

## Liability Coverage Application: Human Service Zone

### 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".

<p><b>Limit of Liability requested: \$ _____,000,000 per occurrence, up to \$10,000,000.</b></p> <p>If you leave this portion blank, the NDIRF will renew your Limit of Liability at your current limit.</p>
--

**Premises and Operations**

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

- 1. Population: \_\_\_\_\_ Include population for each county that is part of the Human Service Zone.
- 2. Offices – Square footage: \_\_\_\_\_
- 3. Inflatable games – Total number: \_\_\_\_\_ Describe each: \_\_\_\_\_  
\_\_\_\_\_
- 4. 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.*
- 5. Number of owned, managed, or leased dwellings: 1-family: \_\_\_\_\_ 2-family: \_\_\_\_\_ 3-family: \_\_\_\_\_  
4-family: \_\_\_\_\_ Total square footage of apartments: \_\_\_\_\_
- 6. Auto and/or bus garage – Square footage: \_\_\_\_\_
- 7. If no auto policy, hired and nonowned auto – Cost of hire: \$ \_\_\_\_\_ Number of employees: \_\_\_\_\_
- 8. Are any premises leased to the State of North Dakota? \_\_\_\_\_
- 9. Additional Covered Parties – Entities to be covered.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- 10. List and explain events and fundraisers below and include gross receipts for each.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 11. Does the Human Service Zone receive proof of liability for events put on by Other(s)? Yes      No

**Application continues on p. 3 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. Social workers: \_\_\_\_\_ Psychologists: \_\_\_\_\_ Counselors: \_\_\_\_\_
- 2. Dieticians: \_\_\_\_\_ Nutritionists: \_\_\_\_\_
- 3. Nurses (CRNA, RN, LPN, and FPN) – Total full-time: \_\_\_\_\_ Total part-time: \_\_\_\_\_ Nurse practitioners: \_\_\_\_\_
- 4. Therapists: OT: \_\_\_\_\_ PT: \_\_\_\_\_ RT: \_\_\_\_\_ RC: \_\_\_\_\_
- 5. Physicians: Contact NDIRF’s Department of Underwriting at (800) 421-1988.

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