**THE NAVAJO NATION**

**UNDERWRITING EXPOSURE SUMMARY**

**NAVAJO NATION CHAPTERS**

**FISCAL YEAR 2024**

|  |  |  |  |
| --- | --- | --- | --- |
| Chapter Name: |  | Agency: |  |
|  |
|  | [ ]  | Certified | [ ]  | Non-Certified |  |
|  |
| Chapter Telephone #: |       | Chapter Website: |       |
|  |
| Mailing Address: |       |
| City: |       | State: |  | Zip: |       |
|  |
| Physical Address: |       |
| City: |       | State: |  | Zip: |       |
|  |
| Contact Person (Name & Title): |       |
| Telephone #: |       | Email: |       |

**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. 2024 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:

|  |  |
| --- | --- |
| Current BudgetFY’ 2023 | Proposed BudgetFY’ 2024 |
| Total FY’ 2023 Budget |       | Total FY’ 2024 Budget(NN Source) |       |
| Total FY’ 2023 Payroll |       | Total FY’ 2024 Payroll(NN Source) |       |
|  |  | Total FY’2024 Budget(638 Contract) |       |
|  |  | Total FY’ 2024 Payroll(638 Contract) |       |

1. A. Does your Chapter use Unmanned Aerial Vehicles?

**[ ]**  Yes **[ ]**  No

B. Provide a brief description of each activity that involves Unmanned Aerial Vehicles.

|  |
| --- |
|       |
|       |

1. Does your Chapter currently purchase Additional Private Insurance Coverage (i.e., Auto, Property, etc.)?

**[ ]**  Yes **[ ]**  No

If yes, please identify type of Coverage, Insurance Company, Policy # and Term Dates:

1. Does your Chapter Lease Space?

**[ ]**  Yes **[ ]**  No

If yes, please identify Tenants and provide copies of Rental/Lease Agreement.

**POLLUTION**

1. A. Do you have any Above/Underground Storage Tanks?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Gasoline | Diesel | Motor Oil | Hydraulic Fuel | Pesticides | Other |
| **[ ]**  Yes **[ ]**  No | **[ ]**  Yes **[ ]**  No | **[ ]**  Yes **[ ]**  No | **[ ]**  Yes **[ ]**  No | **[ ]**  Yes **[ ]**  No | **[ ]**  Yes **[ ]**  No |

B. If yes, please indicate where they are located, fuel type and what they are used for.

1. Does your Chapter own/operate a Sewer Lagoon?

**[ ]**  Yes **[ ]**  No (If yes, provide Diagram, Map & GPS Location)

**FINANCIALS**

1. Please provide a copy of your most recent Annual Audited Financial Statement.

|  |
| --- |
| Estimated Annual Chapter Revenue (Funding Source):       |
|       |

**CRIME**

Employees:

1. A. List the Number and Positions of All Employees who handle or have custody of Money, Checks or Securities;

|  |  |  |
| --- | --- | --- |
| Number of Employees |  | Position |
|       |  |       |
|       |  |       |
|       |  |       |
|       |  |       |
|       |  |       |

**AUDIT PROCEDURES**

1. Is an Audit performed by a CPA or Navajo Nation Auditor General?

**[ ]**  Yes **[ ]**  No

1. Audit Frequency:

**[ ]**  Annual **[ ]**  Quarterly **[ ]**  Other

1. Does Audit Include Inventory (Content, Equipment, etc.)?

**[ ]**  Yes **[ ]**  No

1. To whom are Audit reports provided?

|  |
| --- |
|       |
|       |

1. A. Were any Discrepancies or Less than Satisfactory Practices noted in the most recent Audit Report?

**[ ]**  Yes **[ ]**  No Please provide a copy.

**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. Name of authorized check signers:

**PREMISES**

1. What is the maximum amount of money on the premises at any time?

|  |  |  |
| --- | --- | --- |
| Daily | Weekly | Monthly |
| $      | $      | $      |

1. How often are Deposits made?

**[ ]**  Daily **[ ]**  Weekly **[ ]**  Monthly

1. How is money on the premises secured?

**[ ]**  Cash Register **[ ]**  Safe **[ ]**  Other (Describe):

1. A. Is the premises alarmed?

**[ ]**  Yes **[ ]**  No

B. If yes:

**[ ]**  Local Alarm **[ ]**  Central Station

**PROPERTY & AUTOMOBILE APPLICATION**

1. Please complete statement of values forms. Statement of values (spreadsheet) should include the following information:

(Should your Program/Department acquire New Building, Property, Equipment and/or Automobile any time throughout the Policy Year, please contact our office immediately to report the new property and its value)

Buildings

* 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 / Equipment / Hardware / Software

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

Include Values and a Grand Total of Values

Fine Arts

* Location
* Value
* Owned/Borrowed/Leased

Include Values and a Grand Total of Values

Heavy Equipment and/or Machinery

* Heavy Equipment (Dump Truck, Flatbed Trailers, Gooseneck, Water Tanks, etc.)
* Machinery (Backhoe, Front End Loaders, etc.)

Automobiles

* Navajo Nation Chapter Vehicles
* Listing of All Valid and Authorized Drivers, including CDL Drivers.

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