



PO Box 2258
Bismarck, ND 58502
1-800-421-1988(phone)
1-701-224-0609(fax)
underwriting@NDIRF.com
www.ndirf.com

LIABILITY COVERAGE APPLICATION

Named Member: _____

Member Contact Person/Title: _____

Email Address: _____ Phone Number: _____

Address: _____ City: _____ Zip: _____

Agency: _____

Agency Contact Person/Title: _____

Email Address: _____ Phone Number: _____

Address: _____ City: _____ Zip: _____

Effective Date: _____

Is a quote required prior to renewal? Yes/No If yes, 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".

\$_____,000,000 per Occurrence (up to \$10,000,000)

PREMISES AND OPERATIONS

(Complete only those items that apply to the entity or additional covered parties you are submitting)

1. Population: _____
2. Soil Conservation District - total payroll: \$ _____
3. Do you have equipment rental operations? (yes or no) _____
4. Water Resource District - total expenditures: \$ _____

5. Do you own or operate parks & playgrounds? _____
6. Swimming pools - # Outdoor: _____ # Indoor: _____ Waterslide: _____
7. Swimming beaches - describe: _____
If no lifeguards, is beach posted "swim at your own risk"? _____
8. Golf Course - receipts: \$ _____ Golf carts for rent - #: _____
9. Ski Facility - receipts: \$ _____
10. Zoos - describe: _____
11. Exhibition Buildings/Auditoriums/Arenas - square footage: _____ receipts: \$ _____
12. Exercise/Fitness/Health Center – square footage: _____
13. Library - square footage: _____ receipts: \$ _____
14. Museum - square footage: _____ receipts: \$ _____
15. Offices - square footage: _____ Day Care Center - # of Attendees: _____
16. Fair - receipts: \$ _____
17. Stadium/Grandstand - admissions: \$ _____ total seating: _____
18. Amusement Park - receipts: \$ _____ describe: _____
19. Inflatable Games – describe: _____
20. Is Unmanned Aircraft Systems (UAS)/Drone Coverage requested? _____
If yes, http://www.ndirf.com/image/cache/Drone_Questionnaire.pdf.
21. Boats – Describe: _____
22. Piers or docks - square footage: _____ Marinas - receipts: \$ _____
23. Fire/Ambulance station - square footage: _____
24. Utilities: Water - payroll: \$ _____ gallons (annual): _____
Electric - payroll: \$ _____ receipts: \$ _____
Gas - payroll: \$ _____ receipts: \$ _____
25. Dams (under Named Member or Covered Party control) - number: _____
26. Penal Institution - square footage: _____
27. Students - Enrollment: K-12 (including Head Start): _____ Carpentry - receipts: \$ _____
28. Auto/Bus garage - square footage: _____

29. Owned Dwellings - number: 1 family: _____ 2 family: _____ 3 family: _____ 4 family: _____

Apartments - square footage: _____

30. Spraying operations - describe chemicals used and provide name of applicator (if not an employee):

31. Chemical Application - receipts: \$ _____

32. Independent Contractors - total costs: \$ _____

33. Hired and Nonowned Auto - cost of hire: \$ _____ # of employees: _____

34. Are any premises leased to the State of North Dakota? _____

35. Are any alcoholic beverages sold by any of the entities being provided coverage? _____

If yes, provide receipts: \$ _____

36. Individuals or organizations, other than Named Member, to be covered (additional covered parties) -

37. List special features, operations, or events & explain: _____

38. Garagekeepers - Location: _____

Values: Comprehensive \$ _____ Deductible \$ _____

Specified Perils \$ _____ Deductible \$ _____

Collision \$ _____ Deductible \$ _____

39. Is any towing performed by a Named Member or Covered Party? _____

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 Attorneys Fees Coverage needed? _____ (School Districts & Special Ed. Units only)

CIRCLE ONE - All Attorney's Fees Coverage **or** Parent(s)/Guardian(s) Attorney's Fees Coverage?

4. Is there any pending legal action for errors and omissions?: _____

If yes, explain: _____

5. Individuals or organizations, other than named member, to be covered (additional covered parties) -

6. Does the Named Member or any Covered Parties operate gaming? _____

If yes, explain: _____

PROFESSIONAL LIABILITY

Enter number of individuals requiring coverage:

1. Law Enforcement - full time officers _____ part time officers _____

2. Firefighters: Paid _____ Volunteer _____

3. EMT's: _____ Paramedics: _____ Other ambulance personnel: _____

4. Ambulance #: _____ Standby status #: _____

5. Social Workers: _____ Psychologists: _____

6. Nurses (CRNA, RN, LPN, and FPN) - full time: _____ part time: _____

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

8. Physicians; **Contact NDIRF office**

9. Individuals or organizations, other than named member, to be covered (additional covered parties) -

