



OHIO SCHOOL BOARDS ASSOCIATION
Employee Dishonesty Program

EMPLOYEE DISHONESTY APPLICATION

Check one: _____ New X 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:

Term	Payment Type	Premium
1 Year	Prepaid	
2 Year	Prepaid	
3 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.

ACORD TM CRIME SECTION

DATE (MM/DD/YYYY)

AGENCY Hylant Administrative Services 811 Madison Avenue P.O. Box 2083 Toledo, Ohio 43603-2083	PHONE (A/C, No, Ext):	APPLICANT (First Named Insured)	EFFECTIVEDATE	EXPIRATION DATE	DIRECT BILL <input checked="" type="checkbox"/> AGENCY BILL	PAYMENT PLAN	AUDIT	
CODE: 043329	SUB CODE: OE1897	FOR COMPANY USE ONLY	BASIS FOR COVERAGE		<input checked="" type="checkbox"/> DISCOVERY			LOSS SUSTAINED

PLAN 1

FORM LTR	FORM TITLE	LIMIT	DEDUCTIBLE	FORM LTR	FORM TITLE	LIMIT	DEDUCTIBLE
A	EMPLOYEE DISHONESTY	\$ See Attached Schedule		E	PREMISES BURGLARY	\$ N/A	
	<input type="checkbox"/> BLANKET <input checked="" type="checkbox"/> SCHEDULE			F	COMPUTER FRAUD	\$ N/A	
	ERISA			G	EXTORTION (Ins Loss Participation _____ %)	\$ N/A	
	TOTAL ASSET VALUE \$ _____	\$		H	PREMISES THEFT & ROBBERY OUTSIDE SEC 1 - THEFT	\$ N/A	
B	FORGERY OR ALTERATION	\$ N/A			SEC 2 - ROBBERY OUTSIDE	\$	
C	THEFT, DISAPPEARANCE & DESTRUCTION SEC 1 - INSIDE THE PREMISES	\$ N/A		Q	ROBBERY & SAFE BURGLARY MONEY & SECURITIES SEC 1 - INSIDE THE PREMISES	\$ N/A	
	SEC 2 - OUTSIDE THE PREMISES	\$			SEC 2 - OUTSIDE THE PREMISES	\$	
	<input type="checkbox"/> BLANKET <input type="checkbox"/> SCHEDULE				<input type="checkbox"/> BLANKET <input type="checkbox"/> SCHEDULE		
D	ROBBERY & SAFE BURGLARY SEC 1 - INSIDE: ROBBERY OF CUSTODIANS	\$ N/A					
	SAFE BURGLARY SEC 2 - OUTSIDE THE PREMISES	\$					
	<input type="checkbox"/> BLANKET <input type="checkbox"/> SCHEDULE				<input type="checkbox"/> BLANKET <input type="checkbox"/> SCHEDULE		

COVERAGE AMENDMENTS (Endorsements)

Faithful Performance of Duty Coverage (equal to Coverage A Limit)

ERISA EMPLOYEE DISHONESTY - ADDITIONAL INFORMATION (Coverage Form A)

NAME OF PLAN N/A	PRINCIPAL ADDRESS N/A	NUMBER OF TRUSTEES, EMPLOYEES, ETC HANDLING PLAN ASSETS N/A	NUMBER OF PLAN PARTICIPANTS N/A
IS THERE A LICENSED SECURITIES FIRM RESPONSIBLE FOR INVESTING OF FUNDS UNDER PLAN(S)?		YES	NO

CLASSIFICATION OF EMPLOYEES/LOCATIONS (Coverage Forms A & B)

LIST ALL OFFICERS AND EMPLOYEES (including those construed to be employees by endorsement), OTHER THAN AGENTS AND PARTNERS, WHO HANDLE OR HAVE CUSTODY OF MONEY, SECURITIES OR OTHER PROPERTY, INCLUDING, IN ANY EVENT, THE POSITIONS LISTED BELOW:

NUMBER OF:	NUMBER OF:	NUMBER OF:	NUMBER OF:
ACCOUNTANTS AND ASSTS	COLLECTORS	LOCKER ROOM ATTENDANTS	STOCK CLERKS
ADJUSTERS	COMPUTER PROGRAMMERS	MAITRE D'S AND ASSTS	STOREKEEPERS
ADMINISTRATORS AND ASSTS	COMPTROLLERS AND ASSTS	MANAGERS AND ASSTS	STOREROOM PERSONNEL
APPRAISERS AND CLERKS ACTING AS APPRAISERS	CREDIT CLERKS AND MANAGERS	MEDICAL DIRECTORS	SUPERINTENDENTS AND ASSTS
ATTORNEYS	CUSTODIANS	MESSENGERS, OUTSIDE	SUPERVISORS AND ASSTS
AUDITORS AND ASSTS	DELIVERY PERSONS	PAYROLL DISTRIBUTORS	TAXI DRIVERS
BOOKKEEPERS	DEMONSTRATORS	PURCHASING AGENTS AND ASSTS	TEACHERS HAVING CUSTODY OF MONEY OR SECURITIES
BUS DRIVERS	DIETITIANS WHO ORDER FOOD	RECEIVING CLERKS	TIMEKEEPERS AND ASSTS
BUYERS AND ASSTS	DRIVERS AND DRIVERS' HELPERS	REFINERY GAUGERS OF OIL COMPANIES HANDLING REFINED GASOLINE AND OILS	TRUCK DRIVERS
CANVASSERS (Door-to-door salespeople)	FOOD INSPECTORS	SALESPEOPLE	WAREHOUSE PERSONNEL
CASHIERS AND ASSTS	HEAD PHARMACISTS	SECURITY PERSONNEL	WINE CELLAR PERSONNEL
CHAIRPERSONS	INSTRUCTORS HAVING CUSTODY OF MONEY OR SECURITIES	SERVICE STATION ATTENDANTS	WINE STEWARDS/ESSES
CHEFS WHO ORDER FOOD	JANITORS	SHIPPING CLERKS	ALL OTHER OFFICERS AND EMPLOYEES NOT LISTED ABOVE
NUMBER OF OFFICERS: N/A	TOTAL NUMBER OF OTHER EMPLOYEES: N/A	MANUFACTURERS, PROCESSORS, WHOLESALERS OR DISTRIBUTORS - NUMBER OF RETAIL LOCATIONS: N/A	ALL OTHER CLASSES; NUMBER OF LOCATIONS OTHER THAN HOME OR HEAD OFFICES: N/A

CONTROLS (Coverage Form A)

1. IS THERE AN AUDIT BY? <input type="checkbox"/> STAFF <input type="checkbox"/> OTHER: CPA <input type="checkbox"/> PUBLIC ACCOUNTANT	5. ARE BANK ACCOUNTS RECONCILED BY SOMEONE NOT AUTHORIZED TO DEPOSIT OR WITHDRAW?	YES	NO
2. AUDIT FREQUENCY? <input type="checkbox"/> ANNUAL <input type="checkbox"/> SEMI-ANNUAL <input type="checkbox"/> QUARTERLY <input type="checkbox"/> OTHER:	6. IS COUNTERSIGNATURE OF CHECKS REQUIRED? IF NOT, WHO SIGNS CONTROLS?		
3. DOES AUDIT INCLUDE INVENTORY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA	7. WILL SECURITIES BE SUBJECT TO JOINT CONTROL OF TWO OR MORE RESPONSIBLE EMPLOYEES?		
4. AUDIT REPORT IS RENDERED TO: <input type="checkbox"/> OWNER <input type="checkbox"/> PARTNERS <input type="checkbox"/> BOARD OF DIRECTORS <input type="checkbox"/> OTHER:	8. ARE ALL OFFICERS AND EMPLOYEES REQUIRED TO TAKE ANNUAL VACATIONS OF AT LEAST FIVE CONSECUTIVE BUSINESS DAYS?		

