



# Ohio Plan Application

Ohio Plan Member: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_

\_\_\_\_\_ Fax No.: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Best time to call: \_\_\_\_\_

Meeting Dates: \_\_\_\_\_ Time/Location: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Website: \_\_\_\_\_

Law Director, Solicitor, or Legal Counsel: \_\_\_\_\_

Phone No.: \_\_\_\_\_

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	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Governmental Medical Liability	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Firefighters Errors & Omissions Liability	<input type="checkbox"/> Yes	<input type="checkbox"/> No

#### 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		\$ _____

## Liability - Continued

### Employee Benefits Liability

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

### Law Enforcement Liability

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

### Public Officials Liability

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

## 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	

<b>Property</b>	<b>Replacement Cost</b> Limit to 150% of Scheduled Locations
-----------------	---

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

<b>Boiler &amp; Machinery</b>	<b>Replacement Cost</b>
-------------------------------	-------------------------

<b>Coverage</b>	<b>Deductible</b>	<b>Limit of Insurance</b>
Any One Occurrence	\$ _____	\$ _____

<b>Special Property</b>	<b>Replacement Cost</b>
-------------------------	-------------------------

<b>Coverage</b>	<b>Deductible</b>	<b>Limit of Insurance</b>
Scheduled Equipment	\$ _____	\$ _____
Miscellaneous Equipment (\$5,000 any one Item)	\$ _____	\$ _____
Ancillary Fire/Rescue Equipment (\$5,000 any one Item)	\$ _____	\$ _____

<b>Electronic Equipment/Media</b>	<b>Replacement Cost</b>
-----------------------------------	-------------------------

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

## Crime

Coverage	Deductible	Limit of Insurance
Public Employee Dishonesty	Nil	\$ _____
Theft, Disappearance & Destruction	Nil	\$ _____
Forgery & Alterations	Nil	\$ _____
Computer Fraud	\$ _____	\$ _____

## Public Official Bonds

Name	Position	Limit	Term
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## Additional Insured/Loss Payee

Name	Address	Interest
_____	_____	_____
_____	_____	_____
_____	_____	_____

## Schedules

### Auto Schedule

---

Year	Description	VIN	Cost New	Replace. Cost	Comp Ded.	Coll Ded.
------	-------------	-----	----------	------------------	--------------	--------------

## Schedules

### Property Schedule

---

Loc.	Description	Building	Personal Property
------	-------------	----------	----------------------

---

**Totals**

## Schedules

### Special Property Schedule

---

Item

Description

Value

---

Total

## Schedules

### Electronic Equipment Schedule

---

Item	Description	Value
------	-------------	-------

---

Total

**Exposure Checklist** Complete the following checklist for operations performed by your entity. Please note any operations that are contracted by your entity.

**Number of Employees:** \_\_\_\_\_ **Full-time**      \_\_\_\_\_ **Part-time**

**Total Payroll** \_\_\_\_\_

	<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

<u>Description</u>	<u>Yes</u>	<u>No</u>	<u>Unit Type</u>	<u># of Units</u>
Amusements	_____	_____	Receipts	_____
Arenas	_____	_____	Sq. Feet	_____
Beaches	_____	_____	Each	_____
BXM Trails	_____	_____	Each	_____
Describe Facility:				
Campground or Resorts	_____	_____	Each	_____
Carnivals	_____	_____	Each	_____
Climbing Walls	_____	_____	Each	_____
Describe:				
Dams	_____	_____	Each	_____
Dikes	_____	_____	Each	_____
Diving Boards/Platforms	_____	_____	Each	_____
Docks	_____	_____	Each	_____
Dumps	_____	_____	Each	_____
Electric Utilities Number of Connections	_____	_____	# connect	_____
Fairs	_____	_____	Each	_____
Fire Accelerant Dogs	_____	_____	# dogs	_____
Fireworks	_____	_____	Each	_____
Date: _____ Rain Date: _____				
Gas Utilities Number of Connections	_____	_____	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	_____

## Exposure Checklist – Continued

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

## Contract Information

Are written contracts used with all independent construction/service/maintenance contractors?

Yes       No

Does your entity require the contractor to:

- a. Hold harmless, indemnify and defend your entity:  Yes       No
- b. Add your entity as Additional Insured:  Yes       No
- c. Carry liability limits of at least \$1,000,000:  Yes       No
- d. Provide evidence of liability insurance and additional Insured status in a Certificate of Insurance:  Yes       No

Are written contracts used with all individuals/organizations who rent/use your entity's buildings or facilities?

Yes       No

Does your entity require the lessee to:

- a. Hold harmless, indemnify and defend your entity:  Yes       No
- b. Add your entity as Additional Insured:  Yes       No
- c. Carry liability limits of at least \$1,000,000:  Yes       No
- e. Provide evidence of liability insurance and additional Insured status in a Certificate of Insurance:  Yes       No

Are written contracts used with all who participate in an activity that may result in bodily injury?

Yes       No

If yes, does your entity contain a waiver of liability for injuries to the participant arising out of the activity?

Yes       No

**Financial Information**

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

Budget Attached

The following information is based on the year \_\_\_\_\_

Provide the expenditures attributed to each of the following:

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

The following additional expenditures should be provided only 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 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 coverage but it is agreed this application and its attachments, shall be the basis of a policy quotation if one is offered.

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

\_\_\_\_\_  
**Authorized signatory for Entity**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Phone Number**

# Law Enforcement Questionnaire

Number of Full Time Arresting Officers: \_\_\_\_\_

Number of Part Time Arresting Officers: \_\_\_\_\_

Number of Auxiliary Officers (Arresting Power/Carry Weapon): \_\_\_\_\_

Number of Non-Certified Auxiliary Officers (No Arresting Power/No Weapon): \_\_\_\_\_

Operate Police or 911 Dispatch:  Yes  No

Number of Dispatchers: \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time

Detention Facility:  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 Jailers: \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time

Canine Unit:  Yes  No

Number of Canines: \_\_\_\_\_

Dogs are certified on:  Patrol  Drugs  
 Tracking  Arson  
 Bombs  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: \_\_\_\_\_



# 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.