



Governed by Ohio School Officials for Ohio's Schools

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## NEW BUSINESS APPLICATION

### Violence Coverage

	<b>PLAN USE ONLY:</b>	
School/Entity Name _____	Entity Number	
Address _____	App Submit Date	
City, State, Zip, County _____, _____, _____	Submitted	
Website Address (URL) _____	Need By Date	
Year Established _____	Policy Type	
School/Entity Type _____	Agent	

#### Contacts

<u>Name</u>	<u>E-Mail Address</u>	<u>Position/Title</u>	<u>Contact For</u>	<u>Business Number</u>	<u>Fax Number</u>
_____					
_____					

#### Policy Term

Effective Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

#### Violence Coverage Schedule Limits

	<b>Benefits Limits</b>
Plan Aggregate Limit	\$ _____
Aggregate Limit	\$ _____
Violent Act Limit	\$ _____
Death Benefit Aggregate Limit	\$ _____
EMT Charges Aggregate Limit	\$ _____
Medical Expenses Aggregate Limit	\$ _____
Travel Expenses Aggregate Limit	\$ _____

#### **Benefits payable to the Named Member a result of a violent act**

Group trauma counseling – performed by an independent, contracted provider when medically necessary, limited to 60 days after a violent act	\$ _____
Extra required security – by an independent, contracted provider, limited to 30 days after a violent act	\$ _____
Substitute teachers, limited to 30 days after a violent act	\$ _____
Extra transportation of student, limited to 30 days after a violent act	\$ _____

#### **Benefits payable to a covered member as a result of a violent act**

Death	\$ _____
EMT charges	\$ _____
Medical Expense in excess of \$25,000 per person.	\$ _____

However, this benefit is payable only after all other insurance or benefits available to the member have

been exhausted.

Travel Expenses

\$

**Expiring Information**

Has insurance/coverage been declined, cancelled or non-renewed within the last 5 years?

Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, describe:

\_\_\_\_\_

Expiring Information: Submit a copy of your current declarations page if other than Ohio School Plan policy.

Carrier: \_\_\_\_\_

Limit: \$ \_\_\_\_\_

Premium: \$ \_\_\_\_\_

**Comments**

**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**