

Liability Coverage Application: District Health 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? _____
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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, 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 shown in the declarations 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>Limit of Liability requested: \$ _____,000,000 per occurrence, up to \$10,000,000.</p> <p>If you leave this portion blank, the NDIRF will renew your Limit of Liability at your current limit.</p>
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Premises and Operations

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

- 1. Offices – Square footage: _____
- 2. Do you have equipment rental operations? Yes No
- 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>Member Services>Applications.

- 5. Auto and/or bus garage – Square footage: _____
- 6. If no auto policy, hired and nonowned auto – Cost of hire: \$ _____ Number of employees: _____
- 7. Are any premises leased to the State of North Dakota? _____
- 8. Additional Covered Parties – Entities to be covered.

- 9. List and explain events and fundraisers below and include gross receipts for each.
- _____
- _____
- _____

- 10. Does the health 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 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. Nurses (CRNA, RN, LPN, and FPN) – Total full-time: _____ Total part-time: _____ Nurse practitioners: _____

3. Therapists: OT: _____ PT: _____ RT: _____ RC: _____

4. Physicians: Contact NDIRF’s Department of Underwriting at (800) 421-1988.

5. Dieticians: _____ Nutritionists: _____

6. Other professionals – Please list: _____

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