

Liability Coverage Application: School District

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

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".

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. Is Violent Event Coverage requested? Yes No

Coverage forms are available on our website for further explanation at

www.ndirf.com>Member Services>Coverage Forms>General Liability>Violent Event Coverage.

2. Student enrollment (K-12), including Head Start: _____

3. Carpentry – Gross receipts: \$ _____

Include gross receipts less the cost of subcontractors. Cost of materials should not be subtracted from the gross receipts.

4. Do you own or operate parks and playgrounds? Yes No

5. Swimming pools – Number of outdoor: _____ Number of indoor: _____ Waterslide: _____

What is the height of the waterslide? _____ *Attach photo of waterslide.*

6. Provide square footage and total gross receipts of:

Exhibition buildings: _____ Auditoriums: _____ Arenas: _____ Civic: _____

Other: _____ Other: _____ Other: _____ Total gross receipts: \$ _____

7. Exercise/fitness/health center – Square footage: _____ Gross receipts: \$ _____

Is public use allowed? Yes No

8. Library – Square footage: _____ Gross receipts: \$ _____

9. Offices – Square footage: _____

10. Does the school own or operate a daycare? Yes No Maximum number allowed: _____

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

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

13. 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.****

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

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

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

Gross receipts: \$ _____

16. Auto and/or bus garage – Square footage: _____

17. Number of owned, managed, or leased dwellings: 1-family: _____ 2-family: _____ 3-family: _____

4-family: _____ Total square footage of apartments: _____

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

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

20. Additional Covered Parties – Entities to be covered.

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

22. Does the school district receive proof of liability for events put on by Other(s)? Yes No

23. Garagekeepers – Locations: _____

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

Specified perils: \$ _____ Deductibles: \$ _____

Collision: \$ _____ Deductible: \$ _____

24. Is any towing performed by a Named Member or Covered Party? Yes No

Application continues on p. 4 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 Due Process Hearing Attorney’s Fee Coverage needed? Yes No
 Check one: All Attorney’s Fees Coverage:
 Parent(s)/Guardian(s) Attorney’s Fees Coverage:
4. Is there any pending legal action for errors and omissions? Yes No
 If yes, explain: _____
5. Additional Covered Parties – Entities to be covered.

6. 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: _____ Resource officers: _____
2. Social workers: _____ Psychologists: _____ Counselors: _____ Dieticians: _____
3. Nurses (CRNA, RN, LPN, and FPN) – Total full-time: _____ Total part-time: _____ Nurse practitioners: _____
4. Therapists: OT: _____ PT: _____ RT: _____ RC: _____
5. Physicians: Contact NDIRF’s Department of Underwriting at (800) 421-1988.

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