

Liability Coverage Application: Fair Association

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. Do you have equipment rental operations? Yes No

2. Number of camping spots: _____

Do they have water, sewer, or electric hookups? Yes No

3. Provide square footage and total gross receipts of:

Exhibition buildings: _____ Auditoriums: _____ Arenas: _____ Civic: _____

Other: _____ Other: _____ Other: _____ Total gross receipts: \$ _____

4. Fair – Gross receipts: \$ _____

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

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

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

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

8. 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.

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

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

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

Gross receipts: \$ _____

12. Additional Covered Parties – Entities to be covered.

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

Four horizontal lines for listing events and fundraisers.

14. Does the fair association receive proof of liability for events put on by Other(s)? Yes No

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: _____

Horizontal line separator

3. Is there any pending legal action for errors and omissions? Yes No

If yes, explain: _____

4. Additional Covered Parties – Entities to be covered.

Two horizontal lines for listing additional covered parties.

5. Does the Named Member or any Covered Parties operate gaming? Yes No

If yes, explain: _____

Horizontal line separator

Professional Liability

Instructions: Enter number of individuals requiring coverage.

1. Law enforcement – Full-time officers: _____ Part-time officers: _____

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