

**LOGAN-HOCKING LOCAL SCHOOL DISTRICT  
COMMUNITY USE OF FACILITY GUIDELINES**

***Liability Insurance***

Any organization, group or entity shall, at its sole cost, purchase and maintain in full force during the period in which this Right of Entry is effective the following insurance coverage, with limits of liability not less than those set forth below:

General Liability, each occurrence	\$1,000,000.
Personal & Advertising Injury	\$1,000,000.
Damage to Premises Rented to you	\$300,000.
Medical Expenses	\$15,000.
General Aggregate	\$2,000,000.
Products & Completed Ops	\$2,000,000.

The policy should list Logan-Hocking Local School District as Additional Named Insured and as Certificate Holder.

Organizations should consult with their own legal counsel and insurance professionals to determine adequate insurance coverage above and beyond what is required by Logan-Hocking Local School District.



## Understanding the Acord Certificate of Insurance

**PRODUCER**  
Insurance Agent/Broker who issues certificate.

**NAME OF INSURED**  
Must be the legal name of the contracting party.

**INSR LTR**  
The letter entered here indicates the company providing this coverage from the list of "Insurers Affording Coverage" previously listed.

**ADD'L INSRD**  
Beside each required coverage this block should be marked - This indicates you are an Additional Insured on the referenced policy

**TYPES OF INSURANCE**  
Indicates coverages provided.

**POLICY FORM**  
"Claims made" or "occurrence" form; \*see definition below

**GEN'L AGGREGATE LIMIT**  
This indicates that the coverage limit applies to the policy, project or location.

**POLICY NUMBER**  
Actual policy number must be provided.

*SLB  
Logan-Hocking  
Local School  
District*

ACORD		CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY)	
PRODUCER ACME Insurance Agency 123 Agent Street Anywhere, NC 28000		INSURED ABC Company 999 Policyholder Ave Anytown, NC 28000		9/1/09	
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW					
INSURERS AFFORDING COVERAGE				NAIC #	
INSURER A Best Insurance of NC					
INSURER B Star Insurance					
INSURER C State Insurance Company					
<b>COVERAGES</b>					
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS					
INSR ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A X	GENERAL LIABILITY X BODILY INJURY X PROPERTY DAMAGE X PRODUCTS X COMPLETED OPERATIONS	GL1234567	7/1/09	7/1/10	AGGREGATE LIMIT \$ 1,000,000 MED EXP (any one person) Excluded MEDICAL AND INJURY \$ 1,000,000 PROPERTY DAMAGE \$ 3,000,000 AGGREGATE LIMIT \$ 1,000,000
B X	AUTOMOBILE LIABILITY X AUTO X NON-AUTO X EXCESS UMBRELLA X EXCESS UMBRELLA	BA-27582-09	8/7/09	8/7/09	MINIMUM SINGLE LIMIT \$ 1,000,000 AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY \$ EXCESS UMBRELLA \$
C X	EXCESS UMBRELLA LIABILITY X EXCESS UMBRELLA	2751-82-0953 UM	6/15/09	6/15/09	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 3,000,000
B	WORKERS COMPENSATION AND EMPLOYERS LIABILITY X WORKERS COMPENSATION AND EMPLOYERS LIABILITY	WC-94155-09	8/7/09	8/7/09	ALL STATES \$ 1,000,000 FL DISEASE - EA EMPLOYEE \$ 1,000,000 FL DISEASE - EA EMPLOYEE \$ 1,000,000
OTHER					
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS					
CERTIFICATE HOLDER XYZ Industries 200 Main Road Somewhere, NC 28000			CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES AUTHORIZED REPRESENTATIVE <i>Ben Smith</i>		
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**DATE**  
Actual date certificate was issued.

**INSURERS AFFORDING COVERAGE**  
Name of insurance companies who provide coverages.

**LIMITS OF INSURANCE**  
Should be equal or greater to limits on your policy.

**POLICY EXPIRATION DATE**  
If occurrence form, date must be on or after termination of contract.

**POLICY EFFECTIVE DATE**  
Must be prior to or coincidental with effective date of contract.

**DESCRIPTION OF OPERATIONS**  
Identifies operations, locations and special provisions for this certificate.

**CERTIFICATE HOLDER**  
Should be your company's legal name

**NOTICE OF CANCELLATION**  
Must be modified as indicated; 30 days minimum required.

**AUTHORIZED REPRESENTATIVE**  
Must be signed by agency personnel, not stamped.

\* For "occurrence" form coverage, date should be on or after the termination date of contract; if "claims-made coverage," coverage must survive for a period not less than three years following termination of contract and should provide for a retroactive date of placement prior to or coinciding with the effective date of contract.

# Certificates of Insurance

## What is a certificate of insurance?

A Certificate of Insurance is document that indicates the existence of insurance coverages for a Company.

Business' supplying goods or services to customers use certificates of insurance to assure their customers that they have insurance coverage to cover injuries that may occur to their employees, members of the public, or property damage due to the work they are performing.

## When would I need to get a certificate of insurance?

You should require a certificate of insurance any time your company is involved with a contractor, service provider, or is involved in leasing/renting property to others. By verifying a business has their own insurance you are limiting your company from being financially responsible for the actions of these businesses that cause physical damage to property or injury to employees or the public.

## How can certificates save me money?

Insurance rates are determined by past losses and risk. When work is performed on your behalf by an uninsured business you (and sometimes your insurance company) may assume the risk and are responsible for the losses the uninsured business may have. As such, your insurance company may charge additional premium for these additional risks they assumed on your behalf.

Examples:

- You hire an uninsured plumber to remodel a bathroom and he uses a torch to solder a pipe. Unfortunately he burns down the building and the adjoining building. Since he is uninsured, your property insurance policy may cover the losses to your building and your liability policy would respond to a claim for damage to the adjoining building.
- An uninsured roofing contractor is working on your behalf at a jobsite, on a building you own, or on your premises. The uninsured contractor's employee falls off the roof and is severely injured. Since the roofing contractor is uninsured, your company may be responsible for this employees Workers Comp loss and possibly be involved in a law suit for failure to provide a safe work site.
- You lease a tenant space to a retail store. A customer falls on the premises from a drink that was spilled on the floor. If your tenant does not have insurance you may be responsible for the customer's doctor bills, loss of income, and other court awarded damages.

Note, even in the event no loss(es) occurred, in the above situations, your insurance company is entitled to charge you additional premium for these uninsured operations since they provided coverage for these situations.

## What should I do when I receive a certificate of insurance?

You should review all certificates provided to you for accuracy and for conformance to your specified insurance requirements. Refer to the information on the reverse of this document to verify the certificate is accurate and complete.

## How should I manage the certificates that I receive?

Certificates of Insurance indicate policy effective dates. You should establish a procedure to require a new certificate 30 days prior to the indicated expiration date. No work by a contractor or service provider should be allowed without a current certificate of insurance being on file. Requiring certificates of insurance should be a part of contracts your Company enters into.

Certificates should be retained a minimum of seven years or to meet your State's statutes of limitations. Retention of these certificates provides information should a future loss occur. Also your insurance company auditor will review these certificates and not charge additional premium for services provided by an insured business or service provider.

The illustrations, instructions and principles contained in the material are general in scope and, to the best of our knowledge, current at the time of publication. No attempt has been made to interpret any reference codes, standards or regulations. Please refer to the appropriate code-, standard-, or regulation-making authority for interpretation or clarification. Provided that you always reproduce our copyright notice and any other notice of rights, disclaimers, and limitations, and provided that no copy in whole or part is transferred, sold, lent, or leased to any third party, you may make and distribute copies of this publication for your internal use.



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Casualty™**

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## Loss Control Reference Note

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### Accident Investigation

Management support of every part of a safety program is the key to success. Accident investigation is no exception. Managers should review every accident investigation report and take action when necessary. This may result in additional factfinding, it may result in changes that only management has the authority to make, or it may result simply in acknowledgment of a supervisor's good effort. In any case, supervisors and workers will be more likely to accept that management has a genuine interest in their safety when they see them review all accident investigations and act on them as needed.

The following questions and answers address some of the most common concerns about conducting effective accident investigations.

#### Why investigate accidents?

*Accident investigation has one primary goal: to prevent recurrence.* It can also help in auditing the effectiveness of your overall safety program. Employees may sometimes be fearful or suspicious about why an accident investigation is being done, believing that the purpose of the investigation is to place blame. It is important for management to educate workers about the benefits of accident investigation, and to communicate that the true objective is to make the workplace safer for everyone.

#### Which accidents should be investigated?

*Ideally, all accidents should be investigated, because every accident that occurs provides an opportunity for management to discover new*

ways of improving safety conditions. When possible, you should also investigate any "near misses"—incidents that did not result in injury or property damage, but which had the potential to be very costly.

#### When should an accident be investigated?

*Accidents should be investigated as soon as possible after they occur, while the facts are still clear in people's minds, and interest is high in instituting corrective measures.* Prompt investigation reflects management's concern for workers.

#### Who should make the investigation?

*The supervisor of the area or department should make the initial investigation, because the supervisor is in the best position to find out what happened and make any immediate changes that are needed.* Ultimate responsibility for taking action rests with company management.

#### How should we conduct an accident investigation?

*It is important to institute a systematic method for investigating accidents.* You should avoid the temptation to quickly assign a cause and adopt controls before uncovering all the relevant facts. There are four steps involved in a good accident investigation:

1. Immediate response,
2. Investigation to get the facts,
3. Analysis of the facts to determine the causes
4. Development of specific corrective actions.

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## 1. Immediate Response

Employees should notify their supervisor as soon as an accident or injury occurs. The supervisor's first responsibility is to see that proper medical treatment or first aid is provided to any injured persons. Your company should have an established procedure regarding this.

Another immediate responsibility of the supervisor is to see that any obvious hazards are immediately eliminated. In terms of accident investigation, immediate response gives the investigator a chance to get a general overview of the facts related to the accident. This is also the time to secure the area and preserve evidence.

## 2. Investigation to Get the Facts

Once the immediate response has been completed, a more complete on-site accident investigation should be conducted. This should be done as soon as possible while memories are fresh and before conditions have changed.

The primary goal should be to gather as many objective facts as possible about how the accident happened. This can best be done by talking to the injured persons and witnesses, checking relevant records, examining the materials and equipment involved and taking photos of physical conditions.

When conducting interviews, remember to look for *facts*, not *fault*. Ask non-leading questions and beware of smoke screens. Try to interview the witnesses privately.

## 3. Analysis of the Facts to Determine the Causes

After determining *how* the accident happened, you must then find out *why* it occurred. This is necessary for developing an effective plan of action for control. Accidents rarely happen from a single, simple cause such as "unsafe action" or "lack of a guard" or "not trained." Rather, accident occurrence is a complex matter, in which the "real" causes often include a combination of unsafe physical conditions, unsafe actions, inadequate administrative procedures and other factors. Try to pin down as many contributing causes as possible.

## 4. Development of Specific Corrective Actions

The main reason for investigating accidents is to prevent the recurrence of similar accidents in the future. The desired result of effective accident investigation is implementation of specific corrective actions. For your company, this means developing good corrective recommendations and then following through with top management to see that the appropriate measures are implemented.

The plan of action developed should contain various physical and administrative control strategies addressing the multiple causes uncovered through initial factfinding and analysis. Recommendations may include physical changes, procedural modifications, training sessions, safety program reforms, personnel improvements, and environmental changes.

## LOGAN HOCKING SCHOOLS INCIDENT REPORT

**Procedure:** This form is to be completed for all incidents occurring on school property, or during any school activity that requires medical or dental attention to be administered. This report is to be completed as soon after incident as possible by school personnel supervising an activity, a nurse, supervisor, or other appropriate individual.

**A. General Information. This section to be completed for all incidents.**

<b>Personal Information</b> Student – Employee – Visitor		<b>Incident Information</b>	
_____	_____	_____	_____
Name of Injured	Date of Birth	Date of Incident	Time of Incident
_____		_____	
Social Security Number		If Employee: Normal Work Hours	
_____		_____	
Address		Location (building/department)	
_____		_____	
_____	(single or married)	# of Dependents	_____
Telephone No.			

**B. This section to be completed for student incidents only.**

**STUDENT INCIDENT** SEND COPIES TO: SAFETY COORDINATOR (ORIGINAL), BUILDING PRINCIPAL (1), STUDENT HEALTH RECORD (1)

School \_\_\_\_\_ Grade \_\_\_\_\_ Parents Notified?    Yes    No

Supervised Activity?    Yes    No     Person in charge: \_\_\_\_\_

Accident Location:    Classroom    Playground    Gym    Bus    Other (Specify) \_\_\_\_\_

**C. Type of Injury. This section to be completed for all incidents.**

Abrasion    Concussion    Strain/Sprain    Fracture    Bruise    Cut

Laceration    Puncture    Burn    Dislocation    Other (Specify) \_\_\_\_\_

**D. Part of body involved. This section to be completed for all incidents. (Patient right or left)**

<b>left</b>	<b>right</b>	<b>left</b>	<b>right</b>	<b>left</b>	<b>right</b>	<b>left</b>	<b>right</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chest		Neck		Shoulder		Hip	
Back		Teeth		Upper Arm		Upper Leg	
Abdomen		Face		Lower Arm		Lower Leg	
Groin		Eye		Elbow		Knee	
Ear		Nose		Scalp		Toes	
Fingers		Ankle		Mouth		Hand	

**E. Cause of Incident. This section to be completed for all incidents.**

Animal/Insect Bite	Collision with person	Toxic substance	Fighting	Struck by vehicle	Struck by object
Collision with object	Lifting	Exposure to weather	Exposure to Blood	Hot surface/substance	Slip/trip/fall

Other (specify) \_\_\_\_\_

**INCIDENT REPORT – continued**

**F. Written Narrative. This section to be completed for all incidents.**

Describe incident, giving full details \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**G. First aid given. This section to be completed for all incidents.**

First Aid administered: \_\_\_\_\_  
\_\_\_\_\_

Aid administered by: \_\_\_\_\_

**H. Further Care. This section to be completed for all incidents.**

- |  |   |
|--|---|
| <input type="checkbox"/> None                              | <input type="checkbox"/> Parent/relative took home      |
| <input type="checkbox"/> Transported by ambulance to _____ | <input type="checkbox"/> Saw personal physician/dentist |
| <input type="checkbox"/> Other (Specify) _____             |   |

**J. Additional Remarks. This section to be completed for all incidents.**

\_\_\_\_\_  
\_\_\_\_\_

**Signature of Person Completing This Form**

**J. This section to be completed for employee incidents (for office use only).**

Employee Title: \_\_\_\_\_ Return to work date: \_\_\_\_\_  
Employee Date of Hire: \_\_\_\_\_

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Did incident occur during normal course of work?         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is incident OSHA reportable?                             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Was incident logged on OSHA Form 200?                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Was CompManagement Health Systems called? 1-888-247-7799 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

All Non Student Incidents:  
Send copies to: Safety Coordinator (original), Assistant Superintendent (1)  
building principal/manager/supervisor (1), Treasurer's office (1), Staff member (1)