

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
Address: 470 Portland Way N
 Galion, OH 44833

Certificate Number: 40000344EVLOHP08

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
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. Eberberg

Signature of Authorized Agent