



Governed by Ohio School Officials for Ohio's Schools

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NEW BUSINESS APPLICATION

Automobile Liability and Physical Damage Coverage

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 Automobile Liability Coverage

Coverage	Limit	Deductible
Liability	_____	_____
Medical Payments	_____	_____
Uninsured/Underinsured Motorists	_____	_____

Educational Auto Physical Damage Coverage

	Comprehensive Deductible	Collision Deductible
Buses	_____	_____
All Other Vehicles	_____	_____
Hired Car Physical Damage	Limit	Comprehensive Deductible
	_____	_____

Minimum \$1,000 Comprehensive and \$1,000 Collision Deductibles will be applied to all buses and \$250 Comprehensive and \$500 Collision Deductibles will be applied to all other vehicles including Hired Car Physical Damage.

Expiring Information

Has Automobile insurance/coverage been declined, cancelled or non-renewed within the last 5 years? Yes _____ No _____
 If Yes, describe _____

Expiring Information

Carrier _____
Limit \$ _____
Premium \$ _____

Submit copy of your current declarations page if other than Ohio School Plan policy.

Coverage Information

PLEASE ATTACH THE FOLLOWING

- (1) A vehicle schedule which includes a description, cost new, gross vehicle weight, Vehicle Identification Number (VIN), bus capacity and storage location. The description must include year, make and model.
- (2) A current drivers list including name, date of birth, social security number, driver's license number and state of issuance.
- (3) Four years of loss runs from prior carriers for any years not insured through the Ohio School Plan. The loss runs should be no older than six months prior to the expiration date of the policy.

(1), (2) and (3) above must be received in order to provide a quote.

Hired Auto

Is any portion of your transportation service contracted or do you contract with any drivers of owned or nonowned vehicles? Yes _____ No _____

If Yes, indicate the number of buses and provide a copy of the contract and a current certificate of insurance. # _____

Describe services for which you contract _____

Please enter any additional comments _____

Vehicle Storage

What is the highest total value of all vehicles at any one location? \$ _____

Provide the address or description of that location _____

Describe location security (controls, fences, lights, alarms, etc.) _____

Please enter any additional comments _____

Automotive Technology Program

Are employee or privately owned customer vehicles repaired in any Auto Technology class? Yes _____ No _____

Are students permitted to drive privately owned/customer vehicles as part of any automotive training program? Yes _____ No _____

If No, stop here and proceed to Garagekeepers Coverage.

Are students permitted to drive private/customer vehicles on public roads? Yes _____ No _____

If No, stop here and proceed to Garagekeepers Coverage.

Do students who are permitted to drive private/customer vehicles provide proof of a current driver's license? Yes _____ No _____

Are students required to show proof of personal auto insurance? Yes _____ No _____

Is a Motor Vehicles Record (MVR) abstract from the State of Ohio obtained for each student? Yes _____ No _____

Is a parent or legal guardian permission slip signed and on file for minors, acknowledging that their personal auto insurance will cover the student? Yes _____ No _____

Is there some form of a customer service agreement completed in the original work order that gives the student permission to drive a customer's vehicles and that acknowledges that the owner has insurance covering the auto? Yes _____ No _____

Describe any internal rules, policies and or procedures that you may have developed and use to help control any exposures when a student drives a customer's vehicles.

Comments, clarification or additional information _____

Schedules (Use additional pages as necessary)

Garagekeepers Coverage

All vocational schools and districts that work on vehicles owned by others should consider Garagekeepers coverage. If this coverage is necessary, determine the limit by multiplying the maximum number of autos in your care, custody or control at any one time by the average value per vehicle.

Location/Address of Garage Operations	Limit	Comprehensive Deductible Each Customer's Auto	Comprehensive Deductible Maximum Per Event	Collision Deductible Each Customer's Auto

Additional Interests

Name	Interest Type	Address	City	State	Zip	Effective Date	Expiration Date	Interest
	Indicate either Additional Member and/or Loss Payee for each							Enter the Year, Make, Model and VIN of the applicable auto

Driver Data

Last Name	First Name	Middle Initial	Date of Birth	Drivers License Number	State in Which Licensed	Plan Use Only

Vehicles Schedule

Vehicle #	Year	Make/Model	Vehicles ID Number	Department /Use	Storage Location (Street Address)	GVW(Trucks)	Passenger Capacity (Buses)	Physical Damage Desired (Yes/No)	Cost New (Required for Physical Damage)

School/Entity's Attestation – The authorized signatory of this application attests to the best of his/her knowledge that statements made in this application, schedules 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 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.

Authorized Signatory for School/Entity **Date**

Title **Phone Number**