

Liability Coverage Application: Special Education Unit

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. Provide square footage and total gross receipts of:
 Exhibition buildings: _____ Auditoriums: _____ Arenas: _____ Civic: _____
 Other: _____ Other: _____ Other: _____ Total gross receipts: \$ _____
- 3. Library – Square footage: _____ Gross receipts: \$ _____
- 4. Offices – Square footage: _____
- 5. 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.
- 6. Student enrollment (K-12), including Head Start: _____
- 7. Auto and/or bus garage – Square footage: _____
- 8. Number of owned, managed, or leased dwellings: 1-family: _____ 2-family: _____ 3-family: _____
 4-family: _____ Total square footage of apartments: _____
- 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. Additional Covered Parties – Entities to be covered.

- 12. List and explain events and fundraisers below and include gross receipts for each.
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- 13. Does the Special Education Unit 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: _____

- 3. Is Due Process Hearing Attorney’s Fee Coverage needed? Yes No

Check one: All Attorney’s Fees Coverage:

Parent(s)/Guardian(s) Attorney’s Fees Coverage:

- 4. If Due Process Hearing Attorney’s Fee Coverage is needed, please include a list of all the school districts that make up the special education unit and include each school district’s total enrollment.
- 5. Is there any pending legal action for errors and omissions? Yes No

If yes, explain: _____

- 6. Additional Covered Parties – Entities to be covered.

- 7. 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: _____ Resource officers: _____
- 2. Social workers: _____ Psychologists: _____ Counselors: _____ Dieticians: _____
- 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.*****