**THE NAVAJO NATION**

**UNDERWRITING EXPOSURE SUMMARY**

**CHAPTERS – FISCAL YEAR 2022**

Chapter Name: Choose an item.

Chapter Mailing Address:

Chapter Physical Address:

Chapter Telephone #:

Name of Person Completing Summary:

Contact #:       Email Address:

Chapter Website:        **Certified Chapter**  **Non- Certified Chapter**

***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. 2022 Projected Payroll

|  |  |
| --- | --- |
| **Total Payroll for Employees under Chapter Funds**  (Include all Fringe Benefits and Stipend Amounts) | **$** |
| All other Payroll (Include fringe benefits & Identify Funding Source) i.e. 638, Grants, etc. | **$** |
| **TOTAL** | **$** |

1. Please complete the following information:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **2019** | **2020** | **2021** | **2022** |
| 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. Please check box 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 checked off 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. If 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:

1. Does you Chapter Lease Space if so, please provide copies of agreement or rent/lease.  Yes  No

***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 of All Valid and Authorized 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.

1. Does your Chapter have a Sewer Lagoon?  Yes  No (If yes, provide diagram/map)

***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

(**Heavy Equipment, Trailers, ATV’s are insured under Property Please List on your Property Inventory Listing**)

|  |  |  |  |
| --- | --- | --- | --- |
| 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;

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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?

If yes, please provide a copy.

Yes  No

***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 would sign please provide Name and Title?

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***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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***Loss***

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 Complete Statement of Values Forms. 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

**Contents/ Hardware/Software**

* Location
* Value
* Type of Property (Contents - Desk, Tables, Computers, etc.)

**Fine Arts**

* Location
* Value
* Owned/Borrowed/Leased?

**Heavy Equipment and/or Machinery**

* Contractor’s Equipment (Backhoe, Front End Loaders, etc.)

(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: | | | | | |
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|  | | | | | | |
| C. | Are you responsible for insuring any Personal Property of Others? | | | | |  |
| D. | If yes, please indicate type and value: | | | | | |
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|  | | | | | | |
| E. | Does the Chapter Utilize or Plan on Utilizing Drones? | | | Yes  No | | |
| Signature | |  | | | Date |  |
| (Name,Title) | | , | | | | |