

## Liability Coverage Application: City

### Member Contact Information

Member Name: \_\_\_\_\_

Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

### Agent Contact Information

Agency: \_\_\_\_\_

Agency Contact: \_\_\_\_\_

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. City population: \_\_\_\_\_
- 2. Do you have equipment rental operations? Yes      No
- 3. Do you own or operate parks and playgrounds? Yes      No
- 4. Number of camping spots: \_\_\_\_\_  
Do they have water, sewer, or electric hookups? Yes      No
- 5. Swimming pools – Number of outdoor: \_\_\_\_\_ Number of indoor: \_\_\_\_\_ Waterslide: \_\_\_\_\_  
What is the height of the waterslide? \_\_\_\_\_ *Attach photo of waterslide.*
- 6. Swimming beaches – Describe: \_\_\_\_\_  
If no lifeguards, is beach posted, "Swim at your own risk?" Yes      No
- 7. Golf course – Gross receipts: \$ \_\_\_\_\_ Number of golf carts for rent: \_\_\_\_\_ *Attach financial statement.*
- 8. Does the city own or operate a zoo? Yes      No
- 9. Does the city own or operate a skate park? Yes      No
- 10. Provide square footage and total gross receipts of:  
Exhibition buildings: \_\_\_\_\_ Auditoriums: \_\_\_\_\_ Arenas: \_\_\_\_\_ Civic: \_\_\_\_\_  
Other: \_\_\_\_\_ Other: \_\_\_\_\_ Other: \_\_\_\_\_ Total gross receipts: \$ \_\_\_\_\_
- 11. Exercise/fitness/health center – Square footage: \_\_\_\_\_ Gross receipts: \$ \_\_\_\_\_  
Is public use allowed? Yes      No
- 12. Library – Square footage: \_\_\_\_\_ Gross receipts: \$ \_\_\_\_\_
- 13. Museum – Square footage: \_\_\_\_\_ Gross receipts: \$ \_\_\_\_\_  
*If the city has a Historical Society, attach financial statements.*
- 14. Offices – Square footage: \_\_\_\_\_
- 15. Does the city own or operate a daycare? Yes      No      Maximum number allowed: \_\_\_\_\_
- 16. Stadium and/or grandstand – Admissions: \$ \_\_\_\_\_ Total seating: \_\_\_\_\_
- 17. Amusement park – Gross receipts: \$ \_\_\_\_\_ Describe: \_\_\_\_\_  
\_\_\_\_\_
- 18. Inflatable games – Total number: \_\_\_\_\_ Describe each: \_\_\_\_\_  
\_\_\_\_\_

19. 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.

20. Boats/kayaks/paddle boards – Total number of each: \_\_\_\_\_

What is the horsepower (hp) of the boat motors? \_\_\_\_\_

21. Piers or docks – Square footage: \_\_\_\_\_ Marina – Gross receipts: \$ \_\_\_\_\_

22. Fire/ambulance station – Square footage: \_\_\_\_\_

23. Utilities: Water-Payroll: \$ \_\_\_\_\_ Gallons (Annually): \_\_\_\_\_

Electric – Payroll: \$ \_\_\_\_\_ Gross receipts: \$ \_\_\_\_\_

Gas – Payroll: \$ \_\_\_\_\_ Gross receipts: \$ \_\_\_\_\_

24. Number of dams (under Named Member or Covered Party control): \_\_\_\_\_

25. Penal institution – Square footage: \_\_\_\_\_

26. Auto and/or bus garage – Square footage: \_\_\_\_\_

27. Number of owned, managed, or leased dwellings: 1-family: \_\_\_\_\_ 2-family: \_\_\_\_\_ 3-family: \_\_\_\_\_

4-family: \_\_\_\_\_ Total square footage of apartments: \_\_\_\_\_

28. Chemical application – Gross receipts: \$ \_\_\_\_\_

List of chemicals used: \_\_\_\_\_

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

30. Are any premises leased to the State of North Dakota? \_\_\_\_\_

31. Does the city own or operate a restaurant? Yes No

Square footage: \_\_\_\_\_ Gross receipts: \$ \_\_\_\_\_

Is the restaurant leased to another party? Yes No

32. Does the city own or operate a grocery/convenient store? Yes No

Square footage: \_\_\_\_\_ Gross receipts: \$ \_\_\_\_\_

33. Does the city own or operate a thrift store? Yes No

Square footage: \_\_\_\_\_ Gross receipts: \$ \_\_\_\_\_

34. Does the city sell concessions? Yes No Gross receipts: \$ \_\_\_\_\_

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

Gross receipts: \$ \_\_\_\_\_

36. Additional Covered Parties – Entities to be covered.

Four horizontal lines for text entry.

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

Does the city receive proof of liability for events put on by Other(s)? Yes No

Four horizontal lines for text entry.

38. Garagekeepers – Locations: \_\_\_\_\_

Values: Comprehensive: \$ \_\_\_\_\_ Deductible: \$ \_\_\_\_\_

Specified perils: \$ \_\_\_\_\_ Deductibles: \$ \_\_\_\_\_

Collision: \$ \_\_\_\_\_ Deductible: \$ \_\_\_\_\_

39. Is any towing performed by a Named Member or Covered Party? Yes No

Application continues on p. 5 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: \_\_\_\_\_

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3. Is there any pending legal action for errors and omissions? Yes      No  
 If yes, explain: \_\_\_\_\_
4. Additional Covered Parties – Entities to be covered.  
 \_\_\_\_\_  
 \_\_\_\_\_

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5. Does the Named Member or any Covered Parties operate gaming? Yes      No  
 If yes, explain: \_\_\_\_\_

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**Professional Liability**

**Instructions:** Enter number of individuals requiring coverage.

1. Law enforcement – Full-time officers: \_\_\_\_\_ Part-time officers: \_\_\_\_\_
2. Firefighters – Paid: \_\_\_\_\_ Volunteer: \_\_\_\_\_
3. EMTs: \_\_\_\_\_ Paramedics: \_\_\_\_\_ Other ambulance personnel: \_\_\_\_\_
4. Number of ambulances: \_\_\_\_\_ Number of units on standby status: \_\_\_\_\_
5. Social workers: \_\_\_\_\_ Psychologists: \_\_\_\_\_ Counselors: \_\_\_\_\_
6. Nurses (CRNA, RN, LPN, and FPN) – Total full-time: \_\_\_\_\_ Total part-time: \_\_\_\_\_
7. Therapists: OT: \_\_\_\_\_ PT: \_\_\_\_\_ RT: \_\_\_\_\_ RC: \_\_\_\_\_
8. Physicians: Contact NDIRF’s Department of Underwriting at (800) 421-1988.
9. Is the city attorney an employee of the city? Yes      No
10. Is the city attorney a contract worker? Yes      No

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