

## Liability Coverage Application: Township

### 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. Township hall square footage: \_\_\_\_\_
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. Provide square footage and total gross receipts of:  
 Exhibition buildings: \_\_\_\_\_ Auditoriums: \_\_\_\_\_ Arenas: \_\_\_\_\_ Civic: \_\_\_\_\_  
 Other: \_\_\_\_\_ Other: \_\_\_\_\_ Other: \_\_\_\_\_ Total gross receipts: \$ \_\_\_\_\_
7. Offices – Square footage: \_\_\_\_\_
8. Inflatable games – Total number: \_\_\_\_\_ Describe each: \_\_\_\_\_  
 \_\_\_\_\_
9. 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.
10. Roads – Total number of miles: \_\_\_\_\_ Maintained by: \_\_\_\_\_  
 This person is an: Employee      Contractor      No coverage provided for independent contractors.
11. Auto and/or bus garage – Square footage: \_\_\_\_\_
12. Spraying operations – Describe chemicals used and provide applicator name, if not an employee.  
 \_\_\_\_\_
13. Chemical application – Gross receipts: \$ \_\_\_\_\_  
 List of chemicals used: \_\_\_\_\_
14. If no auto policy, hired and nonowned auto – Cost of hire: \$ \_\_\_\_\_ Number of employees: \_\_\_\_\_
15. Are any premises leased to the State of North Dakota? \_\_\_\_\_

16. Are alcoholic beverages sold by the Member and/or any of the Additional Covered Parties? Yes No  
Gross receipts: \$ \_\_\_\_\_

17. Additional Covered Parties – Entities to be covered.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18. List and explain events and fundraisers below and include gross receipts for each.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19. Does the Township 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: \_\_\_\_\_  
\_\_\_\_\_

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: \_\_\_\_\_  
\_\_\_\_\_

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