



# JWF SPECIALTY COMPANY

*Subsidiary of Old National Insurance*

## Public Entity Application

*Instructions:*

- *Please complete all applications in full*
- *ACORD applications acceptable for Auto, Crime, Inland Marine, and Property. Excel spreadsheets are required for Auto, Inland Marine and Property schedules*
- *Please complete supplemental applications for any operation noted "Yes" on the General Liability Exposures application.*

Mailing Address:  
PO Box 40996  
Indianapolis, IN 46240

Physical Address:  
600 E 96<sup>th</sup> Street, Suite 425  
Indianapolis, IN 46240

Toll free phone: 800-359-6659  
Fax: 317-706-9775

# General Information

\* Denotes Required Field

Type:  New  Renewal

Entity Information			
*Name of Entity:		*Federal ID Number:	
*Address:		*Phone:	
		*Fax:	
*County:	*City:	*State:	*Zip:
Entity Web Address:			
*Type of Public Entity:		*Current Population:	
Please describe 'Utility' or 'Other Special District/Agency' Public Entity type:			
*Entity Contact Information:	*Last Name:	*First Name:	
*Office Phone:		*Office Phone Extension:	
*Cell Phone:		*Office Fax:	
*Email Address:			
Financial / Accounting Contact:	Last Name:	First Name:	
Office Phone:		Office Phone Extension:	
Cell Phone:		Office Fax:	
Email Address:			

Agency & Agent Information			
*Name of Agency / Brokerage:			
*Phone:		*Fax:	
*Address:			
*City:		*State:	*Zip:
*Agent/Broker Contact:	*Last Name:	*First Name:	
*Office Phone:		*Office Phone Extension:	
*Cell Phone:		*Office Fax:	
*Email Address:			

# Coverages

\*Denotes Required Field

<b>*Proposed Effective Date:</b>	<b>*Date Quote is Needed:</b>
*Proposed Expiration Date:	*Bid Date:
Are you requesting any deductible in excess of \$25,000 for any of the following lines of business: Auto Liability, General Liability?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will this account include a self-insured retention?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Limit: _____
<b>Coverage</b>	<b>Check if Requested</b>
Auto (Auto Liability, Auto Physical Damage)	<input type="checkbox"/>
Crime	<input type="checkbox"/>
Equipment Breakdown	<input type="checkbox"/>
General Liability	<input type="checkbox"/>
Inland Marine	<input type="checkbox"/>
Property	<input type="checkbox"/>
Umbrella	<input type="checkbox"/>
Other Coverage	<input type="checkbox"/>
<i>Complete Separate Applications for the Following</i>	
Law Enforcement Liability	<input type="checkbox"/>
Public Official Liability	<input type="checkbox"/>
Employment Practices Liability	<input type="checkbox"/>

Claim History
<b><i>Please attach currently valued insurance company loss runs containing date of loss, paid loss and loss expense, reserved loss and loss expense and description of loss by line for the past 5 years.</i></b>
<p>1. Have there been any losses paid or reserved over \$25,000 in the past 5 years (regardless if covered by insurance)?  <input type="checkbox"/> Yes   <input type="checkbox"/> No   If yes, attach a separate sheet with a complete description of the losses over \$25,000.</p>
<p>2. Does the applicant have any knowledge of any incident(s), accident(s) or occurrence(s) which may result in a claim?  <input type="checkbox"/> Yes   <input type="checkbox"/> No   If yes, attach a separate sheet with a complete description.</p>
<p>3. <b>Has any company canceled or declined to renew any of these coverages?</b> (not applicable in Missouri)  <input type="checkbox"/> Yes   <input type="checkbox"/> No   if yes, attach a separate sheet with a complete description.</p>

# Property / Equipment Breakdown / Inland Marine

(ACORD Application and Schedules Acceptable)

**Please attach a signed Excel spreadsheet property schedule with location numbers, address (including zip code), protection class, private protection (i.e., sprinklered; smoke detection), square footage, construction, age and occupancy.**

Coverage	Limit	Deductible	Coins %	Coverage Information (Check all that apply)		
1. Building	\$	\$		RC <input type="checkbox"/>	<input type="checkbox"/> Blanket	<input type="checkbox"/> Agreed Amount
				ACV <input type="checkbox"/>		
2. Contents	\$	\$		RC <input type="checkbox"/>	<input type="checkbox"/> Blanket	<input type="checkbox"/> Agreed Amount
				ACV <input type="checkbox"/>		
3. Blanket Earnings & Expense	\$	\$				
4. Extra Expense	\$			Location #'s:		
5. Flood	\$	\$				
6. Earthquake	\$	\$				
EQUIPMENT BREAKDOWN						
Is coverage desired?				<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, quote will be provided per the values furnished on the property schedule unless otherwise indicated.						
Current Insurance Carrier or Method				Current Limit		Current Deductible
				\$		\$

INLAND MARINE		
<b>Attach an itemized schedule of desired inland marine coverages by location, indicating the limit of coverage, deductible, and complete description of the property.</b>		
Coverage	Limit	Deductible
1. Computer		
a. Limit / Exposure	\$	\$
b. Transit Limit	\$	\$
c. Data & Media	\$	\$
d. Business Interruption	\$	\$
2. Contractor's Equipment Limits: <input type="checkbox"/> RC <input type="checkbox"/> ACV	\$	\$
3. Fine Arts	\$	\$
4. Miscellaneous Property Floater: <input type="checkbox"/> RC <input type="checkbox"/> ACV Descriptions:	\$	\$
5. Radio and Television Broadcasting Equipment	\$	\$
6. Radio Towers		
a. Age    (years)	\$	\$
b. Height        (feet)	\$	\$
7. Valuable Papers	\$	\$
8. Other :	\$	\$

## General Liability

	Limit	Deductible	
1. General Aggregate	\$	\$	
2. Products / Completed Op. Aggregate	\$	\$	
3. Each Occurrence	\$	\$	
4. Premises Damage (sublimit)	\$	\$	
5. Medical Expense (sublimit)	\$	\$	
Miscellaneous Liability	Limit		
Employee Benefits Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No	Limit \$	
Sewer Backup	<input type="checkbox"/> Yes <input type="checkbox"/> No	Limit \$	
Cemetery Professional	<input type="checkbox"/> Yes <input type="checkbox"/> No	Limit \$	
Failure to Supply	<input type="checkbox"/> Yes <input type="checkbox"/> No	Limit \$	
Sexual Abuse or Molestation	<input type="checkbox"/> Yes <input type="checkbox"/> No	Limit \$	
<b><i>Please attach a complete copy of the Entity's current budget (including General, Special Revenue, Enterprise, Capital Improvement and Debt Service Funds).</i></b>			
Year	Revenue	Expenditures	Surplus / (Deficit)
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

Independent Contractor Operations					
Does the entity use independent contractors? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>If yes, complete the following:</b>					
TYPE OF WORK	CERTIFICATES OF INSURANCE SECURED?		CONTRACTOR'S LIMIT OF LIABILITY?	ENTITY NAMED AS ADDITIONAL INSURED?	
	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the entity have legal counsel review all contracts prior to execution? <input type="checkbox"/> Yes <input type="checkbox"/> No					

# Auto

**(ACORD Schedules Acceptable)**

<b>1. Automobile Liability</b>					
Liability Limit (CSL)	PIP	Medical Payments Limit	UM / UIM Limit	Liability Deductible	
\$	\$	\$	\$	\$	
<b>2. Automobile Physical Damage</b>					
Comprehensive Deductible	Collision Deductible	Hired Car Physical Damage		<input type="checkbox"/> Yes <input type="checkbox"/> No	
\$	\$	Cost of Hire		\$	
		Comprehensive Deductible		\$	
		Collision Deductible		\$	
<b>3. Garagekeepers Legal Liability</b>					
<b>Locations Covered</b> (Each location must be listed separately) :					
		<b>Limit</b>		<b>Deductible</b>	
Location	# of Vehicles	Comprehensive	Collision	Comprehensive Per Auto / Per Loss	Collision Per Auto
		\$	\$		
		\$	\$		
<p><i>Please attach an Excel spreadsheet schedule of vehicles including year, make, model, cost new, VIN #'s and department. Also attach a schedule of drivers including name, driver's license #, birth date, and identify emergency vehicle operators.</i></p>					
<b>4. Fleet Management – Please advise of the following:</b>					
Does the entity have a vehicle maintenance program?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the entity have a formal accident investigation program?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are all accidents reviewed internally and corrective action taken?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are drivers of 15-passenger vans specifically trained in the operation of these vehicles?				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<b>5. Motor Vehicle Reports (MVR)</b>					
Does the entity order MVR's on all new drivers?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
How often are MVR's updated?				<input type="checkbox"/> Annual <input type="checkbox"/> Other:	
Do any drivers have a DUI arrest / conviction in the past 5 years?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>6. Employee Use of Vehicles</b>					
Do any employees drive their own vehicles in the Entity's business?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, list employees and occupations:					
If yes, advise of insurance requirements:					
Are employees allowed to take their vehicles home?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is personal use permitted?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, list employees and occupation:					

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<b>7. If law enforcement vehicles are included in the automobile schedule, do you have the following Policies and Procedures?</b>		
Vehicular Pursuit	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Patrol Driving & Response	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Transportation of Prisoners	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>8. Does the Entity provide any type of transportation services?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
Indicate Type:	<input type="checkbox"/> Elderly Transportation	<input type="checkbox"/> Other

# Crime

## (ACORD Application Acceptable)

<i>Please Choose the applicable Agreement(s), Limit(s), and deductible(s).</i>			
1.	Insuring Agreement(s) Requested	Limit of Insurance	Deductible
	Employee Theft Coverage – Per Loss Coverage *	\$	\$
	Forgery or Alteration	\$	\$
	Inside the Premises – Theft of Money and Securities	\$	\$
	Inside the Premises – Robbery or Safe Burglary of Other Property	\$	\$
	Outside the Premises	\$	\$
	Computer Fraud	\$	\$
	Funds Transfer Fraud	\$	\$
	Money Orders and Counterfeit Paper Currency	\$	\$
* Is coverage extended to provide faithful performance of duty?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
2.	<b>Indicate the following:</b> Number of officials/officers, not required by law to be individually bonded, who are authorized to manage, govern, or control the insured's employees:		
3.	Number of employees who handle, have custody of, or maintain records of money, securities, or other property including department and division heads, assistant department and division heads, and peace officers (including patrolmen/women when Faithful Performance of Duty Coverage is being written):		
4.	Number of all other officials, trustees, officers, employees, administrators, and managers (other than independent contractors) not included in the two questions above, who handle funds or other property of employee benefit plans:		
5.	One percent of all others (including patrolmen/women when Faithful Performance of Duty Coverage is not being written):		
<b>Audit Procedures:</b>			
6.	Is an audit performed by an independent CPA or public accountant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, how often?	<input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually	
	If no, is an internal audit performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Is the audit completed with generally accepted accounting principles (GAAP)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Internal Controls:</b>			
7.	Are all bank account statements reconciled at least monthly?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8.	Is the reconciliation handled by one or more employees not authorized to sign checks or make or record deposits / withdrawals?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9.	Are at least two signatures required on checks?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<i>If yes, over what threshold?</i>	\$	
10.	Are securities subject to joint control by two or more employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11.	Are all applicants for employment verified by checking references and contacting former employers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

# Umbrella Excess

Limit of Liability:
Option 1: \$
Option 2: \$
<input type="checkbox"/> General Liability
<input type="checkbox"/> Auto
<input type="checkbox"/> Law Enforcement Liability
<input type="checkbox"/> Public Official Liability
<input type="checkbox"/> Employee Benefits Liability
<input type="checkbox"/> Employment Related Practices Liability

# General Liability Exposures

- Please check all of the operational exposures of the Public Entity below. Note that coverage may not be available for all operations or exposures.
- **Please complete supplemental applications for any operation noted "Yes"**

Operation / Exposure	Do you have this exposure?
Airport or Related Facility	<input type="checkbox"/> Yes <input type="checkbox"/> No
Amusement Park	<input type="checkbox"/> Yes <input type="checkbox"/> No
Arena / Auditorium / Convention Center	<input type="checkbox"/> Yes <input type="checkbox"/> No
Blasting Operation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Campground	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cemetery	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chemical Spraying (pesticide / herbicide)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dam / Levee / Dike	<input type="checkbox"/> Yes <input type="checkbox"/> No
Day Care / Day Camp / Day Nursery	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fire Protection / Ambulance / EMT	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fireworks	<input type="checkbox"/> Yes <input type="checkbox"/> No
Garbage / Refuse Collection	<input type="checkbox"/> Yes <input type="checkbox"/> No
Golf Course	<input type="checkbox"/> Yes <input type="checkbox"/> No
Habitational (Apartment, Dwelling)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Halfway House / Group Shelter / Group Home	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hospital / Nursing Home	<input type="checkbox"/> Yes <input type="checkbox"/> No
Housing Authority / Project	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ice / Roller Rink	<input type="checkbox"/> Yes <input type="checkbox"/> No
Jail / Detention Facility	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lake / Reservoir	<input type="checkbox"/> Yes <input type="checkbox"/> No
Landfill / Dump / Incinerator / Recycling Center	<input type="checkbox"/> Yes <input type="checkbox"/> No
Law Enforcement	<input type="checkbox"/> Yes <input type="checkbox"/> No
Library	<input type="checkbox"/> Yes <input type="checkbox"/> No
Liquor Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mechanical or Electrically Operated Amusement Device	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medical Clinic / Health Department	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medical Professionals (doctors, nurses, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Museum	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mowing Operations	<input type="checkbox"/> Yes <input type="checkbox"/> No
Paint Spraying	<input type="checkbox"/> Yes <input type="checkbox"/> No
Piers / Dock / Marina	<input type="checkbox"/> Yes <input type="checkbox"/> No
Port Authority	<input type="checkbox"/> Yes <input type="checkbox"/> No
Recreational Activities	<input type="checkbox"/> Yes <input type="checkbox"/> No
Rifle / Shooting Range	<input type="checkbox"/> Yes <input type="checkbox"/> No
School	<input type="checkbox"/> Yes <input type="checkbox"/> No
Skateboard Park / Facility	<input type="checkbox"/> Yes <input type="checkbox"/> No
Special Event (fairs, carnivals, parades, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Streets / Roads / Highways / Bridges	<input type="checkbox"/> Yes <input type="checkbox"/> No
Swimming Pool	<input type="checkbox"/> Yes <input type="checkbox"/> No
Transit System	<input type="checkbox"/> Yes <input type="checkbox"/> No
Utilities: Electric	<input type="checkbox"/> Yes <input type="checkbox"/> No
Utilities: Gas	<input type="checkbox"/> Yes <input type="checkbox"/> No
Utilities: Sewer	<input type="checkbox"/> Yes <input type="checkbox"/> No
Utilities: Water	<input type="checkbox"/> Yes <input type="checkbox"/> No
Watercraft / Boat	<input type="checkbox"/> Yes <input type="checkbox"/> No
Waterslide	<input type="checkbox"/> Yes <input type="checkbox"/> No
Zoo	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Exposure	<input type="checkbox"/> Yes <input type="checkbox"/> No

Entity Name:	Effective Date:
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## Signatures

*\* Denotes Required Field*

**ARIZONA, ARKANSAS, CALIFORNIA, DISTRICT OF COLUMBIA, FLORIDA, KENTUCKY, LOUISIANA, MAINE, NEW JERSEY, NEW MEXICO, NEW YORK, PENNSYLVANIA, AND VIRGINIA FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company, or other person, who files an application for insurance containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and subjects the person to criminal and (NY: substantial) civil penalties. In the District of Columbia, Louisiana, Maine, and Virginia, insurance benefits may also be denied.

**COLORADO FRAUD WARNING:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial, of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**HAWAII FRAUD WARNING:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**NEW YORK AUTO FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or another person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage, or conversion of any motor vehicle to a law enforcement agency the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

**OHIO FRAUD WARNING:** Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing false or deceptive statement is guilty of insurance fraud.

**OKLAHOMA FRAUD WARNING:** Any person who knowingly, and with intent to injure defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**TENNESSEE FRAUD WARNING:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include information imprisonment, fines and denial of insurance benefits. If this is a Workers Compensation policy, the following applies: It is a crime to knowingly provide false, incomplete or misleading information to any party to a workers compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines and denial of insurance benefits.

**UTAH WC FRAUD WARNING:** Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

**Important Note:** *This application is not a representation that coverage does or does not exist for any particular claim or loss, under any insurance policy issued by ONB Benefits Administration, LLC dba JWF Specialty Company. Whether coverage exists or does not exist for any particular claim or loss under any such policy depends on the facts and circumstances involved in the claim or loss and all applicable working of the policy actually issued.*

The undersigned declares that to the best of his/her knowledge, the information set for in this application is true and complete.

Signature of Authorized Official	Title	Printed Name	Date

*Signature of Agent or Broker	Title	Printed Name	Date