



OHIO MUNICIPAL JOINT SELF-INSURANCE POOL

JWF Specialty as Administrator

PO Box 40996

600 E. 96th Street

Indianapolis, IN 46240-0996

Phone (800) 359-6659 Fax (317) 706-9778

Application Date: _____

Name of Entity: _____

Mailing Address: _____

City, (County) and Zip: _____

Entity Contact Name/Title: _____

Phone Number: _____ Fax Number: _____

Email and/or Web Site Address: _____

Proposed Effective Date: _____ Proposed Expiration Date: _____

Inspection Contact Name: _____ Phone Number: _____

Boiler Inspection Contact: _____ Phone Number: _____

Agency & Agent Information

Agency & Agent Information:

Agency Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

E-mail and/or Web Site Address: _____

Producer Name: _____

Office Phone: _____ Cell Phone: _____

Email Address: _____

Current Insurance Program

Coverages	Deductible	Limits	Expiring Premium	Carrier
General Liability				
Law Enforcement Liability				
Public Officials Liability				
Emergency Medical Services				
Auto				
Crime/Fidelity				
Property				
Inland Marine				
Excess Liability				

General Data

Total Payroll: _____

Population: _____ (Excluding Benefits): _____

Exposure	Yes	No	Exposure Base
Airport/Aircraft	EXCL.	<input type="checkbox"/>	
Amusement Parks	EXCL.	<input type="checkbox"/>	
Animal Control	<input type="checkbox"/>	<input type="checkbox"/>	(Sq ft)
Auditoriums/Convention Center /Halls *	<input type="checkbox"/>	<input type="checkbox"/>	(Receipts)
Beaches/Lakes/Ponds *	<input type="checkbox"/>	<input type="checkbox"/>	(Number)
Bridges *	<input type="checkbox"/>	<input type="checkbox"/>	(Number)
Cemeteries	<input type="checkbox"/>	<input type="checkbox"/>	(Number) (Number of Plots in each)
Chemical Spraying *	<input type="checkbox"/>	<input type="checkbox"/>	
Clinic/Health Care	EXCL.	<input type="checkbox"/>	
Dams/Dikes/Reservoirs *	<input type="checkbox"/>	<input type="checkbox"/>	(Number)
Day Care/Day Camp *	<input type="checkbox"/>	<input type="checkbox"/>	
Electric Utility *	<input type="checkbox"/>	<input type="checkbox"/>	(Payroll)
Fireworks *	<input type="checkbox"/>	<input type="checkbox"/>	(Number of Displays)
Fire Department *	<input type="checkbox"/>	<input type="checkbox"/>	
Gas Utility	EXCL.	<input type="checkbox"/>	
Golf Courses *	<input type="checkbox"/>	<input type="checkbox"/>	(Receipts)
Golf Carts	<input type="checkbox"/>	<input type="checkbox"/>	(Number)
Garbage Collection	<input type="checkbox"/>	<input type="checkbox"/>	(Payroll)
Gym/Recreation Facility/Community Center *	<input type="checkbox"/>	<input type="checkbox"/>	(Number)

Health Department (E & O on board members)	<input type="checkbox"/>	<input type="checkbox"/>	(Number of Board Members)
Hospital/Nursing Home	EXCL.	<input type="checkbox"/>	
Ice/Roller Skating Arena	<input type="checkbox"/>	<input type="checkbox"/>	(Receipts)
Independent Contractors	<input type="checkbox"/>	<input type="checkbox"/>	(Total Cost)
Jail/Holding Cell *	<input type="checkbox"/>	<input type="checkbox"/>	(Number)
Landfills	EXCL.	<input type="checkbox"/>	
Marina *	<input type="checkbox"/>	<input type="checkbox"/>	(Receipts)
Parks *	<input type="checkbox"/>	<input type="checkbox"/>	(Number)
Property Leased to Others *	<input type="checkbox"/>	<input type="checkbox"/>	(Describe)
Recycling Facilities	<input type="checkbox"/>	<input type="checkbox"/>	
Schools	<input type="checkbox"/>	<input type="checkbox"/>	
Sewer Plant *	<input type="checkbox"/>	<input type="checkbox"/>	(Payroll)
			(Miles of Sewer Line)
Shooting Ranges *	<input type="checkbox"/>	<input type="checkbox"/>	(Number)
Skate Parks *	<input type="checkbox"/>	<input type="checkbox"/>	(Number)
Ski Facility	EXCL.	<input type="checkbox"/>	
Special Events (Fairs, Carnivals) *	<input type="checkbox"/>	<input type="checkbox"/>	(Number)
Stadiums/Grandstands/Bleachers	<input type="checkbox"/>	<input type="checkbox"/>	(Receipts)
Streets, Roads, Highways *	<input type="checkbox"/>	<input type="checkbox"/>	(Miles of Road Owned) (Miles of Road Maintained)
Swimming Pools *	<input type="checkbox"/>	<input type="checkbox"/>	(Number)
Diving Board?	<input type="checkbox"/>	<input type="checkbox"/>	(Number)
Height of each board	<input type="checkbox"/>	<input type="checkbox"/>	(Height)
Waterslide	<input type="checkbox"/>	<input type="checkbox"/>	(Number)
Number of turns	<input type="checkbox"/>	<input type="checkbox"/>	(Number)
Lifeguards	<input type="checkbox"/>	<input type="checkbox"/>	(Number)
Transit-Buses	<input type="checkbox"/>	<input type="checkbox"/>	
Watercraft (Owned) *	<input type="checkbox"/>	<input type="checkbox"/>	(Number & length)
Watercraft (Non-Owned) *	<input type="checkbox"/>	<input type="checkbox"/>	(Number & length)
Wharves/Piers/Docks *	<input type="checkbox"/>	<input type="checkbox"/>	
Water Plant *	<input type="checkbox"/>	<input type="checkbox"/>	(Payroll)
			(Number of Annual Gallons Produced)
Zoo	<input type="checkbox"/>	<input type="checkbox"/>	

If an Asterisk (*) is indicated next to the described Exposure a Supplemental Application must be completed if coverage is desired.

The pool does not provide coverage for those exposures designated as excluded. Assistance is available for placing coverage outside the pool.

Fire Department *

Paid Firefighters	(Number)
Volunteer Firefighters	(Number)

Ambulance or Emergency Medical Service* (If coverage is applicable)

Paid EMS Technicians	(Number)
Volunteer EMS Technicians	(Number)
Annual Runs Made	(Number)

Police Professional

	YES	NO
Do you subscribe to POST (Peace Officer Standards and Training)	<input type="checkbox"/>	<input type="checkbox"/>

PERSONNEL (Indicate current number by classification)	NUMBER
Class A – Full-time officers, including chief	
Class B – Part-time, auxiliary or reserve with arrest authority	
Class C – Part-time, auxiliary or reserve with no arrest authority	
Class D – Clerical/Dispatchers, Civil Process, Jailers/Matrons, Court Security	
Class F – Dogs/Horses	

	YES	NO
Do you have a policies and procedures manual?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, date last revised or updated:		
Is manual distributed to all personnel and reviewed with them periodically?	<input type="checkbox"/>	<input type="checkbox"/>
Does the manual include a section on training newly hired officers?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have written policies concerning the following?		
Use of guns	<input type="checkbox"/>	<input type="checkbox"/>
Use of deadly force	<input type="checkbox"/>	<input type="checkbox"/>
Vehicle “hot” pursuit	<input type="checkbox"/>	<input type="checkbox"/>
Ride Along Program	<input type="checkbox"/>	<input type="checkbox"/>
If yes, do you require waivers to be signed?	<input type="checkbox"/>	<input type="checkbox"/>
Does written policy equate stun gun use with deadly force?	<input type="checkbox"/>	<input type="checkbox"/>

Does your public entity operate a:	YES	NO
Jail	<input type="checkbox"/>	<input type="checkbox"/>
Holding cell	<input type="checkbox"/>	<input type="checkbox"/>
Detention Home	<input type="checkbox"/>	<input type="checkbox"/>
If yes to any of the above, please provide the following:		
# of cells		
Average stay		
Maximum stay allowed		
Total square footage		
Construction		
Age		
Number of stories		
Exits		
Sprinklered (If yes, % sprinklered)		
Smoke alarms (Where placed)		
Are there audio/video systems in Booking area, cell area and/or Intake area?		
If yes, please describe		
Male and female prisoners separated?		
Adult prisoners separated from juvenile prisoners?		
Describe your suicide watch/surveillance procedures		

	YES	NO
Are full time jailers on duty 24 hours per day?	<input type="checkbox"/>	<input type="checkbox"/>
Are part-time jailers utilized? If yes, what % of time?	<input type="checkbox"/>	<input type="checkbox"/>
Does dispatcher also act as jailer? If yes, what training is required?	<input type="checkbox"/>	<input type="checkbox"/>
Are regularly timed walk-through inspections of the facility performed and documented?	<input type="checkbox"/>	<input type="checkbox"/>
Is an evacuation plan posted throughout the facility?	<input type="checkbox"/>	<input type="checkbox"/>
Does the applicant maintain any automobile impound facilities?	<input type="checkbox"/>	<input type="checkbox"/>
Maximum number and value of autos stored		
Location		

Public Officials

PERSONNEL (Indicate current number by classification)	NUMBER
Mayor and Council (Elected)	
Full-time employees (all departments)	
Part-time employees (all departments)	
Seasonal employees (all departments)	

EMPLOYED PROFESSIONAL OR CERTIFIED PERSONNEL (not contractual)	NUMBER
Accountant (s)	
Appraiser (s)	
Attorney (s)	
Building Inspector(s)	
Electrical Inspector	
Engineer(s)	
Plumbing Inspectors	
Sewer Dept. Operator (Licensed)	
Water Dept. Operator (Licensed)	
Other (Please describe)	

Indicate how many directors, public officials and other employees have been terminated in the last 24 months:	
Directors	
Public Officials	
Other Employees	

	YES	NO
Do you have a written human resources manual or equivalent written guidelines?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, date the manual or equivalent written guidelines were revised		
Was the manual or equivalent written guidelines reviewed with outside counsel?	<input type="checkbox"/>	<input type="checkbox"/>
Is the manual or equivalent written guidelines distributed to all employees?	<input type="checkbox"/>	<input type="checkbox"/>
Are the following policies and procedures included in the manual or equivalent written guidelines?		
Hiring	<input type="checkbox"/>	<input type="checkbox"/>
Discipline/Termination/Suspension	<input type="checkbox"/>	<input type="checkbox"/>
Grievance Procedures	<input type="checkbox"/>	<input type="checkbox"/>
Written Job Description for all Positions	<input type="checkbox"/>	<input type="checkbox"/>

Regular written performance evaluations for all employees	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Harassment	<input type="checkbox"/>	<input type="checkbox"/>
Are all terminations reviewed prior to implementation by anyone other than the immediate supervisor or department head?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please advise by whom?		
Does the Entity have legal counsel present at all disciplinary meetings?	<input type="checkbox"/>	<input type="checkbox"/>
Has there been a layoff of employees or is a reduction in services planned?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a zoning commission?	<input type="checkbox"/>	<input type="checkbox"/>

Explain all "No" answers:

	YES	NO
Do you administer a centralized emergency dispatch system for other Entities?	<input type="checkbox"/>	<input type="checkbox"/>
How many entities?		
What is total population served?		
Does your department handle your own dispatch?	<input type="checkbox"/>	<input type="checkbox"/>
Are incoming calls to dispatchers recorded?	<input type="checkbox"/>	<input type="checkbox"/>
How long are tapes maintained?		
What dispatch services are provided?		
Emergency Medical dispatch	<input type="checkbox"/>	<input type="checkbox"/>
Fire dispatch	<input type="checkbox"/>	<input type="checkbox"/>
Police dispatch	<input type="checkbox"/>	<input type="checkbox"/>
What corresponding training do the dispatchers receive?		
Does any official or employee have any knowledge of an act, error or omission that might give rise to a claim against them?	<input type="checkbox"/>	<input type="checkbox"/>
Has any claim been made or is now pending against any person in his/her capacity as an officer or employee of the Entity?	<input type="checkbox"/>	<input type="checkbox"/>
Has any claim been made alleging improper zoning action?	<input type="checkbox"/>	<input type="checkbox"/>
Explain all "Yes" answers:		

Health Department (E&O Coverage on Board Members only)
Number of Board Members:
Total Payroll:
List each Board Member and job title:
1.
2.
3.
4.
5.

Prior Acts

	YES	NO
Is prior acts coverage desired?	<input type="checkbox"/>	<input type="checkbox"/>
If current policy is claims made, indicate the retro date.		

Additional Information

Application must include the following (mark yes next to the requirement to indicate it is included):

Requirement	Included	
	YES	NO
Currently valued company loss runs (current year and past four years)	<input type="checkbox"/>	<input type="checkbox"/>
Copy of police policies and procedures manual	<input type="checkbox"/>	<input type="checkbox"/>
For Jail exposure, please provide a copy of most current Inspection Reports from:		
Department of Corrections Recommendations completed?	<input type="checkbox"/>	<input type="checkbox"/>
State Fire Inspectors Recommendations completed?	<input type="checkbox"/>	<input type="checkbox"/>
Department of Health Recommendations completed?	<input type="checkbox"/>	<input type="checkbox"/>
Drivers List that includes license numbers	<input type="checkbox"/>	<input type="checkbox"/>
Copy of most current budget including revenues and expenditures	<input type="checkbox"/>	<input type="checkbox"/>
Copy of employee manual or equivalent guidelines	<input type="checkbox"/>	<input type="checkbox"/>
Signed Statement of Values including complete COPE information on the property (Construction, Occupancy, Square footage, year built, year updated, if sprinklered or not, if it has a basement or not)	<input type="checkbox"/>	<input type="checkbox"/>
List of all additional interests and loss payees and in what regard they have an interest	<input type="checkbox"/>	<input type="checkbox"/>
Copy of most current DOT Bridge Inspection Reports (If applicable)	<input type="checkbox"/>	<input type="checkbox"/>
Copy of most current Dam Inspection reports (If applicable)	<input type="checkbox"/>	<input type="checkbox"/>
Attach schedules for the Inland Marine.	<input type="checkbox"/>	<input type="checkbox"/>
Attach detailed Acord applications for Auto (be sure to include cost new on any vehicle with Physical Damage Coverage), Crime, Property and Inland Marine.	<input type="checkbox"/>	<input type="checkbox"/>

The Public Entity warrants and agrees that the answers, including attachments, are in all respects true and shall be deemed material and that the Pool (Underwriters) will rely upon same when issuing a policy. The Public Entity further warrants that all pertinent information has been fully disclosed. The Public Entity understands that submission of the information creates no obligation on the part of the Pool (Underwriters) to provide a proposal. No proposal will be considered unless all questions are answered and the questionnaire is signed by a duly authorized Public Entity official.

Signature: _____

Title: _____

Date: _____