



NEW HAVEN PUBLIC SCHOOLS
AGREEMENT COVER SHEET

Cover Sheet is an Internal Document for Business Office Use

Please Type

Contractor full name: American Medical Response

Doing Business As, if applicable: AMR

Business Address: 58 Middletown Ave., New Haven, CT 06513

Business Phone: 203.573.7710 ext. 54203

Business email: Andrew.Rennie@gmr.net

SS# OR Tax ID #: 06-1356148

Funding Source & Acct # including location code: 190-40400-56694/00

Principal or Supervisor: Erik Patchkofsky, Athletic Director

Agreement Effective Dates: From 08/01/21 To 06/30/22

Hourly rate or per session rate or per day rate. \$ 500.00

Total amount: \$ 38,000

Description of Service: to provide standby ambulance service for all levels of football games; lacrosse games; sport scrimmages; physical education events/activities and special events.

Submitted by: Erik Patchkofsky Phone: 475-220-1100/203-848-0425



NEW HAVEN PUBLIC SCHOOLS

Memorandum

To: New Haven Board of Education Finance and Operations Committee
From: Erik Patchkofsky, Athletic Director
Date: July 9, 2021
Re: **American Medical Response Agreement**

Please **answer all questions and attach any required documentation as indicated below.** Please have someone **ready to discuss** the details of each question during the Finance & Operations meeting or this proposal might not be advanced for consideration by the full Board of Education.

1. **Contractor Name:** American Medical Response
2. **Description of Service:** to provide standby ambulance service for all levels of football games; lacrosse games; sport scrimmages, physical education activities/events and special events.
3. **Amount** of Agreement and hourly or session cost: \$500.00 / \$38,000.00 for the year
4. **Funding Source** and account number: 190-40400-56694
5. **Continuation/renewal or new Agreement?**
Answer all questions:
 - a. If continuation/renewal, has the cost increased? If yes, by how much? \$51.00
 - b. What would an alternative contractor cost: \$850
 - c. If this is a continuation, when was the last time alternative quotes were requested? No other ambulance service sought we receive this service at reasonable cost through the Southern Connecticut Conference and they serve all of Southern Connecticut School Districts.
 - d. For new or continuation: is this a service existing staff could provide. If no, why not? No, ambulatory medical service.
6. **Type of Service:**
Answer all questions:
 - a. Professional Development?
 - i. If this is a professional development program, can the service be provided by existing staff? If no, why not? No, this service provides medical and ambulatory service for our student.
 - b. After School or Extended Hours Program? Yes
 - c. School Readiness or Head Start Programs? No
 - d. Other: (Please describe) Athletic Games and Special Events
7. **Contractor Classification:**

Answer all questions:

- a. Is the Contractor a Minority or Women Owned Business? No
- b. Is the Contractor Local? Yes
- c. Is the Contractor a Not-for-Profit Organization? If yes, is it local or national? No
- d. Is the Contractor a public corporation? No
- e. Is this a renewal/continuation Agreement or a new service? Renewal
- f. If it is a renewal/continuation has cost increased? If yes, by how much? \$51.00
- g. Will the output of this Agreement contribute to building internal capabilities? If yes, please explain: N/A

8. Contractor Selection:

Answer all questions

- a. What specific skill set does this contractor bring to the project? If a new contractor, please attach a copy of the contractor's resume. American Medical Response provides ambulatory and emergency medical services to our students.
- b. How was the Contractor selected? Quotes, RFP/RFQ, Sealed Bid or Sole Source? N/A
- c. Please describe the selection process including other sources considered and the rationale for selecting this Contractor: The contractor is negotiate for all of the school districts in the Southern Connecticut Conference.

9. Evidence of Effectiveness & Evaluation

Answer all questions

- a. What specific need will this contractor address and how will the contractor's performance be measured and monitored to ensure that the need is met? Ambulatory Service, Yearly evaluations presented to league.
 - b. If this is a renewal/continuation service attach a copy of the evaluation or archival data that demonstrates effectiveness.
 - c. How is this service aligned to the District Continuous Improvement Plan? One of the goals in our district is to assist students to go on to post-secondary education. The ambulance service is essential to this goal because, the students will be provided with the best possible medical, health and safety care, which will hopefully allow them to return to school as soon as possible.
10. Why do you believe this Agreement is fiscally sound? This agreement is fiscally sound because it is negotiated with all of the school districts in the Southern Connecticut Conference. This partnership allows school districts to keep the negotiated price at a minimum.
11. What are the implications of not approving this Agreement? This service is much needed to provide emergency ambulatory service for our students during athletic games, physical education activities/events and special events.



July 9, 2021

Mr. Erik Patchkofsky, Coordinator / Athletic Director
THE NEW HAVEN BOARD OF EDUCATION
Department of Athletics
54 Meadow Street
New Haven CT 06519

Dear Mr. Patchkofsky,

American Medical Response appreciates the opportunity to provide standby ambulance service to the athletic events of the New Haven school system during the 2021-2022 school year.

This service shall consist of the provision of one (1) ambulance and two (2) Emergency Medical technicians at a Basic Level Service, or Advance Level Service (includes one EMT and one paramedic, and appropriately equipped ambulance,) where requested and appropriate. The cost of our service for the 2021 football season is \$500.00 per game.

This service shall be staffed according to the schedules provided to us by your staff for the following events, and others, as needed and requested:

- All Varsity Football Games
- All Junior Varsity & Freshmen Football Games
- All Lacrosse Games
- All contact sport scrimmages and games
- All Middle School Football Games
- Special Events*

*Other special event(s) may be added.

We will honor the terms of our Service Agreement, particularly our commitment to be present at events 30 minutes prior to the start of a game or event, as well as to the performance of accurate billing.

AMR has supervisory staff available whenever you need to call upon them. There is an on-duty Supervisor in our statewide Communications Center, as well as an on duty supervisor in our New Haven Operations Center. Either of them can be accessed via our main phone number at 800-379-7700. The phone number of our Scheduling Department is 203-781-1840, where you can make changes or get access to our on-duty Supervisors.

We appreciate the opportunity to provide this service to you and are committed to the highest level of service to you, your staff, and your student athletes. Let us know of any opportunity to improve our service to you. We appreciate your confidence in AMR.

Sincerely,

Andrew Rennie, Business Development
AMR - New Haven



NEW HAVEN PUBLIC SCHOOLS

AGREEMENT
By And Between
The New Haven Board of Education
AND

AMERICAN MEDICAL REPOSE

FOR DEPARTMENT/PROGRAM:

Department of Physical Education, Health/Athletics/Floyd Little Athletic Center

This Agreement entered into on the 4th day of June 2021, effective (*no sooner than the day after Board of Education Approval*), the 1ST day of August 2021 by and between the New Haven Board of Education (herein referred to as the “Board” and, American Medical Response located at, 58 Middletown Avenue, New Haven, CT 06513 (herein referred to as the “Contractor”).

Compensation: The Board shall pay the contractor for satisfactory performance of services required the amount of \$500 per day, hour or session, for a total of 76 days, hours or sessions.

The maximum amount the contractor shall be paid under this agreement: Thirty Eight Thousand Dollars No Cents_ (\$38,000). Compensation will be made upon submission of an itemized invoice which includes a detailed description of work performed and date of service.

Fiscal support for this Agreement shall be by Athletic Program of the New Haven Board of Education, **Account Number:** 190-40400-56694 **Location Code:**00.

This agreement shall remain in effect from 08/01/21 to 6/30/22.

SCOPE OF SERVICE: to provide Stand-by Ambulance Services for all NHPS student athletes at middle and high school football games/scrimmages, lacrosse games and other scheduled physical education events/activities and special events.

Exhibit A: Scope of Service: The services to be performed by the Contractor shall consist of the provision of one (1) ambulance and (2) Emergency Medical technicians at a Basic Level Service, or Advance Level Service (includes one EMT and one paramedic, and appropriately equipped ambulance) for athletic games, physical activities/events and special events as more fully described in Exhibit A.

Exhibit B: Student Data and Privacy Agreement: Attached

APPROVAL: This Agreement must be approved by the New Haven Board of Education *prior to service start date*. Contactors may begin service no sooner than the day after Board of Education approval.

HOLD HARMLESS: The Contractor shall insure and/or indemnify the Board and its members, employees and agents against all claims, suits, and expenses, including reasonable attorney's fees, in connection with loss of life, bodily injury or property damage arising from any neglect act or omission of the Contractor or its employees or agents. Further, the Contractor covenants and agrees that it shall hold the Board and its members, employees and agents harmless against any and all claims, suits judgments of any description whatsoever caused by the Contractor' breach of this agreement or based upon the conduct of the Contractor, or its agents or its employees or arising out of in connection with their activities under this agreement.

TERMINATION: The Board may cancel this agreement for any reason upon thirty (30) days' written notice sent to the Contractor by certified U.S. mail, return receipt requested; provided however, that the Board shall be responsible to the Contractor for all services rendered by the Contractor through the last day of thirty (30) day notice period, as long as the Agreement was approved by the Board prior to the start date of service.



William Schietinger, Regional Director
American Medical Response

Yesenia Rivera, President
New Haven Board of Education

7/8/21

Date

Date

William Schietinger, RD

Contractor Printed Name & Title



NEW HAVEN PUBLIC SCHOOLS

EXHIBIT B

STUDENT DATA PRIVACY AGREEMENT SPECIAL TERMS AND CONDITIONS

For the purposes of this Exhibit B "directory information," "de-identified student information," "school purposes," "student information," "student records," "student-generated content," and "targeted advertising" shall be as defined by Conn. Gen. Stat. §10-234aa.

1. All student records, student information, and student-generated content (collectively, "student data") provided or accessed pursuant this Agreement or any other services agreement between the Parties are not the property of, or under the control of, the Contractor.
2. The Board shall have access to and the ability to delete student data in the possession of the Contractor except in instances where such data is (A) otherwise prohibited from deletion or required to be retained under state or federal law, or (B) stored as a copy as part of a disaster recovery storage system and that is (i) inaccessible to the public, and (ii) unable to be used in the normal course of business by the Contractor. The Board may request the deletion of any such student information, student records or student-generated content if such copy has been used by the operator to repopulate accessible data following a disaster recovery. The Board may request the deletion of student data by the contractor within two (2) business days of receiving such a request and provide to the Board confirmation via electronic mail that the student data has been deleted in accordance with the request, the date of its deletion, and the manner in which it has been deleted. The confirmation shall contain a written assurance from the Contractor that proper disposal of the data has occurred in order to prevent the unauthorized access or use of student data and that deletion has occurred in accordance with industry standards/practices/protocols.
3. The Contractor shall not use student data for any purposes other than those authorized pursuant to this Agreement.
4. A student, parent or legal guardian of a student may review personally identifiable information contained in student data and correct any erroneous information, if any, in such student data. If the Contractor receives a request to review student data in the Contractor's possession directly from a student, parent, or guardian, the Contractor agrees to refer that individual to the Board and to notify the Board within two (2) business days of receiving such a request. The Contractor agrees to work cooperatively with the Board to permit a student, parent, or guardian to review personally identifiable information in student data that has been shared with the Contractor, and correct any erroneous information therein.

5. The Contractor shall take actions designed to ensure the security and confidentiality of student data.
6. The Contractor will notify the Board, in accordance with Conn. Gen. Stat. § 10-234dd, when there has been an unauthorized release, disclosure or acquisition of student data. Such notification will include the following steps:

Upon discovery by the Contractor of a breach of student data, the Contractor shall conduct an investigation and restore the integrity of its data systems and, without unreasonable delay, but not more than thirty (30) days after such discovery, shall provide the Board with a more detailed notice of the breach, including but not limited to the date and time of the breach; name(s) of the student(s) whose student data was released, disclosed or acquired; nature of and extent of the breach; and measures taken to ensure that such a breach does not occur in the future.

7. Student data shall not be retained or available to the Contractor upon expiration of the contract between the Contractor and Board, except a student, parent or legal guardian of a student may choose independently to establish or maintain an electronic account with the Contractor after the expiration of such contract for the purpose of storing student- generated content.
8. The Contractor and Board shall each ensure their own compliance with the Family Educational Rights and Privacy Act of 1974, 20 U.S.C. § 1232g, as amended from time to time.
9. The Contractor acknowledges and agrees to comply with the above and all other applicable aspects of Connecticut's Student Data Privacy law according to Connecticut General Statutes §§ 10-234aa through 10-234dd.
10. The Parties agree that this Agreement controls over any inconsistent terms or conditions contained within any other agreement entered into by the Parties concerning student data.

Revised: 10/2/18



**DISCLOSURE &
CERTIFICATION AFFIDAVIT**

EVERY SECTION MUST BE COMPLETED
For help completing this form contact 203-946-8201

Contractor/Vendor Name:	American Medical Response of Connecticut, Inc
Address:	58 Middletown Ave, New Haven CT 06513
Telephone and/or Fax #:	203.367.8040
Email Address:	wschietinger@gmr.net
Contact Person:	William Schietinger, Regional Director

For the purposes of this Disclosure and Certification Affidavit, the following definitions apply:

(a)	"Person" means one (1) or more individuals, partnerships, corporations, associations, or joint ventures.
(b)	"Contract" means any agreement or formal commitment entered into by the city to expend funds in return for work, labor, services, supplies, equipment, materials or any combination of the foregoing, or any lease, lease by way of concession, concession agreement, permit, or per agreement whereby the city leases, grants or demises property belonging to the city, or otherwise grants a right of privilege to occupy or to use said property of the city.
(c)	"City" means any official agency, board, authority, department office, or other subdivision of the City of New Haven.
(d)	"Affiliate Entity" means any entity listed in sections 9 or 10 below or any entity under common management with the Contractor.

State of	Connecticut	County of	New Haven
I,	William Schietinger (type or print your name above)		being first duly sworn, hereby deposes and says that:
1.	I am over the age of 18 and understand the obligations of making statements under oath; I understand that the City of New Haven is relying on my representations herein.		
2a.	I am the corporate secretary or majority owner (including sole proprietorship) of	American Medical Response, Inc. (parent of AMR of Connecticut) Insert Company Name above	
2b.	Or I am an individual and my name is:	William Schietinger, authorized representative of AMR if an individual, insert your name above	
3.	I am fully informed regarding the preparation and terms of the above referenced agreement (the "Agreement") and of all pertinent circumstances related thereto.		
4.	Please select the applicable representation(s) regarding taxes or, if none of the below are accurate, attach an explanation of the status of the relevant tax obligations to this Affidavit (mark an "X" in the appropriate box or "NA" if none apply).		
4a.	<input checked="" type="checkbox"/>	As required by Conn. Gen. Stat. §12-41, the Contractor (and each owner, partner, officer, authorized signatory or Affiliate Entity of the Contractor) has filed a list of taxable personal property with the City of New Haven for the most recent grand list and all taxes are current.	
4b.	<input type="checkbox"/>	The Contractor (including any owner, partner, officer or authorized signatory thereof) is not required to file a list of taxable personal property with the City of New Haven for the most recent grand list and does not owe any back taxes to the City of New Haven, either directly or through a lease or other agreement.	
4c.	<input type="checkbox"/>	The Contractor or an owner, partner, officer, representative, agent or Affiliate Entity of the Contractor either i) has a PILOT agreement with the City of New Haven or ii) owes back taxes and has executed an agreement with the City of New Haven to pay said back taxes in installment payments. Such agreement is attached and incorporated herein by reference and the payments under said agreement are not in default.	
5.	<input checked="" type="checkbox"/>	Other than as may be described in section 4 above, the Contractor (including any owner, partner, officer, other authorized signatory, or Affiliate Entity) does not have any outstanding monetary obligations to the City of New Haven.	
6. TR	Please select the applicable representation about the Contractor's business registration:		
6a.	<input checked="" type="checkbox"/>	Contractor is a Connecticut corporation, partnership, limited liability company or sole proprietorship and its Connecticut Secretary of the State Business ID #:	0273788 Insert State Registration # above
6b.	<input type="checkbox"/>	Contractor is a foreign corporation, partnership, limited liability company or sole proprietorship but is registered to do business in the State of Connecticut. The Contractor's Connecticut Secretary of the State Business ID #:	Insert State Registration # above
6c.	<input type="checkbox"/>	Contractor is a foreign corporation, partnership, limited liability company or sole proprietorship and is not registered to do business in the State of Connecticut. The Contractor is registered in the State of:	Please insert State name above
Contractor has confirmed with the Connecticut Secretary of the State that the services it will provide pursuant to the Agreement do not constitute doing business in the State of Connecticut and no registration with the Connecticut Secretary of the State is required. Contractor does otherwise have the following State of Connecticut registrations, certificates or approvals relevant to the Agreement (if not applicable, state N/A).			

7. The following list is a list of the names of all persons affiliated with the business of the Contractor who are also affiliated with the City of New Haven. For purposes of this Affidavit, "affiliated with the business of the Contractor" includes any current or former employee (including officers) of the Contractor or any owner, board member or agent of the Contractor, or of any subsidiary or parent company of the Contractor, and "affiliated with the City of New Haven" means any employee, agent, public official, board member, commissioner or any other person serving in an official capacity for or on behalf of the City of New Haven. If none state none. Use additional sheet if necessary (must be on company letterhead and notarized):

	Name	City Affiliation Role & Time Frame	Contractor Affiliation Role & Time Frame	DOB
1	Not applicable as we understand the question.			
2				

8. The following list is a list of all contracts in which either the Contractor, any person affiliated with the business of the Contractor or an Affiliate Entity of the Contractor provides, or has provided, services or materials to the City within one (1) year prior to the date of this disclosure. If none, state none. Use additional sheet if necessary (must be on company letterhead and notarized):

	Name of Contractor or Affiliate	Affiliation (if applicable)	Contract Number	DOB
1	Standby ambulance agreements	American Medical Response of Connecticut, Inc.	varies	N/A
2				

9. The Contractor possesses an ownership interest in the following business organizations, if none, state none. Use additional sheet if necessary (must be on company letterhead and notarized):

	Organization Name	Address	Type of Ownership
1	N/A		
2			

10. The following persons and/or entities possess an ownership interest in the Contractor. If the Contractor is a corporation, list the names of each stockholder whose shares exceed twenty-five (25) percent of the outstanding stock. If none, state none. Use additional sheet if necessary (must be on company letterhead and notarized):

	Name	Title	% of Ownership	DOB
1	American Medical Response, Inc.	parent company	100%	6/2/1992 Incorporated in DE
2				

11. If the Contractor conducts business under a trade name, the following additional information is required: the place where such entity is incorporated or is registered to conduct such business; and the address of its principal place of business, if none, state none. Use additional sheet if necessary (must be on company letterhead and notarized):

	TRADE NAME	PLACE OF INCORPORATION/REGISTRY	PRINCIPAL PLACE OF BUSINESS
1	AMR	Delaware	6363 S. Fiddlers Green Circle, Suite 1500, Greenwood Village, CO 80111
2			

I hereby certify that I am duly authorized to sign this Affidavit and that the person who will sign the Agreement with the City on behalf of the Contractor will be duly authorized to execute the same. I hereby further certify that the statements set forth above are true and complete on the date hereof and that I, or another authorized individual of the Contractor, will promptly inform the City, in writing, if any of the information provided herein changes or is otherwise no longer accurate at any point during the execution of the above referenced Agreement. I understand that any incorrect information, omission of information or failure of the Contractor to update this information, as described in the foregoing sentence, may result in the immediate termination of any and all agreements the Contractor has with the City of New Haven and disqualification of the Contractor to further contract with the City.

Signature & Title of person completing this form:				
		William Schietinger, Regional Director		
THIS FORM MUST BE NOTARIZED		NOTARY SEAL (if available)		
Signature of Notary:		Anastasia Rolli		
Subscribed and sworn to, before me on this:		1	Day of	July 20 21
My Commission Expires:		9/30/24		

This form should be mailed or emailed to the contracting department or included with a specific solicitation.

(This form shall be updated if the Agreement contemplated hereby is not executed within six months of the date hereof.)



STANDBY SERVICES PURCHASE ORDER

Customer: New Haven Board of Education
AMR Company: American Medical Response of Connecticut, INC
Event or Events: Department of Physical Education, Health/Athletics events as outlined in 2021-2022 agreement
Location: New Haven Public Schools as outlined in sports/events schedule
Date of Event or Events (or see attached Schedule A): TBD according to schedule
Start Time (or see attached Schedule A): TBD according to schedule
End Time (or see attached Schedule A): TBD according to schedule
Customer and AMR agree as follows: <ol style="list-style-type: none">1. AMR will provide the medical standby services ("Services") set forth below to Customer on these terms and conditions for the Event. The Services shall be provided in accordance with prevailing industry standards of quality and care applicable to the medical transportation services industry.2. Customer shall allow AMR to tour the Event area prior to the Event in order to determine the appropriate location for AMR personnel and vehicles to be positioned during the Event.3. The Customer will pay AMR the amounts set forth below for the Services. Payment shall be due within thirty (30) days of receipt of invoice by Customer. Any payments not timely made shall accrue interest at the rate of twelve percent (12%) per annum. Additional Services will be charged at the rates set forth below. Either party may terminate this agreement with forty-eight (48) hours written notice to the other party. Termination of this agreement shall not relieve Customer of any charges for Services already incurred or any applicable event cancellation fee (as set forth below) already incurred.4. AMR shall be solely entitled to bill any ill or injured patrons, employees, event performers or other patients requiring medical transportation, and any responsible third party payor, including workers' compensation carriers, for medical transport that may result from the Services. AMR shall be solely entitled to all collections resulting from such billing.5. AMR reserves the right to utilize its Event personnel and vehicles to respond to a disaster or catastrophe. The Customer will not be charged for any time that AMR resources are diverted to a disaster or catastrophe.6. AMR represents that it has comprehensive automobile insurance, comprehensive general liability insurance, and professional liability insurance all in minimum amounts that are customary and usual within the emergency medical services industry and workers' compensation insurance in the statutory required amounts.7. Each party will indemnify and hold the other party harmless from and against any liability, claims or damages, including attorneys' fees, resulting from or alleged to result from any negligence or willful or intentional misconduct of the indemnifying party.8. Each party shall be in material compliance with all applicable laws, rules, and regulations, including the federal Anti-kickback Statute. AMR has made available to the Customer a copy of its Code of Conduct, Anti-kickback policies and other compliance policies, as may be changed from time-to-time, at AMR's web site, located at: www.amr.net, and the Customer acknowledges receipt of such documents. AMR warrants that its personnel shall comply with AMR's compliance policies. Each party represents and certifies that it is not ineligible to participate in Federal health care programs or in any other state or federal government payment program and shall not permit ineligible persons to order or provide services hereunder. This Agreement: (a) shall be interpreted and enforced in accordance with the laws of the state where the Event takes place; (b) constitutes the entire agreement between the parties with respect to the subject matter hereof, superseding all prior oral or written agreements with respect thereto; and (c) may be amended only by written instrument executed by both parties.



**STANDBY SERVICES PURCHASE ORDER
MINIMUM CHARGES**

STANDBY SERVICES	QUANTITY	CHARGE
Per event	TBD	\$500
		\$
		\$
		\$
		\$
		\$
		\$
		\$
	TOTAL	\$

Check the appropriate Event Cancellation Fee:

- If Customer cancels an Event after AMR dispatches its employees or ambulances to the Event, the Customer shall pay AMR a cancellation fee calculated by multiplying _____ hours by the applicable hourly rate for the Standby Services.
- If Customer cancels an Event less than five (5) days prior to the Date of Event, AMR shall be entitled to bill Customer a cancellation fee in the amount of 50% of the Minimum Charges above.

AMR:

CUSTOMER:

By: 

By: _____

Print Name & Title: William Schietinger, RD

Print Name & Title: _____

Tel: 203-781-1322

Tel: _____

Date: 07/09/2021

Date: _____



ADDITIONAL REMARKS SCHEDULE

AGENCY Aon Risk Services Central, Inc.		NAMED INSURED American Medical Response	
POLICY NUMBER See Certificate Number: 570086872510			
CARRIER See Certificate Number: 570086872510	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance**

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER	
INSURER	
INSURER	
INSURER	

ADDITIONAL POLICIES If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
	WORKERS COMPENSATION						
C		N/A		SCFC67819330 WI Paid Loss Retro	03/31/2021	03/31/2022	
A		N/A		WCUC67819378 OH-SIR SIR applies per policy terms & conditions	03/31/2021	03/31/2022	