**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:

|  |  |  |
| --- | --- | --- |
|  | Current  FY 2017 | Proposed  FY 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 |
|  |  |  |  |

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)

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

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(**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: | | | | |
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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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|  | | | | | |
|  | | | | | |
|  | | | | | |
| Signature | |  | | Date |  |
| (Name,Title | | , | | | |