

Liability Coverage Application: City

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

This Memorandum of Coverage 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 this 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".

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. Number of dams owned and/or under Named Member or Covered Party control: _____
 Provide legal name of dam: _____
 Date of latest inspection: _____ *Attach inspection report.*
 Does Named Member have an emergency action plan for dams? Yes No
 Explain: _____
3. Do you have equipment rental operations? Yes No
4. Do you own or operate parks and playgrounds? Yes No
5. Number of camping spots: _____
 Do they have water, sewer, or electric hookups? Yes No
6. Swimming pools – Number of outdoor: _____ Number of indoor: _____ Waterslide: _____
 What is the height of the waterslide? _____ *Attach photo of waterslide.*
7. Swimming beaches – Describe: _____
 If no lifeguards, is beach posted, “Swim at your own risk?” Yes No
8. Golf course – Gross receipts: \$ _____ Number of golf carts for rent: _____ *Attach financial statement.*
9. Does the city own or operate a zoo? Yes No
10. Does the city own or operate a skate park? Yes No
11. Provide square footage and total gross receipts of:
 Exhibition buildings: _____ Auditoriums: _____ Arenas: _____ Civic: _____
 Other: _____ Other: _____ Other: _____ Total gross receipts: \$ _____
12. Exercise/fitness/health center – Square footage: _____ Gross receipts: \$ _____
 Is public use allowed? Yes No
13. Library – Square footage: _____ Gross receipts: \$ _____
14. Museum – Square footage: _____ Gross receipts: \$ _____
If the city has a Historical Society, attach financial statements.
15. Offices – Square footage: _____
16. Does the city own or operate a daycare? Yes No Maximum number allowed: _____

17. Stadium and/or grandstand – Admissions: \$ _____ Total seating: _____

18. Amusement park – Gross receipts: \$ _____ Describe: _____

19. Inflatable games – Total number: _____ Describe each: _____

20. 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.

21. Boats/kayaks/paddle boards – Total number of each: _____

What is the horsepower (hp) of the boat motors? _____

22. Piers or docks – Square footage: _____ Marina – Gross receipts: \$ _____

23. Fire/ambulance station – Square footage: _____

24. Utilities: Water-Payroll: \$ _____ Gallons (Annually): _____

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

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

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.

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

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

39. Garagekeepers – Locations: _____

Values: Comprehensive: \$ _____ Deductible: \$ _____

Specified perils: \$ _____ Deductibles: \$ _____

Collision: \$ _____ Deductible: \$ _____

40. 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: _____

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. 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: _____ Dieticians: _____
6. Nurses (CRNA, RN, LPN, and FPN) – Total full-time: _____ Total part-time: _____ Nurse practitioners: _____
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.*****