

Member Contact Information

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www.NDIRF.com

Liability Coverage Application: Water Resource District

Member Name:				
Contact:		Title:		
Email:		Phone:		
Address:		City:		Zip:
Agent Contact Information				
Agency:				
Agent:	Email:	Email: Phone:		
Acct Rep/CSR:	Email:		Phone:	
Address:		City:		Zip:
Coverage Effective Date:				
A Memorandum of Coverage issued meaning of Chapter 32-12.1 of the NDIRF Memorandum is that speciaims arising from any single occur subdivisions, which are involved in tindemnify an employee held liable, tapplies in the event of a judicial of "occurrence". The NDIRF is a self	Limit of I by the NDIRF does not of North Dakota Century Cod ecified by Chapter 32-12.1- rence regardless of the nut hat occurrence. A political or punitive or exemplary of letermination that the st	Liability constitute an insural e. The limit of liabili -03(2) of the North imber of political su subdivision may no lamages. The limit atutory limit of lia	nce policy or insura ity afforded to the N Dakota Century Co bdivisions, or emplo ot be held liable, or of liability shown bility is not applic	amed Member under de, for any number of byees of such political be ordered to in the declarations able to a specific
Century Code. Membership in the Nany immunity or limitation of liability Limit of Liability red If you leave this portion	that is available with respondent	ect to a particular c	rence, up to \$10,	000,000.

Premises and Operations

Ins	structions: Complete only those items that apply to your entity or Additional Covered Parties.				
1.	Water Resource District – Total expenditures: \$				
2.	Total Payroll – Gross: \$				
3.	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:				
4.	Do you have equipment rental operations? Yes No				
5.	Do you own or operate parks and playgrounds? Yes No				
6.	Number of camping spots:				
	Do they have water, sewer, or electric hookups? Yes No				
7.	Swimming beaches – Describe:				
	If no lifeguards, is beach posted, "Swim at your own risk?" Yes No				
8.	Provide square footage and total gross receipts of:				
	Exhibition buildings: Auditoriums: Arenas: Civic:				
	Other: Other: Total gross receipts: \$				
9.	Offices – Square footage:				
10.	. Inflatable games – Total number: Describe each:				
11.	. 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.				
12.	. Boats/kayaks/paddle boards – Total number of each:				
	What is the horsepower (hp) of the boat motors?				
13.	. Piers or docks – Square footage: Marina – Gross receipts: \$				
14.	. Chemical application – Gross receipts: \$				
	List of chemicals used:				
15.	. If no auto policy, hired and nonowned auto – Cost of hire: \$ Number of employees:				

Liability Coverage Application: Water Resource District p. 3 16. Are any premises leased to the State of North Dakota? 17. Are alcoholic beverages sold by the Member and/or any of the Additional Covered Parties? Yes No Gross receipts: \$ 18. Additional Covered Parties - Entities to be covered. 19. List and explain events and fundraisers below and include gross receipts for each. 20. Does the Water Resource District receive proof of liability for events put on by Other(s)? Yes No **Governance Liability** 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.

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