



## THE OHIO MUNICIPAL JOINT SELF-INSURANCE POOL RENEWAL APPLICATION

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City and Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-Mail and/or Web Site Address: \_\_\_\_\_

Effective Date of Renewal: \_\_\_\_\_

Inspection Contact: Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Boiler Inspection Contact: Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### General Data

Population: \_\_\_\_\_ Total Payroll:  
(Excluding Benefits) \_\_\_\_\_

| Exposure                                       | Yes                      | No                       | Exposure Base                         |
|--|--------------------------|--------------------------|---------------------------------------|
| Airport/Aircraft                               | EXCL.                    | <input type="checkbox"/> |                                       |
| Amusement Parks                                | EXCL.                    | <input type="checkbox"/> |                                       |
| Animal Control/Pound                           | <input type="checkbox"/> | <input type="checkbox"/> | (Sq Ft)                               |
| Auditoriums/Convention Center<br>/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)<br>(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)                             |
| 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"/> |                                       |
| Gym/Recreation Facility/<br>Community Center * | <input type="checkbox"/> | <input type="checkbox"/> | (Number)                              |

|   |                          |                          |                                     |
|---|--------------------------|--------------------------|-------------------------------------|
| Health Department (E&O Coverage on Board Members) | <input type="checkbox"/> | <input type="checkbox"/> |                                     |
| Housing Projects/Housing Authority                | <input type="checkbox"/> | <input type="checkbox"/> | (Sq. Ft.)                           |
| 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"/> |                                     |
| Landfills   | EXCL.                    | <input type="checkbox"/> |                                     |
| Marina *  | <input type="checkbox"/> | <input type="checkbox"/> | (Receipts)                          |
| Parks/Playgrounds/Dog 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"/> |                                     |
| Ski Facility                                      | EXCL.                    | <input type="checkbox"/> |                                     |
| Skateboard Park                                   | <input type="checkbox"/> | <input type="checkbox"/> | (Number)                            |
| Special Events (Fairs, Carnivals) *               | <input type="checkbox"/> | <input type="checkbox"/> | (Number of events)                  |
| Bounces/Inflatables                               | <input type="checkbox"/> | <input type="checkbox"/> | (Number)                            |
| Fireworks   | <input type="checkbox"/> | <input type="checkbox"/> | (Number of displays)                |
| Mechanical Rides                                  | EXCL.                    | <input type="checkbox"/> |                                     |
| 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.

|                        |
|------------------------|
| <b>Fire Department</b> |
|------------------------|

|                        |          |
|------------------------|----------|
| Paid Firefighters      | (Number) |
| Volunteer Firefighters | (Number) |

|   |
|---|
| <b>Ambulance or Emergency Medical Service</b> |
|---|

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

|                            |
|----------------------------|
| <b>Police Professional</b> |
|----------------------------|

| 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  |        |

|                         |
|-------------------------|
| <b>Public Officials</b> |
|-------------------------|

| 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   |  |

|   |           |
|---|-----------|
| <b>HEALTH DEPARTMENT (E&amp;O Coverage on Board Members Only)</b> |           |
| Number of Board Members:  |           |
| Total Payroll   |           |
| List each Board Member  | Job Title |
| 1.  |           |
| 2.  |           |
| 3.  |           |
| 4.  |           |
| 5.  |           |
| 6.  |           |

|                   |
|-------------------|
| <b>Automobile</b> |
|-------------------|

|   |                          |                          |
|---|--------------------------|--------------------------|
|   | <b>YES</b>               | <b>NO</b>                |
| Do you have a Driver training program in place?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you request MVR's on all drivers?  | <input type="checkbox"/> | <input type="checkbox"/> |
| How often? _____ Annually _____ New hire  |                          |                          |
| Do you have an MVR policy in place? <input type="checkbox"/> YES <input type="checkbox"/> NO  |                          |                          |
| Hired/Non-owned Auto Liability:   |                          |                          |
| Is proof of Insurance required from the person(s) given permission to drive a hired/non-owned vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO |                          |                          |
| Is an MVR ordered on any person given permission to drive a hired/non-owned vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO                   |                          |                          |

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

| Requirement  | Included                 |                          |
|--|--------------------------|--------------------------|
|  | YES                      | NO                       |
| Updated drivers list that includes name and license numbers / Any MVR's with violations.         | <input type="checkbox"/> | <input type="checkbox"/> |
| Copy of most current budget including revenues and expenditures                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| Copy of any updates to the employee manual or guidelines   | <input type="checkbox"/> | <input type="checkbox"/> |
| Jail exposure: Copy of most recent:  |                          |                          |
| a. Department of Corrections inspection / Recommendation compliance                              | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Fire Inspectors inspection / Recommendation compliance  | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Department of Health inspection / Recommendation compliance                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| Copy of any updates to the police policies and procedures manual                                 | <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"/> |
| Updated schedules for the Auto and Inland Marine   | <input type="checkbox"/> | <input type="checkbox"/> |
| Copy of most current DOT Bridge Inspection Reports (If not previously submitted) (If applicable) | <input type="checkbox"/> | <input type="checkbox"/> |
| Copy of most current Dam Inspection Reports (If not previously submitted) (If applicable)        | <input type="checkbox"/> | <input type="checkbox"/> |
| A detailed Crime/Fidelity Acord application (If applicable)                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| Signed Statement of Values including COPE information on any newly added building,               | <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: \_\_\_\_\_