

Liability Coverage Application: County

Member Contact Information

Member Name: _____

Contact: _____ Title: _____

Email: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Agent Contact Information

Agency: _____

Agent: _____ Email: _____ Phone: _____

Acct Rep/CSR: _____ Email: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Coverage Effective Date: _____

Is a quote required prior to renewal? Yes No If yes, by what date is it required? _____

Limit of Liability

A Memorandum of Coverage issued by the NDIRF does not constitute an insurance policy or insurance contract within the meaning of Chapter 32-12.1 of the North Dakota Century Code. The limit of liability afforded to the Named Member under the NDIRF Memorandum is that specified by Chapter 32-12.1-03(2) of the North Dakota Century Code, two hundred fifty thousand dollars per person and one million dollars for any number of claims arising from any single occurrence regardless of the number of political subdivisions, or employees of such political subdivisions, which are involved in that occurrence. A political subdivision may not be held liable, or be ordered to indemnify an employee held liable, for punitive or exemplary damages. **The limit of liability selected below applies in the event of a judicial determination that the statutory limit of liability is not applicable to a specific "occurrence"**. The NDIRF is a self-insurance pool within the meaning of Chapter 26.1-23.1-02 of the North Dakota Century Code. Membership in the NDIRF does not constitute any form of waiver, modification or limitation of your right to any immunity or limitation of liability that is available with respect to a particular claim or "suit".

Limit of Liability requested: \$ _____,000,000 per occurrence, up to \$10,000,000.

If you leave this portion blank, the NDIRF will renew your Limit of Liability at your current limit.

Premises and Operations

Instructions: Complete only those items that apply to your entity or Additional Covered Parties.

1. County population: _____
2. Number of dams owned and/or under Named Member or Covered Party control: _____
 Provide legal name of dam: _____
 Date of latest inspection: _____ *Attach inspection report.*
 Does Named Member have an emergency action plan for dams? Yes No
 Explain: _____
3. Soil Conservation District – Total payroll: \$ _____
4. Do you have equipment rental operations? Yes No
5. Water Resource District – Total expenditures: \$ _____
6. Do you own or operate parks and playgrounds? Yes No
7. Number of camping spots: _____
 Do they have water, sewer, or electric hookups? Yes No
8. Swimming pools – Number of outdoor: _____ Number of indoor: _____ Waterslide: _____
 What is the height of the waterslide? _____ *Attach photo of waterslide.*
9. Swimming beaches – Describe: _____
 If no lifeguards, is beach posted, “Swim at your own risk?” Yes No
10. Golf course – Gross receipts: \$ _____ Number of golf carts for rent: _____ *Attach financial statement.*
11. Ski facility – Gross receipts: \$ _____
12. Provide square footage and total gross receipts of:
 Exhibition buildings: _____ Auditoriums: _____ Arenas: _____ Civic: _____
 Other: _____ Other: _____ Other: _____ Total gross receipts: \$ _____
13. Exercise/fitness/health center – Square footage: _____ Gross receipts: \$ _____
 Is public use allowed? Yes No
14. Library – Square footage: _____ Gross receipts: \$ _____
15. Museum – Square footage: _____ Gross receipts: \$ _____
If the county has a Historical Society, attach financial statements.
16. Offices – Square footage: _____

17. Does the county own or operate a daycare? Yes No Maximum number allowed: _____

18. Fair – Gross receipts: \$ _____

Attach copy of fair's financial statement and a list of events held.

19. Stadium and/or grandstand – Admissions: \$ _____ Total seating: _____

20. Amusement park – Gross receipts: \$ _____ Describe: _____

21. Inflatable games – Total number: _____ Describe each: _____

22. Is Unmanned Aircraft Systems (UAS)/drone coverage requested? Yes No

If yes, please complete the UAS/Drone Questionnaire at www.ndirf.com>Member Services>Applications.

23. Boats/kayaks/paddle boards – Total number of each: _____

What is the horsepower (hp) of the boat motors? _____

24. Piers or docks – Square footage: _____ Marina – Gross receipts: \$ _____

25. Fire/ambulance station – Square footage: _____

26. Penal institution – Square footage: _____

27. Auto and/or bus garage – Square footage: _____

28. Number of owned, managed, or leased dwellings: 1-family: _____ 2-family: _____ 3-family: _____

4-family: _____ Total square footage of apartments: _____

29. Chemical application – Gross receipts: \$ _____

List of chemicals used: _____

30. Does county have a Vector Control District? Yes No Total expenditures: \$ _____

31. If no auto policy, hired and nonowned auto – Cost of hire: \$ _____ Number of employees: _____

32. Are any premises leased to the State of North Dakota? _____

33. Are alcoholic beverages sold by the Member and/or any of the Additional Covered Parties? Yes No

Gross receipts: \$ _____

34. Additional Covered Parties – Entities to be covered.

Four horizontal lines for text entry.

35. List and explain events and fundraisers below and include gross receipts for each.

Four horizontal lines for text entry.

36. Does the county receive proof of liability for events put on by Other(s)? Yes No

37. Garagekeepers – Locations: _____

Values: Comprehensive: \$ _____ Deductible: \$ _____

Specified perils: \$ _____ Deductibles: \$ _____

Collision: \$ _____ Deductible: \$ _____

38. Is any towing performed by a Named Member or Covered Party? Yes No

Application continues on p. 5 with Governance Liability and Professional Liability.

Governance Liability

1. Number of council, commission, or board members: _____
2. Total expenditures – Current fiscal year: \$ _____
 Total expenditures – Prior fiscal year: \$ _____
 Budget surplus or deficit: \$ _____ Explain: _____

3. Is there any pending legal action for errors and omissions? Yes No
 If yes, explain: _____
4. Additional Covered Parties – Entities to be covered.

5. Does the Named Member or any Covered Parties operate gaming? Yes No
 If yes, explain: _____

Professional Liability

Instructions: Enter number of individuals requiring coverage.

1. Law enforcement – Full-time officers: _____ Part-time officers: _____
2. Firefighters – Paid: _____ Volunteer: _____
3. EMTs: _____ Paramedics: _____ Other ambulance personnel: _____
4. Number of ambulances: _____ Number of units on standby status: _____
5. Social workers: _____ Psychologists: _____ Counselors: _____ Dieticians: _____
6. Nurses (CRNA, RN, LPN, and FPN) – Total full-time: _____ Total part-time: _____ Nurse practitioners: _____
7. Therapists: OT: _____ PT: _____ RT: _____ RC: _____
8. Physicians: Contact NDIRF’s Department of Underwriting at (800) 421-1988.

*****FOR NEW MEMBERS, PLEASE INCLUDE FIVE (5) YEARS OF LOSS HISTORY.*****