

## Liability Coverage Application: Housing Authority

### 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. Number of owned, managed, or leased dwellings: 1-family: \_\_\_\_\_ 2-family: \_\_\_\_\_ 3-family: \_\_\_\_\_  
4-family: \_\_\_\_\_ Total square footage of apartments: \_\_\_\_\_
2. Do you own or operate parks and playgrounds? Yes          No
3. Swimming pools – Number of outdoor: \_\_\_\_\_ Number of indoor: \_\_\_\_\_ Waterslide: \_\_\_\_\_  
What is the height of the waterslide? \_\_\_\_\_ *Attach photo of waterslide.*
4. Provide square footage and total gross receipts of:  
Exhibition buildings: \_\_\_\_\_ Auditoriums: \_\_\_\_\_ Arenas: \_\_\_\_\_ Civic: \_\_\_\_\_  
Other: \_\_\_\_\_ Other: \_\_\_\_\_ Other: \_\_\_\_\_ Total gross receipts: \$ \_\_\_\_\_
5. Inflatable games – Total number: \_\_\_\_\_ Describe each: \_\_\_\_\_  
\_\_\_\_\_
6. Exercise/fitness/health center – Square footage: \_\_\_\_\_ Gross receipts: \$ \_\_\_\_\_  
Is public use allowed? Yes          No
7. Offices – Square footage: \_\_\_\_\_
8. Is Unmanned Aircraft Systems (UAS)/drone coverage requested? Yes          No  
*If yes, please complete the UAS/Drone Questionnaire at [www.ndirf.com](http://www.ndirf.com)>Member Services>Applications.*
9. Auto and/or bus garage – Square footage: \_\_\_\_\_
10. If no auto policy, hired and nonowned auto – Cost of hire: \$ \_\_\_\_\_ Number of employees: \_\_\_\_\_
11. Chemical application – Gross receipts: \$ \_\_\_\_\_  
List of chemicals used: \_\_\_\_\_
12. Are any premises leased to the State of North Dakota? \_\_\_\_\_
13. Are alcoholic beverages sold by the Member and/or any of the Additional Covered Parties? Yes          No  
Gross receipts: \$ \_\_\_\_\_

14. Additional Covered Parties – Entities to be covered.

Four horizontal lines for text entry.

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

Four horizontal lines for text entry.

16. Does the Housing Authority 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 for text entry.

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 text entry.

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

If yes, explain: \_\_\_\_\_

Horizontal line for text entry.

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