

## Liability Coverage Application: County

### 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. County 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. Soil Conservation District – Total payroll: \$ \_\_\_\_\_
4. Do you have equipment rental operations? Yes      No
5. Water Resource District – Total expenditures: \$ \_\_\_\_\_
6. Do you own or operate parks and playgrounds? Yes      No
7. Number of camping spots: \_\_\_\_\_  
 Do they have water, sewer, or electric hookups? Yes      No
8. Swimming pools – Number of outdoor: \_\_\_\_\_ Number of indoor: \_\_\_\_\_ Waterslide: \_\_\_\_\_  
 What is the height of the waterslide? \_\_\_\_\_ *Attach photo of waterslide.*
9. Swimming beaches – Describe: \_\_\_\_\_  
 If no lifeguards, is beach posted, “Swim at your own risk?” Yes      No
10. Golf course – Gross receipts: \$ \_\_\_\_\_ Number of golf carts for rent: \_\_\_\_\_ *Attach financial statement.*
11. Ski facility – Gross receipts: \$ \_\_\_\_\_
12. Provide square footage and total gross receipts of:  
 Exhibition buildings: \_\_\_\_\_ Auditoriums: \_\_\_\_\_ Arenas: \_\_\_\_\_ Civic: \_\_\_\_\_  
 Other: \_\_\_\_\_ Other: \_\_\_\_\_ Other: \_\_\_\_\_ Total gross receipts: \$ \_\_\_\_\_
13. Exercise/fitness/health center – Square footage: \_\_\_\_\_ Gross receipts: \$ \_\_\_\_\_  
 Is public use allowed? Yes      No
14. Library – Square footage: \_\_\_\_\_ Gross receipts: \$ \_\_\_\_\_
15. Museum – Square footage: \_\_\_\_\_ Gross receipts: \$ \_\_\_\_\_  
*If the county has a Historical Society, attach financial statements.*
16. Offices – Square footage: \_\_\_\_\_

17. Does the county own or operate a daycare? Yes No Maximum number allowed: \_\_\_\_\_

18. Fair – Gross receipts: \$ \_\_\_\_\_

Attach copy of fair's financial statement and a list of events held.

19. Stadium and/or grandstand – Admissions: \$ \_\_\_\_\_ Total seating: \_\_\_\_\_

20. Amusement park – Gross receipts: \$ \_\_\_\_\_ Describe: \_\_\_\_\_

21. Inflatable games – Total number: \_\_\_\_\_ Describe each: \_\_\_\_\_

22. Is Unmanned Aircraft Systems (UAS)/drone coverage requested? Yes No

If yes, please complete the UAS/Drone Questionnaire at [www.ndirf.com](http://www.ndirf.com)>Member Services>Applications.

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

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

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

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

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

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

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

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

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

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

30. Does county have a Vector Control District? Yes No Total expenditures: \$ \_\_\_\_\_

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

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

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

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

34. Additional Covered Parties – Entities to be covered.

Four horizontal lines for text entry.

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

Four horizontal lines for text entry.

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

37. Garagekeepers – Locations: \_\_\_\_\_

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

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

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

38. 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.

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