

Liability Coverage Application: Housing Authority

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? _____
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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, 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".

<p>Limit of Liability requested: \$ _____,000,000 per occurrence, up to \$10,000,000.</p> <p>If you leave this portion blank, the NDIRF will renew your Limit of Liability at your current limit.</p>
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Premises and Operations

Instructions: Complete only those items that apply to your entity or Additional Covered Parties.

1. Number of owned, managed, or leased dwellings: 1-family: _____ 2-family: _____ 3-family: _____
4-family: _____ Total square footage of apartments: _____
2. Do you own or operate parks and playgrounds? Yes No
3. Swimming pools – Number of outdoor: _____ Number of indoor: _____ Waterslide: _____
What is the height of the waterslide? _____ *Attach photo of waterslide.*
4. Provide square footage and total gross receipts of:
Exhibition buildings: _____ Auditoriums: _____ Arenas: _____ Civic: _____
Other: _____ Other: _____ Other: _____ Total gross receipts: \$ _____
5. Inflatable games – Total number: _____ Describe each: _____

6. Exercise/fitness/health center – Square footage: _____ Gross receipts: \$ _____
Is public use allowed? Yes No
7. Offices – Square footage: _____
8. 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.
9. Auto and/or bus garage – Square footage: _____
10. If no auto policy, hired and nonowned auto – Cost of hire: \$ _____ Number of employees: _____
11. Chemical application – Gross receipts: \$ _____
List of chemicals used: _____
12. Are any premises leased to the State of North Dakota? _____
13. Are alcoholic beverages sold by the Member and/or any of the Additional Covered Parties? Yes No
Gross receipts: \$ _____

14. Additional Covered Parties – Entities to be covered.

Four horizontal lines for text entry.

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

Four horizontal lines for text entry.

16. Does the Housing Authority receive proof of liability for events put on by Other(s)? Yes No

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: _____

Horizontal line for text entry.

3. Is there any pending legal action for errors and omissions? Yes No

If yes, explain: _____

4. Additional Covered Parties – Entities to be covered.

Two horizontal lines for text entry.

5. Does the Named Member or any Covered Parties operate gaming? Yes No

If yes, explain: _____

Horizontal line for text entry.

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