**THE NAVAJO NATION**

**UNDERWRITING EXPOSURE SUMMARY**

**CHAPTER – FISCAL YEAR 2018**

Chapter Name:       Chapter Agency:

Chapter Mailing Address #:

Chapter Physical Address#:

Chapter Telephone #:

Name of Person Completing Summary:

Chapter Email Address:

Chapter Website:

**Certified or Non-Certified**:

***General Liability***

1. Number of Employees:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Regular****Status**  | **Temporary****Status** | **NN****Employees** | **Grazing/Farm****Board** | **Council****Delegates** | **Chapter****Officials** | **Volunteers** | **C.L.U.P.** | **Total**  |
|      |      |      |      |      |      |      |       |       |

1. 2018 Projected Payroll

|  |  |
| --- | --- |
| **Total Payroll for employees under General Funds** (include fringe benefits and stipend amounts) | **$** |
| All other Payroll (Identify funding source) i.e. 638, Grants, etc. | **$** |
| **TOTAL** | **$** |

1. Please complete the following information:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **2014** | **2015** | **2016** | **2017** |
| Chapter Population |       |       |       |       |
| Total Budget |       |       |       |       |
| Total Payroll |       |       |       |       |
| Total Employees  |       |       |       |       |

1. Estimated Annual Chapter Revenue (Funding Source):
2. List the number of each type of employee, if any:

|  |  |  |  |
| --- | --- | --- | --- |
|       | Attorneys |       | Chemists |
|       | Advocates |       | Veterinarians |
|       | Architects |       | CPA’s |
|       | Engineers |       | Law Enforcement/ |
|       | EMT’s |       | Security Personnel |
|       | Nurses |       | Armed Personnel |
|       | Physicians |       | Unarmed Personnel |

1. a. Mark (X) for any of the following activities performed by your employees.

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  | Day Care | [ ]  | Construction |
| [ ]  | Medical Services | [ ]  | Exhibits, Fairs, Rodeos |
| [ ]  | Athletic | [ ]  | C.L.U.P. |
|  |  |  |  |

b. Provide a brief description of each activity marked (X) in 6a. Above.

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1. Please briefly describe any activities/operations that take place outside of the Navajo Nation.

(This would be activities that involve a large number of people. Do not include regular business trips or small groups of people that are meeting with outside entities)

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1. List any joint ventures, partnerships or co-sponsorships in which your organization is involved. This refers to any written agreement between the chapter & the outside entity.

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1. Briefly describe any agreements or contracts in which the **Navajo Nation’s Sovereign Immunity has been amended or waived**, or which it has been agreed that any legal disputes will be resolved in a jurisdiction outside the Navajo Nation. This is very important; please list any contracts that would apply, such as mutual aid agreements with a local community, etc. In in doubt, please contact Risk Management and supply a copy of the agreement.

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1. Does your chapter purchase additional private insurance coverage? [ ] Yes [ ]  No

 If yes please identify type of insurance, company. Policy# and term dates:

***Auto Physical and Auto Liability***

1. Complete, Sign and Date the attached Automobile Schedule on page 4. Attach additional sheets, if necessary.
2. Attach a list off all drivers, including CDL Drivers. Include name (as shown on vehicle license).

Date of birth, license number and state of license.

***Pollution***

1. a. Do you have any above/Underground storage tanks? [ ] Yes [ ]  No

b. If yes, please indicate where they are located and what they are used for.

1. a. Do you use any chemicals/pesticides in your operations? [ ]  Yes [ ]  No

 b. If yes, please attach a list.

***Financials***

 Please provide a copy of your most recent annual audited financial statement.

***Crime***

 Please complete the attached Crime exposure information beginning on page 5, sign and date.

***Property***

Please complete the attached Property Application beginning on page 7, sign and date.

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| --- | --- | --- | --- |
| Signature |  | Date |       |
| (Name, Title)      ,       |  |  |

**AUTOMOBILE SCHEDULE**

 **License Plate # Year Make & Model VIN # Type**

 **(Use Table Below)**

|  |  |  |  |  |  |  |  |  |
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Type:

 PP = Private Passenger (Sedan, Truck under 1 Ton, SUV’s under 1 Ton)

 1T = Vehicles 1 Ton and over

 M = Motorcycles

 B = Bus (40+ passengers)

 B1 = Bus (31 – 39 Passengers)

 B2 = Bus (16 – 30 Passengers)

 B3 = Bus/Van (15 and under passenger buses/vans)

 TR = Smeal Rigs, Water or Dump Trucks, Semi-Trucks or 5 Ton and over Vehicle

 CP = Cherry Picker

 RV = Recreational Vehicle

 P = Police Vehicle

 F = Fire/Rescue Vehicle

 A = Ambulance

 O = Other Vehicle Not Listed

G = GSA Vehicle (**Please note, GSA Vehicles are insured for Auto Physical Damage coverage ONLY**)

(**Heavy Equipment, Trailers, ATV’s are insured under property please list on your property inventory**)

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Date |       |
| (Name, Title)      ,       |  |  |

**CRIME**

Chapter Name:

Chapter Mailing Address:

Name of Person Completing Summary:

Chapter Telephone #:

***Employees:***

1. a.Number of employees:       Regular Status:       Temporary Status:

 b. List the number and positions of all employees who handle or have custody of money, checks or

 securities: See Attached Listing

|  |  |  |
| --- | --- | --- |
| Number of Employees |  | Position |
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***Audit Procedures***

1. Is there an audit by a CPA or Public Accountant? [ ]  Yes [ ]  No
2. Audit Frequency: [ ] Annual [ ] Quarterly [ ] Other
3. Does audit include inventory? [ ]  Yes [ ] No
4. To whom are audit reports provided?

|  |
| --- |
|       |
|       |

1. a. were any discrepancies or less than satisfactory practices noted in the most recent audit report?

[ ]  Yes [ ]  No

 b. If yes, please provide copy.

***Internal Controls***

1. Are bank accounts reconciled by someone not authorized to deposit or withdraw?

[ ]  Yes [ ]  No

1. a. Is countersignature of checks required? [ ]  Yes [ ]  No

|  |
| --- |
|       ,       |

b. If not, who signs? (Name, Title)

***Premises***

1. What is maximum amount of money on premises at any time? $
2. How often are deposits made?
3. How is money on premises kept? [ ]  Cash Register [ ] Safe [ ]  Other(Describe)
4. a, Is premises alarmed? [ ]  Yes [ ]  No

 b. If yes: [ ]  local alarm [ ]  central station

1. Describe any other protection or procedures used to reduce loss exposure:

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| --- |
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***Loses***

1. Briefly describe and list the amount of any losses within the past 3 years:

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|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Date |       |
| (Name, Title)      ,       |  |  |

**PROPERTY APPLICATION**

1. Please attach a signed and dated Statement of Values. Statement of Values (spreadsheet) should include the following information:

**Building**

* Location of property
* Property Number/Fixed Asset Number
* Value
* Construction (Concrete, Steal, Wood, Manufactured Metal, etc.)
* Occupancy (School, Warehouse, Meeting Hall, Office Complex, Gymnasium, etc.)
* Square Footage

**Personal Property/Contents/Equipment/Hardware/Software**

* Location
* Value
* Type of Property (Contents - desk, tables, computers, etc.), Contractor’s Equipment (Backhoe, front end loaders, etc.)

**Fine Arts**

* Location
* Value
* Owned/Borrowed/Leased?

(**Should your program/department acquire new building and/or property in the middle of the policy year, please contact our office immediately to report the new property and its value**)

|  |  |  |
| --- | --- | --- |
| a. | Do you have any Personal Property of Others? |       |
| b. | If yes, please indicate type of property, value and how long the property is in your care: |
|       |
|       |
|       |
|       |
| c. | Are you responsible for insuring any Personal Property of Others? |       |
| d. | If yes, please indicate type and value: |
|       |
|       |
| Signature |  | Date |       |
| (Name,Title |      ,       |