

VILLAGE OF BENTLEYVILLE, OHIO

RESOLUTION NO: 2025-06
INTRODUCED BY: HEMMELGARN

**A RESOLUTION AUTHORIZING THE MAYOR TO ENTER INTO AN
AGREEMENT WITH LOVE INSURANCE TO PROVIDE FOR THE
CONTINUATION OF PROPERTY, CASUALTY AND LIABILITY
INSURANCE COVERAGE FOR THE VILLAGE IN AN AMOUNT NOT TO
EXCEED \$59,000.00 AND DECLARING AN EMERGENCY**

WHEREAS, Council has been advised that there is an immediate need to provide the continuation of property, casualty, and liability insurance coverage for the Village; and,

WHEREAS Council deems it to be in the best interests of the residents of the Village of Bentleyville to provide uninterrupted continuation of said coverages,

BE IT ORDAINED by the Council of the Village of Bentleyville, County of Cuyahoga, and State of Ohio, that:

Hereof.

Section 1. The mayor is hereby authorized to enter into the contract with Love Insurance, effective March 28, 2025, for the purpose of securing continuous and uninterrupted property, casualty, and liability insurance for the Village, as is more specifically set forth in Exhibit "A" that is attached hereto and made a part hereof. And in an amount not to exceed \$59,000.00

Section 2. It is found and determined that all formal actions of this Council concerning and relating to the adoption of this Ordinance were adopted in an open meeting of this Council and that all deliberations of this Council and any of its committees that resulted in such formal action were in meetings open to the public, in compliance with all legal requirements including the applicable sections of the Ohio Revised Code.

Section 3. This Ordinance is hereby declared to be an emergency measure immediately necessary for the preservation of the public peace, health, or safety of the inhabitants of the Village of Bentleyville and for the further reason set forth in the preamble hereof, and this Ordinance shall, therefore, take effect and be in full force immediately from and after the date of its passage and approval.

3/19/25

Date Passed

Kellen M. O'Leary

Mayor

RESOLUTION NO: 2025-06
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I, the undersigned Fiscal Officer of the Village of Bentleyville, Ohio, hereby certifies that I published the foregoing Resolution in the Chagrin Valley Times as required by Section 731.21 of the R.C., for a period of fifteen (15) days, beginning the date following the passage and signature of the mayor.

Fiscal Officer



I, the undersigned Fiscal Officer of the Village of Bentleyville, Ohio, hereby certify that the foregoing is a true copy of Resolution 2025-06 duly enacted by the Council of said Village on this 19th day of March 2025.

Fiscal Officer





Cyber Insurance Application

Company Name: Village of Bentleyville
 Address: 6253 CHAGRIN RIVER ROAD
 City: BENTLEYVILLE State: OH Zip: 44022
 Website Address: Village of Bentleyville.com Business Description: Village
 Total Revenue from Last Complete Financial Year: \$ 1,991,101 Number of Employees: 8 F/T 16 P/T
 Designated Contact to Receive Security Related Alerts and Targeted Threat Intelligence: Kathleen Hale or Gabe Barone
 Position: Kathleen Hale - Mayor Email: KHale@Village of Bentleyville.com Phone Number: 440-249-5055
Gabe Barone - Chief of Police Email: GBarone@Village of Bentleyville.com

A. Cyber Security Controls

1.	Is multi factor authentication (MFA) enabled on all email accounts and for RDP remote access?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
2.	a. How often is critical data backed up? Daily <input checked="" type="checkbox"/> Weekly <input type="checkbox"/> Other <input type="checkbox"/>		
	b. Is it stored in another location away from your premises?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	c. How often is critical data backup tested? Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Other <input checked="" type="checkbox"/> <u>Bi monthly</u>		
	d. Is it kept offline and/or on a separate server not connected to the internet?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	e. Are there any other security measures in place for data backup not mentioned above? Please provide details. <u>offsite encryption and storage Duplication</u>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
3.	Is vulnerability testing implemented? if yes, how often is it conducted?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
4.	Is penetration testing performed? if yes, how often is it conducted?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
5.	Is employee cyber security awareness training implemented? if yes, how often is it conducted?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
6.	Is an endpoint detection and response solution (EDR) implemented?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
7.	Is a security information and event management (SIEM) solution implemented?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
8.	Are any legacy systems still in operation?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

940 Stewart Avenue, Suite 400

Garden City, NY 11530-4869

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C. Cyber Crime Questions

1. Please confirm that before any change is made to any vendor account, you obtain authorization from the vendor via an authentication method which is different to the original method you used to confirm the identification of the vendor.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
2. Please confirm that before you transfer any vendor funds you obtain authorization from the vendor via an authentication method which is different to the original method you used to confirm the identification of the vendor.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
3. Do you use a secure platform for all wire instructions/transfers in place of standard email instruction? If "yes", please provide details: <i>Bank transfers done through First National Bank</i>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
4. Please confirm whether you provide all vendors with a written warning that if they receive a request via email to make any change to their account or to transfer any funds that they must not respond to the email and that they must contact you immediately.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
5. Please state, on average, how many transactions you process per month: <i>60 average</i>		
6. Please state:		
a) the average value of transactions you process: (\$): <i>60,000 - 80,000 per month average</i>	\$	
b) the amount of the largest transaction you have ever processed: (\$)	\$	
7. Please state whether you have dual authorization procedures in place for electronic fund transfers: If "yes", please provide details. If "no", please explain why: <i>Lists of checks provided to bank to match electronic transactions</i>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
8. Please provide details of your Crime policy (if purchased) including limit, deductible and insurance carrier:		

D. IT Resourcing and Infrastructure

1. What was your approximate operational expenditure on IT security in the last financial year (including salaries, annual licenses, consultancy costs, etc.):	<i>44,000</i>
2. What was your approximate capital expenditure on IT security in the last financial year (including hardware, one off software costs, etc.):	<i>11,500</i>
3. Do you anticipate spending more, the same or less in this financial year?	
4. Is your IT infrastructure primarily operated and managed in-house or outsourced?	<i>outsourced</i>
5. How many full-time employees do you have in your IT department?	<i>0</i>
6. How many of these employees are dedicated to a role in IT security?	<i>0</i>
7. Is any part of your IT infrastructure outsourced to third party technology providers, including application service providers?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
8. If you answered yes to question 7 above, please list your most critical third-party technology providers overall (up to a maximum of 10): <i>- @HARRIS Valley Dispatch</i> <i>- Ohio Professional Resources</i> <i>- Fortnet</i>	

E. Revenue Analysis

9. If your organization uses Remote Desktop Protocol (RDP) to allow remote access to your network, please describe the measures you adopt to secure it. Is it secured by VPN? Yes No Is it Secured by MFA? Yes No

N/A

10. Please describe your process for patching all operating systems and applications:

Rmm managed, REBOOTED
For Patches monthly or as needed

Please tick all the boxes below that relate to controls that you currently have implemented within your IT infrastructure (including where provided by a third party). If you're unsure of what any of these tools are, please refer to the explanations on the final page of this document

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Advanced Endpoint Protection | <input type="checkbox"/> Application Whitelisting | <input checked="" type="checkbox"/> Asset Inventory | <input type="checkbox"/> Custom Threat Intelligence |
| <input type="checkbox"/> Database Encryption | <input checked="" type="checkbox"/> Data Loss Prevention | <input checked="" type="checkbox"/> DDoS Mitigation | <input type="checkbox"/> DMARC |
| <input type="checkbox"/> DNS Filtering | <input type="checkbox"/> Employee Awareness Training | <input type="checkbox"/> Incident Response Plan | <input checked="" type="checkbox"/> Intrusion Detection System |
| <input type="checkbox"/> Mobile Device Encryption | <input type="checkbox"/> Penetration Tests | <input checked="" type="checkbox"/> Perimeter Firewalls | <input type="checkbox"/> Security Info & Event Management |
| <input checked="" type="checkbox"/> Two-factor Authentication | <input type="checkbox"/> Vulnerability Scans | <input type="checkbox"/> Web Application Firewall | <input type="checkbox"/> Web Content Filtering |

Please provide the name of the software or service provider that you use for each of the controls highlighted above:

Fortinet Security

B. Previous Cyber Incidents

Please tick all the boxes below that relate to any cyber incident that you have experienced in the last three years (there is no need to highlight events that were successfully blocked by security measures):

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Cyber Crime | <input type="checkbox"/> Cyber Extortion | <input type="checkbox"/> Data Loss | <input type="checkbox"/> Denial of Service Attack |
| <input type="checkbox"/> IP Infringement | <input type="checkbox"/> Malware Infection | <input type="checkbox"/> Privacy Breach | <input type="checkbox"/> Ransomware |
| <input type="checkbox"/> Other (please specify) _____ | | | |

If you ticked any of the boxes above, did the incident(s) have a direct financial impact upon your business of more than \$10,000? Yes No

If 'yes' please provide more information below, including details of the financial impact and measures taken to prevent the incident from occurring again:

N/A

Please complete the answers to the questions below. Where you do not have the exact information available please provide the closest approximation and indicate that you have taken this approach. Please provide the following details for your top 5 vendors: N/A

Vendor Name:	Primary Services:	Annual Revenue:

F. Information Security Governance

1. Who is responsible for IT security within your organization (by job title)?	Vendor - OPTS
2. How many years have they been in this position within your company?	2
3. Please describe the type, nature and volume of the data stored on your network. Please also include the number of unique individuals data is held on, specifically PII:	
2.5 TB, misc. doc files and body cam recordings	
4. Please describe your data retention policy, including details of how you remove records that are no longer required:	
WRITTEN RECORDS and electronic RECORDS are destroyed, SHREDDED, DELETED consistent with our written Record RETENTION.	

G. Declaration

I declare that after proper inquiry the statements and particulars given above are true and that I have not mis-stated or suppressed any material fact.


I agree that this application form, together with any other material information supplied by me shall form the basis of any contract of insurance effected thereon.

I undertake to inform underwriters of any material alteration to these facts occurring before completion of the contract.

THE SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED.

IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE INCEPTION DATE OF INSURANCE, PLEASE IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES. THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS, AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED INTO THIS APPLICATION.

Full Name: Brian Tommasone Date: 3/18/2025
 Position: President, OPTS Signature: 

*This application must be signed and dated within 30 days of the policy inception date.



Cyber Insurance Application

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 Website Address: Villageofbentleyville.com Business Description: Village
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Kathleen Hale - Mayor Email: KHale@VillageofBentleyville.com
 Position: Gabe Barone - Chief of Police Email: GBarone@VillageofBentleyville.com Phone Number: 440-247-5055

A. Cyber Security Controls

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2. a. How often is critical data backed up? Daily <input checked="" type="checkbox"/> Weekly <input type="checkbox"/> Other <input type="checkbox"/>		
b. Is it stored in another location away from your premises?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
c. How often is critical data backup tested? Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Other <input checked="" type="checkbox"/> <u>Bi monthly</u>		
d. Is it kept offline and/or on a separate server not connected to the internet?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
e. Are there any other security measures in place for data backup not mentioned above? Please provide details. <u>Offsite encryption and storage Duplication</u>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
3. Is vulnerability testing implemented? If yes, how often is it conducted? _____	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
4. Is penetration testing performed? If yes, how often is it conducted? _____	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
5. Is employee cyber security awareness training implemented? If yes, how often is it conducted? _____	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
6. Is an endpoint detection and response solution (EDR) implemented?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
7. Is a security information and event management (SIEM) solution implemented?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
8. Are any legacy systems still in operation?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

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C. Cyber Crime Questions

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3. Do you use a secure platform for all wire instructions/transfers in place of standard email instruction? If "yes", please provide details: <i>Bank transfers done through First National Bank</i>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
4. Please confirm whether you provide all vendors with a written warning that if they receive a request via email to make any change to their account or to transfer any funds that they must not respond to the email and that they must contact you immediately:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
5. Please state, on average, how many transactions you process per month: <i>60 average</i>		
6. Please state: a) the average value of transactions you process: (\$) <i>60,000 - 80,000 per month average</i> b) the amount of the largest transaction you have ever processed: (\$)	\$	\$
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8. Please provide details of your Crime policy (if purchased) including limit, deductible and insurance carrier:		

D. IT Resourcing and Infrastructure

1. What was your approximate operational expenditure on IT security in the last financial year (including salaries, annual licenses, consultancy costs, etc.):	<i>\$4,000</i>
2. What was your approximate capital expenditure on IT security in the last financial year (including hardware, one off software costs, etc.):	<i>\$1,000</i>
3. Do you anticipate spending more, the same or less in this financial year?	
4. Is your IT infrastructure primarily operated and managed in-house or outsourced?	<i>OUTSOURCED</i>
5. How many full-time employees do you have in your IT department?	<i>0</i>
6. How many of these employees are dedicated to a role in IT security?	<i>0</i>
7. Is any part of your IT infrastructure outsourced to third party technology providers, including application service providers?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
8. If you answered yes to question 7 above, please list your most critical third-party technology providers overleaf (up to a maximum of 10): <i>- MAGRIN Valley Dispatch</i> <i>- OHIO Professional RESOURCES</i> <i>- Fortnet</i>	

E. Revenue Analysis

9. If your organization uses Remote Desktop Protocol (RDP) to allow remote access to your network, please describe the measures you adopt to secure it. Is it secured by VPN? Yes No Is it Secured by MFA? Yes No

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Rmm managed, REBOOTED
For patches monthly OR AS Needed

Please tick all the boxes below that relate to controls that you currently have implemented within your IT infrastructure (including where provided by a third party). If you're unsure of what any of these tools are, please refer to the explanations on the final page of this document.

- Advanced Endpoint Protection Application Whitelisting Asset Inventory Custom Threat Intelligence
- Database Encryption Data Loss Prevention DDoS Mitigation DMARC
- DNS Filtering Employee Awareness Training Incident Response Plan Intrusion Detection System
- Mobile Device Encryption Penetration Tests Perimeter Firewalls Security Info & Event Management
- Two-factor Authentication Vulnerability Scans Web Application Firewall Web Content Filtering

Please provide the name of the software or service provider that you use for each of the controls highlighted above:

Fortinet Security

B. Previous Cyber Incidents

Please tick all the boxes below that relate to any cyber incident that you have experienced in the last three years (there is no need to highlight events that were successfully blocked by security measures):

- Cyber Crime Cyber Extortion Data Loss Denial of Service Attack
- IP Infringement Malware Infection Privacy Breach Ransomware
- Other (please specify) _____

If you ticked any of the boxes above, did the incident(s) have a direct financial impact upon your business of more than \$10,000? Yes No

If 'yes' please provide more information below, including details of the financial impact and measures taken to prevent the incident from occurring again:

N/A

Please complete the answers to the questions below. Where you do not have the exact information available please provide the closest approximation and indicate that you have taken this approach. Please provide the following details for your top 5 vendors: N/A

Vendor Name:	Primary Services:	Annual Revenue:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

F. Information Security Governance

1. Who is responsible for IT security within your organization (by job title)?	Vendor - OPTS
2. How many years have they been in this position within your company?	2
3. Please describe the type, nature and volume of the data stored on your network. Please also include the number of unique individuals data is held on, specifically PII:	2.5 TB, misc. doc files and body cam recordings
4. Please describe your data retention policy, including details of how you remove records that are no longer required:	WRITTEN RECORDS and electronic RECORDS are DESTROYED, SHREDDED, DELETED consistent with our written record retention.

G. Declaration

I declare that after proper inquiry the statements and particulars given above are true and that I have not mis-stated or suppressed any material fact.

I agree that this application form, together with any other material information supplied by me shall form the basis of any contract of insurance effected thereon.

I undertake to inform underwriters of any material alteration to these facts occurring before completion of the contract.

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ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED INTO THIS APPLICATION.

Full Name: Kathy Wick

Date: 3/19/25

Position: MAYOR

Signature: Kathy Wick

*This application must be signed and dated within 30 days of the policy inception date.