**THE NAVAJO NATION**

**UNDERWRITING EXPOSURE SUMMARY**

**DIVISIONS/DEPARTMENTS/PROGRAMS**

**FISCAL YEAR 2021**

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 | **$** |
| All Other Payroll | **$** |
| **TOTAL** | **$** |

B. Please complete the following information:

|  |  |  |
| --- | --- | --- |
|  | Current BudgetFY’ 2020 | Proposed BudgetFY’ 2021 |
| 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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|       |
|       |
|       |
|       |
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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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|       |
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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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|       |
|       |
|       |
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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)**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|       |  |      |  |       |  |       |  |       |  | Choose an item. |
|       |  |      |  |       |  |       |  |       |  | Choose an item. |
|       |  |      |  |       |  |       |  |       |  | Choose an item. |
|       |  |      |  |       |  |       |  |       |  | Choose an item. |
|       |  |      |  |       |  |       |  |       |  | Choose an item. |
|       |  |      |  |       |  |       |  |       |  | Choose an item. |
|       |  |      |  |       |  |       |  |       |  | Choose an item. |
|       |  |      |  |       |  |       |  |       |  | Choose an item. |
|       |  |      |  |       |  |       |  |       |  | Choose an item. |
|       |  |      |  |       |  |       |  |       |  | Choose an item. |
|       |  |      |  |       |  |       |  |       |  | Choose an item. |
|       |  |      |  |       |  |       |  |       |  | Choose an item. |
|       |  |      |  |       |  |       |  |       |  | Choose an item. |
|       |  |      |  |       |  |       |  |       |  | Choose an item. |
|       |  |      |  |       |  |       |  |       |  | Choose an item. |
|       |  |      |  |       |  |       |  |       |  | Choose an item. |
|       |  |      |  |       |  |       |  |       |  | Choose an item. |
|       |  |      |  |       |  |       |  |       |  | Choose an item. |
|       |  |      |  |       |  |       |  |       |  | Choose an item. |
|       |  |      |  |       |  |       |  |       |  | Choose an item. |
|  |  |  |  |  |  |  |  |  |  |  |

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)**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|       |  |      |  |       |  |       |  | GSA |
|       |  |      |  |       |  |       |  | GSA |
|       |  |      |  |       |  |       |  | GSA |
|       |  |      |  |       |  |       |  | GSA |
|       |  |      |  |       |  |       |  | GSA |
|       |  |      |  |       |  |       |  | GSA |
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|       |  |      |  |       |  |       |  | GSA |
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|       |  |      |  |       |  |       |  | GSA |
|  |  |  |  |  |  |  |  |  |

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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 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)      ,       |  |  |

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