

**Greater Tompkins County Municipal Health Insurance Consortium  
 Medical Auditing Services RFP Questions  
 January 28, 2014**

Question/Clarification	Response
We note the Consortium's interest in large loss review. Please advise if the Consortium has purchased stop loss reinsurance and if so, for what attachment points and from which reinsurer.	For the years included in the audit timeframe, please note the following Stop Loss information: 2011 – Carrier-Excellus Health Plan; Specific Deductible - \$250,000 Policy Terms: Incur-12, Paid-15 2012 – HM Life Insurance Co; Specific Deductible - \$275,000 Policy Terms: Incur-12, Paid-15 2013 – HM Life Insurance Co; Specific Deductible - \$300,000 Policy Terms: Incur-12, Paid-15 Policies are based on a calendar year and include both medical and RX covered expenses.
Please provide the amounts of required insurance coverage for the binder that must be submitted.	<b>See Attached</b>

**TOMPKINS COUNTY INSURANCE AND INDEMNIFICATION**

The Successful Bidder Shall Maintain and Agree to the Following:

(Professional), hereinafter referred to as Contractor, shall indemnify, hold harmless and defend Tompkins County, and its officers, employees, agents, and elected officials for injury or death to any person or persons or damage to property arising out of the performance of the Contractor, its employees, subcontractors or agents with the exception of all actions and claims arising out of the negligence of Tompkins County. The Contractor shall maintain the following minimum limits of insurance or as required by law, whichever is greater.

- A.) **Workers' Compensation and New York Disability** - Statutory Coverage Employer's Liability - Unlimited.
- B.) **Commercial General Liability** including, contractual, independent contractors, products/completed operations - Occurrence Form required.

*	Each Occurrence	\$1,000,000
*	General Aggregate	2,000,000
*	Products/Completed Operations Aggregate	2,000,000
*	Personal and Advertising Injury	1,000,000
*	Fire Damage Legal	50,000
*	Medical Expense	5,000

- **General Aggregate** shall apply separately to the project prescribed in the contract

\* Tompkins County and its officers, employees, agents and elected officials are to be included as **Additional Insureds**

- C.) **Professional Liability** - \$1,000,000 **OR Errors and Omissions Liability** - \$1,000,000

All insurance shall be written with insurance carriers licensed by the State of New York Insurance Department and have a Best's rating of A XI or better. Proof of insurance shall be provided on the Tompkins County Certificate of Insurance (copy attached) including the Contract Number. The accord Certificate of Insurance or insurance company certificate may be used for proof of Workers' Compensation and Disability. All Certificates shall contain a sixty (60) day notice of cancellation, non-renewal or material change to Tompkins County. All Certificates must be signed by a licensed agent or authorized representative of the insurance company. Broker signature is not acceptable. Certificates of Insurance shall be submitted with the proposal.