



U N I V E R S I T Y O F
SOUTH CAROLINA

R

Amendment NO. 3

TO: ALL VENDORS

FROM: William (Dennis) Gallman

SUBJECT: USC-IFB-2437-DG/ Provide Secondary Athletics Insurance for University of South Carolina Salkehatchie Campus

OPENING DATE AND TIME: See Item One

DATE: May 24, 2013

This Amendment No. 3 modifies the IFB only in the manner and to the extent as stated herein.

ITEM ONE: NO CHANGE

ITEM TWO: CLARIFICATIONS TO QUESTIONS PRESENTED BY VARIOUS VENDORS

1. Certified athletic trainer(s) on staff? If yes, for which sports is trainer responsible?

Not on USC's payroll, but contracted for all sports.

2. Team Physician: On Staff, on Retainer or Other (Please describe)

No

3. Physician's Specialty

4. Is physician board certified?

5. Does the athletic department or coaching staff routinely:

a) Obtain information about athlete's other insurance coverage?

Yes

b) Require pre-participation physical examination? If yes, for which sports?

Yes, all sports

6. Type of surface where activities take place: Artificial or Grass? What other activities take place on this surface?

Outdoor sports grass. Camps for respective sports on each athletic field.

7. Does your institution have a medical school which provides care at no cost to the athletes?

No

8. What percentage of your student athletes have primary medical coverage?

In amendment 1

9. Please include Carrier detailed loss reports, to include high dollar claims which exceed \$10,000.

See amendment 1

10. Please list sports additions/deletions which have occurred during the recent (5) year period none

Benefit Plan Summary (Describe below or attach Schedule of Benefits)

	2012-13	2011-12	2010-11	2009-10	2008-09
Plan Maximum					
Benefit Period					
Treatment Window					
Policy Term Dates					
Deductible					
Dental coverage					
AD&D Coverage					
Excess or Primary					
HMO/PPO Denial					
Expanded Medical					
Re-Injury/Re-Agg.					
Heart/Circulatory					
Pre-Existing Cond.					
Guest/Recruit Cov.					

Year	Insurance Carrier	Gross Premium Paid	Number of Claims Paid	Total Amount of Claims paid	As of date*
2012-2013					
2011-2012					
2010-2011					
2009-2010					
2008-2009					

*As of Date must be within 3 months of submission date.

2013-14 Sports Listing Form

Sport	Number of Players		Indicate Type of Sport		
	Male	Female	Intercollegiate	Club	Intramural
Archery					
Baseball					
Basketball					
Bowling					
Cheerleading					
Crew					
Cross Country Running					
Diving					
Equestrian					
Fencing					
Field Hockey					
Football, Tackle - Fall					
Football, Tackle - Spring					
Football, Touch/Flag					
Golf					
Gymnastics					
Handball					
Ice Hockey					
Lacrosse					
Martial Arts					
Racquetball					
Rugby					
Sailing					
Skiing (downhill)					
Skiing (cross-country)					
Soccer					
Softball					
Squash					
Swimming					
Table Tennis					
Tennis					
Track & Field					
Volleyball					
Water Polo					
Weightlifting					
Wrestling					
Other:					
Other:					
Other:					
Other:					
TOTALS					

BIDDER SHALL ACKNOWLEDGE RECEIPT OF AMEDMENT NO. 3 IN THE SPACE PROVIDED BELOW AND RETURN IT WITH THEIR BID RESPONSE. FAILURE TO DO SO MAY SUBJECT BID TO REJECTION.

Authorized Signature

Firm

Date