

Bedford County Department of Finance

841 Union Street, Suite 102
Shelbyville, TN 37160
(931) 685-2024 FAX (931) 680-1029

Request for Proposal

**Excess Inmate Medical Insurance
(Sheriff's Department)
Bid No. 10-39**

The Bedford County Department of Finance is requesting proposals for Excess Inmate Medical Insurance for the Sheriff's Department. The Bedford County Department of Finance reserves the right to reject any and all bids and waive any irregularities for the purpose of making the award it feels is in the best interest of Bedford County. **Sealed bids will be received until 2:00 p.m., Tuesday, March 2, 2010**, in the office of the Bedford County Department of Finance and will be opened publicly at that time. Any bids received after the scheduled closing time for receipt of bids will be returned to the bidder unopened.

GENERAL BID TERMS AND CONDITIONS

Proposals from all responsible bidders will be considered. To qualify as a responsible bidder, the proposal submitted must:

- 1. Meet or exceed the minimum requirements specified.**
- 2. Furnish all documents requested by the representative of the Bedford County Department of Finance prior to and following the bid opening.**
- 3. Submit their completed bid prior to the bid opening date and time.**
- 4. Have bid name and bid number placed on the outside lower left corner of the sealed envelope containing the bid form. (Facsimile bids will not be considered.)**

Award

A purchase order from the Bedford County Department of Finance will be issued to the successful bidder acknowledging the award. A copy of these terms and conditions, specifications and the vendor's proposal form will become a part of the purchase order.

Prospective bidders may contact the Department of Finance (931) 685-2024 for any questions as to the specifications of the bid.

Lowest and/or best bid will be awarded.

Other Considerations

Bedford County Department of Finance reserves the right to purchase only those bid items and quantities that conform to overall budgetary, functional, and performance constraints.

The terms of this bid will be extended to other local government agencies, other municipalities, and Boards of Education. Bedford County is responsible only for purchases made and received by Bedford County.

INSTRUCTIONS TO BIDDERS

All Proposals are to be made be on the Proposal Form provided. Bids must be delivered in hand or by a mail service in a sealed envelope marked on the outside lower left corner, **Bid No. 10-39 Excess Inmate Medical Insurance.** Bids will be received and opened on **Tuesday, March 2, 2010, at 2:00 p.m.** **Any bids received after the scheduled closing time for receipt of bids will be returned to the bidder unopened.**

Proposals are to be made complete in every detail as required and called for by said Proposal Form. Proposals that are incomplete, conditional, contain irregularities of any kind, or which are not in accord with the Instructions to Bidders and Proposal Form furnished by the Department of Finance may be rejected as informal.

The submission of a proposal will signify that the Bidder has thoroughly familiarized himself with all conditions and that he fully understands what will be expected of the successful bidder.

The Department of Finance reserves the right to reject, without liability whatsoever, any or all bids submitted, and waive informalities therein, if deemed by the Department of Finance for their best interest to do so.

SPECIFICATIONS

Coverage Desired:

- Inpatient Hospitalization
- Outpatient Surgical Charges
- Emergency Room Charges
- Physicians' and Surgeons' Fees
- Anesthesiologists
- Radiologists
- Nurses
- Diagnostic X-ray and Laboratory Services
- Dressings, Drugs and Medicines
- Medical conditions such as cancer, heart, kidney and diabetes
- Accidental Injuries
- Fights
- Self-inflicted Injuries
- Attempted Suicide
- Optional Coverage for: AIDS/HIV, Substance Abuse, Maternity, Mental
And Nervous, Security and Guarding
- No Pre-Existing Medical Condition Limitations

Coverage begins for all incarcerated Inmates 72 hours after policy effective date

Approximate number of inmates for the past six (6) months:

Male – 172

Female - 43

PROPOSAL FORM

**TO: Bedford County Department of Finance
841 Union Street, Suite 102
Shelbyville, Tennessee 37160**

Re: Bid No. 10-39

Gentlemen:

Having examined the specifications for a **Excess Inmate Medical Insurance**, we (I) submit the following proposal:

<u>Deductible</u>	<u>Coverage Limits</u>	<u>Premium</u>
\$10,000	_____	\$ _____
\$20,000	_____	\$ _____
\$50,000	_____	\$ _____

Company Name: _____

Mailing Address: _____

Signature and title of bidder: _____

Date: _____

Telephone Number: _____