



OFFICE OF COUNTY MAYOR BETSY HENDERSON

Procurement Division • 1000 N. Central Street, Suite 100, Knoxville, TN 37917

**Knox County Procurement Division
Addendum I to Invitation to Bid #3768
Worker's Compensation for E-911**

Addendum Date: October 5, 2026

Buyer: Christina Beeler

Opening Date: October 14, 2026

Total Page(s): Nine (9) pages

The Following is to be Added:

Attachment A Loss Run 5 Years

The Following is for Clarification:

Question 1: Can a broker bid on the opportunity, or does it need to come directly from Insurance company?

Answer 1: A broker is eligible to submit a response to the solicitation.

End of Addendum #1.

Addendum must be acknowledged in Section 5.20 of your submittal.

Christina Beeler, CPPB
Senior Procurement Analyst
Knox County Procurement



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Workers' Compensation Detail Loss Run as of October 1, 2026

Policy Year(s) 2026, 2025, 2024, 2023, 2022 (5 Years)

Policy Number: 0521-21329

Carrier: BusinessFirst Insurance Company

Policy Periods	Claims Status	Claims Type	Total	Indemnity PTD	Medical PTD	Reserves	Total Incurred
01/01/26-01/01/27	0 Open, 0 Closed	0 Lost Time, 0 Med. Only	0	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
01/01/25-01/01/26	0 Open, 0 Closed	0 Lost Time, 0 Med. Only	0	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
01/01/24-01/01/25	0 Open, 0 Closed	0 Lost Time, 0 Med. Only	0	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
01/01/23-01/01/24	0 Open, 1 Closed	0 Lost Time, 1 Med. Only	1	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
01/01/22-01/01/23	0 Open, 0 Closed	0 Lost Time, 0 Med. Only	0	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Totals	0 Open, 1 Closed	0 Lost Time, 1 Med. Only	1	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

Policy Number: 0521-21329

Insured: Knox County Emergency Communications District

Policy Period: 01/01/26-01/01/27

Carrier: BusinessFirst Insurance Company

Deductible? No

Policy Summary Totals				Indemnity	Medical	Other	Total
Open Claims:	0	Deductible		Paid This Month	\$ 0.00	\$ 0.00	\$ 0.00
Closed Claims:	0	Billed This Month	\$ 0.00	Paid to Date	\$ 0.00	\$ 0.00	\$ 0.00
Total Lost Time:	0	Billed to Date	\$ 0.00	Reserves	\$ 0.00	\$ 0.00	\$ 0.00
Total Medical Only:	0	Remaining	\$ 0.00	Total Incurred	\$ 0.00	\$ 0.00	\$ 0.00

Policy Number: 0521-21329

Insured: Knox County Emergency Communications District

Policy Period: 01/01/25-01/01/26

Carrier: BusinessFirst Insurance Company

Deductible? No

Policy Summary Totals				Indemnity	Medical	Other	Total
Open Claims:	0	Deductible		Paid This Month	\$ 0.00	\$ 0.00	\$ 0.00
Closed Claims:	0	Billed This Month	\$ 0.00	Paid to Date	\$ 0.00	\$ 0.00	\$ 0.00
Total Lost Time:	0	Billed to Date	\$ 0.00	Reserves	\$ 0.00	\$ 0.00	\$ 0.00
Total Medical Only:	0	Remaining	\$ 0.00	Total Incurred	\$ 0.00	\$ 0.00	\$ 0.00

Policy Number: 0521-21329

Insured: Knox County Emergency Communications District

Policy Period: 01/01/24-01/01/25

Carrier: BusinessFirst Insurance Company

Deductible? No

Policy Summary Totals				Indemnity	Medical	Other	Total
Open Claims:	0	Deductible		Paid This Month	\$ 0.00	\$ 0.00	\$ 0.00
Closed Claims:	0	Billed This Month	\$ 0.00	Paid to Date	\$ 0.00	\$ 0.00	\$ 0.00
Total Lost Time:	0	Billed to Date	\$ 0.00	Reserves	\$ 0.00	\$ 0.00	\$ 0.00
Total Medical Only:	0	Remaining	\$ 0.00	Total Incurred	\$ 0.00	\$ 0.00	\$ 0.00



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Workers' Compensation Detail Loss Run as of October 1, 2026

Policy Year(s) 2026, 2025, 2024, 2023, 2022 (5 Years)

Policy Number: 0521-21329

Insured: Knox County Emergency Communications District

Policy Period: 01/01/23-01/01/24

Carrier: BusinessFirst Insurance Company

Deductible? No

Policy Summary Totals				Indemnity	Medical	Other	Total	
Open Claims:	0	Deductible		Paid This Month	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Closed Claims:	1	Billed This Month	\$ 0.00	Paid to Date	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Total Lost Time:	0	Billed to Date	\$ 0.00	Reserves	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Total Medical Only:	1	Remaining	\$ 0.00	Total Incurred	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

Policy Number: 0521-21329

Insured: Knox County Emergency Communications District

Policy Period: 01/01/22-01/01/23

Carrier: BusinessFirst Insurance Company

Deductible? No

Policy Summary Totals				Indemnity	Medical	Other	Total	
Open Claims:	0	Deductible		Paid This Month	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Closed Claims:	0	Billed This Month	\$ 0.00	Paid to Date	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Total Lost Time:	0	Billed to Date	\$ 0.00	Reserves	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Total Medical Only:	0	Remaining	\$ 0.00	Total Incurred	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

Workers' Compensation Detail Loss Run as of October 1, 2026

Policy Year: 2026

Policy Number: 0521-21329

Insured: Knox County Emergency Communications District

Policy Period: 01/01/2026-01/01/2027

Carrier: BusinessFirst Insurance Company

Deductible? No

Policy Summary Totals

				Indemnity	Medical	Other	Total
Open Claims:	0	Deductible		Paid This Month	\$ 0.00	\$ 0.00	\$ 0.00
Closed Claims:	0	Billed This Month	\$ 0.00	Paid to Date	\$ 0.00	\$ 0.00	\$ 0.00
Total Lost Time:	0	Billed to Date	\$ 0.00	Reserves	\$ 0.00	\$ 0.00	\$ 0.00
Total Medical Only:	0	Remaining	\$ 0.00	Total Incurred	\$ 0.00	\$ 0.00	\$ 0.00

Workers' Compensation Detail Loss Run as of October 1, 2026

Policy Year: 2025

Policy Number: 0521-21329

Insured: Knox County Emergency Communications District

Policy Period: 01/01/2025-01/01/2026

Carrier: BusinessFirst Insurance Company

Deductible? No

Policy Summary Totals

Policy Summary Totals				Indemnity	Medical	Other	Total	
Open Claims:	0	Deductible		Paid This Month	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Closed Claims:	0	Billed This Month	\$ 0.00	Paid to Date	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Total Lost Time:	0	Billed to Date	\$ 0.00	Reserves	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Total Medical Only:	0	Remaining	\$ 0.00	Total Incurred	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

Workers' Compensation Detail Loss Run as of October 1, 2026

Policy Year: 2024

Policy Number: 0521-21329

Insured: Knox County Emergency Communications District

Policy Period: 01/01/2024-01/01/2025

Carrier: BusinessFirst Insurance Company

Deductible? No

Policy Summary Totals

Policy Summary Totals				Indemnity	Medical	Other	Total	
Open Claims:	0	Deductible		Paid This Month	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Closed Claims:	0	Billed This Month	\$ 0.00	Paid to Date	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Total Lost Time:	0	Billed to Date	\$ 0.00	Reserves	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Total Medical Only:	0	Remaining	\$ 0.00	Total Incurred	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

Workers' Compensation Detail Loss Run as of October 1, 2026

Policy Year: 2023

Policy Number: 0521-21329

Insured: Knox County Emergency Communications District

Policy Period: 01/01/2023-01/01/2024

Carrier: BusinessFirst Insurance Company

Deductible? No

Policy Summary Totals

Policy Summary Totals				Indemnity	Medical	Other	Total	
Open Claims:	0	Deductible		Paid This Month	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Closed Claims:	1	Billed This Month	\$ 0.00	Paid to Date	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Total Lost Time:	0	Billed to Date	\$ 0.00	Reserves	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Total Medical Only:	1	Remaining	\$ 0.00	Total Incurred	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

Claims For Policy: 0521-21329-0

Injured Employee: HOOPER, JANA		Date of Injury: 09/24/2023	Adjustor: ANNE HOFMANN	Claim Status: Closed	
Claim Number: 314171	Hire Date: 03/06/2023	Reported to Carrier: 09/25/2023	Claim Type: MEDICAL ONLY	Closed Date: 10/02/2023	
Job Title: Call Processor	Work Code: 8810	Returned to Work: 09/26/2023			
Work Location: 605 Bernard Ave Knoxville, TN 37921		Cause of Injury: Fall, Slip or Trip, NOC			
		Body Part: Multiple Body Parts			
Description:		Nature of Injury: Contusion-Bruise,Skin Surface Hematoma			
While IW was working at desk IW passed out and fell from their chair resulting in contusion to head and back.			Indemnity	Medical	Other
Deductible	Comp/Medical	Paid This Month	\$ 0.00	\$ 0.00	\$ 0.00
Billed to Date	\$ 0.00	Paid to Date	\$ 0.00	\$ 0.00	\$ 0.00
Billed This Month	\$ 0.00	Reserves	\$ 0.00	\$ 0.00	\$ 0.00
Remaining	\$ 0.00	Total Incurred	\$ 0.00	\$ 0.00	\$ 0.00

Workers' Compensation Detail Loss Run as of October 1, 2026

Policy Year: 2022

Policy Number: 0521-21329

Insured: Knox County Emergency Communications District

Policy Period: 01/01/2022-01/01/2023

Carrier: BusinessFirst Insurance Company

Deductible? No

Policy Summary Totals

Policy Summary Totals				Indemnity	Medical	Other	Total	
Open Claims:	0	Deductible		Paid This Month	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Closed Claims:	0	Billed This Month	\$ 0.00	Paid to Date	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Total Lost Time:	0	Billed to Date	\$ 0.00	Reserves	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Total Medical Only:	0	Remaining	\$ 0.00	Total Incurred	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00