

Ohio Plan Risk Management Application

Entity Name: _____
 Mailing Address: _____ Entity Number: _____
 Website: _____
 Meeting Dates: _____ Time/Location: _____
 Main Contact Person: _____ Title: _____
 Phone No.: _____ Fax Number: _____
 E-mail Address: _____

Effective Date of Coverage: _____

Liability **Occurrence Form**

General Liability

Coverage	Deductible	Limit of Insurance
Each Occurrence	\$ _____	\$ _____
Annual Aggregate		\$ _____
Personal & Advertising Injury Limit	\$ _____	\$ _____
Medical Expense – Per Accident	\$ _____	\$ _____
Medical Expense – Per Person	\$ _____	\$ _____

Including: Cemetery Professional Liability Yes No
 Governmental Medical Liability Yes No

Retroactive Date _____

Employers Liability

Coverage	Deductible	Limit of Insurance
Bodily Injury by Accident – Each Accident	Same as GL	\$ _____
Bodily Injury by Disease – Each Employee	Same as GL	\$ _____
Bodily Injury by Accident – Aggregate		\$ _____

Retroactive Date _____

LIABILITY - Continued

Employee Benefits Liability

Coverage	Deductible	Limit of Insurance
Each Incident	Same as GL	\$ _____
Annual Aggregate		\$ _____
Retroactive Date _____		

Law Enforcement Liability

Coverage	Deductible	Limit of Insurance
Each Wrongful Act	\$ _____	\$ _____
Annual Aggregate		\$ _____
Retroactive Date _____		

Public Officials Liability

Coverage	Deductible	Limit of Insurance
Each Wrongful Act	\$ _____	\$ _____
Annual Aggregate		\$ _____
Retroactive Date _____		
Declaratory Equitable and Injunctive Relief Defense (Non-monetary)	\$ _____	\$ _____
Employment Compensation (Back Wages)	\$ _____	\$ _____

AUTOMOBILE

Coverage	Deductible	Limit of Insurance
Bodily Injury & Property Damage Liability	Nil	\$ _____
Uninsured/Underinsured Motorist		\$ _____
Medical Payments		\$ _____
Comprehensive - Automobiles	See Auto Schedule	
Collision - Automobiles	See Auto Schedule	
Retroactive Date _____		

PROPERTY

Coverage	Deductible	Limit of Insurance
Building & Personal Property	\$ _____	\$ _____
Business Income & Extra Expense		\$ _____
Legal Liability – Real Property		\$1,000,000
Ordinance or Law Coverage		\$100,000
Earthquake Coverage	\$ _____	\$ _____
Flood Coverage	\$ _____	\$ _____

BOILER & MACHINERY

Replacement Cost

Coverage	Deductible	Limit of Insurance
Any One Occurrence	\$ _____	\$ _____
Deep Well Pumps, Electric Substations, Transformers	\$10,000	

SPECIAL PROPERTY

Replacement Cost

Coverage	Deductible	Limit of Insurance
Scheduled Equipment	\$ _____	\$ _____
Miscellaneous Equipment (\$5,000 any one Item)	\$ _____	\$ _____
Fire and Rescue Equipment (\$5,000 any one Item)	\$ _____	\$ _____
Library Materials	\$ _____	\$ _____

ELECTRONIC EQUIPMENT/MEDIA

Replacement Cost

Coverage	Deductible	Limit of Insurance
Scheduled Electronic Equipment	\$ _____	\$ _____
Electronic Media	\$ _____	\$ _____
Extra Expense	\$ _____	\$ _____
Business Income	\$ _____	\$ _____

CRIME

<i>Coverage</i>	<i>Deductible</i>	<i>Limit of Insurance</i>
Public Employee Dishonesty	Nil	\$ _____
Theft, Disappearance & Destruction	Nil	\$ _____
Forgery & Alterations	Nil	\$ _____
Computer Fraud	\$ _____	\$ _____
Funds Transfer Fraud	Nil	\$ _____

Public Official Bonds

<i>Name</i>	<i>Position</i>	<i>Limit</i>	<i>Term</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ADDITIONAL INSURED/LOSS PAYEE

<i>Name</i>	<i>Address</i>	<i>Interest</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

AUTO SCHEDULE

*** Please review the following schedule.*

- 1. Draw a line through the Automobile(s) to delete coverage.*
- 2. Add new Automobile(s) on the page following the Auto Schedule.*

<i>Year</i>	<i>Description</i>	<i>VIN</i>	<i>Cost New</i>	<i>Replace Cost</i>	<i>Comp Ded</i>	<i>Coll Ded</i>
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PROPERTY SCHEDULE

*** Please review the following schedule.*

- 1. Draw a line through the location(s) to delete coverage.*
- 2. Add new location(s) on the page following the Property Schedule.*
- 3. To update values, draw a line through the value(s) you want to update and provide a new value.*

<i>Loc</i>	<i>Description</i>	<i>Building</i>	<i>Personal Property</i>
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Totals

LIBRARY MATERIALS SCHEDULE

**** Please review the following schedule.**

1. Draw a line through the location(s) to delete coverage.
2. Add new location(s) on the page following the Library Materials Schedule.
3. To update square footage, limit(s) or sub-limit(s) draw a line through the item(s) you want to update and provide new detail.

Loc	Description	Square Footage	Library Materials Limit
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Library Materials Limit:

Library Materials in Storage:
(\$5,000 automatically included)

Library Materials on Exhibition:
(\$5,000 automatically included)

Library Materials in Transit:
(\$5,000 automatically included)

Library Materials on Loan:
(\$5,000 automatically included)

All other Library Materials Away From Premises:
(\$5,000 automatically included)

Unscheduled Rare Books and Periodicals:
(\$1,000 automatically included)

Scheduled Rare Books and Periodicals:

Totals

SPECIAL PROPERTY SCHEDULE

*** Please review the following schedule.*

- 1. Draw a line through the equipment to delete coverage.*
- 2. Add new equipment on the page following the Special Property Schedule.*

<i>Item</i>	<i>Description</i>	<i>Value</i>
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Total

Electronic Equipment Schedule

*** Please review the following schedule.*

- 1. Draw a line through the equipment to delete coverage.*
- 2. Add new equipment on the page following the Electronic Equipment Schedule.*

<i>Item</i>	<i>Description</i>	<i>Value</i>
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Total

EXPOSURE CHECKLIST

Number of Employees: _____ Full-time _____ Part-time

Total Payroll \$ _____

Description	<u>Yes</u>	<u>No</u>	<u>Subcontracted</u>
Ambulance Service/EMS	_____	_____	_____
Audio/Video Surveillance of Jails	_____	_____	_____
Automatic Defibrillators carried by Police	_____	_____	_____
Canine Units	_____	_____	_____
Cemeteries	_____	_____	_____
Concession Stands	_____	_____	_____
Fire Department <i>(Indicate Paid or Volunteer Fire Department)</i>	_____	_____	_____
Hiring Guidelines in Force	_____	_____	_____
Moonlighting of Officers	_____	_____	_____
Mowing Operations	_____	_____	_____
Paint/Chemical Spray	_____	_____	_____
Parks/Playgrounds/Picnic	_____	_____	_____
Personal Vehicles Used to Respond – Fire	_____	_____	_____
Police Department <i>(If this is an Operation of your entity, complete the attached Law Enforcement Questionnaire)</i>	_____	_____	_____
Sanitary or Storm Sewers	_____	_____	_____
Sewage Park Disposal	_____	_____	_____
Solid Waste Collection	_____	_____	_____
Street/Road Maintenance	_____	_____	_____
Take Home Vehicle Program – Police	_____	_____	_____
Water Plants/Tanks	_____	_____	_____

EXPOSURE CHECKLIST - Continued

<i>Description</i>	<u>Yes</u>	<u>No</u>	<u>Unit Type</u>	<u># of Units</u>
Amusements	_____	_____	Receipts	_____
Arenas	_____	_____	Sq. Feet	_____
Beaches	_____	_____	Each	_____
BMX Trails	_____	_____	Each	_____
Carnivals	_____	_____	Each	_____
Climbing Walls	_____	_____	Each	_____
Dams	_____	_____	Each	_____
Dikes	_____	_____	Each	_____
Diving Boards/Platforms	_____	_____	Each	_____
Docks	_____	_____	Each	_____
Dumps	_____	_____	Each	_____
Electric Utilities	_____	_____	# Connect	_____
Fairs	_____	_____	Each	_____
Fire Accelerant Dogs	_____	_____	# Dogs	_____
Fireworks	_____	_____	Each	_____
Date: _____		Rain Date: _____		
Gas Utilities	_____	_____	Each	_____
Golf Courses	_____	_____	Receipts	_____
Grandstands or Bleachers	_____	_____	Each	_____
Home for the Aged	_____	_____	Beds	_____
Horse Rental/Trails	_____	_____	Receipts	_____
Housing Projects	_____	_____	Units	_____
Ice Rinks	_____	_____	Each	_____
Incinerators	_____	_____	Each	_____
Lakes	_____	_____	Each	_____
Landfills	_____	_____	Each	_____
Levees	_____	_____	Each	_____
Marinas	_____	_____	Sales	_____
Medical Care Facilities	_____	_____	Beds	_____
Parades	_____	_____	Each	_____
Piers	_____	_____	Each	_____
Ponds	_____	_____	Each	_____
Rental Properties	_____	_____	Each	_____

EXPOSURE CHECKLIST - Continued

<u>Description</u>	<u>Yes</u>	<u>No</u>	<u>Unit Type</u>	<u># of Units</u>
Reservoirs	_____	_____	Each	_____
Retention Basins	_____	_____	Each	_____
Rollerblade Parks	_____	_____	Each	_____
Describe Facility: _____				
Sewer Utilities	_____	_____	# Connect	_____
Skateboard Parks	_____	_____	Each	_____
Describe Facility: _____				
Snowmobiles	_____	_____	Each	_____
Describe: _____				
Special Events/Other	*	_____	Each	_____
*If yes, complete attached Special Events Questionnaire				
Stadiums	_____	_____	# People	_____
Streets and Roads	_____	_____	Miles	_____
Swimming Pools	_____	_____	Each	_____
Transportation Systems	_____	_____	Each	_____
Turkey Shoot	_____	_____	Each	_____
(Supplemental Application Required)	_____	_____		_____
Vacant Land	_____	_____	Acres	_____
Wading Pools	_____	_____	Each	_____
Water Utilities	_____	_____	# Connect	_____
Watercraft	_____	_____	Each	_____
Describe: _____				
Waterslides	_____	_____	Each	_____
Describe: _____				
Wharves	_____	_____	Each	_____

CONTRACT INFORMATION

	Yes	No
Are written contracts used with all independent construction/service/maintenance contractors?	_____	_____
Does your entity require the contractor to:		
a. Hold harmless, indemnify and defend your entity:	_____	_____
b. Add your entity as Additional Insured:	_____	_____
c. Carry liability limits of at least \$1,000,000:	_____	_____
d. Provide evidence of liability insurance/additional insured status in Certificate of Insurance:	_____	_____
Are written contracts used with all individuals/organizations who rent/use your entity's buildings or facilities?	_____	_____
Does your entity require the lessee to:		
a. Hold harmless, indemnify and defend your entity:	_____	_____
b. Add your entity as Additional Insured:	_____	_____
c. Carry liability limits of at least \$1,000,000:	_____	_____
d. Provide evidence of liability insurance/additional insured status in Certificate of Insurance:	_____	_____
Are written contracts used with all who participate in an activity that may result in bodily injury?	_____	_____
If yes, does your entity contain a waiver of liability for injuries to the participant arising out of the activity?	_____	_____

LAW ENFORCEMENT QUESTIONNAIRE

Number of Full Time Arresting Officers: _____

Number of Part Time Arresting Officers: _____

Number of Auxiliary Officers (Arresting Power/Carry Weapons) _____

Number of Non- Certified Auxiliary Officers (No Arresting Power/No Weapons) _____

Operate Police or 911 Dispatch:
Yes _____ No _____

Number of Full-Time Dispatchers: _____

Number of Part-Time Dispatchers: _____

Detention Facility (Check all the apply)
_____ Jail (Greater than 5 days)
_____ Jail (5-day Facility)
_____ Lock-up (6 – 8 hours)
_____ Temporary Holding Facility (up to 6 hours)

Number of Cells: _____

Number of Full-Time Jailers _____

Number of Part-Time Jailers: _____

Canine Unit:
Yes _____ No _____

Number of Canines: _____

Dogs are certified on: (Check all that apply)
_____ Patrol
_____ Tracking
_____ Bombs
_____ Drugs
_____ Arson
_____ Cadaver

SPECIAL EVENTS QUESTIONNAIRE

Description of event: _____

Date of event: _____

Entity Sponsored: _____ Yes _____ No

Avg. Daily Attendance: _____

Alcoholic beverages served: _____ Yes _____ No

Served by Entity: _____ Yes _____ No

If no, who is serving: _____

Liquor Permit: _____ Yes _____ No

Liquor Liability Policy: _____ Yes _____ No

Entity Named as Add'l Insured: _____ Yes _____ No

Event Receipts: _____

Fireworks: _____ Yes _____ No

Fire chief approval for Fireworks: _____ Yes _____ No

Describe security for event: _____

Services Contracted: _____ Yes _____ No

If yes, describe services: _____

If yes, does the contract include hold harmless clause, indemnification clause, defense clause:

_____ Yes _____ No

If no, give details why: _____

Financial Information

Complete the following Expenditure Worksheet or attach your current budget information.

Budget Attached

Provide the expenditures attributed to each of the following:

The following information is based on the year _____

- Street/Road Dept. _____
- Electric Dept. _____
- Water Dept. _____
- Refuse Dept. _____
- Sewer Dept. _____
- Police Dept. Salaries/Benefits _____

The following additional expenditures should be provided if they are not already included in the expenditures provided above:

Loan Payments: _____

Capital Improvements: _____

Contracted Services: _____
(Ex. Police protection, fire/EMS, paving, snow removal, mowing, pest control, tree work, Rubbish removal, janitorial services, sewer cleaning, painting, etc.)

Contributions, Allocations, or Grants to other entities carrying their own insurance: _____
(Ex. Red Cross, Community Action Programs, Mental Health Clinics, County Extension, Regional Planning Commission, Day care Centers, Veterans Organizations, Theatre Groups, Senior Citizen Agencies, Home Health Care, etc.)

Welfare Benefits: _____
(Ex.: health & life insurance, employer's contributions for social security payments or public Employee retirement system, unemployment compensation, etc.)

Total of ALL Expenditures: _____
(This should include all expenditures for the year even if not included above. Adjustments should be made for any fund transfers that would inflate this figure.)

Claim Information

1. Has any claim been made or is now pending against the public entity or any person their capacity as an official or employee of the public entity? Yes No
2. Does any official or employee have knowledge of any negligent act, error, omission, or breach of duty that may give rise to a claim? Yes No

If yes to any of the above, describe:

PROVIDE FIVE YEARS OF LOSS RUNS FROM PRIOR CARRIERS FOR ANY YEARS NOT INSURED THROUGH THE OHIO PLAN. THE LOSS RUN REPORTS SHOULD BE NO OLDER THAN SIX MONTHS PRIOR TO THE EXPIRATION DATE OF THE POLICY.

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, circumstances 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 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 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 Entity

Date

Title

Phone Number



Please add a contact for each department within your organization. Indicate the department, that person's position, their phone, email address and whether they should be considered a main contact for policy information or a contact for newsletters and marketing material or both.

MEMBER CONTACT SCHEDULE				
Name	Dept	Position	Phone	
Email		Main Contact Y/N	Newsletter Contact Y/N	Boiler Inspection Contact Y/N

Name	Dept	Position	Phone	
Email		Main Contact Y/N	Newsletter Contact Y/N	Boiler Inspection Contact Y/N

Name	Dept	Position	Phone	
Email		Main Contact Y/N	Newsletter Contact Y/N	Boiler Inspection Contact Y/N

MEMBER CONTACT SCHEDULE

Name	Dept	Position	Phone
Email	Main Contact Y/N	Newsletter Contact Y/N	Boiler Inspection Contact Y/N

Name	Dept	Position	Phone
Email	Main Contact Y/N	Newsletter Contact Y/N	Boiler Inspection Contact Y/N

Name	Dept	Position	Phone
Email	Main Contact Y/N	Newsletter Contact Y/N	Boiler Inspection Contact Y/N

MEMBER CONTACT SCHEDULE

Name	Dept	Position	Phone
Email	Main Contact Y/N	Newsletter Contact Y/N	Boiler Inspection Contact Y/N

MEMBER CONTACT SCHEDULE

Name	Dept	Position	Phone
Email		Main Contact Y/N	Newsletter Contact Y/N
			Boiler Inspection Contact Y/N

Name	Dept	Position	Phone
Email		Main Contact Y/N	Newsletter Contact Y/N
			Boiler Inspection Contact Y/N

Name	Dept	Position	Phone
Email		Main Contact Y/N	Newsletter Contact Y/N
			Boiler Inspection Contact Y/N

Name	Dept	Position	Phone
Email		Main Contact Y/N	Newsletter Contact Y/N
			Boiler Inspection Contact Y/N



Ohio Plan Safety Allowance Premium Credit Form

Ohio Plan members are eligible to receive the Ohio Plan Safety Allowance. The Safety Allowance provides a member entity an annual credit up to \$300 for the following qualifying expenses. Please complete and return this form, along with the required documentation to your Ohio Plan Representative in order to receive the Ohio Plan Safety Allowance. The Safety Allowance will be applied to your renewal quote.

Qualifying Expenses	Cost
<input type="checkbox"/> Seminar/Education Reimbursement – The tuition fee(s) for any seminar/training event for an individual(s) – OR – any seminar conducted by a qualified third party for a group of the member’s employees. <i>Required Documentation: Certificate of Completion and Proof of Payment</i>	\$ _____
<input type="checkbox"/> Conference Fees – Registration fees are eligible for the following conferences: <ul style="list-style-type: none"> • Ohio Township Association • Ohio Library Council • Ohio City/County Management Association • Ohio Association of Public Treasurers • Ohio Municipal League • Ohio Municipal Clerks Association • Ohio Association of Chiefs of Police <i>Required Documentation: Conference Fee Receipt</i>	\$ _____
<input type="checkbox"/> Certification for Herbicide/Pesticide Applicator’s License – The cost incurred by a member to obtain or renew herbicide/pesticide applicator’s license for an employee. <i>Required Documentation: Copy of Certificate and Proof of Payment</i>	\$ _____
<input type="checkbox"/> MVRs – The cost of running Motor Vehicle Reports of the member’s employees by an outside service provider. <i>Required Documentation: Receipt from MVR Provider</i>	\$ _____
<input type="checkbox"/> CDL Drug Testing – The cost of CDL drug testing that is performed for the member. <i>Required Documentation: Receipt from Testing Facility</i>	\$ _____
<input type="checkbox"/> Testing for a Drug-Free Workplace – The cost of drug and/or alcohol testing for employees incurred by the member. <i>Required Documentation: Receipt from Testing Facility</i>	\$ _____
<input type="checkbox"/> Personal Protective Equipment (PPE) – The United States Department of Labor requires that PPE be provided by the employer. The cost for any of the following types of PPE is included: for the eyes, face, head and extremities as well as protective clothing, respiratory devices and protective shields and barriers. <i>Required Documentation: Purchase Receipt</i>	\$ _____
<input type="checkbox"/> Global Positioning System (GPS) Units – The cost to purchase GPS units for member’s vehicles <i>Required Documentation: Purchase Receipt</i>	\$ _____
<input type="checkbox"/> Automated External Defibrillators (AEDs) – The cost to purchase new AEDs and/or the associated employee training expenses for AED, CPR and first aid employee training. <i>Required Documentation: Purchase Receipt</i>	\$ _____

Total Expenses (Maximum \$300)	\$ _____
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Questions regarding the Ohio Plan Safety Allowance should be directed to your Ohio Plan Representative.

Member Entity: _____ Signed By: _____

Ohio Plan
Driver Information
MVR (Motor Vehicle Report)



Ohio Plan Member: _____

Date: _____

Entity Number: _____

Please provide the following information for any person, including employees and volunteers, driving your entity's vehicle:

Driver	Last Name	First Name	Date of Birth	Driver Lic. Number	Social Security No.	License State
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						

Note: The Ohio Plan cannot provide members with copies of the Motor Vehicle Report due to the Fair Credit Reporting Act and the driver's Privacy Protection Act. The Ohio Plan will, however, advise you whether the drivers meet acceptability guidelines, and provide you with a list of guidelines upon request or at any time an exclusion is issued.