

**THE OHIO MUNICIPAL JOINT
SELF-INSURANCE POOL**

JWF Specialty Company as Administrator
PO Box 40996
600 E. 96th Street
Indianapolis, IN 46240-0996
800-359-6659 317-706-9778 FAX

Date: _____

Name: _____

Mailing Address: _____

City and Zip: _____

Phone Number: _____ Fax Number: _____

E:Mail and/or Web Site Address: _____

Proposed Effective Date: _____ Proposed Expiration Date: _____

Inspection Contact: Name: _____ Phone Number: _____

Current Insurance Program

| Coverages | Deductible | Limits | Expiring Premium | Carrier |
|----------------------------|------------|--------|------------------|---------|
| General Liability | | | | |
| Law Enforcement Liability | | | | |
| Public Officials Liability | | | | |
| Auto | | | | |
| Property | | | | |
| Excess | | | | |
| Garagekeepers | | | | |

General Data

Population: _____ Total Payroll: _____
(Excluding Benefits) _____

| Exposure | Yes | No | Exposure Base |
|-------------------------------|-------|----|---------------|
| Airport/Aircraft | EXCL. | | |
| Amusement Parks | EXCL. | | |
| Animal Control | | | |
| Auditoriums/Convention Center | | | (Receipts) |
| Beaches/Lakes | | | (Number) |
| Bridges | | | (Number) |
| Cemeteries | | | |
| Chemical Spraying | EXCL. | | |
| Clinic/Health Care | EXCL. | | |

| Exposure | Yes | No | Exposure Base |
|------------------------------------|------------|-----------|--|
| Dams/Dikes/Reservoirs | | | (Number) |
| Day Care/Day Camp * | | | |
| Electric Utility * | | | (Payroll) |
| Fireworks | | | (Number of Displays) |
| Fairs/Carnivals | | | (Number) |
| Fire Department | | | |
| Gas Utility | EXCL. | | |
| Golf Courses | | | (Receipts) |
| Golf Carts | | | (Number) |
| Garbage Collection | | | |
| Housing Projects/Housing Authority | | | (Sq. Ft.) |
| Hospital/Nursing Home | EXCL. | | |
| Ice Arena | | | (Receipts) |
| Jail/Holding Cell | | | |
| Landfills | EXCL. | | |
| Marina | | | (Receipts) |
| Property Leased to Others | | | (Describe) |
| Recycling Facilities | | | |
| Schools | | | |
| Sewer Plant | | | (Payroll) (Miles of Sewer Line) |
| Ski Facility | EXCL. | | |
| Skateboard Park | | | (Number) |
| Stadiums/Grandstands/Bleachers | | | (Receipts) |
| Swimming Pools | | | (Number) |
| Diving Board? | | | (Number) |
| Height of each board | | | (Height) |
| Waterslide | | | (Number) |
| Number of turns | | | (Number) |
| Lifeguards | | | (Number) |
| Transit-Buses | | | |
| Watercraft (Owned) | | | (Number & length) |
| Watercraft (Non-Owned) | | | (Number & length) |
| Wharves/Piers/Docks | | | |
| Water Plant | | | (Payroll) (Number of Annual Gallons Produced) |
| Zoo | | | |

* Supplements must be completed if coverage is desired. Please request if supplement is needed.

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 |
|---|

| | |
|---------------------------|----------|
| 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) | | |

| 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? | | |
| If yes, date last revised or updated: | | |
| Is manual distributed to all personnel and reviewed with them periodically? | | |
| Do you have written policies concerning the following? | | |
| Use of guns | | |
| Use of deadly force | | |
| Vehicle “hot” pursuit | | |
| Ride Along Program | | |
| If yes, do you require waivers to be signed? | | |
| Does written policy equate stun gun use with deadly force? | | |

| | | |
|------------------------------------|------------|-----------|
| Does your public entity operate a: | YES | NO |
| Jail | | |
| Holding cell | | |
| Detention Home | | |

| | |
|---|--|
| 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) | |
| Adult prisoners separated from juvenile prisoners? | |
| Male and female prisoners separated? | |

| | | |
|--|------------|-----------|
| | YES | NO |
| Does the applicant maintain any automobile impound facilities? | | |
| 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? | | |
| If yes, date the manual or equivalent written guidelines were revised | | |
| Was the manual or equivalent written guidelines reviewed with outside counsel? | | |
| Is the manual or equivalent written guidelines distributed to all employees? | | |
| Are the following policies and procedures included in the manual or equivalent written guidelines? | | |
| Hiring | | |
| Discipline/Termination/Suspension | | |
| Grievance Procedures | | |
| Written Job Description for all Positions | | |
| Regular written performance evaluations for all employees | | |
| Sexual Harassment | | |
| Are all terminations reviewed prior to implementation by anyone other than the immediate supervisor or department head? | | |
| If yes, please advise by whom? | | |
| Does the Entity have legal counsel present at all disciplinary meetings? | | |
| Has there been a layoff of employees or is a reduction in services planned? | | |
| Do you have a zoning commission? | | |

| |
|---------------------------|
| Explain all "No" answers: |
| |
| |

| | YES | NO |
|---|-----|----|
| Do you administer a centralized emergency dispatch system for other Entities? | | |
| Have there been any disputes, or suits involving voting rights violation? | | |
| Does any official or employee have any knowledge of an act, error or omission that might give rise to a claim against them? | | |
| Has any claim been made or is now pending against any person in his/her capacity as an officer or employee of the Entity? | | |
| Has any claim been made alleging improper zoning action? | | |

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|----------------------------|
| Explain all "Yes" answers: |
| |
| |

Prior Acts

| | YES | NO |
|--|-----|----|
| Is prior acts coverage desired? | | |
| If current policy is claims made, indicate the retro date. | | |

Automobile

| | YES | NO |
|---|-----|----|
| Do you have a vehicle maintenance program for all of your vehicles? | | |
| Do you utilize a safety program? | | |
| Do you request MVR's on all drivers? | | |
| How often? | | |
| Does the entity allow the personal use of entity owned vehicles? | | |

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 three years) | | |
| Copy of police policies and procedures manual | | |
| If there is a Jail and/or Holding facility please provide the following: a. Copy of State or County Fire Inspection Report and include compliance response from the municipality on any recommendations made. b. Copy of Dept. of Health Inspection Report and include compliance response from the municipality on any recommendations made. c. Copy of Dept. of Corrections Inspection Report and include compliance response from the municipality on any recommendations made. | | |
| Drivers List that includes license numbers | | |
| Copy of most current budget including revenues and expenditures | | |
| Copy of employee manual or equivalent guidelines | | |
| 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) | | |
| List of all additional interests and loss payees and in what regard they have an interest | | |
| Attach detailed applications for Auto, Property and Inland Marine | | |

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: _____