

**Lucas County Board of
Developmental Disabilities**

**Invitation for Quotes
Liability and Vehicle Insurance**

Quotes Due January 7, 2025 by 2:00 PM

Coverages Effective, February 1, 2025

December 12, 2024

LEGAL NOTICE

Sealed quotes will be received by the Lucas County Board of Developmental Disabilities at 1154 Larc Lane, Toledo, Ohio, until 2:00 P.M. on January 7, 2025 and at that time opened as provided by law, for liability and vehicle insurance. Quotes submitted shall be in accordance with specifications on file in the Office of Legal Counsel, Lucas County Board of Developmental Disabilities. The insurance program will be effective February 1, 2025. Quotes for up to three years will be considered. All quotes must meet or exceed specifications. The Board reserves the right to reject any, part of, or all quotes and to waive any informalities in bidding and shall have no liability whatsoever to any bidder whose quote is not accepted.

**Lucas County Board of
Developmental Disabilities**

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SECTION A. GENERAL SPECIFICATIONS

The Lucas County Board of Developmental Disabilities (Board) is accepting quotes for liability and vehicle insurance to be effective February 1, 2025. You are invited to offer one or more quotes in accordance with the attached application for an insurance program keeping in mind the following objectives.

I. OBJECTIVES

- A. Insurance protection of maximum strength.
- B. Economical.
- C. Simple to administer.

The guidelines and suggestions following are not meant to limit the proposers' offerings or to require unreasonable extensions of coverages. The proposers are encouraged to use their initiative and imagination in developing the best possible program.

Although there can be no guarantee of subsequent renewals, the Board has an interest in receiving the maximum benefit for services from proposers which may take time to develop to an effective degree, *i.e.*, safety and rate engineering, underwriting and claims assistance. With this in mind, quotes for up to three (3) years will be considered. If annual rate adjustments appear to be excessive as related to loss experience and expenses, or services are not acceptable, then the Board may invite new quotes.

II. QUALIFICATIONS AND REQUIREMENTS OF PROPOSERS

- A. Insurance Companies shall have a current AM Best policyholder's rating of A- or better, and a Financial Size Category Class VII (\$50,000,000) or larger. The potentially primary liability insurer should be of such quality that an umbrella or excess insurer will provide excess coverage.
- B. Successful Proposer:
 - 1. shall provide breakdowns of premiums by line of coverage as requested by the Board and shall render detailed reports to the Board of all losses paid and reserved quarterly.
 - 2. all such loss and claim reports shall be provided within ten (10) days after the end of each calendar quarter, or as may otherwise be requested by the Board.
 - 3. will, within 60 days before anniversary date each year, submit a draft stewardship report outlining the services performed in the past year, including:
 - a. historical data – premiums and claims paid and reserved for the most recent three years (where applicable);
 - b. significant pending loss reduction or prevention recommendations;
 - c. accomplishments in the policy year just ended;

- d. specific objectives for the forthcoming year;
- e. approximate commission/fee income.

4. Unusual Features

Proposers shall attach a description of unusual or specific features which will be provided in their program and shall delineate with specificity any and all differences the program offers compared to the specifications.

III. QUOTES

A separate quote shall be submitted by each proposer. A proposer may submit more than one quote.

- A. Sealed quotes shall be submitted at the office of Legal Counsel, Lucas County Board of Developmental Disabilities, 1154 Larc Lane, Toledo, OH 43614, up to 2:00 P.M. on January 7, 2025. Quotes shall include complete copies of the PROPOSED POLICIES WITH ALL FORMS AND ENDORSEMENTS ATTACHED.

ALL POLICY FORMS AND ENDORSEMENTS TO COMPRISE THE ISSUED POLICY MUST BE SUBMITTED TO THE BOARD TOGETHER WITH THE PROPOSAL.

- B. Terms for all coverages should be the most favorable [three (3) years is suggested]. The availability of installment payments at no additional expense is preferred. Premium payments shall be annual or more often, at no increased expense.
- C. Provision by proposing insurers for at least ninety (90) day notice of cancellation is especially invited so that the Board would be given adequate time to re-advertise, should that become necessary.
- D. All policies shall contain notice of occurrence and claim language providing that knowledge of the insured (for purposes of ascertaining the duty to notice the insurer) is not considered complete until a person holding an executive office of the Board has actual knowledge via notice from a Board employee or third person.
- E. Announcement of awards will be made after receipt of quotes. It is contemplated said announcement will be made on January 27, 2025. The successful proposer(s) shall be prepared to deliver coverage promptly upon notification of award(s).
- F. Alternative quotes or deviations from the specifications must be identified in the COMMENTS section of Bid Form. If no exceptions are stated, it will be understood that all general and specific conditions will be complied with, without exception.
- G. Failure to meet specifications in the writing of insurance hereunder applied for may be cause for rejection and return of quotes and policies lacking such requirements.

- H. **Bid Form** – Must be completed by all proposers. Deviations from these specifications or expiring coverage must be clearly stated as exceptions in the COMMENTS section of the Bid Form.
- I. All inquiries concerning the attached specifications shall be submitted in writing to Legal Counsel, Lucas County Board of Developmental Disabilities, mburns@lucasdd.org and will be answered as soon as practicable. All questions concerning the specifications must be submitted no later than 3:00 p.m. on January 2, 2025. Those questions developing information which, in the opinion of the Board, should be made available to all proposers will be distributed in Question and Answer form to all those known to be preparing Quotes.
- J. All policies proposed shall include provisions reserving the right of the Lucas County Board of Developmental Disabilities to participate in the selection of defense counsel, and permitting the Board to participate in the management, oversight, and administration of claims and lawsuits.
- K. The projected effective date of the insurance shall be February 1, 2025.

SECTION B. COVERAGE SPECIFICATIONS

The limits and figures given are for the purpose of establishing a fair comparison of Quotes. Quotes submitted shall meet or exceed current limits. See Exhibit 1.

SECTION C. NAMED INSURED

LUCAS COUNTY BOARD OF DEVELOPMENTAL DISABILITIES ALONG WITH ALL PAST AND PRESENT BOARD MEMBERS, APPOINTED OFFICIALS, EMPLOYEES, INTERNS AND VOLUNTEERS ACTING ON BEHALF OF THE LUCAS COUNTY BOARD OF DEVELOPMENTAL DISABILITIES.

SECTION D. VEHICLE LIST

See Exhibit 2.

SECTION E. INSURABILITY STANDARDS

QUOTES SUBMITTED SHALL INCLUDE A COPY OF INSURANCE COMPANY'S INSURABILITY STANDARDS.

END OF PROPOSAL

BID FORM
PURCHASE OF INSURANCE

QUOTE OF: _____

(hereinafter called PROPOSER) to the Lucas County Board of Developmental Disabilities (hereinafter called BOARD).

In compliance with your REQUEST FOR QUOTES dated December 12, 2024, PROPOSER hereby proposes to provide insurance for the following sums:

A. General Liability

COVERAGE	REQUESTED LIMITS	PROPOSED LIMITS	COMMENTS
Bodily Injury and Property Damage Each Occurrence and Sexual Abuse Injury Each Sexual Abuse Offense \$0 Deductible	\$10,000,000		
Personal and Advertising Injury	\$10,000,000		
General Aggregate Per Location	\$12,000,000		
Products/Completed Operations Aggregate	\$10,000,000		
Fire Damage Any One Event	\$500,000		
Medical Payments Per Person	\$10,000		
Medical Payments Per Accident	\$10,000		

ANNUAL PREMIUM _____

B. Employer's Liability-Stop Gap

COVERAGE	REQUESTED LIMITS	PROPOSED LIMITS	COMMENTS
Bodily Injury Each Accident \$0 Deductible	\$10,000,000		
Bodily Injury By Disease	\$10,000,000		
Bodily Injury by Disease Each Employee	\$10,000,000		

ANNUAL PREMIUM _____

C. Fiduciary Liability-Claims Made

COVERAGE	REQUESTED LIMITS	PROPOSED LIMITS	COMMENTS
Each Fiduciary Claim Retro Date- 1/1/2009 \$2,500 Deductible	\$10,000,000		
Fiduciary Liability Aggregate	\$12,000,000		
Employee Benefits Administration	Included		
Employee Benefits Prior Acts Retro Date- 1/1/2003			

ANNUAL PREMIUM _____

D. Security and Law Enforcement

COVERAGE	REQUESTED LIMITS	PROPOSED LIMITS	COMMENTS
Security and Law Enforcement Liability- Each Occurrence, Offense or Sexual Abuse Offense	\$10,000,000		
Security and Law Enforcement Liability-Aggregate	\$12,000,000		

ANNUAL PREMIUM _____

E. Educational Legal Liability-Claims Made/Directors and Officers

COVERAGE	REQUESTED LIMITS	PROPOSED LIMITS	COMMENTS
Errors & Omissions Injury- Each Wrongful Act Retro Date-1/1/2003 \$2,500 Deductible	\$10,000,000		
Errors & Omissions Injury-Annual Aggregate Retro Date-1/1/2003	\$12,000,000		
Employment Practices Injury-Each Wrongful Act Retro Date-1/1/2003 \$2,500 Deductible	\$10,000,000		
Employment Practices Injury-Annual Aggregate Retro Date-1/1/2003	\$12,000,000		
Declaratory, Equitable and Injunctive Relief Defense- Annual Aggregate \$2,500 Deductible	\$100,000		

ANNUAL PREMIUM _____

F. Professional Liability

COMMENTS	REQUESTED LIMITS	PROPOSED LIMITS	COMMENTS
Professional Liability-Each Professional Incident Subject to the Educational Legal Liability General Aggregate Limit	\$10,000,000		

ANNUAL PREMIUM _____

G. Automobile

COMMENTS	REQUESTED LIMITS	PROPOSED LIMITS	
Liability-Combined Single Limit-Each Accident Symbol 1-Any Auto Includes Hired and Non- Owned Auto Liability	\$10,000,000		

Uninsured and Underinsured Motorist Coverage-Each Accident	\$1,000,000		
Medical Payments-Each Accident	\$5,000		
All Other Autos-Physical Damage	\$250-Comprehensive \$500-Collision		
Hired Autos-Physical Damage	\$75,000 \$250-Comprehensive \$500-Collision		

ANNUAL PREMIUM _____

H. Umbrella

COVERAGE	REQUESTED LIMITS	PROPOSED LIMITS	COMMENTS
Current structure is a silo liability program	\$10,000,000		

ANNUAL PREMIUM _____

I. Violent Act Injury and Death Benefit

COMMENTS	REQUESTED LIMITS	PROPOSED LIMITS	
Violent Act General Aggregate Limit	\$1,000,000		
Death Benefit Aggregate Limit	\$1,000,000		
Death Benefit Limit-Per Member	\$25,000		
Medical Expense Aggregate Limit	\$25,000		
Medical Expenses In Excess of \$25,000 Per Member	\$5,000		

ANNUAL PREMIUM _____

QUOTE WILL NOT BE WITHDRAWN FOR A PERIOD OF SIXTY (60) DAYS FOLLOWING BID/QUOTE OPENING.

In submitting this BID/QUOTE, it is understood that the right is reserved by the BOARD to reject any and all quotes, or any parts thereof.

PROPOSER'S SIGNATURE

PROPOSER'S TITLE

COMPANY

PROPOSER'S ADDRESS

CITY STATE ZIP CODE

PROPOSER'S EMAIL ADDRESS

PROPOSER'S PHONE NUMBER

DATE



EXHIBIT 1

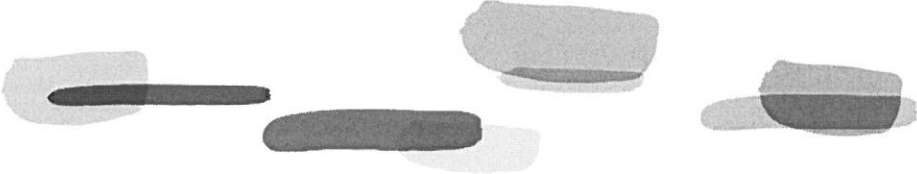
LIABILITY COVERAGE

General Liability – Occurrence and Aggregate Limit	Limit of Coverage	Deductible
Bodily Injury, Property Damage, Sexual Abuse Injury – Each Occurrence and Sexual Abuse Offense	\$10,000,000	Not applicable
Personal and Advertising Injury – Each Offense	\$10,000,000	
Fire Damage Limit – Any One Event	\$500,000	
Medical Expense:		
Any One Person	\$10,000	
Any One Accident	\$10,000	
General Aggregate	\$12,000,000	
Products-Completed Operations Aggregate	\$10,000,000	
Professional Liability – Each Professional Incident	\$10,000,000	
Professional Liability Aggregate	Subject to the Educational General Liability General Aggregate	
Criminal Defense Reimbursement	Not Covered	

Employers Liability	Limit of Coverage	Deductible
Bodily Injury by Accident – Each Accident	\$10,000,000	Not applicable
Bodily Injury by Disease – Each Employee	\$10,000,000	
Bodily Injury by Disease	\$10,000,000	

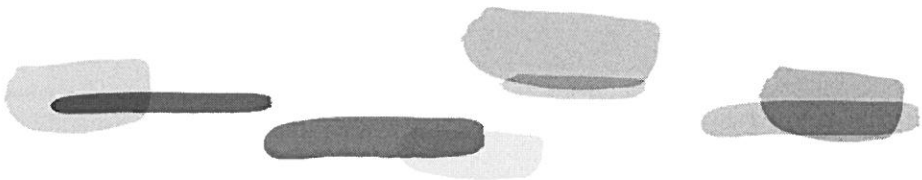
Security and Law Enforcement Liability	Limit of Coverage	Deductible
Law Enforcement Liability – Each Occurrence, Offense or Sexual Abuse Offense	\$10,000,000	Not Covered
Security and Law Enforcement Liability Aggregate	\$12,000,000	

Fiduciary Liability including Employee Benefits Administration	Limit of Coverage	Deductible
Each Fiduciary Claim	\$10,000,000	\$2,500
Fiduciary Liability Aggregate	\$12,000,000	
Employee Benefits Administration	Included	
Claims Made Coverage		
	Retroactive Date	
Fiduciary Liability		1/1/2009
Employee Benefits Liability Prior Acts		1/1/2003



Educational Legal Liability		Limit of Coverage	Deductible
Errors and Omissions Injury – Each Wrongful Act		\$10,000,000	\$2,500
Errors and Omissions Injury Aggregate		\$12,000,000	
Employment Practices Injury – Each Wrongful Act		\$10,000,000	\$2,500
Employment Practices Injury Aggregate		\$12,000,000	
Backwages – Each Wrongful Act		Not Covered	Not Covered
Backwages Aggregate		Not Covered	
Declaratory, Equitable and Injunctive Relief Defense Aggregate		\$100,000	\$2,500
Claims Made Coverage		Retroactive Date	
Errors and Omissions Liability	\$1,000,000	1/1/2003	
Errors and Omissions Liability	\$1,000,000 Excess of \$1,000,000	1/1/2003	
Errors and Omissions Liability	\$1,000,000 Excess of \$2,000,000	1/1/2003	
Errors and Omissions Liability	\$1,000,000 Excess of \$3,000,000	1/1/2003	
Errors and Omissions Liability	\$1,000,000 Excess of \$4,000,000	1/1/2003	
Errors and Omissions Liability	\$1,000,000 Excess of \$5,000,000	1/1/2003	
Errors and Omissions Liability	\$4,000,000 Excess of \$6,000,000	1/1/2003	
Employment Practices Injury	\$1,000,000	1/1/2003	
Employment Practices Injury	\$1,000,000 Excess of \$1,000,000	1/1/2003	
Employment Practices Injury	\$1,000,000 Excess of \$2,000,000	1/1/2003	
Employment Practices Injury	\$1,000,000 Excess of \$3,000,000	1/1/2003	
Employment Practices Injury	\$1,000,000 Excess of \$4,000,000	1/1/2003	
Employment Practices Injury	\$1,000,000 Excess of \$5,000,000	1/1/2003	
Employment Practices Injury	\$4,000,000 Excess of \$6,000,000	1/1/2003	

Claims Information				
Please submit the follow:				
Five years of loss runs from prior carriers for any years not covered through this program.				
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.				
Has any claim been made against any person in their capacity as an official or employee of the district/entity in the past five years?	Yes	X	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	X
Has any claim been made regarding disputes of integration, segregation, discrimination, or violation of civil rights within the last 5 years?	Yes	X	No	
Has any person alleged unfair or improper treatment regarding hiring, remuneration, advancement or termination of employment in the past 5 years?	Yes	X	No	

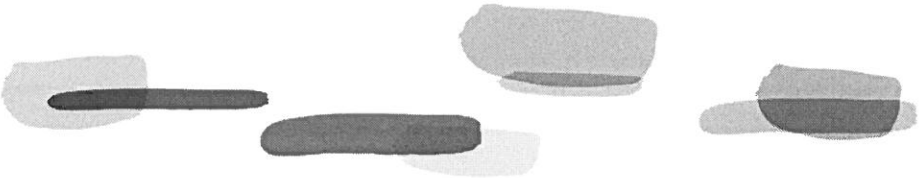


Has any person alleged sexual abuse, molestation, harassment or misconduct towards:				
Student?	Yes		No	X
Employee?	Yes		No	X
Other?	Yes		No	X
If answering "Yes" to any of the above five questions, describe the incident and current.	Since 2019, two (2) Civil Rights Charges were filed with OCRC(1-alleging race discrimination and harassment, 1-alleging race and age discrimination). Both Charges were dismissed with finding of no probable cause. No new claims since 2019			
Describe actions taken to prevent recurrence.	Board trainings and activities/events sponsored by the Cultural Competence Committee. Have hired a DEI Manager. Established a DEI Task Force comprised of employee representatives from various departments which meets regularly.			

LIABILITY SCHEDULES AND QUESTIONNAIRES

Adult Groups (PTA, PTO, Boosters)		
Indicate any request for Adult Groups to be added as additional insured under General Liability. Note: the coverage granted is for volunteer adults who support the district objectives rather than students.		
Name of Group (Please provide the full name)	Is this Group an incorporated entity?	For other than PTA, PTO and Booster groups, explain the purpose or function of the group.

General Information Questionnaire			
Staff	Number of Clients/Students		
Administrative Personnel	#	82	Clients – Birth to 5 years of age # 821
Teachers	#	0	Clients – 6 to 21 years of age # 806
Counselors	#	0	Clients – 22 to 65 years of age # 1,846
Nurses	#	1	Clients – Over 65 years of age # 158
Psychologist	#	1	Total clients served # 3,631
Certified Day Care Providers	#	0	School Admissions – Child Students # 0
Non Certified Day Care Providers	#	0	School Admissions – Adult Students # 0
Other Employees	#	197	
Describe the sports programs for all clients including Special	See attached brochure		

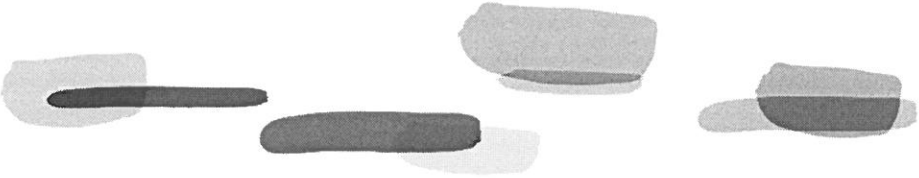


Olympics activities.

Drilling / Ground Penetration / Fracturing			
Are hydraulic fracturing operations occurring on or under entity owned land?	Yes		No
Are any other drilling operations occurring on or under entity owned land?	Yes		No
Are any other ground penetrating operations occurring on entity owned land?	Yes		No
Are COI's obtained from the operator pertaining to hydraulic fracturing, drilling or ground penetration?	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, drilling or ground penetration.			

Employment Practices			
Are all prospective employees required to complete an employment application prior to hire?	Yes	X	No
Are references checked for all new hires?	Yes	X	No
Is drug testing done on all new hires?	Yes	X	No
Does the entity have an Employee Handbook?	Yes	X	No
Is the Employee Handbook distributed to all employees?	Yes	X	No
Does legal counsel review the Employment Handbook?	Yes	X	No
When did legal counsel last review the Employment Handbook?	2023		
Are staff notified and provided training as needed when changes to the Employee Handbook are made?	Yes	X	No
Are terminations reviewed by legal counsel prior to final action being taken?	Yes	X	No
In the past year, have you experienced threats or acts of violence by or against any employees?	Yes		No
			X
If Yes, describe the event.			

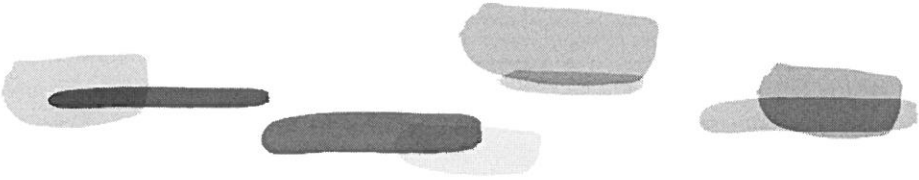
Equestrian Program			
Does the district/entity have students who participate in any type of equestrian activities?	Yes		No
Describe classes, clubs and/or other programs utilizing horses.			
Describe the qualifications of the instructor/teacher.			
Describe the safety equipment, including type, maintenance and inspection process and frequency.			



Number of equestrian participants?	#	0		
Does the program include any jumping?	Yes		No	
Does the district/entity stable any horses	Yes		No	
If Yes, how many horses are stabled?	#	0		
Is this operation run by the district/entity?	Yes		No	
If not, please provide a copy of the contract.				

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

Inflatable Amusement Devices				
Does the district/entity rent any inflatable devices?	Yes		No	
How many does the district/entity rent annually?	#	0		
How often does the district/entity rent annually?				
Describe the inflatable device(s) rented.				
Does the vendor assemble and disassemble the inflatable device?	Yes		No	
Who operates the inflatable device?				
If Others, advise who?				
Does the vendor provide evidence of Liability insurance showing at least \$1,000,000 per occurrence limit?	Yes		No	
Is entity/district named as an additional insured on the vendor policy?	Yes		No	
Who reviews the rental agreement?				
Is the rental agreement signed by an authorized district/entity representative?	Yes		No	
Does the district/entity own inflatable devices?	Yes		No	
How many does the district/entity own?	#	0		
How often does the district/entity used owned inflatables devices annually?				
Describe the owned inflatable devices.				
Are owned inflatable devices operated at district/entity sponsored events only?	Yes		No	
Are owned inflatable devices rented to others?	Yes		No	

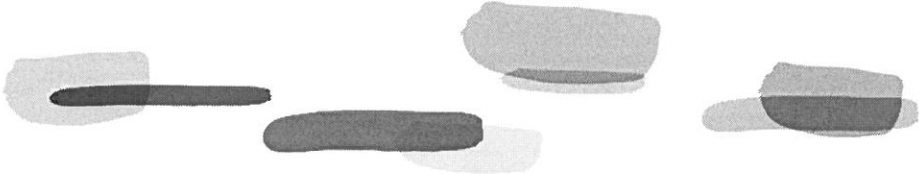


Internet / Website				
Provide website address.	www.lucasdd.org			
Who does website development and content updates?	Community Outreach Manager and Communications Mngr			
Is website content reviewed prior to release?	Yes	X	No	
Who reviews website content for accuracy, inappropriate content, copyright infringement, etc?	Community Outreach Manager and Communications Mngr			
Does the district/entity allow third parties to advertise on your website?	Yes		No	X
Do third parties sign waivers/releases for liability for the district/entity for advertising on your website?	Yes		No	X
Does the district/entity have a specific Internet Usage policy for employees and students using district/entity property?	Yes	X	No	
Does the district/entity have a cyber-bullying policy?	Yes	X	No	
Describe controls for student internet usage on district/entity property.	Copy of Board's Electronic Communication Systems policy attached			

Swimming Pools				
Does the district/entity own, operate or utilize any swimming pools on or off site?	Yes		No	
Number of pools owned or operated by the district/entity?	#	0		
Are pool(s) open to the public?	Yes		No	
If Yes, is the district/entity responsible for operations while open to the public?	Yes		No	
If Yes, number of lifeguards per pool?	#	0		
Number and height of diving apparatus/boards?				

Therapy Animals – Ownership and Curriculum				
Are any therapy animals present in the schools/facilities?	Yes		No	
If Yes, provide the type and number of animals.				
Does the district/entity own the animal(s)?	Yes		No	
If No, is the animal covered under insurance by the owner?	Yes		No	
Is the therapy animal registered?	Yes		No	
Provide a copy of the animal's most recent certification.				
Explain how the animal is incorporated into the district's/entity's curriculum/programs/services (be specific)				
Is the therapy animal on a leash or restraint in the presence of students/clients?	Yes		No	
Provide any additional information on therapy animal use and controls.				

Unmanned Aerial Systems



Does the district/entity have any unmanned aerial systems (drones) they are seeking coverage for under this policy?	Yes		No	
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Coverage Information – Please Attach The Following

- (1) A UAS schedule per the enclosed Schedule which includes the type and specifications of each UAV, specifications of the base station and transmitter, size and content of payload, description of the operations or intended use, the replacement cost and storage location.
- (2) A current list of certified UAS pilots and copies of the FAA Certificate of Authorization for each pilot.
- (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.

Expiring Information

Expiring Carrier(s)		Expiring Liability Limit	
Expiring Property Damage Limit		Expiring Liability Deductible	
Expiring Property Damage Deductible		Expiring Prior Premium	

Limits/Deductibles

Property Damage Deductible (Minimum Property Damage Deductible - \$1,000)	
Requested liability Limit of Coverage (Maximum Limit of Coverage - \$500,000)	
Liability Deductible (Minimum Liability Deductible – Not Deductible)	

Underwriting Questions

How is the navigation systems secured when not in use?

Indicate with a check if the UAS includes the following safety controls?

Fail Safe Technologies		Geofencing		Low Battery Warning		Auto Landing	
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Indicate with a check if the entity has written policies and procedures assessing the following?

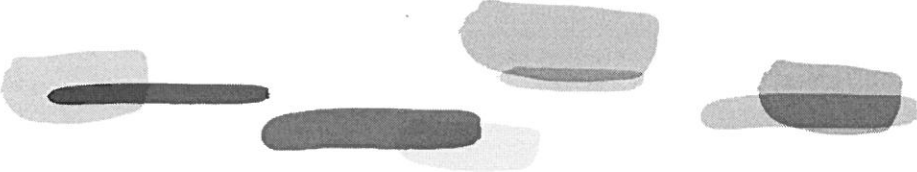
Operating environment		Flight restrictions	
Weather conditions		Notification of those directly participating in the operation	

Indicate with a check if the entity has written policies and procedures addressing the following?

Roles and responsibilities of the pilot in command and any one operating the UAS under the direction of the pilot in command	
Protection of individual privacy and civil rights	
Retention, disclosure, destruction of information	
The need of warrants for law enforcement use	

Unmanned Aerial Systems Schedule

UAS #	Manufacturer and Specifications of UAV	Manufacturer and Specifications of Base Station and Transmitter	Payload Size and Content	Total Weight of UAV and Payload	Description of Operation(s)	Replacement Cost of UAS



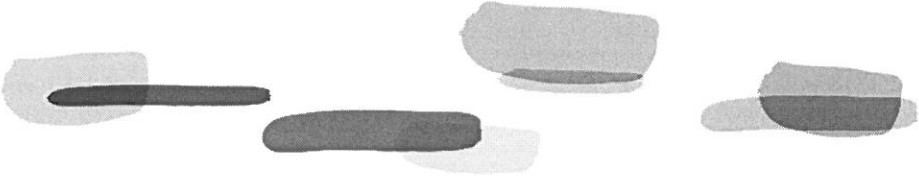
Other Unusual Exposures			
Describe any other significant or unusual operations not listed above. (I.e. sailing clubs, municipal operations managed by district/entity, golf course, and unusual fund raisers, etc.)			
Shared Services			
Describe any shared services, joint service agreements or shared staff personnel with other districts/entities?			
Activities / Events			
Describe any activities or events at which the district/entity has a bonfire, carnival, fireworks or mechanical rides.			

DD – HCBS Waiver Program Transition Plan			
Has the district transitioned out all direct services for HCBS waiver programs as required by CMS?	Yes	X	No
If No, describe the operations continuing for the coming year and the timeline for adhering to the new regulations.			

DD - Food Production / Farming			
Does the district, its workshop or any other member have any farming, gardening or other operations generating crops or food products for consumption such as farm to table, sustainable foods, honey, etc.?	Yes	No	X
If Yes, describe the operation including type of crops, planting season and number of harvests.			
Are crops or food products sold to the public through independent distributors?	Yes	No	
Are crops or food products sold to the public through a retail operation under the control of the district?	Yes	No	
How many acres of crops are harvested?	#	0	

DD - Off Premises Employment			
Does the district have clients participating in off premises employment?	Yes	No	
Describe the operations/services provided by Board of DD clients for others.	See attached Employment Connections brochure		
Number of clients who do off premises work?	#	0	

DD - On Premises Workshops			
Does the district still operate a workshop?	Yes	No	X
If Yes, what is the legal name of the workshop?			
Will the workshop be included as a named member on the policy?	Yes	No	X

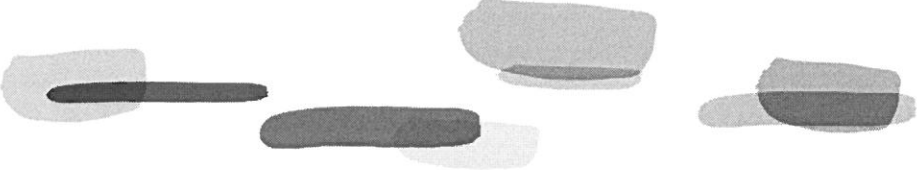


Number of clients employed at the workshop?	# 0
Number of employees at the workshop?	# 0
Describe work performed at the workshop.	N/A

DD – Physical / Occupational Therapy				
Does the Board of DD utilize any animal therapeutic programs other than on site therapy animals and equestrian described above?	Yes		No	X
If Yes, describe.				
Describe other physical/occupational therapy provided.	<p>A certified Occupational Therapy Assistant (COTA) is on staff. The position description for the COTA is attached.</p> <p>Occupational Therapists are under contract with the Board, and a Physical Therapist is employed by the Board. A copy of the position description for the physical therapist is attached.</p>			

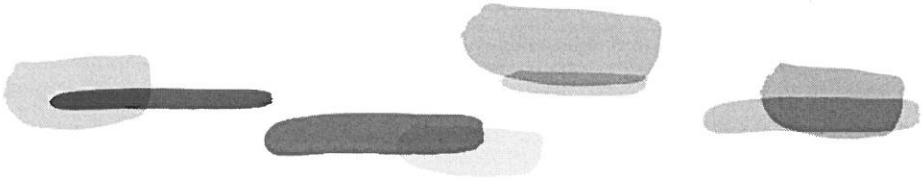
DD - Physicians/Psychiatrists/Psychologists				
Do all Physicians/Psychiatrists/Psychologists carry professional liability insurance?	Yes	X	No	
If Yes, what are the minimum limits required?	\$ 0			
If Yes, are Certificates of Professional Liability Insurance provided to you?	Yes	X	No	
Comments, clarification or additional information.	A psychologist previously under contract is now employed with the Board			

DD - Residential Facilities				
How many residential facilities do you own/operate?	#	0		
How many residential facilities does the Housing Board own/operate?	#	0		
How many residential facilities are owned/operated by others?	#	0		
What is the legal name of the Housing Board?				
Will the Housing Board be named as Additional Member?	Yes		No	X
Resident Age Groups:	Under 6 years of age:	#	0	
	6 to 21 years of age:	#	0	
	22 to 65 years of age:	#	0	
	Over 65 years of age:	#	0	
	Total number of Residents:	#	0	
Number of stories for each facility?				
Number of non-ambulatory residents?	#	0		
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					
Number of individual contracted providers:					
Respite Care Providers?		#	0		
Supported Living Providers?		#	0		
Describe the number and types of any other home based service providers contracting with the entity.					
Will the providers be named as Additional Members?		Yes		No	X
Describe the screening and training process/procedures for Respite Care Providers and Supported Living Providers.		Providers are state-certified providers of Supported Living services; and, to maintain their certification must provide annual			



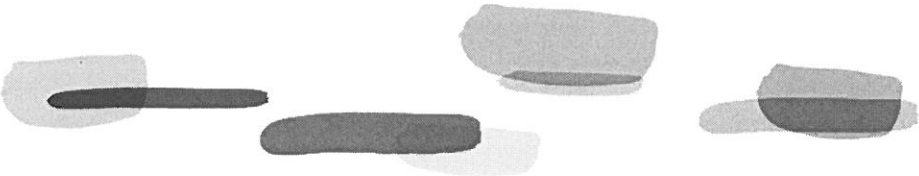
	trainings and perform criminal background checks for staff who provide these services.
Number of volunteers?	# 0
Describe the screening and training process/procedures for volunteers.	
Comments, clarification or additional information.	

DD - Retail Operations			
Does the district, it's workshop or any other member have any retail operations?	Yes	No	X
If Yes, describe the good sold, hours of operation, number of employees, etc.			
Gross sales		\$	

DD - Vocational Adjustment and Training / Job Placement	
Describe any Vocational Adjustment services provided	N/A
Describe any Vocational Training services provided	Assist in development of specific work skills.
Describe any Job Placement services provided	See attached brochure

VIOLENCE COVERAGE

Violence Coverages	Limit of Coverage
Violent Act General Aggregate Limit	\$ 1,000,000
Death Benefit Aggregate Limit	\$ 1,000,000
Death Benefit Limit – Per Member	\$ 25,000
Medical Expense Aggregate Limit	\$ 25,000
Medical Expense in excess of \$25,000 per person <i>However, this benefit is payable only after all other insurance or benefits available to the member have been exhausted.</i>	\$ 5,000
Emergency Medical Services Aggregate Limit	\$ 5,000
Emergency Medical Services – Per Member	\$ 1,000
Funeral Services Aggregate Limit	\$ 25,000
Funeral Services Limit – Per Member	\$ 5,000
Personal Counseling Services Aggregate Limit	\$ 10,000
Personal Counseling Services Limit – Per Member	\$ 2,500
Travel Expense Aggregate Limit	\$ 25,000
Travel Expenses – Per Covered Member	\$ 5,000



AUTOMOBILE AND PHYSICAL DAMAGE COVERAGE

Auto Liability Coverage	Limit of Coverage	Deductible
Liability	\$10,000,000	Not applicable
Medical Payments	\$5,000	
Uninsured/ Underinsured Motorists	\$1,000,000	

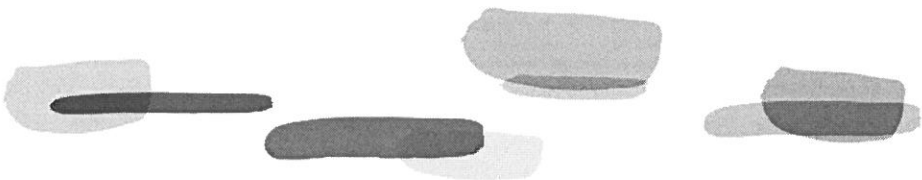
Auto Physical Damage Coverage		Comprehensive Deductible	Collision Deductible
Buses		Not Covered	Not Covered
All Other Vehicles		\$250	\$500
Hired Car Physical Damage	Limit	Comprehensive Deductible	Collision Deductible
	\$75,000	\$250	\$500

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.

Coverage Information – PLEASE PROVIDE THE FOLLOWING
<p>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.</p> <p>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.</p> <p align="center">NOTE: The above must be received in order to provide a quote.</p>

Hired Auto			
Is any portion of the district's/entity's transportation contracted or leased from a third party?	Yes	No	X
If Yes, indicate the number of vehicles and the length of the contract or lease.	0		
Provide a copy of the contract and a current certificate of insurance.			
If Yes, name of the fleet contractor.			
If there are multiple contractors provide the number of individual contractors.	# 0		
If Yes, describe who provides vehicle maintenance and how the district/entity oversees safety conditions.			
If Yes, describe process for substitute drivers for contracted vehicles.			
Describe services for which you contract.	The board provides reimbursement for family chosen providers of transportation.		

Risk Management Information			
Are buses used for other than district/entity related activities	Yes	No	X



If Yes, what activities?					
Does the district/entity allow employees to use district/entity owned vehicles for personal use?	Yes		No		
If Yes, describe vehicle usage and employees.					
Number of employees who drive their own vehicles on district/entity business?	266				
Is there a formal accident investigation process?	Yes	X	No		
Is there a safety incentive program in place?	Yes		No	X	
Are Motor Vehicle Records/Driver Abstracts reviewed on all drivers?	Yes	X	No		
If No, describe.					
Does the district/entity have Motor Vehicle Records/Driver Abstract acceptability standards for drivers?	Yes	X	No		
If Yes, describe.		Copy of Driving Standards policy attached			
Provide the maximum age of bus drivers.	#	0			
Provide the minimum age of bus drivers.	#	0			
Is a copy of the CDL kept on file for drivers where appropriate?	Yes	X	No		
Are employment references checked on all new hires?	Yes	X	No		
Are criminal background checks performed on all new hires?	Yes	X	No		
Is drug testing done on all new hires?	Yes	X	No		
If No to any of the above four questions, describe.					
Do you offer in school driver instruction as part of district curriculum?	Yes		No		
Are the driver instruction vehicles owned by the district?	Yes		No		
Are any nonowned vehicles used for district curriculum driver instruction?	Yes		No		
How many owned and nonowned vehicles are used for driver instruction?	#	0			

Vehicle Storage	
What is the highest total value of all vehicles at any one location	\$ 664,196
Provide the address or description of that location.	1154 Larc Lane: \$664,196
Describe security at that location (controls, fences, lights, alarms, etc.)	1154 Larc Lane: fences, cameras, fully-lit

AUTOMOBILE SCHEDULES AND QUESTIONNAIRES

Garagekeepers Coverage				
All vocational schools and districts/entities 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 district/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 vehicle 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.				
Comments, clarification or additional information.				



EXHIBIT 2

Vehicle Schedule

Veh #	Year	Make/Model	VIN	Department/ Use	Storage Location	GVW (Trucks)	Passenger Capacity (Buses)	Physical Damage					
								Coverage (Yes/No)	Cost New	Replacement Cost	Valuation	Class Code	Inventory #
1	2011	Ford Cargo Van	1FTNE2EL8BDA66300		1154 Larc Lane	0		Yes	\$21,093	\$ 0	ACV	1499	V112
2	2011	Ford Van	1FDWE3FL5BD31640		1154 Larc Lane	0	0	Yes	\$29,099	\$ 0	ACV	1499	V1103
3	2006	Ford Van	1FBNE31L66HB22975	Administration	1154 Larc Lane	0	0	Yes	\$18,795	\$ 0	ACV	1499	V061
4	2006	Ford Van	1FBNE31L36DB01864	Administration	1154 Larc Lane	0	0	Yes	\$18,735	\$ 0	ACV	1499	V611
5	2006	Ford Van	1FBNE31L16DB01863	Administration	1154 Larc Lane	0	0	Yes	\$18,735	\$ 0	ACV	1499	V612
6	2008	Ford F250 Truck	1FTNF21508EB67354		1154 Larc Lane	0	0	Yes	\$25,355	\$ 0	ACV	1499	T082
7	2008	Ford F250 Truck	1FTNF21598EB67353		1154 Larc Lane	0	0	Yes	\$25,355	\$ 0	ACV	1499	T081
8	2006	Ford Van	1FBNE31L66DB01860	Administration	1154 Larc Lane	0	0	Yes	\$18,735	\$ 0	ACV	1499	V613
9	2008	Ford Pickup Truck	1FTNF2108ED99341		1154 Larc Lane	0	0	Yes	\$24,876	\$ 0	ACV	1499	T085
10	2012	Ford Van	1FDEE3FL3CDB04808	Administration	1154 Larc Lane	0	0	Yes	\$50,393	\$ 0	ACV	1499	V123
11	2015	Ford Escape	1FMCU0F70FUA32482	Administration	1154 Larc Lane			Yes	\$19,797	\$ 0	ACV	7398	C151
12	2015	Ford Escape	1FMCU0F70FUA32483	Administration	1154 Larc Lane			Yes	\$19,797	\$ 0	ACV	7398	C152
13	2015	Ford Escape	1FMCU0F70FUA32484		2121 S. Reynolds Rd			Yes	\$19,797	\$ 0	ACV	7398	C153
14	2015	Ford	1FMCU0F70FUA32486	Administration	1154 Larc			Yes	\$19,797	\$ 0	ACV	7398	C155

