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| image001  OHIO SCHOOL BOARDS ASSOCIATION  Employee Dishonesty Program |

**EMPLOYEE DISHONESTY APPLICATION**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Check one: |  |  | New | |  | Renewal | | | |  |  | Policy Change | | |  |  | Cancellation | |
| Date of Application | | | |  | | | Expiring Policy # (Company Use) | | | | |  | | | | | |
| School District | | | |  | | | | | | | | | | | | | |
| Address | | | |  | | | | | County | | | | |  | | | |
| City | | | |  | | | | | Telephone | | | | |  | | | |
| Signature | | | |  | | | | | Title | | | | |  | | | |
| Contact Name | | | |  | | | | | | | | | | | | | |
| Email Address | | | |  | | | | | | | | | | | | | |
| Is the district an OSBA Member?  Yes  No | | | | | | | | | | | | |  | | | | |
| If you are an academy or charter school, please provide your sponsoring district. | | | | | | | |  | | | | | | | | | |

**SCHEDULE OF POSITIONS TO BE COVERED: - See ACORD Crime Section Application**

**PREMIUM**

For new applicants, the premium will be determined based on the completed OSBA Employee Dishonesty Application and the ACORD Crime Section Application.

For renewal applicants, the premium has been calculated based on the expiring Schedule of Positions attached to the ACORD Crime Section. The calculated renewal premium is:

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| --- | --- | --- |
| **Term** | **Payment Type** | **Premium** |
| 1 Year | Prepaid |  |
| 3 Year | Prepaid |  |

If a different prepaid payment option is needed, please select the option below and we will provide the premium for that option.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Option 1: One Year Annual Prepaid** |  | **Option 2: Two Year Prepaid** |
|  | **Option 3: Three Year Prepaid** |  | **Option 4: Four Year Prepaid** |
|  | **Option 5: Five Year Prepaid** |  |  |

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

**MAIL PAYMENT AND APPLICATION TO**:

Hylant Administrative Services, 811 Madison Avenue, P. O. Box 2083, Toledo, OH 43603-2083

**INSURANCE FRAUD WARNINGS:**

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 fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

2016/03