

Nassau County School District
Dental / Vision Coverage RFP
Effective October 1, 2012



NASSAU COUNTY SCHOOL DISTRICT
Request for Proposal
#2012-02 Group Dental/Vision Insurance

Vendor Acknowledgement Form

Voluntary Dental and/or Vision Insurance

VENDOR NAME AND ADDRESS: _____

PHONE NUMBER: _____ FAX NUMBER: _____

EMAIL ADDRESS: _____

AUTHORIZED SIGNATURE/TITLE (TYPED): _____

AUTHORIZED SIGNATURE/TITLE: _____

SEALED RFP: All RFP bid sheets, requested documents and this form shall be executed and submitted in a sealed envelope. (Do not include more than one bid per envelope.) The face of the envelope shall contain, in addition to the address, the date and time of the RFP bid opening. All bids are subject to the conditions specified herein. Those which do not comply with these conditions are subject to rejection.

IF NOT SUBMITTING A BID, PLEASE CHECK REASON(S) BELOW AND EMAIL TO SUSAN FARMER AT susan.farmer@nassau.k12.fl.us:

- | | | |
|----|---|-------|
| 1. | Insufficient time to respond | _____ |
| 2. | We do not offer requested product | _____ |
| 3. | Specifications were unclear or restrictive | _____ |
| 4. | Our schedule will not permit us to respond | _____ |
| 5. | Remove our Company name from this RFP | _____ |
| 6. | Could not meet specifications | _____ |
| 7. | Keep our Company name for future RFP's | _____ |
| 8. | Could not meet professional liability terms | _____ |
| 9. | Other: _____ | |