

**Member Contact Information** 

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Bismarck ND 58502
(701) 224-1988
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www.NDIRF.com

## **Liability Coverage Application: Historical Society**

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:				
A Memorandum of Coverage issue meaning of Chapter 32-12.1 of the the NDIRF Memorandum is that sp claims arising from any single occusubdivisions, which are involved in indemnify an employee held liable, applies in the event of a judicial "occurrence". The NDIRF is a sel Century Code. Membership in the I any immunity or limitation of liability	Limit of  ed by the NDIRF does not North Dakota Century Co- ecified by Chapter 32-12.  rrence regardless of the n that occurrence. A politica for punitive or exemplary determination that the s f-insurance pool within the NDIRF does not constitute	constitute an insura de. The limit of liab 1-03(2) of the North number of political s al subdivision may r damages. The limit statutory limit of liab e meaning of Chapt any form of waive	ility afforded to the Nar a Dakota Century Code ubdivisions, or employed not be held liable, or be t of liability shown in ability is not applicable er 26.1-23.1-02 of the r, modification or limitation	te contract within the med Member under of the for any number of the sees of such political to ordered to the declarations alle to a specific North Dakota
	equested: \$,0	•	•	

## **Premises and Operations**

Instructions: Complete only those items that apply to your entity or Additional Covered Parties. 1. Attach a copy of the Historical Society's financial statement. Do you own or operate parks and playgrounds? Yes No 3. Number of camping spots: Do they have water, sewer, or electric hookups? Yes No 4. Provide square footage and total gross receipts of: Exhibition buildings: \_\_\_\_\_ Auditoriums: \_\_\_\_ Arenas: \_\_\_\_ Civic: \_\_\_\_ Other: \_\_\_\_\_ Other: \_\_\_\_ Other: \_\_\_\_ Total gross receipts: \$ \_\_\_\_\_ 5. Museum – Square footage: \_\_\_\_\_ Gross receipts: \$ \_\_\_\_\_ 6. List and explain events and fundraisers below and include gross receipts for each. 7. Does the Historical Society receive proof of liability for events put on by Other(s)? Yes No 8. Offices – Square footage: 9. Inflatable games – Total number: \_\_\_\_\_ Describe each: \_\_\_\_\_ 10. 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. 11. Chemical application – Gross receipts: \$ \_\_\_\_\_\_ List of chemicals used: 12. If no auto policy, hired and nonowned auto – Cost of hire: \$ \_\_\_\_\_ Number of employees: \_\_\_\_\_ 13. Are any premises leased to the State of North Dakota? \_\_\_\_\_

14. Are alcoholic beverages sold by the Member and/or any of the Additional Covered Parties? Yes

No

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

	Governance Liability
۱.	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:
1.	Additional Covered Parties – Entities to be covered.
5.	Does the Named Member or any Covered Parties operate gaming? Yes No
	If yes, explain:

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