DESCRIPTION:  Student Accident Health Insurance for Tri-County Technical College

USING GOVERNMENTAL UNIT:  Tri-County Technical College

The Term "Offer" Means Your "Bid" or "Proposal". Unless submitted on-line, your offer must be submitted in a sealed package. Solicitation Number & Opening Date must appear on package exterior. See "Submitting Your Offer" provision.

SUBMIT YOUR SEALED OFFER TO EITHER OF THE FOLLOWING ADDRESSES:

MAILING ADDRESS:
Tri-County Technical College
PO Box 587
Pendleton, SC 29670

PHYSICAL ADDRESS:
Tri-County Technical College
7900 Highway 76
Pendleton, SC 29670

SUBMIT OFFER BY (Opening Date/Time): 08/18/2014 @ 3:00:00 p.m. (See "Deadline For Submission Of Offer" provision)

QUESTIONS MUST BE RECEIVED BY: 08/11/2014 11:00:00 a.m. (See "Questions From Offerors" provision)

NUMBER OF COPIES TO BE SUBMITTED: One (1) Original in and One (1) Copy.

CONFERENCE TYPE: None Scheduled
DATE & TIME: (As appropriate, see "Conferences - Pre-Bid/Proposal" & "Site Visit" provisions)
LOCATION: Not applicable

AWARD & AMENDMENTS
Award will be posted on 08/22/2014. The award, this solicitation, any amendments, and any related notices will be posted at the following web address: http://www.tctc.edu/Content/About_TCTC/PurchasingSolicitation/Solicitation.xml

Unless submitted on-line, you must submit a signed copy of this form with Your Offer. By submitting a bid or proposal, You agree to be bound by the terms of the Solicitation. You agree to hold Your Offer open for a minimum of thirty (30) calendar days after the Opening Date. (See "Signing Your Offer" and "Electronic Signature" provisions.)

NAME OF OFFEROR
(full legal name of business submitting the offer)

AUTHORIZED SIGNATURE
(Person must be authorized to submit binding offer to contract on behalf of Offeror.)

TAXPAYER IDENTIFICATION NO.
(See "Taxpayer Identification Number" provision)

TITLE
(business title of person signing above)

STATE VENDOR NO.
(Register to Obtain S.C. Vendor No. at www.procurement.sc.gov)

PRINTED NAME
(printed name of person signing above)

DATE SIGNED

STATE OF INCORPORATION
(If you are a corporation, identify the state of incorporation.)

OFFEROR'S TYPE OF ENTITY: (Check one)
___ Sole Proprietorship  ___ Partnership  ___ Other_____________________________
___ Corporate entity (not tax-exempt)  ___ Corporation (tax-exempt)  ___ Government entity (federal, state, or local)
**HOME OFFICE ADDRESS** (Address for offeror's home office / principal place of business)

**NOTICE ADDRESS** (Address to which all procurement and contract related notices should be sent.) (See "Notice" clause)

<table>
<thead>
<tr>
<th>Area Code</th>
<th>Area Code</th>
<th>Area Code</th>
<th>Area Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number</th>
<th>Extension</th>
<th>Facsimile</th>
<th>E-mail</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PAYMENT ADDRESS** (Address to which payments will be sent.) (See "Payment" clause)

**ORDER ADDRESS** (Address to which purchase orders will be sent) (See "Purchase Orders and "Contract Documents" clauses)

<table>
<thead>
<tr>
<th>Payment Address same as Home Office Address</th>
<th>Payment Address same as Notice Address</th>
<th>Order Address same as Home Office Address</th>
<th>Order Address same as Notice Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(check only)</td>
<td>(check only)</td>
<td></td>
</tr>
</tbody>
</table>

**ACKNOWLEDGMENT OF AMENDMENTS**
Offerors acknowledges receipt of amendments by indicating amendment number and its date of issue. (See "Amendments to Solicitation" Provision)

<table>
<thead>
<tr>
<th>Amendment No.</th>
<th>Amendment Issue Date</th>
<th>Amendment No.</th>
<th>Amendment Issue Date</th>
<th>Amendment No.</th>
<th>Amendment Issue Date</th>
<th>Amendment No.</th>
<th>Amendment Issue Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**DISCOUNT FOR PROMPT PAYMENT** (See "Discount for Prompt Payment" clause)

<table>
<thead>
<tr>
<th>10 Calendar Days (%)</th>
<th>20 Calendar Days (%)</th>
<th>30 Calendar Days (%)</th>
<th>____ Calendar Days (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PREFERENCES** - A NOTICE TO VENDORS (SEP. 2009): On June 16, 2009, the South Carolina General Assembly rewrote the law governing preferences available to in-state vendors, vendors using in-state subcontractors, and vendors selling in-state or US end products. This law appears in Section 11-35-1524 of the South Carolina Code of Laws. A summary of the new preferences is available at www.procurement.sc.gov/preferences. **ALL THE PREFERENCES MUST BE CLAIMED AND ARE APPLIED BY LINE ITEM, REGARDLESS OF WHETHER AWARD IS MADE BY ITEM OR LOT. VENDORS ARE CAUTIONED TO CAREFULLY REVIEW THE STATUTE BEFORE CLAIMING ANY PREFERENCES. THE REQUIREMENTS TO QUALIFY HAVE CHANGED. IF YOU REQUEST A PREFERENCE, YOU ARE CERTIFYING THAT YOUR OFFER QUALIFIES FOR THE PREFERENCE YOU’VE CLAIMED. IMPROPERLY REQUESTING A PREFERENCE CAN HAVE SERIOUS CONSEQUENCES.** [11-35-1524(E)(4)&(6)]

**PREFERENCES – ADDRESS AND PHONE OF IN-STATE OFFICE:** Please provide the address and phone number for your in-state office in the space provided below. An in-state office is necessary to claim either the Resident Vendor Preference (11-35-1524(C) (1) (i) & (ii)) or the Resident Contractor Preference (11-35-1524(C) (1) (iii)). Accordingly, you must provide this information to qualify for the preference. An in-state office is not required, but can be beneficial, if you are claiming the Resident Subcontractor Preference (11-35-1524(D)).

* All contractors should note that including preference calculations after each item in the bid schedule as shown in Section VIII does not guarantee that preferences will be applied to each line item. Preferences may or may not have any effect in the calculation of the low bid. The application of preference is determined by certain different qualifying criteria being met. (See Section 11-35-1524 (E3) of the S.C. Consolidated Procurement Code for more details)

<table>
<thead>
<tr>
<th>In-State Office Address same as Home Office Address</th>
<th>In-State Office Address same as Notice Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(check only)</td>
</tr>
</tbody>
</table>

End of PAGE TWO
Questions and Answers

1. Could you please clarify, why the RFP states the proposal is due 8/18, however award will be posted 8/15?
   a. The due date was amended due to issues with posting the document and the award date was mistakenly not updated. It has been updated to 8/22/14.

2. What is the college’s most recent enrollment?
   a. Spring 2014 enrollment was 6086 (which includes full and part time students); The estimated number of 9900 includes students enrolled in our Continuing Education programs at any one time.

3. What is the expiring rate for the student accident coverage?
   a. $19,152 (however, this amount included Student athletics programs which are no longer offered at the College)

4. Could you please provide detailed loss/claims runs for the four previous years?
   a. This is posted as a separate document with the solicitation.

5. How is the student accident insurance billed – annually or by semester?
   a. Annually

6. Under III. Scope of Work/Specifications what is the date paid through for the Claims Amount Paid figures?
   a. July 31, 2014

7. For premium, has there been an individual rate or is the school only looking for a flat premium number?
   a. We are requesting a flat premium number.