



Governed by Ohio School Officials for Ohio's Schools

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NEW BUSINESS APPLICATION

Liability Coverage

(Including General Liability, Employers' Liability, Fiduciary Liability, Errors and Omissions and Employment Practices)

PLAN USE ONLY	
Entity Number	
App Submit Date	
Submitted	
Need By Date	
Policy Type	
Agent	

School/Entity Name _____
 Address _____
 City, State, Zip, County _____
 Website Address (URL) _____
 Year Established _____
 School/Entity Type _____

Contacts

Name	E-Mail Address	Position/Title	Contact For	Business Number	Fax Number

Policy Term

Effective Date _____ Expiration Date _____

Educational Liability Limits and Deductibles

Coverage	Limits of Liability	Deductible
Educational General Liability		
Bodily Injury and Property Damage – Each Occurrence and Sexual Abuse Injury – Each Sexual Abuse Offense	_____	_____
Include wrongful acts for Law Enforcement activities?	Yes No	
Personal and Advertising Injury – Each Offense	_____	
Loss of Electronic Data – Each Electronic Data Incident	_____	
Fire Damage – Any One Event	_____	
Medical Expense – Any One Person – Any One Accident	_____	
General Aggregate	_____	
Products-Completed Operations Aggregate	_____	

Coverage	Limits of Liability	Deductible
Employers' Liability – Stop Gap – State: Ohio		
Bodily Injury By Accident – Each Accident	_____	_____
Bodily Injury By Disease – Each Employee	_____	_____

Bodily Injury By Disease

Coverage

Limits of Liability

Deductible

Fiduciary Liability – Claims Made

Fiduciary Liability – Each Fiduciary Claim Limit

Fiduciary Liability Aggregate Limit

Coverage

Limits of Liability

Deductible

Educational Legal Liability – Claims Made

Errors and Omissions Injury – Each Wrongful Act

Errors and Omissions Injury Aggregate

Employment Practices Injury – Each Wrongful Act

Employment Practices Injury Aggregate

Declaratory, Equitable and Injunctive Relief Defense Aggregate

For MRDD's Only

Coverage

Limits of Liability

Deductible

Professional Liability

Each Professional Incident

Professional Liability Aggregate - Subject to the Educational General Liability General Aggregate

Expiring Information

Has insurance/coverage been declined, cancelled or non-renewed for any of the coverages to which this application applies within the last 5 years?

Yes _____ No _____

If Yes, describe _____

Expiring Information for all coverages to which this application applies

Carrier(s) _____

Limit(s) \$ _____

Premium(s) \$ _____

Retroactive Date(s) (Indicate date and applicable coverage) _____

Attach a copy of your current declarations page(s) if other than Ohio School Plan policy.

Financial Information

What is the budgeted gross revenue for the coming year? \$ _____

Claims

PLEASE SUBMIT THE FOLLOWING:

Four years of loss runs from prior carriers for any years not covered through the Ohio School Plan.

The loss run reports should be no older than six months prior to the expiration date of the policy and must be received in order to provide a quote.

Additional Claim information

Has any claim been made against any person in their capacity as an official or employee of the school/entity in the past 5 years?

Yes _____ No _____

Does any board member, employee or volunteer have any knowledge of any negligent act, error, omission, or breach of duty which may reasonably be expected to give rise to a claim?

Yes _____ No _____

Has any claim been made regarding disputes of integration, segregation, discrimination, or violation of civil rights within the last 5 years? Yes _____ No _____

Has any person alleged unfair or improper treatment regarding hiring, remuneration, advancement or termination of employment in the past 5 years? Yes _____ No _____

Has any person alleged sexual abuse, molestation, harassment or misconduct towards:

Student? Yes _____ No _____

Employee? Yes _____ No _____

Other? Yes _____ No _____

If answering Yes to any of the above five questions, describe the incident, current status and actions taken. Use additional paper if needed.

Please enter any additional comments _____

Fiduciary

Effective date(s) of plans?

Master 403(b) IRS approved _____

Any 457(b) _____

Any 401(a) _____

Name and title of plan administrator or if hired, name and address of independent third party administrator?

Master 403(b) _____

Any 457(b) _____

Any 401(a) _____

Name and address of plan financial consultant?

Master 403(b) _____

Any 457(b) _____

Any 401(a) _____

Name and address of investment vendor for the master 403(b)? _____

Rollout Date to employees for the master 403(b) IRS approved plan? _____

Total number of qualified employees?

Master 403(b) _____

Any 457(b) _____

Any 401(a) _____

Total number of participants for the master 403(b)? _____

Is a standard Service Contract for the 403(b) plans:

Reviewed by legal counsel Yes _____ No _____

Approved by legal counsel Yes _____ No _____

Signed by vendors Yes _____ No _____

If legal counsel has not yet reviewed and/or approved the standard Service Contract, what is the expected completion date? _____

Please enter any additional comments _____

Submit a copy of the standard Service Contract and list plans in the Schedule section of this application.

Exposure/Questionnaire Checklist

Instructions

Public and Vocational Schools

If you are a Public or Vocational School:

1. Check the Public School, JVS General Information Questionnaire (#1); and
 2. Check any of the Public School, JVS Exposures/Questionnaires (#4 - #13) that apply to you; and
 3. Complete the questionnaires for each item checked and the Risk Management Questionnaire.
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**Educational Service Centers (ESC),
Data Centers (DAC),
Councils of Government (COG), and
other entities not more specifically
described**

If you are an Educational Service Center (ESC), Data Center (DAC), Council of Government (COG), or other entity not more specifically described:

1. Check the ESC, DAC, COG General Information Questionnaire (#2); and
2. Check any of the Public School, JVS Exposures/ Questionnaires (#4 - #13) that apply to you; and
3. Complete the questionnaires for each item checked and the Risk Management Questionnaire.

MRDDs

If you are an MRDD:

1. Check the MRDD General Information Questionnaire (#3); and
2. Check any of the Public School, JVS Exposures/Questionnaires (#4 - #13) that apply to you; and
3. Check any of the MRDD Exposures/Questionnaires (#14 - #20) that apply to you; and
4. Complete the questionnaires for each item checked and the Risk Management Questionnaire.

General Information Questionnaires

1. Public School, JVS General Information Questionnaire
2. ESC, DAC, COG General Information Questionnaire
3. MRDD General Information Questionnaire

Public School, JVS Exposures/Questionnaires

- | | |
|---|---|
| <ol style="list-style-type: none"> 4. <input type="checkbox"/> Climbing Wall (Vertical) Questionnaire 5. <input type="checkbox"/> Equestrian Programs, Ice Hockey, Skiing Questionnaire 6. <input type="checkbox"/> Herbicide, Pesticide Application Questionnaire 7. <input type="checkbox"/> Owned Watercraft (Greater Than 26 feet) Questionnaire 8. <input type="checkbox"/> Preschool, Head Start, Latchkey Questionnaire | <ol style="list-style-type: none"> 9. <input type="checkbox"/> Rifle, Archery, Pistol Ranges Questionnaire 10. <input type="checkbox"/> Rope Course Questionnaire 11. <input type="checkbox"/> Security Guards Questionnaire 12. <input type="checkbox"/> Stadiums (Seating Capacity Greater Than 5,000) Questionnaire 13. <input type="checkbox"/> Swimming Pools Questionnaire |
|---|---|

MRDD Exposures/Questionnaires

14. Off Premises Employment Questionnaire
15. On Premises Workshops Questionnaire
16. Physical, Occupational Therapy Questionnaire
17. Physicians, Psychiatrists, Psychologists Questionnaire
18. Residential Facilities Questionnaire
19. Respite Care, Supported Living, Home-Based Services Questionnaire
20. Vocational Adjustment and Training, Job Placement Questionnaire

21. Describe any other significant or unusual operations: (e.g. Golf courses, municipal operations managed by district, TV or radio stations, etc.)

Questionnaires

1. Public School, JVS General Information Questionnaire

Staff	#	_____	Number of ADA	#	_____
Administrative Personnel	#	_____	Elementary/Middle School Students ADA (K-8)	#	_____
Teachers	#	_____	High School Students ADA (9-12)	#	_____
Counselors	#	_____	Alternative School Students ADA (any one time)	#	_____
Nurses	#	_____	Joint Vocational Students ADA	#	_____
Psychologist	#	_____			
Other Employees	#	_____			

Joint Vocational Schools, please submit a list of programs or student course guide for youth and adults.

Comments, clarification or additional information _____

2. ESC, DAC, COG and other entities not more specifically described above General Information Questionnaire

Staff		Number of ADA	
Administrative Personnel	# _____	Alternative School Students ADA(any one time)	# _____
Teachers	# _____	Early Childhood Development Students ADA	# _____
Counselors	# _____		
Nurses	# _____	Total Payroll	\$ _____
Psychologist	# _____	Total Gross Expenditures	\$ _____
Other Employees	# _____		

Describe the entity's purpose and operations/services provided in detail or submit brochures, etc. _____

Comments, clarification or additional information _____

3. MRDD General Information Questionnaire

Staff		Number of Clients	
Administrative Personnel	# _____	Clients – Birth to 5 years of age	# _____
Teachers	# _____	Clients – 6 to 21 years of age	# _____
Certified Day Care Providers	# _____	Clients – 22 to 65 years of age	# _____
Non Certified Day Care Providers	# _____	Clients – Over 65 years of age	# _____
Counselors	# _____	Total clients served	# _____
Nurses	# _____		
Psychologists	# _____	Number of Students	
Other Personnel	# _____	School Admissions – Child Students	# _____
		School Admissions – Adult Students	# _____

Describe the sports programs for all clients including Special Olympics activities _____

Comments, clarification or additional information _____

4. Climbing Wall (Vertical) Questionnaire

Describe the exposure, including height, location of facilities, frequency of activity and age of participants

Describe the qualifications of the instructor/teacher

Describe the safety equipment, including type, maintenance and inspection process and frequency

Number of participants? # _____

Comments, clarification or additional information _____

5. Equestrian Programs, Ice Hockey, Skiing Questionnaire

Equestrian Programs

Describe classes, clubs and/or other programs utilizing horses

Number of equestrian participants? # _____

Does the program include any jumping? Yes _____ No _____
 Does the school stable any horses? Yes _____ No _____
 If Yes, how many horses are stabled? # _____
 Comments, clarification or additional information regarding equestrian programs _____

Ice Hockey Participants

Provide the number of participants of any interscholastic, intramural or club ice hockey teams # _____
 Comments, clarification or additional information regarding hockey _____

Ski Teams and/or Clubs

Describe ski activities including type of skiing, ski facilities, competitive or recreational _____
 Number of trips if club/practices and meets if team? # _____
 Number of skiing participants? # _____
 Comments, clarification or additional information regarding skiing _____

6. Herbicide, Pesticide Application Questionnaire

Describe the locations where herbicide and/or pesticides will be applied _____
 List all chemicals that will be applied _____
 Describe the storage of chemicals _____
 Describe any vehicles used for applying chemicals whether with or without permanently attached tanks _____
 Is pollution liability coverage to be provided? Yes _____ No _____
 Comments, clarification or additional information _____

7. Owned Watercraft (Greater Than 26 Feet) Questionnaire

Describe any owned watercraft (including the type of watercraft, number, size, operators, etc.) _____

8. Preschool, Head Start, LatchKey Questionnaire

Number of Locations (by type of program - list all that apply)
 Before and/or after school latchkey program # _____
 Full preschool program for the children of staff and students # _____
 Full preschool program open to the public # _____
 Other types of programs # _____
 If Other, describe _____

Number of Children

Age Group	Maximum Number of Children (on any day)
Birth to 3 years of age	_____
3 to 5 years of age	_____
Older than 5 years of age	_____
Comments, clarification or additional information.	_____

9. Rifle, Archery, Pistol Ranges Questionnaire

Describe Rifle/Archery/Pistol programs including facilities used and controls in place during shooting _____

Describe the instructor's qualifications _____

Number of participants? # _____

Age of participants? _____

Comments, clarification or additional information _____

10. Rope Courses Questionnaire

Describe the rope courses including number of low rope and high rope events (Attach brochure if available) _____

Describe the qualifications of the instructor/teacher _____

Describe the safety equipment, including type, maintenance and inspection process and frequency _____

Number of participants? # _____

Comments, clarification or additional information _____

11. Security Guards Questionnaire

Number of employed Security Guards? # _____

Number of contracted Security Guards? # _____

If contracted, does the school obtain a certificate of insurance from the contractor? Yes _____ No _____

Hours of patrol by Security Guards? _____

Are Security Guards armed? Yes _____ No _____

Does the school have metal detectors or other screening devices? Yes _____ No _____

Does the school have surveillance cameras? Yes _____ No _____

Comments, clarification or additional information _____

12. Stadiums (Seating Capacity Greater Than 5,000) Questionnaire

Total seating capacity? # _____
 Is facility leased to outside districts and for other special events? Yes _____ No _____
 If Yes, are certificates of insurance provided by the lessees? Yes _____ No _____
 Describe non-school events held at stadium _____

Describe stadium security during events _____

Comments, clarification or additional information _____

13. Swimming Pools Questionnaire

Number of pools owned or operated by the school/entity? # _____
 Are pool(s) open to the public? Yes _____ No _____
 If Yes, is the school district responsible for operations while open to the public? Yes _____ No _____
 If Yes, number of lifeguards per pool? # _____
 Number and height of diving apparatus/boards _____

Is pollution liability to be provided for swimming pool chemical application? Yes _____ No _____

Comments, clarification or additional information. _____

Schedules - Use additional pages if necessary.

Horizontal Climbing Walls

Location	Height	Describe Use	Describe Controls	How is access controlled outside class time

Sports Camps

Sport	Sponsor	# of Participants	Camp Duration	Facilities Used

Attach brochures and additional documentation if available.

Additional Interests

Indicate any requests for additional interests including the reason/relationship of the additional interest to the named member and whether or not a contract/agreement exists.

Name	Address	City	State	Zip	Interest Type	Interest	Effective Date	Expiration Date	Does a contract exist?

Attach a copy of all contracts/agreements other than lease agreements.

Adult Groups

Name of Group

Benefit Plans

List all 403(b) plans included under the Master 403(b) and number of participants for each.

Type of Plan (Master 403(b), 457(b), 401(a))	Plan	Inception Date (to be included under the master)	# of Participants for each <u>grandfathered</u> plan to be included under the master

School/Entity's Attestation – The authorized signatory of this application attests to the best of his/her knowledge that statements made in the application, questionnaire and any attachments to the application are true; that no fact, circumstance or situation indicating the probability of a claim or action now known to any public official or employee has not been declared; and it is agreed by all concerned that omission of such information shall exclude any such claim. Signing of this application does not bind the signatory to purchase the coverage/insurance, but it is agreed this form shall be the basis of the contract should a policy be issued.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for coverage/insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any material fact commits a fraudulent insurance act, which is a crime and subjects such person to criminal penalties.

Warranty and Disclosure Statement

Coverage provided under any policy issued as a consequence of this application is contingent upon the following Warranty as evidenced by the signature of the applicants Authorized Signatory.

By signing this application, the Authorized Signatory hereby represents and warrants on behalf of the applicant school/entity and all persons or concerns seeking coverage that the undersigned:

- (a) Has read and understands the following and declares statements set forth herein are true complete and accurate;
- (b) Acknowledges and agrees that any occurrence or event taking place prior to the issuance of coverage applied for, which may render inaccurate, untrue or incomplete any statement made herein, will immediately be reported in writing to the Ohio School Plan administrator;
- (c) Acknowledges and agrees that the submission and the administrator's receipt of such written report, prior to the inception of the policy applied for, is a condition precedent to coverage; and
- (d) Acknowledges and agrees that this Warranty and Disclosure Statement shall be attached to and become a part of the policy.

Statement

No fact, circumstance or situation indicating the probability of a claim or action is now known to any School Official or Employee other than those detailed to the representative of the Ohio School Plan administrator and if there be knowledge of such fact, circumstance, or situation, any claim or action subsequently emanating there from shall be excluded under the coverage here being applied for.

Authorized Signatory for School/Entity **Date**

Title **Phone Number**