**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:

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| --- | --- | --- | --- | --- |
|  | **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. |
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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.

|  |  |  |  |
| --- | --- | --- | --- |
| 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**)

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| --- | --- | --- | --- |
| 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

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| --- | --- | --- |
| 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?

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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

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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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***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**)

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| --- | --- | --- | --- | --- | --- |
| 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: | | | | |
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|  | | | | | |
| c. | Are you responsible for insuring any Personal Property of Others? | | | |  |
| d. | If yes, please indicate type and value: | | | | |
|  | | | | | |
|  | | | | | |
| Signature | |  | | Date |  |
| (Name,Title | | , | | | |