Ohio | Bureau of Workers' Compensation
30 W. Spring St.
Columbus, OH 43215-2256

Governor **John R. Kasich**
Administrator/CEO **Stephen Buehrer**

ohiobwc.com
1-800-OHIOBWC

Date

Employer
Address
City, State, ZIP cod4e

RE: BWC self-insured public employer questionnaire

Dear Public Employer:

As part of BWC's self-insured program's application process, you must complete the brief risk assessment questionnaire below.

1. What was the self-insured applicant's bond rating at the most recent fiscal year end?
2. Has the self-insured applicant complied with all SEC disclosures for the last five years?
3. Has the self-insured applicant had any local government fund distributions withheld in the last five years?
4. Has the self-insured applicant been placed on fiscal watch or emergency in the last five years?
5. What were the **unvoted** dept capacities for the self-insured applicant for the two most recent fiscal year ends?

Upon receipt of your answers, we will continue to process your application. Please submit the requested information or any questions that you may have to SIINQ@bwc.state.oh.us.

Sincerely,

Self-Insured Department
Ohio Bureau of Workers' Compensation