**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. |
|  |  |  |  |

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.

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

**AUTOMOBILE SCHEDULE**

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

 **(Use Table Below)**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
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|       |  |      |  |       |  |       |  | Choose an item. |
|       |  |      |  |       |  |       |  | Choose an item. |
|       |  |      |  |       |  |       |  | Choose an item. |
|       |  |      |  |       |  |       |  | Choose an item. |
|       |  |      |  |       |  |       |  | Choose an item. |
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|       |  |      |  |       |  |       |  | Choose an item. |
|       |  |      |  |       |  |       |  | Choose an item. |
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|       |  |      |  |       |  |       |  | 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)      ,       |  |  |

**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;

|  |  |  |
| --- | --- | --- |
| 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?

|  |
| --- |
|       |
|       |

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?

      ,

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