

Package Policy Application

CLIENT INFORMATION	
Entity Name	
Address	
City, State, Zip, County	
Website	
Entity Type	

POLICY TERM			
Effective Date		Expiration Date	

POLICY DELIVERY OPTIONS	
Email	
CD	

CONTACTS				
Name	Position/Title	Phone	Cell	eMail



PROPERTY COVERAGE

Building and Personal Property	Amount
Blanket Building and Personal Property	
Business Income with Extra Expense	
Legal Liability	
Ordinance or Law Limit - Combined Demolition Cost and Increased Cost of Construction	
Deductible - Building and Personal Property	
Deductible – Electric Substations and Transformers	
Flood and Mudslide	
Deductible - Flood and Mudslide	
Earthquake and Volcanic Eruption	
Deductible - Earthquake and Volcanic Eruption	

Property Coverage Extensions and Conditions	Standard	Requested
Please indicate if higher limits than standard limits shown are needed.		
Accounts Receivable	\$250,000	
Animal Injury or Mortality	\$10,000	
Arson Reward	\$5,000	
Builders Risk	\$500,000	
Cemetery Structures	\$10,000	
Fine Arts	\$25,000	
Fire Department Service Charge	\$1,000	
Fire Protection Devices	\$5,000	
Lock Re-Keying	\$2,500	
Newly Acquired or Constructed Property – Real Property	\$2,000,000	
Newly Acquired or Constructed Property – Personal Property	\$1,000,000	
Outdoor Property	\$100,000	
Paved Surfaces	\$50,000	
Personal Effects	\$2,500	
Pollution Clean Up and Removal	\$100,000	
Property in Transit	\$100,000	

Property Off Premises	\$10,000	
Underground Pipes, Flues or Drains	\$1,000,000	
Unnamed Locations	\$250,000	
Utility Services (Off Premises Power Interruption)	\$25,000	
Valuable Papers – Cost to Research	\$250,000	

Equipment Breakdown Coverage	Amount
Equipment Breakdown	
Deductible - All Other Property	
Deductible - Deep Well Pumps, Electric Substations, Transformers	

Special Property (Inland Marine) Coverage	Amount
Special Property - Scheduled	
Special Property - Unscheduled - Subject to \$5,000 Any One Item	
Deductible - Special Property	

Computer Coverage	Amount
Equipment Limit (\$5,000 Minimum Provided)	
Media and Data Limit (\$5,000 Minimum Provided)	
Property Away from Premises	
Computer Virus	
Deductible - Computer Coverage	
Business Income Limit	
Deductible - Business Income	
Extra Expense (\$5,000 Minimum Provided)	
Deductible - Extra Expense	

Library Materials Coverage	Amount
Scheduled Library Materials	
Library Materials in Storage (\$5,000 Minimum Provided)	
Library Materials on Exhibition (\$5,000 Minimum Provided)	
Library Materials in Transit (\$5,000 Minimum Provided)	
Library Materials on Loan (\$5,000 Minimum Provided)	

All Other Library Materials Away From Premises (\$5,000 Minimum Provided)	
Unscheduled Rare Books and Periodicals (\$1,000 Minimum Provided)	
Scheduled Rare Books and Periodicals	
Library Fine Arts	
Deductible - Library Materials	

Crime Coverage	Amount
Theft of Monies and Securities	
Deductible - Theft of Monies and Securities	
Public Employee Dishonesty	
Deductible - Public Employee Dishonesty	
Forgery and Alteration	
Deductible - Forgery and Alteration	
Computer Fraud	
Deductible - Computer Fraud	
Funds Transfer Fraud	
Funds Transfer Fraud - Deductible	

Coverage Information – PLEASE ATTACH THE FOLLOWING
<ul style="list-style-type: none"> (1) A statement of values (SOV) including address, occupancy, protection class, coverage values, and valuation for each building owned or occupied by the entity. (2) Five years of loss runs from prior carriers for any years not covered through the Ohio Plan. The loss run reports should be no older than six months prior to the expiration date of the policy. (3) Latest property appraisal on any building.



PROPERTY EXPOSURES AND SCHEDULES

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

Special Property (Inland Marine) Schedule			
Item#	Description (Include Year, Make, Model)	Serial No.	Replacement Cost

Total

Library Materials Schedule			
Prem#	Blg#	Address	Library Materials Limit

Total

Rare Books and Periodicals Schedule		
Item #	Description	Appraised Value

Total





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.

Prem#	Bldg#	Bldg Name	Occupancy	Address (No., Street, City)	Protection Class	# Stories	Square Feet	Yr Blt	Construction Code	100% Real Property Values	100% Personal Property Values	100% Property in the Open Values	Valuation ⁽¹⁾

- (1) RC Replacement Cost
- ACV Actual Cash Value
- FRC Functional Replacement Cost
- HV Historical Value

Prem#	Bldg#	Building Name	Percentage of building covered by sprinklers	Fire Detection Local or Central	Smoke Detection Yes or No	Burglar Alarm Local or Central or Police

LIABILITY COVERAGE

General Liability – Occurrence Form	Amount
Bodily Injury and Property Damage - Each Occurrence	
Personal & Advertising Injury – Each Offense	
General Aggregate	
Product–Completed Operations Aggregate	
Medical Expense	
Any One Person	
Any One Accident	
Deductible – Bodily Injury and Property Damage	
General Information	
Number of Full Time Firefighters	
Number of Part Time Firefighters	
Number of Volunteer Firefighters	
Number of Emergency Medical Technicians (EMTs)	

Employee Benefits Liability – Occurrence Form	Amount
Employee Benefits Liability	
Employee Benefits Liability Aggregate	
Deductible - Employee Benefits Liability	

Employers Liability (Ohio Stop Gap)	Amount
Bodily Injury by Accident - Each Accident	
Bodily Injury by Disease - Each Employee	
Bodily Injury by Disease - Aggregate	
Deductible - Employers Liability	
General Information	
Number of Full Time Employees	
Number of Part Time Employees	
Number of Seasonal Employees	
Gross Payroll	

Public Officials and Employment Practices Liability	Amount

Public Officials and Employment Practices Liability - Each Wrongful Act	
Public Officials and Employment Practices Liability - Annual Aggregate	
Deductible - Public Officials and Employment Practices Liability	
Non-Monetary Defense Annual Aggregate	
Deductible - Non-Monetary Defense	
Back Wages Annual Aggregate	
Deductible - Back Wages	
Is Public Officials/Employment Practices Coverage Occurrence or Claims Made?	

Law Enforcement Liability	Amount
Law Enforcement Liability - Each Wrongful Act	
Law Enforcement Liability - Annual Aggregate	
Medical Expense	
Any One Person	
Any One Accident	
Deductible - Law Enforcement Liability	
Is Law Enforcement Coverage Occurrence or Claims Made?	
General Information	
Number of Full Time Arresting Officers	
Number of Part Time Arresting Officers	
Number of Certified Auxiliary Officers with Arrest Power and Carrying Weapons	
Number of Non-Certified Auxiliary Officers with No Arrest Power and Not Carrying Weapons	
Number of Canine Officers	
Does the entity operate a Detention Facility	
Certified Hours	
Certified Capacity of the Detention Facility, if other than a Temporary Holding Facility	
Average Daily Capacity of the Detention Facility if other than a Temporary Holding Facility	
Number of Beds in a Temporary Holding Facility	
Number of Persons processed through the Temporary Holding Facility on a weekly basis regardless of the time spent	



Prior Acts Coverage for unknown claims made during the current policy period arising out of an event occurring precedent to the policy period, but subsequent to the Retroactive Date, even if the entity was insured with a different carrier when the event occurred. This coverage is typical to Claims Made and Claims-Paid policies. Coverage	Retroactive Date

Coverage Information – PLEASE ATTACH THE FOLLOWING
(1) The latest full year municipal budget with line items by fund. (2) Five years of loss runs from prior carriers for any years not covered through the Ohio Plan. The loss run reports should be no older than six months prior to the expiration date of the policy.



LIABILITY SCHEDULES AND QUESTIONNAIRES

Liability Exposures

Review the Operations/Exposure List below and provide the requested information relative to those Operations/Exposures applicable to your entity.

Operation/Exposure and Exposure Base	Subcontracted (Yes/No)	Description	Exposure Amount

Operations/Exposure List

Operation/Exposure	Exposure Base
Adult, Child Day Care Facilities	Each Facility
Amusement Rides/Devices	Receipts
Arenas, Stadiums, Grandstands - (>5,000 Seating Capacity)	Seating Capacity
Beaches with Public Swimming	Each
BMX Trails/Tracks	Each Site
Bonfires	Each
Campgrounds	Each Site
Climbing Walls	Each
Commercial or Industrial Rental Properties	Each Lease
Dams, Dikes, Spillways	Each
Diving Boards/Platforms	Each
Docks, Piers, Wharves	Each
Electric Utility	# of Connections
Equine Rental	Each Animal
Fireworks (Sponsored by the Entity)	Each Event
Gas Utility	# of Connections
Golf Courses	Receipts
Health Care Clinics	Each
Ice Rinks	Each
Incinerators	Each
Inflatable Amusement Devices – Non-Owned, Rented	Each

Operation/Exposure	Exposure Base
Inflatable Amusement Devices - Owned	Each
Landfills, Dumps, Recycling Centers	Each
Marinas	Receipts
Medical Care, Health Care, Nursing Facilities	# of Beds
Residential Dwelling/Apartment	# of Units
Roller Rinks	Each
Skate, Rollerblade Parks	Each
Snowmobiles	Each
Special Events	Each
Streets and Roads	Miles
Swimming Pools	Each
Transportation Dial and Ride	# of Annual Calls
Transportation Regular Route Pick Up	# of Buses
Vacant Buildings	Each
Wastewater Utility with Treatment	# of Connections
Wastewater Collection without Treatment	# of Connections
Water Utility with Treatment	# of Connections
Water Distribution without Treatment	# of Connections
Watercraft	Each Craft
Waterslides	Each Slide
Other	TBD

Special Events					
Name of Event	Average Attendance	Is Liquor Provided	Number of Days	Who Serves/Sells Liquor	Is a Separate Liquor Liability Policy In Place

Herbicide/Pesticide Applicators – Licenses		
Name of Licensed Applicator	License Expiration Date	Copy of License Provided

Pollution Exceptions Questionnaire	Yes/No
Indicate Yes or No if limited pollution is needed for the following operations.	
Pesticide or herbicide chemical application	
Water treatment chemical application for the sole purpose of purifying or treating water	
Swimming pool chemical application for the sole purpose of treating water for recreational swimming	
Street and road chemical application during snow and ice removal	
Fire and hazmat chemical application during emergency operations	

Public Officials Questionnaire	Yes/No/NA
Do new board members attend formal training sessions/seminars designed for new public officials?	
Are all prospective employees required to complete an employment application prior to hire?	
Are references checked for all new hires?	
Are background checks performed on all new hires?	
Does the entity have written employee policies and procedures?	
Are the policies and procedures distributed or available to all employees?	
Does legal counsel review the employment policies and procedures?	
When did legal counsel last review the employment policies and procedures?	
Are staff notified and provided training as needed when changes to the employee policies and procedures are made?	
Are terminations reviewed by legal counsel prior to final action being taken	



Contracted/Shared Services Questionnaire		Yes/No
Do you subcontract any operations/services that are not specifically listed under Liability Exposures? (For example, Law Enforcement, Fire or EMT)		
If Yes, describe the operations.		
Do you have any operations/services that are provided by another public entity as it is defined by the Ohio Revised Code or where the other public entity may act in a fiduciary capacity? (For example, Municipal Court operations, JEDDs or JEDZs)		
If Yes, describe the operations.		
Do you have written contracts governing all subcontracted operations?		
If No, indicate which operations do not have written contracts.		
Do you have any shared services, joint service agreements or task forces?		
If Yes, describe the shared services and provide a copy of the governing documents or contracts.		



AUTOMOBILE AND PHYSICAL DAMAGE COVERAGE

Automobile Liability	Amount
Bodily Injury & Property Damage Liability	
Deductible – Bodily Injury & Property Damage Liability	
Uninsured/Underinsured Motorist	
Medical Payments	

Hired Car Physical Damage	Limit	Comprehensive Deductible	Collision Deductible
Other than Emergency Autos			
Emergency Autos			

Coverage Information – PLEASE ATTACH THE FOLLOWING
<p>(1) A vehicle schedule which includes the vehicle description, department, cost new or replacement cost (fire/ambulance vehicles), vehicle identification number (VIN) and storage location. The vehicle description must include year, make and model.</p> <p>(2) A current drivers list including name, date of birth, driver’s license number and state of issuance.</p> <p>(3) Five years of loss runs from prior carriers for any years not covered through the Ohio Plan. The loss run reports should be no older than six months prior to the expiration date of the policy.</p>



Vehicle Schedule										
Veh #	Year	Make/Model	VIN	Department	Storage Location	GVW (Trucks)	Physical Damage			
							Cost New	Replacement Cost	Comp Deductible	Coll Deductible

ADDITIONAL INTERESTS

Additional Interests						
<i>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.</i>						
Name	Address	City	State	Zip	Interest Type Indicate Additional Interest and/or Loss Payee for each member.	Interest

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



EXPIRING INFORMATION

Property	
Expiring Carrier(s)	
Expiring Building and Personal Property Limit	
Expiring Property Deductible	
Expiring Prior Property Premium	

Liability	
Expiring Prior Carrier(s)	
Expiring Liability Limits	
Expiring Prior Liability Deductibles	
Expiring Prior Liability Premium	
Expiring Retroactive Date (if claims-made or claims-paid)	

Automobile	
Expiring Carrier(s)	
Expiring Number of Automobiles	
Expiring Automobile Physical Damage Deductibles	
Expiring Automobile Premium	



Claims Questionnaire	
Have any of the following occurred in the last five years	Yes/No
Has any claim been made against any person in their capacity as an official or employee of the entity?	
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??	
Has any claim been made regarding disputes of discrimination or violation of civil rights?	
Has any person alleged unfair or improper treatment regarding hiring, remuneration, advancement or termination of employment?	
Has any person alleged sexual abuse, molestation, harassment or misconduct towards an employee or the public?	
If Yes to any of the above, describe	

CYBER COVERAGE

Cyber Coverage	Amount
The following options are available: Limits: \$250,000, \$500,000 or \$1,000,000 Deductibles: \$5,000, \$10,000 or \$25,000	
Data Breach and Privacy Liability - Each Claim	
Deductible - Data Breach and Privacy Liability	
Data Breach Loss to Member - Each Unauthorized Access	
Deductible - Data Breach Loss to Member	
Electronic Media Liability - Each Claim	
Deductible - Electronic Media Liability	
Breach Mitigation Expense - Each Unintentional Data Compromise	
Deductible - Breach Mitigation Expense	

CYBER QUESTIONNAIRE

Cyber Questionnaire	Yes/No/Other
Has the entity at any time during the past four (4) years had any incidents, claims or suits	



involving unauthorized access, intrusion, breach, compromise, or misuse of the municipality's network or paper files, including embezzlement, fraud, theft of proprietary information, denial of service, electronic vandalism or sabotage, computer virus or other incident whether or not reported to its insurance carrier?	
If Yes, describe or attach a separate document describing each incident including the cause, internal costs, cost to third parties, length of time involved in recovery and steps taken to mitigate exposure in the future.	
Does the entity ensure paper records are shredded prior to disposal?	
Does the entity follow a process to delete systems access after employee termination?	
Does the entity only use the Ohio UAN system and no other computer hardware, software, websites, mobile devices in your operation?	
If you do utilize any other hardware, software, website or mobile devices in you operation answer the following.	
Does the entity have a dedicated manager responsible for information security and privacy?	
Does the entity have a written incident management response plan?	
Does the entity have anti-virus, anti-spyware and anti-malware software installed?	
Does the entity prohibit remote access to its network or ensure remote access is secure?	
Does the entity follow written security policies and procedures for mobile devices, including personal devices, if they are connected to your network?	
Is access to equipment, such as servers, workstations and storage media including paper records, containing sensitive information physically protected?	
Does the entity allow customers, taxpayers or others to pay via its website or a vendors?	
Does the entity have written security patch management processes implemented to ensure all systems are patched within 30 days?	
Does the entity ensure sensitive data is permanently removed (e.g. degaussing, overwriting with 1's and 0's or physical destruction and not merely deleted) from hard drives and other storage media before equipment is discarded?	
Is all sensitive data encrypted in transit?	
Does the entity follow written backup procedures?	
How often are backups performed?	
Does the entity conduct prior review of your website content, including (if applicable), blogs, for copyright infringement, trademark infringement, libel or slander, violation of rights of privacy or publicity?	
For Information Purposes - Sensitive Information includes, but is not necessarily limited to: <ol style="list-style-type: none"> 1. Drivers license or other state-issued identification number; social security number; unpublished telephone number; savings account, checking account, credit card or debit card number each when in combination with the security code, access code, password or pin for such account or card number; 2. "Nonpublic personal information" as defined in the Gramm-Leach-Bliley Act of 1999, as amended, and regulations issued pursuant thereto; 3. "Protected healthcare information" (PHI) as defined in the Health Insurance Portability and Accountability Act of 	

- 1996 (HIPAA), as amended, and regulations issued pursuant thereto, and medical and healthcare information;
4. Private personal information as defined under a security breach notification law; and
 5. Private personal information as defined under a law or regulation intended to provide for the protection of such private personal information; not including any lawfully available data accessible by the general public.

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

