



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 /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)
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/ 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.

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

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	

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	

HEALTH DEPARTMENT (E&O Coverage on Board Members Only)	
Number of Board Members:	
Total Payroll	
List each Board Member	Job Title
1.	
2.	
3.	
4.	
5.	
6.	

Automobile

	YES	NO
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: _____