

FTIS PLAN		
ITEM DESCRIPTION	Crawford ANNUAL	Roberts 2- Year
Property Insurance	\$64,424.00	\$0.00
Boiler and Machinery Insurance	\$0.00	\$0.00
Commercial Fleet Insurance	\$13,253.00	\$0.00
General Liability	\$25,309.00	\$0.00
Educator's Legal Liability	\$0.00	\$0.00
Excess Umbrella Liability	\$6,520.00	\$0.00
Worker's Compensation Insurance	\$73,672.00	\$0.00
Student Insurance	\$0.00	\$33,418.50
TOTAL FOR ALL	\$183,178.00	\$33,418.50

NOTES:

The table above indicates the recommended plan being presented to the Board for their consideration at the May 14, 2018 meeting.

	Provided by Liberty Mutual via Crawford Insurance
	Provided by KEMI via Crawford Insurance
	Provided by Roberts Insurance via Gross Insurance

FORT THOMAS INDEPENDENT SCHOOLS
PROPOSAL TABULATION FORM - INSURANCE SERVICES 2013 - 2015

	Crawford		Desmond		Curneal & Hignite		S.K.S. Gallagher		Gross Insurance	
ITEM DESCRIPTION	\$1,000 Deductable	\$1,000 Deductable	\$1,000 Deductable	\$1,000 Deductable	\$1,000 Deductable	\$1,000 Deductable	\$1,000 Deductable	\$1,000 Deductable	\$1,000 Deductable	\$1,000 Deductable
Property Insurance	\$64,424.00	\$68,183.00								
Boiler and Machinery Insurance	\$0.00	\$0.00								
Commercial Fleet Insurance	\$13,253.00	\$6,795.00								
General Liability	\$25,309.00	\$12,520.00								
Educator's Legal Liability	\$0.00	\$9,405.00								
Excess Umbrella Liability	\$6,520.00	\$4,645.00								
Worker's Compensation Insurance	\$73,672.00	\$73,672.00								
Student Insurance	\$36,984.00	\$36,984.00							\$35,911.50	
TOTAL FOR ALL	\$220,162.00	\$212,204.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$35,911.50	\$0.00
NOTES:	Liberty Mutual Wright Specialty									

ITEM DESCRIPTION	Roberts	Scholastic
	ANNUAL	Annual
Package	\$33,418.50	\$36,984.00
Maximum Benefit	\$25,000.00	\$25,000.00
Catastrophic Coverage	\$7,500,000.00	\$5,000,000.00
Loss Period	180 Days	30 Days
Hospital	1000 / Day	Semi-Private Room
Outpatient Surgery	\$2,500.00	\$2,000.00
Inpatient Miscellaneous Charges	\$2,500.00	\$2,000.00
Physician non-Surgical visits	\$75.00	\$35.00
Dental (per tooth)	\$500.00	\$200.00
Diagnostics	\$500.00	\$400.00
Orthopedic Devices	\$500.00	\$100.00
Prescriptions	\$100.00	\$50.00
Physical Therapy	\$50.00	\$35.00
Physical Therapy Maximum	\$500.00	\$175.00
Ambulance	\$1,000.00	\$100.00
	\$41,269.50	\$40,945.50