



POLLUTION APPLICATION

I. Client Information	
Entity Name	Riverdale Local School District
Address	20613 State Route 37
City, State, Zip, County	Mt. Blanchard, OH, 45867, Hancock
Effective Date	7/1/2025

II. Construction/Rehabilitation				
1. Does the district/entity anticipate any development activities during the policy period?	Yes		No	X
a. If Yes, please describe the anticipated development.				
b. What is the start date or estimated start date of the development?				
c. What is the completion date or estimated completion date of the development?				
d. Is the new development at an existing building or scheduled location, or at a new, unscheduled location?				
e. Will the new development require digging below grade or basements?				
f. Has a Phase 1 Environmental Site Survey been completed?	Yes		No	
g. If Yes, please provide a copy				

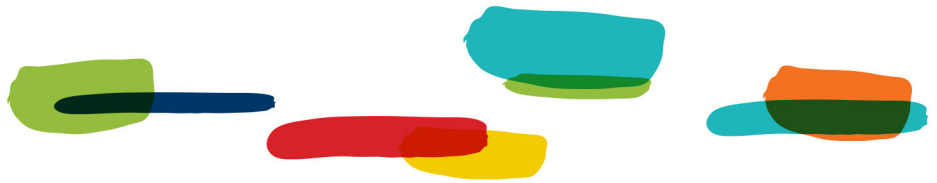
III. Indoor Air Quality				
1. In the past year have any new water or indoor air quality related construction/maintenance defects been encountered (including but not limited to HVAC system problems, leaks in the roof, windows or siding, as well as broken plumbing or sewer backups)?	Yes		No	X
a. If Yes, please summarize issue and how they were addressed.				
b. Was Mold discovered at the location of the water leak?				
c. What measures have been taken to remediate the water leaks or air quality issues? Include date repaired or anticipated completed repair date.				
d. If remediation has not started, what is the estimated start and completion date for remediation?	Start: End:			
e. Will the district use a 3 rd party contractor for the repairs or remediation?				
2. Does the district/entity have a mold/microbial matter operations and maintenance (O&M) plan and/or water intrusion O&M plan?	Yes		No	X
If Yes, please provide a copy of O&M.				
3. Have any Indoor Air Quality (IAQ) /mold inspections or evaluations been done at a proposed location?	Yes		No	X
If Yes, please provide a copy of the inspection.				



If Yes, did such Indoor Air Quality (IAQ) /mold inspections or evaluations identify any issues or make any material recommendations?		Yes		No	
If Yes, please provide details of those recommendations.					
4. Have any complaints ever been made by a third party relating to indoor air quality, mold or Legionella problems at a property proposed for coverage?		Yes		No	x
If Yes, please provide details of the complaint.					
5. Does the district/entity have a formal process in place to document and track IAQ and/or mold complaints?		Yes		No	X
6. Does the district/entity have employees on-site and dedicated to the management of the property(s) proposed for coverage?		Yes		No	X
If yes, have the employees undergone specific training concerning IAQ and/or mold?		Yes		No	
7. Have any of the properties proposed for coverage had an IAQ and/or mold problem that cost more than \$25,000 to remediate?		Yes		No	X

IV. Claims					
1. In the last five (5) years, has the district/entity had any reportable releases or spills of hazardous substances, hazardous wastes or petroleum products, or any other pollutants?		Yes		No	x
If Yes, please provide details including dates, chemicals, duration, etc.					
2. In the last five (5) years, has the district/entity received any notices of violation, fines, penalties, complaints or other enforcement actions regarding compliance with environmental laws?		Yes		No	X
If Yes, please describe the violation and actions taken.					
3. In the last five (5) years, has the district/entity been prosecuted or is the district entity currently being prosecuted for violating any standard of law relating to the release or threatened release of a hazardous substance, hazardous waste, petroleum product or other pollutant?		Yes		No	X
If Yes, please explain the violation or release.					
4. Is the district/entity aware of any past or present contamination on, at, under or migrating from any property proposed for coverage, or any other circumstance that may reasonably be expected to give rise to a claim or generate a request for coverage under this policy?		Yes		No	X
If Yes, please provide details of the contamination or circumstances.					
5. Have any claims been made or legal actions (including regulatory actions) been brought against the district/entity in the past 5 years which relate in any way to an actual or alleged release of hazardous substances, hazardous wastes or petroleum products, or any other pollutants (including mold matter and Legionella) or water intrusion?		Yes		No	X
If Yes, please provide details of the claims or legal actions including date, amounts, status and a complete description of events.					

V. Location Schedule – If Property is not covered by an Ohio School Plan Package or Property Policy, list all owned or operated locations.						
Prem #	Bldg #	Building Name	Occupancy	Address (No., Street, City)	Zip Code	County
					45867	Hancock



VI. Sewage or Wastewater Treatment

Does the district/entity own or operate a sewage treatment plant/wastewater treatment plant?	Yes	X	No	
If Yes, please provide the following:				
Capacity per month in kilograms/gallons	20,000 GPD			
Maximum generated per month in kilograms/gallons	20,000 GPD			
Type of treatment method				
Location of any effluent discharge	Potato Run Creek			
Method of any sludge disposal				
Attach or list any EPA violation reports and resolution documentation				
Is a schematic available	Yes	x	No	
If Yes, provide a copy				

VII. Underground Storage Tanks

Location Address	Type/Composition	Size	Age	Content
20613 SR 37		10000 gal	21	Diesel Fuel

VIII. Attestation

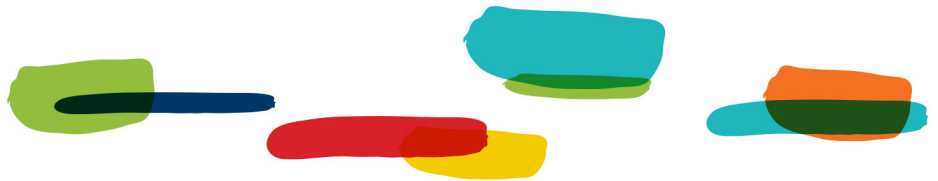
The authorized signatory of this application attests to the best of his/her knowledge that statements made in the application and any attachments to the application are true; that no fact, circumstances or situation indicating the probability of a claim or action now known to any public official or employee has not been declared; and it is agreed by all concerned that omission of such information shall exclude any such claim. Signing of this application does not bind the signatory to purchase the coverage, but it is agreed this form shall be the basis of the contract should a policy be issued.

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

Authorized Signatory for Entity

Date

Title of Signatory



Attestation, Warranty and Disclosure, Signature

CLIENT INFORMATION	
Entity Name:	Riverdale Local School District
County:	Hancock
Effective Date:	7/1/2025

School/Entity Attestation
<p>The authorized signatory of this application attests to the best of his/her knowledge that statements made in this application, schedules and any attachments to the application are true; that no fact, circumstance or situation indicating the probability of a claim or action now known to any public official or employee has not been declared; and it is agreed by all concerned that omission of such information shall exclude any such claim. Signing of this application does not bind the signatory to purchase the coverage/insurance, but is agreed this form shall be the basis of the contract should a policy be issued.</p> <p>Any person who knowingly and with intent to defraud any insurance company or other person files an application for coverage/insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any material fact commits a fraudulent insurance act, which is a crime and subjects such person to criminal penalties</p>

Warranty and Disclosure Statement - Applicable to Liability Coverages only
<p>Coverage provided under any policy issued as a consequence of this application is contingent upon the following Warranty as evidenced by the signature of the applicants Authorized Signatory.</p> <p>By signing this application, the Authorized Signatory hereby represents and warrants on behalf of the applicant school/entity and all persons or concerns seeking coverage that the undersigned:</p> <ul style="list-style-type: none">(a) Has read and understands the following and declares statements, information, representations and warranties set forth herein are true complete and accurate;(b) Understands and acknowledges that the policy is issued based upon reliance on the accuracy of the information disclosed which is material to the risk accepted;(c) Acknowledges and agrees that any occurrence or event taking place prior to the issuance of coverage applied for, which may render inaccurate, untrue or incomplete any statement made herein, will immediately be reported in writing to the Ohio School Plan administrator;(d) Acknowledges and agrees that the submission and the administrator's receipt of such written report, prior to the inception of the policy applied for, is a condition precedent to coverage; and(e) Acknowledges and agrees that this Warranty and Disclosure Statement shall be attached to and become a part of the policy.(f) Further warrants and represents that if the information supplied on the provided application changes before the policy is bound, the applicant will immediately notify the Ohio School Plan's administrator of such changes, and any outstanding quotations and/or authorization or agreement to bind the insurance may be withdrawn or modified. <p><u>Statement:</u> No fact, circumstance or situation indicating the probability of a claim or action is now known to any School Official or Employee other than those detailed to the representative of the Ohio School Plan administrator and if there be knowledge of such fact, circumstance, or situation, any claim or action subsequently emanating there from shall be excluded under the coverage here being applied for.</p>

Authorized Signatory for School Entity	Date
Title	Phone Number