

# OHIO SCHOOL PLAN VIOLENCE COVERAGE BINDER

Date: 6/29/2015

This binder is a temporary coverage contract, subject to the conditions shown below:

**Named Member:** Galion City School District

**Certificate Number:** 40000344EVLOHP08

**Address:** 470 Portland Way N  
Galion, OH 44833

**Agent:**

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

**Inception**

Date: 7/1/2015  
Time: 12:01 A.M.

**Expiration**

Date: 10/29/2015  
Time: 12:01 A.M.

**Schedule of Benefits**

**The benefits listed in the Schedule of Benefits are subject to:**

Plan Aggregate Limit	\$ 5,000,000
Aggregate Limit	\$ 1,000,000
Violent Act Limit	\$ 1,000,000
Death Benefit Aggregate Limit	\$ 1,000,000
EMT Charges Aggregate Limit	\$ 5,000
Medical Expenses Aggregate Limit	\$ 25,000
Travel Expenses Aggregate Limit	\$ 25,000

**Benefits payable to the Named Member as a result of a violent act**

**Benefits Limit**

Group trauma counseling – performed by an independent contracted provider when medically necessary, limited to 60 days after a violent act	\$ 25,000
Extra required security – by an independent contracted provider, limited to 30 days after a violent act	\$ 25,000
Substitute teachers, limited to 30 days after a violent act	\$ 25,000
Extra transportation of students, limited to 30 days after a violent act	\$ 10,000

**Benefits payable to a covered member as a result of a violent act**

**Benefits Limit**

Death	\$ 25,000 per covered member
EMT Charges	\$ 1,000 per covered member
Medical Expense in excess of \$25,000 per covered member.	\$ 5,000 per covered member
However, the Medical Expense benefit is payable only after all other insurance or benefits available to the member have been exhausted.	
Travel Expenses	\$ 5,000 per covered member

**Conditions:** The coverages provided are subject to the terms, conditions and limitations of the policy in current use by the Ohio School Plan, unless otherwise specified. This binder may be cancelled by the Named Member by surrender of this binder or by written notice to the Ohio School Plan stating when cancellation will be effective. This binder may be cancelled by the Ohio School Plan with notice to the Named Member in accordance with the policy conditions. This binder is cancelled when replaced by a policy. If this binder is not replaced by a policy, the Ohio School Plan is entitled to charge a premium for the binder according to the rules and regulations in use by the Ohio School Plan.

**Cancellation:** If the Named Member requests cancellation of this binder prior to its expiration, a policy minimum premium equal to 25% of the Named Member's premium or \$125, whichever is greater, will be retained.

**Other Comments:**



*Laurie E. Eubank*

Signature of Authorized Agent