**THE NAVAJO NATION**

**UNDERWRITING EXPOSURE SUMMARY**

**DIVISIONS/DEPARTMENTS/PROGRAMS**

**FISCAL YEAR 2018**

Division/Department/Program Name:

Department #:       Business Unit #:

Department Address#:

Department Telephone #:

Name of Person Completing Summary:

Email Address:

Department Website:

***General Liability***

1. Number of Employees:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Full** **Time**  | **Part** **Time** | **Leased**  | **Seasonal** | **Temporary** | **Volunteers** | **Other** | **Total**  |
|       |       |       |       |       |       |       |       |

1. Payroll

|  |  |
| --- | --- |
| **Total Payroll for employees under P.L. 93-638** contracts and grants, or **Navajo Area Indian Health Services** contracts and grants | **$** |
| All other Payroll | **$** |
| **TOTAL** | **$** |

b. Please complete the following information:

|  |  |  |
| --- | --- | --- |
|  | CurrentFY 2017 | ProposedFY 2018 |
| Total Budget | $      | $      |
| Total Payroll | $      | $      |
| Total Employees |       |       |

1. 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,  |
| [ ]  | Athletic |  | Rodeos |
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b. Provide a brief description of each activity marked (X) in 4a. 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 or partnerships in which your organization is involved. This refers to joint ventures or partnerships with a **written agreement** in place.

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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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***Auto Physical and Auto Liability***

1. Complete, Sign and Date the attached Automobile Schedule on page 4.
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.

***Property***

Please complete the attached Property Application, sign and date.

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

**AUTOMOBILE SCHEDULE**

**NAVAJO NATION FLEET VEHICLES**

**Department Number:**

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

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

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

**AUTOMOBILE SCHEDULE**

**GSA VEHICLES**

**Department Number:**

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

 **(Use Table Below)**

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Type:

G = GSA Vehicle

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

 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)

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 A = Ambulance

 O = Other Vehicle Not Listed

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

|  |  |  |  |
| --- | --- | --- | --- |
| 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 |      ,       |