JWF Specialty Company
600 E. 96th Street, Suite 425
Indianapolis, IN 46240-0996
(317) 706 – 9500 *phone*
(317) 574 – 7863 *fax*
(888) 349 – 6165 *toll free*

Ohio Municipal Joint Self-Insurance Pool

Notice of Occurrence / Claim

Pool Member	**Date of Occurrence** / /
Contact Name: Phone Number: ( ) -	**Location of Occurrence**

Description of Occurrence / Accident

Describe Damage

Describe Property Involved (If Auto, Year, Make, Model)

Name of Owner:
Address:
City: State: Zip:
Phone Number: ( ) -

Pool Member's Driver
Name:
Address:
City: State: Zip:
Phone Number: ( ) -

Other Driver
Name:
Address:
City: State: Zip:
Phone Number: ( ) -

Witness
Name:
Address:
City: State: Zip:
Phone Number: ( ) -