**THE NAVAJO NATION**

**UNDERWRITING EXPOSURE SUMMARY**

**DIVISIONS/DEPARTMENTS/PROGRAMS**

**FISCAL YEAR 2020**

Division/Department: Choose an item.

Program:

Department #: Choose an item. 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. A. Payroll

|  |  |
| --- | --- |
| **Total Payroll for Employees under P.L. 93-638** Contracts & Grants, or **Navajo Area Indian Health Services** Contracts and Grants | **$** |
| All Other Payroll (Include Fringe Benefits) | **$** |
| **TOTAL** | **$** |

B. Please complete the following information:

|  |  |  |
| --- | --- | --- |
|  | Current Budget  FY’ 2019 | Proposed Budget  FY’ 2020 |
| 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. Please check the box 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 that was 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 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. If 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 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.

***Property***

Please complete the attached Property Application, Sign and Date.

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

**AUTOMOBILE SCHEDULE**

**NAVAJO NATION FLEET VEHICLES**

**Department Number:** Choose an item.

**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 Listing**)

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

**AUTOMOBILE SCHEDULE**

**GSA VEHICLES**

**Department Number:** Choose an item.

**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)

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| 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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| E. | Does the program Utilize or Plan on Utilizing Drones? | | | Yes  No | | |
| Signature | |  | | | Date |  |
| (Name, Title) | | , | | | | |