



OSP APPLICATION

CLIENT INFORMATION							
Entity Name:							
Address 1:							
Address 2:							
City:		County:		State:		Zip:	
Website:		Twitter:					

POLICY TERM	
Effective Date:	Expiration Date:

CONTACTS				
Name	Position/Title	Phone	Fax	Email

LIABILITY COVERAGE

General Liability – Occurrence and Aggregate Limit	Limit of Coverage	Deductible
Bodily Injury, Property Damage, Sexual Abuse Injury – Each Occurrence and Sexual Abuse Offense		
Law Enforcement Liability – Each Wrongful Act		
Personal and Advertising Injury – Each Offense		
Loss of Electronic Data – Each Electronic Data Incident		
Fire Damage Limit – Any One Event		
Medical Expense:		
Any One Person		
Any One Accident		
General Aggregate		
Products-Completed Operations Aggregate		
Professional Liability – Each Professional Incident		
Professional Liability Aggregate	Subject to the Educational General Liability General Aggregate	

Employers Liability	Limit of Coverage	Deductible
Bodily Injury by Accident – Each Accident		
Bodily Injury by Disease – Each Employee		
Bodily Injury by Disease		

Fiduciary Liability including Employee Benefits Administration	Limit of Coverage	Deductible
Each Fiduciary Claim		
Fiduciary Liability Aggregate		
Employee Benefits Administration	Included	
Claims Made Coverage	Retroactive Date	
Fiduciary Liability		
Employee Benefits Liability Prior Acts		
Fiduciary Liability		
Total Number of Plans (Include employee benefit, welfare and/or pension plans.) Submit a copy of the standard Service Contract		#
Total Number of Plans Employee Participants		#



Educational Legal Liability		Limit of Coverage	Deductible
Errors and Omissions Injury – Each Wrongful Act			
Errors and Omissions Injury Aggerate			
Employment Practices Injury – Each Wrongful Act			
Employment Practices Injury Aggregate			
Backwages – Each Wrongful Act			
Backwages Aggregate			
Declaratory, Equitable and Injunctive Relief Defense Aggregate			
Claims Made Coverage		Retroactive Date	
Errors and Omissions Liability			
Employment Practices Injury			

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)			
Limits(s)	\$		
Deductible(s)	\$		
Premium(s)	\$		
Retroactive Date(s) - Indicate date and applicable coverage.			

Attach a copy of your current declarations page(s).



Claims Information				
<p>Please submit the follow:</p> <p>Five years of loss runs from prior carriers for any years not covered through this program.</p> <p>NOTE: 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.</p>				
Has any claim been made against any person in their capacity as an official or employee of the school/entity in the past five 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.				

LIABILITY SCHEDULES AND QUESTIONNAIRES

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	ST	Zip	Interest Type	Interest	Effective Date	Expiration Date	Contract in place?

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

Adult Groups (PTA, PTO, Boosters) Indicate any request for Adult Groups to be added as additional insured under General Liability.	
Name	Group

General Information Questionnaire			
Staff		Number of Clients/Students	
Administrative Personnel	#	Clients – Birth to 5 years of age	#
Teachers	#	Clients – 6 to 21 years of age	#
Counselors	#	Clients – 22 to 65 years of age	#
Nurses	#	Clients – Over 65 years of age	#
Psychologist	#	Total clients served	#
Certified Day Care Providers	#	School Admissions – Child Students	#
Non Certified Day Care Providers	#	School Admissions – Adult Students	#
Other Employees	#		
Describe the sports programs for all clients including Special Olympics activities.			



Exposures Questionnaires			
<i>Indicate if you have any of following exposures and complete the corresponding questionnaires</i>			
Employment Practices		DD - Off Premises Employment	
Equestrian Program		DD - On Premises Workshop	
Errors and Omissions		DD - Physical/Occupational Therapy	
Herbicide/Pesticide Application		DD - Physicians/Psychiatrists/Psychologists	
Hydarulic Fracking		DD - Residential Facilities	
Internet/Website		DD - Respite Care/Supported Living/Home Based Services	
Swimming Pools		DD - Vocational Adjustment and Training, Job Placement	
Other Unusual Exposures			

Employment Practices				
Are all prospective employees required to complete an employment application prior to hire?	Yes		No	
Are references checked for all new hires?	Yes		No	
Is drug testing done on all new hires?	Yes		No	
Does the entity have an Employee Handbook?	Yes		No	
Is the Employee Handbook distributed to all employees?	Yes		No	
Does legal counsel review the Employment Handbook?	Yes		No	
When did legal counsel last review the Employment Handbook?				
Are staff notified and provided training as needed when changes to the Employee Handbook are made?	Yes		No	
Are terminations reviewed by legal counsel prior to final action being taken?	Yes		No	
In the past year, have you experienced threats or acts of violence by or against any employees?	Yes		No	
If Yes, describe the event.				

Equestrian Program				
Describe classes, clubs and/or other programs utilizing horses.				
Describe the qualifications of the instructor/teacher.				
Describe the safety equipment, including type, maintenance and inspection process and frequency.				
Number of equestrian participants?		#		
Does the program include any jumping?	Yes		No	

Does the district stable any horses	Yes		No	
If Yes, how many horses are stabled?	#			

Errors and Omissions				
Does the district have legal counsel regularly review student policies?	Yes		No	
Does the district have an anti-bullying program in place?	Yes		No	
If Yes, describe the program.				
Do new school board member attend formal training sessions/seminars designed for new public officials?	Yes		No	
Does the district allow corporal punishment?	Yes		No	
Does the district allow strip searches of students?	Yes		No	

Herbicide/Pesticide Applicaton				
Is pollution liability coverage to be provided?	Yes		No	
Provide a copy of the employee's license.				

Hydraulic Fracturing				
Are hydraulic fracturing operations occurring on or under entity owned land?	Yes		No	
Are COI's obtained from the operator pertaining to hydraulic fracturing?	Yes		No	
Does business operator's insurance coverage include pollution liability?	Yes		No	
What limits are provided by the business operator's insurance?	#			
Is the entity named as an additional insured on the operator's policy?	Yes		No	
Comments, clarification or additional information.				
Provide a copy of any contracts pertaining to hydraulic fracturing.				

Internet/Website				
Provide website address.				
Who does website development and content updates?				
Is website content reviewed prior to release?	Yes		No	
Who reviews website content for accuracy, inappropriate content, copyright infringement, etc?				
Does the district allow third parties to advertise on your website?	Yes		No	
Do third parties sign waivers/releases for liability for the district for advertising on your website?	Yes		No	
Does the district have a specific Internet Usage policy for employees and students using district property?	Yes		No	



Does the district have a cyber-bullying policy?	Yes		No	
Describe controls for student internet usage on school property.				

Swimming Pools				
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	

Other Unusual Exposures
Describe any other significant or unusual operations not listed above. (I.e. sailing clubs, municipal operations managed by district, golf course, and unusual fund raisers, etc.)

DD - Off Premises Employment	
Describe the operations/services provided by Board of DD clients for others.	
Number of clients who do off premises work?	#

DD - On Premises Workshops				
Legal name of the workshop?				
Will the workshop be included as a named member on the policy?	Yes		No	
Number of clients employed at the workshop?	#			
Number of employees at the workshop?	#			
Describe work performed at the workshop.				

DD - Physical/Occupational Therapy				
Does the Board of DD utilize any animal therapeutic programs other than equestrian described above?	Yes		No	
If Yes, describe.				
Describe other physical/occupational therapy provided.				

DD - Physicians/Psychiatrists/Psychologists			
Do all Physicians/Psychiatrists/Psychologists carry professional liability insurance?	Yes		No
If Yes, what are the minimum limits required?	\$		
If Yes, are Certificates of Professional Liability Insurance provided to you?	Yes		No
Comments, clarification or additional information.			

DD - Residential Facilities			
How many residential facilities do you own/operate?	#		
How many residential facilities does the Housing Board own/operate?	#		
How many residential facilities are owned/operated by others?	#		
What is the legal name of the Housing Board?			
Will the Housing Board be named as Additional Member?	Yes		No
Resident Age Groups:	Under 6 years of age:	#	
	6 to 21 years of age:	#	
	22 to 65 years of age:	#	
	Over 65 years of age:	#	
	Total number of Residents:	#	
Number of stories for each facility?			
Number of non-ambulatory residents?	#		
Maximum occupancy per building?			
Describe the minimum self-sufficiency of the residents and the frequency of on site visits by staff.			
Does the facility administer medication?	Yes		No
If Yes, describe.			
Does the facility have policies/procedures in place for administering medication?	Yes		No
Who administers medications?			
Describe how and where drugs are stored and secured.			
Are patients physically restrained? If Yes, attach a copy of restraint policy.	Yes		No
Did any facility have any deficiencies on the last state/local, health or building inspection?	Yes		No
If Yes, describe.			
Did any facility have any deficiencies on the last fire safety inspection?	Yes		No
If Yes, describe.			



Do all facilities have the following:			
Hardwire Smoke Detectors?	Yes		No
Emergency Lighting?	Yes		No
Carbon Monoxide Detectors?	Yes		No
Emergency Evacuation Plan?	Yes		No
If No to any of the above, describe.			
Have any residential facilities experienced fires in the last four years?	Yes		No
If Yes, provide the number of fires by location.			
Comments, clarification or additional information.			

DD - Respite Care/Supported Living/Home-Based Services			
Will the providers be named as Additional Members?	Yes		No
Number of individual contracted providers:			
Respite Care Providers?		#	
Supported Living Providers?		#	
Describe the number and types of any other home based service providers contracting with the entity.			
Describe the screening and training process/procedures for Respite Care Providers and Supported Living Providers.			
Number of volunteers?		#	
Describe the screening and training process/procedures for volunteers.			
Comments, clarification or additional information.			

DD - Vocational Adjustment and Training/Job Placement	
Describe any Vocational Adjustment services provided	
Describe any Vocational Training services provided	
Describe any Job Placement services provided	

AUTOMOBILE AND PHYSICAL DAMAGE COVERAGE

Auto Liability Coverage	Limit of Coverage	Deductible
Liability		
Medical Payments		
Uninsured/ Underinsured Motorists		

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

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

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)			
Limits(s)	\$		
Deductible(s)	\$		
Premium(s)	\$		

Attach a copy of your current declarations page(s).



OHIO

SCHOOL PLAN



Coverage Information – PLEASE ATTACH THE FOLLOWING	
1) A vehicle schedule which includes description, cost new, 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, driver's license number and state of issuance.	
3) Five 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.	
NOTE: (1) (2) and (3) must be received in order to provide a quote.	

Hired Auto					
Is any portion of your bus transportation service contracted or do you contract with any drivers of owned or non-owned vehicles?	<table border="1"> <tr> <td>Yes</td> <td></td> <td>No</td> <td></td> </tr> </table>	Yes		No	
Yes		No			
If Yes, indicate the number of vehicles and provide a copy of the contract and a current certificate of insurance.	#				
Describe services for which you contract.					

Risk Management Information					
Are buses used for other than school related activities	<table border="1"> <tr> <td>Yes</td> <td></td> <td>No</td> <td></td> </tr> </table>	Yes		No	
Yes		No			
If Yes, what activities?					
Are auto accidents investigated by management?	<table border="1"> <tr> <td>Yes</td> <td></td> <td>No</td> <td></td> </tr> </table>	Yes		No	
Yes		No			
Is there a safety incentive program in place?	<table border="1"> <tr> <td>Yes</td> <td></td> <td>No</td> <td></td> </tr> </table>	Yes		No	
Yes		No			
Are Motor Vehicle Records/Driver Abstracts reviewed on all drivers?	<table border="1"> <tr> <td>Yes</td> <td></td> <td>No</td> <td></td> </tr> </table>	Yes		No	
Yes		No			
If No, describe.					
Does the School/Entity have Motor Vehicle Records/Driver Abstract acceptability standards for drivers?	<table border="1"> <tr> <td>Yes</td> <td></td> <td>No</td> <td></td> </tr> </table>	Yes		No	
Yes		No			
If Yes, describe.					
Provide the maximum age of bus drivers.	#				
Provide the minimum age of bus drivers.	#				
Is a copy of the CDL kept on file for drivers where appropriate?	<table border="1"> <tr> <td>Yes</td> <td></td> <td>No</td> <td></td> </tr> </table>	Yes		No	
Yes		No			
Are employment references checked on all new hires?	<table border="1"> <tr> <td>Yes</td> <td></td> <td>No</td> <td></td> </tr> </table>	Yes		No	
Yes		No			
Are criminal background checks performed on all new hires?	<table border="1"> <tr> <td>Yes</td> <td></td> <td>No</td> <td></td> </tr> </table>	Yes		No	
Yes		No			
Is drug testing done on all new hires?	<table border="1"> <tr> <td>Yes</td> <td></td> <td>No</td> <td></td> </tr> </table>	Yes		No	
Yes		No			
If No to any of the above four questions, describe.					



OHIO

SCHOOL PLAN



Valuation			
Provide Replacement Cost on buses ten (10) years and newer?	Yes		No

Vehicle Storage	
Provide the highest total value of all vehicles at any one location.	\$
Provide the address or description of that location.	
Describe security at that location (controls, fences, lights, alarms, etc.)	

AUTOMOBILE SCHEDULES AND QUESTIONNAIRES

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 Max per Event	Collision Deductible each Customer's Auto
	\$	\$	\$	\$
	\$	\$	\$	\$

Automotive Technology Program Questionnaire				
<i>Complete only if your entity has an Automotive Technology Program</i>				
Are employees 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? If No, stop here and proceed to "Garagekeepers Coverage".	Yes		No	
Are students permitted to drive privately owned/customer vehicles on public roads? If No, stop here and proceed to "Garagekeepers Coverage".	Yes		No	
Do students who are permitted to drive privately owned/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 obtained from the State 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 vehicle.				



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 Indicate Additional Interest and/or Loss Payee for each member.	Interest Enter the Year, Make Model and VIN of the applicable auto.

Driver Data

Last Name	First Name	Middle Initial	DOB	Drivers License #	State of License



Vehicle Schedule

Veh #	Year	Make/Model	VIN	Department/ Use	Storage Location	GVW (Trucks)	Passenger Capacity (Buses)	Physical Damage	
								Coverage (Yes/No)	Cost New or Replacement Cost

PROPERTY AND CRIME COVERAGE

PROPERTY	
Property Damage Per Occurent Limit	
<i>Total of all values shown on the SOV plus all values included in Additional Property below.</i>	

See attached Statement of Values for completion.

Property Perils	Limit of Coverage	Deductible
All Risk of Loss or Physical Damage	Included	
Flood – Per Occurrence and Annual Aggregate		
Earthquake - Per Occurrence and Annual Aggregate		
Terrorism - Per Occurrence and Annual Aggregate - For Property Damage, Business Interruption/Rental Income and Extra Expense (Subject to a maximum \$100,000,000)		

Property Coverage Extensions and Conditions		
Please indicate if higher limits than standard limits shown are needed.		
	Standard	Requested
Accidental Contamination	\$10,000	
Accounts Receivable	\$100,000	
Arson Reward	\$25,000	
Automatic Acquisition – Real Property	\$1,000,000	
Automatic Acquisition – Personal Property	\$1,000,000	
Back Up of Sewer or Drains	\$100,000	
Business Interruption/Rental Income Combined	\$250,000	
Claim Preparation	\$50,000	
Damaged Asbestos Clean Up and Removal	Included	Included
Debris Removal and Cost of Clean Up	Included	Included
Demolition Costs	\$500,000	
Errors and Omissions	\$100,000	
Extra Expense	\$1,000,000	
Expediting Expenses	\$250,000	
Fine Arts – Unscheduled	\$25,000	
Fire Fighting Expenses	\$25,000	
Fire Protection Devices	\$25,000	
Furs, Jewelry, Precious Metals, Precious Stones	\$5,000	



Increased Cost of Construction	20% of Building Loss subject to \$500,000 Maximum	
Landscaping and Natural and Artificial Athletic Fields (Unscheduled)	\$200,000	
Lock Replacement	\$1,000	
Loss of Refrigeration	\$25,000	
Microorganisms- Per Occurrence and Annual Aggregate	\$15,000	
Miscellaneous Unscheduled Locations	\$200,000	
Off Premises Services Interruption	\$250,000	
Personal Effects	\$50,000	
Property in Course of Construction & Additions	\$1,000,000	
Resulting Seepage and/or Pollution and/or Contamination	\$50,000	
Running Tracks and paved Athletic Court Services (Unscheduled)	\$200,000	
Transit	\$200,000	
Valuable Papers	\$100,000	
Watercraft – 27' or Less in length (Unscheduled)	\$50,000	

Boiler and Machinery Coverage	Limit of Coverage	Deductible
Boiler and Machinery Breakdown (Subject to a maximum \$100,000,000)	Included	

Boiler and Machinery Coverage Extensions		
Please indicate if higher limits than standard limits shown are needed.		
	Standard	Requested
Ammonia Contamination	\$250,000	
CFC Refrigerants and Halon	\$250,000	
Consequential Damage	\$250,000	
Hazardous Substance	\$250,000	
Media Coverage	\$250,000	
Ordinance or Law	\$250,000	
Utility Interruption	\$250,000	
Water Damage	\$250,000	

Additional Property	Limit of Coverage 100% Values	Deductible	ACV or RC
Audio Visual Equipment			



Electronic Data Processing (EDP) Equipment (Computer Hardware)			
Electronic Data Processing Equipment – Media and Data Reproduction		Subject to the EDP Equipment Deductible	
Miscellaneous Equipment			
Musical Instruments			
Contractors Equipment	See Contractors Equipment Schedule		See Contractors Equipment Schedule

Crime Coverage	Limit of Coverage	Deductible		
Employee Theft				
Forgery or Altheration				
Theft of Money and Securities – Inside Premises				
Theft of Money and Securities – Outside Premises				
Computer Fraud				
Electronic Funds Transfer (EFT) Fraud				
Do you have one or more dedicated PC's for EFT activity?	Yes		No	
Do you use a dedicated clearing account for EFT's and block all other entity accounts from completing EFT transactions?	Yes		No	
Do you segregate EFT controls such as initiating and authorizing EFT's?	Yes		No	
Do you have multi-factor out-of-band authentication for EFT's?	Yes		No	
Do you monitor and reconcile EFT's daily to quickly identify unauthorized transactions?	Yes		No	
Have you rejected any proposed security controls offered by your finaial institution?	Yes		No	
Describe other controls used by you or your financial institution to authenticate EFT's such as specified recipient accounts, limitations on adding recipient accounts, etc.				

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)				
Limits(s)	\$			
Deductible(s)	\$			
Premium(s)	\$			

Attach a copy of your current declarations page(s).

Coverage Information – PLEASE ATTACH THE FOLLOWING
1) A Statement of Values (SOV) including the Address, Occupancy, Protection Class, Coverage Values, and Valuation for each building owned or occupied by the School/Entity. 2) Five 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. 3) Latest appraisals on any buildings. <p style="text-align: center;">NOTE: (1) and (2) must be received in order to provide a quote.</p>

Property Exposures and Schedules			
Flood – Please respond to the following if requesting Flood Coverage.			
Do you have any buildings located in Flood Zone A?	Yes		No
If Yes, list the Location/Building # as describe on the Statement of Values or the Building Name of each:			
Have you experienced any incidents of flooding in the last four years?	Yes		No
If Yes, describe the location, the nature of the flooding and the date on which it occurred.			

Additional Interests								
Name	Address	City	State	Zip	Interest (Morthagee or Loss Payee)	Description	Prem #	Bldg #

Miscellaneous Equipment Schedule		
Description (Include year, Make Model and Serial #)	100% Value	Actual Cash Value (ACV) or Replacement Cost (RC)

Statement of Values (SOV)

Complete the SOV below or provide a Property Schedule or Property Appraisal with equivalent information. Information can be submitted by email, fax, upload or USPS.

Loc #	Bldg #	Bldg Name	Occupancy	Address (No., Street, City)	Zip Code	County	Protection Class	# Stories	Square Feet	Yr Blt	Construction Code	100% Real Property Values	100% Personal Property Values	100% Property in the Open/Misc Values	ACV or RC

Loc #	Bldg #	Building Name	Percentage of building covered by sprinklers	Sprinkler System Local or Central	CO2 System Local or Central	Fire Detection Local or Central	Smoke Detection Local or Central	Burglar Alarm Local or Central or Police	Video Surveillance Yes/No	Is there protection by motion detectors Yes/No	Is there perimeter fencing Yes/No	Is Bldg Vacant Yes/No	If Yes, describe Security for Vacant Bldgs

Attestation, Warranty and Disclosure, Signature

CLIENT INFORMATION	
Entity Name:	
County:	
Effective Date:	

School/Entity Attestation
<p>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.</p> <p>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</p>

Warranty and Disclosure Statement
<p>Applicable to Liability Coverages only</p> <p>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.</p> <p>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:</p> <ul style="list-style-type: none"> (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. <p><u>Statement:</u> 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.</p>

Authorized Signatory for School Entity	Date
Title	Phone Number