S NAME: \_\_\_\_\_

AUTHORIZED COMPANY OFFICIAL'S NAME (PRINTED): \_\_\_\_\_

DATE: \_\_\_\_\_

**\*\*\*\*\* PLEASE CHECK OFF A SELECTION BELOW \*\*\*\*\***

- ( ) A. My firm is a publicly-held corporation, therefore, this reporting requirement is not applicable.
- ( ) B. My firm is not owned and/or operated by anyone who has been convicted of a felony.
- ( ) C. My firm is owned or operated by the following individual(s) who has/have been convicted of a felony:

Name of Felon(s): \_\_\_\_\_

Details of Conviction(s): \_\_\_\_\_

\_\_\_\_\_

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**LASARA INDEPENDENT SCHOOL DISTRICT**

**Student Accident Insurance, without Football for Lasara ISD  
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**PROPOSAL SPECIFICATION REQUIREMENTS**

TO BE FILLED IN BY OFFEROR AND SUBMITTED WITH PROPOSAL

Is this proposal in conformance with the enclosed specifications?

Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer is no, offeror must identify and explain each exception taken, with reference to each page and paragraph to which the exception will apply.

It should be understood that if no exception is taken, the vendor shall supply all items as specified, at the time of sale. Failure to indicate any difference in products offered proposed in this proposal may be deemed sufficient grounds for rejection of a vendor's proposal.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Company Name

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# LASARA INDEPENDENT SCHOOL DISTRICT

## Student Accident Insurance, without Football for Lasara ISD (Proposal # 2016-07-08)

For further information, please contact:

Rogelio Cantu  
[rocantu@lasaraisd.net](mailto:rocantu@lasaraisd.net)  
Business Manager  
Lasara Independent School District  
6160 E. 6<sup>th</sup> Street  
Lasara, Texas 78561

### Evaluation Criteria

According to the Texas Education Code, Subchapter B, Section 44.031 (b), in determining to whom to award a contract, the district shall consider the following:

- (1) the purchase price;
- (2) the reputation of the vendor and of the vendor's goods or services;
- (3) the quality of the vendor's goods or services;
- (4) the extent to which the goods or services meet the district's needs;
- (5) the vendor's past relationship with the district;
- (6) the impact on the ability of the district to comply with the laws and rules relating to Historically Underutilized Business;
- (7) the total long-term cost to the district to acquire the vendor's goods or services;
- (8) any other relevant factor specifically stated in the request for bids or proposals
- (9) the vendor or the vendor's ultimate parent company or majority owner has its principal place of business in this state or employs at least 500 persons in this state

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**Points Valuation**

	<b>Criteria</b>	<b>Points</b>
1.	the purchase price;	75
2.	the reputation of the vendor and of the vendor's goods or services – <b>references</b>	5
3.	the quality of the vendor's goods or services	5
4.	the extent to which the goods or services meet the district's needs; - <b>does the submitted bid meet all the required specifications</b>	5
5.	the vendor's past relationship with the district - <b>favorable or unfavorable relationship with this vendor</b>	5
6.	the impact on the ability of the district to comply with the laws and rules relating to Historically Underutilized Business;	0
7.	the total long-term cost to the district to acquire the vendor's goods or services; - <b>are there any future fixed costs required after this purchase</b>	0
8.	any other relevant factor specifically stated in the request for bids or proposals	5
9.	the vendor or the vendor's ultimate parent company or majority owner has its principal place of business in this state or employs at least 500 persons in this state	0
	<b>Total Points</b>	<b>100</b>

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**LASARA INDEPENDENT SCHOOL DISTRICT**  
**Student Accident Insurance, without Football for Lasara ISD**  
**(Proposal # 2016-07-08)**

**Pricing Sheet**

Item #	Description	Qty	Unit Cost	Discount	Extended Unit Cost
	<p><b><i>Student Accident Insurance, without Football for Lasara ISD:</i></b></p> <p><u><i>Required Basic Plan Coverage Level</i></u></p> <ul style="list-style-type: none"> <li>• <i>All School without Football, to include all UIL athletes, cheerleaders, band members, majorettes, intramural sports participants, gym class participants, student coaches, student managers, student trainers, and student participants of school sponsored non sport extracurricular activities such as the Robotics Club, Masterminds, inclusive of field trips, etc...</i></li> <li>○ <i>\$25,000 Maximum per Injury</i></li> <li>○ <i>1 Year Benefit Period</i></li> <li>○ <i>\$0 Deductible per Injury</i></li> </ul> <p><u><i>Required Catastrophe Coverage Level</i></u></p> <ul style="list-style-type: none"> <li>• <i>For UIL athletes, cheerleaders, band members, majorettes, intramural sports participants, gym class participants, student coaches, student managers, student trainers, and student participants of school sponsored non sport extracurricular activities such as the Robotics Club, Masterminds, inclusive of field trips, etc...</i></li> <li>○ <i>Accident Medical Maximum: \$6,000,000</i></li> <li>○ <i>Deductible: \$25,000</i></li> <li>○ <i>Benefit Period: 10 Year</i></li> <li>○ <i>Full Excess Medical with \$500,000 CAT Cash</i></li> </ul>				

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	<b>TOTAL COST</b>				
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>**The price quoted must meet the listed specifications.**

>**Include complete specifications of the coverage being quoted.**

>**Lasara ISD will evaluate all responses equally.**

\_\_\_\_\_

**Company Name**

\_\_\_\_\_

**Initials**

\_\_\_\_\_

**Date**

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**LASARA INDEPENDENT SCHOOL DISTRICT**  
**Student Accident Insurance, without Football for Lasara ISD**  
**(Proposal # 2016-07-08)**

**LIST OF REFERENCES**

Please provide three (3) Customer References that you company has sold delivery vehicles to over the last five (5) Years.

1. School District / Business/  
Other Entity: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
School / Business Address: \_\_\_\_\_  
City, State, & Zip Code: \_\_\_\_\_  
Phone/Fax Number: \_\_\_\_\_  
Number of Units Sold \_\_\_\_\_  
Year Sold \_\_\_\_\_  
Description Units: \_\_\_\_\_
  
2. School District / Business/  
Other Entity: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
School / Business Address: \_\_\_\_\_  
City, State, & Zip Code: \_\_\_\_\_  
Phone/Fax Number: \_\_\_\_\_  
Number of Units Sold: \_\_\_\_\_  
Year Sold \_\_\_\_\_  
Description Units:: \_\_\_\_\_
  
3. School District / Business/  
Other Entity: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
School / Business Address: \_\_\_\_\_  
City, State, & Zip Code: \_\_\_\_\_  
Phone/Fax Number: \_\_\_\_\_  
Number of Units Sold \_\_\_\_\_  
Year Sold \_\_\_\_\_  
Description Units: \_\_\_\_\_

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# LASARA INDEPENDENT SCHOOL DISTRICT

## Student Accident Insurance, without Football for Lasara ISD (Proposal # 2016-07-08)

### NON-COLLUSION STATEMENT & SIGNATURE SHEET

The undersigned affirms that he/she is duly authorized to execute this contract, that this company, corporation, firm, partnership or individual has not prepared this proposal in collusion with any other Offeror, and that the contents of this proposal as to prices, terms or conditions of said proposal have not been communicated by the undersigned nor by any employee or agent to any other person engaged in this type of business prior to the official opening of this proposal.

Further, I affirm that prior to or after the opening of this proposal, I (or any representative of my company) will not discuss the contents of this proposal with any person affiliated with Lasara ISD, other than the Chief Financial Officer or his Lasara ISD Designee prior to the awarding of this proposal. I understand that failure to observe this procedure may cause my proposal to be rejected.

I also affirm that no officer or stockholder of the offeror (bidder) is a member of the staff, or related to any employee or Board Trustee of the Lasara ISD except as noted herein\_\_\_\_\_

By signing this proposal, vendor makes the assurance that vendor has not been debarred or suspended from conducting business with the U. S. Government according to Executive Order 12549 entitled "Debarment and Suspension."

I, \_\_\_\_\_, have read the standard terms and conditions and insurance requirements (Pages 4-7), I fully understand them, and will fully execute them if I am awarded this Proposal.  
*(Print/Type Name of Company Officer)*

I have represented the truth concerning the felony conviction notification. **I have checked off one of the three statements on page 8.**

I fully understand the proposal specifications (page 9-14), and the criteria to be used for evaluating the proposal responses (page 10).

COMPANY \_\_\_\_\_ EMPLOYER I. D. No. \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

AREA CODE/TELEPHONE/FAX \_\_\_\_\_ EMAIL \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE TITLE DATE

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## CONFIDENTIAL DISCLOSURE STATEMENT

**For purposes of complying with the Texas Public Information Act (the “Act”), we are asking that VENDORS interested in submitting a response to a district’s request for bids, proposals or qualifications statements INCLUDE A STATEMENT (THIS FORM) STATING WHETHER NONE, ALL, OR SOME OF THE INFORMATION SUBMITTED WITH THEIR RESPONSES IS CONSIDERED BY THE COMPANY AS CONFIDENTIAL BECAUSE IT MEETS ONE OR MORE OF THE EXCEPTIONS LISTED IN THE ACT.**

**Failure by the company(s) to fill out and sign this form, will release Lasara ISD of any liabilities in the event Lasara ISD releases information included in their bids, proposals or qualifications statements responses as a result of complying with a request for public records under the Act.**

**If the Confidential Disclosure Statement is properly filed, and Lasara ISD receives a request for public records under the Act related to such vendor’s response, Lasara ISD will seek an opinion from the Texas Attorney General’s Office as required.**

This Confidential Disclosure Statement is being made by:

\_\_\_\_\_ to Lasara ISD for the  
(Vendor Name)

purpose of non-disclosure of various materials included in this package.

The rights and obligations of the parties with respect to such information are as follows:

1. “Disclosing Party” means a party that discloses Confidential Information under this Request. “Receiving Party” means a party that receives Confidential Information under this Request.
2. “Confidential Information” means information of any kind which is obtained by Receiving Party from Disclosing Party relating to this *Request and which, by appropriate marking, is identified as confidential and proprietary at the time of disclosure.*
3. Notwithstanding the foregoing, Confidential Information shall not include any information that:
  - a) is publicly available prior to the Effective Date, or becomes publicly available thereafter through no breach of this Request by the Receiving

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Party; was known to the Receiving Party prior to the date of disclosure or becomes known to the Receiving Party thereafter from a third party that has no obligation to Disclosing Party to keep such information confidential;

- b) is independently developed by the Receiving Party without the benefit of Confidential Information of the Disclosing Party, as evidenced by written records; **or**
- c) must be produced by the Receiving Party pursuant to an order of a court of competent jurisdiction or a valid subpoena, provided that the Receiving Party promptly notifies the Disclosing Party and cooperates reasonably with the Disclosing Party's efforts to contest or limit the scope of such order.

4. The Receiving Party agrees that it will maintain the Confidential Information in confidence using a reasonable standard of care, and no less than the standard of care taken to protect its or his/her own confidential information, and will use such Confidential Information solely for the purposes of evaluating its or his/her interest in participating in a future Requests.

5. **As stated above, in the event Lasara ISD receives a request for public records under the Act related to the vendor's response, Lasara ISD will seek an opinion from the Texas Attorney General's Office as required.**

6. This Agreement shall not be construed as an obligation to enter into a Purchasing Agreement or any other subsequent relationship or agreement.

\_\_\_\_\_ (**vendor**) wishes to have the following pages protected under this agreement and not be released to a third party. The following pages are not to be disclosed unless Lasara ISD receives authorization via an opinion from the Texas Attorney General's Office:

- NONE of the Pages in this Request for Proposals is Confidential
- ALL Pages in this Request for Proposals are Confidential
- ONLY Pages \_\_\_\_\_ are labeled as Confidential

Name of Company or Firm: \_\_\_\_\_

By: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**LASARA INDEPENDENT SCHOOL DISTRICT**

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**Please fill out this form and fax or email immediately to  
Lasara ISD if you intend to submit a proposal.**

Will Submit proposal

Will NOT Submit proposal

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

Contact Name \_\_\_\_\_

Email Address \_\_\_\_\_

Please return this page to (956) 642-3546 (fax) or email to  
[rocantu@lasaraisd.net](mailto:rocantu@lasaraisd.net) to ensure that you receive any addendum issued, if  
any.

\*The signing of Page 18 indicates understanding and acceptance of this proposal's terms and conditions\*  
RFP # 2016-07-08 – Student Accident Insurance, without Football for Lasara ISD