THE NAVAJO NATION

UNDERWRITING EXPOSURE SUMMARY

NAVAJO NATION CHAPTERS

FISCAL YEAR 2023

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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. 2023 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 Budget  FY’ 2022 | | Proposed Budget  FY’ 2023 | |
| Total FY’ 2022 Budget |  | Total FY’ 2023 Budget  (NN Source) |  |
| Total FY’ 2022 Payroll |  | Total FY’ 2023 Payroll  (NN Source) |  |
|  |  | Total FY’2023 Budget  (638 Contract) |  |
|  |  | Total FY’ 2023 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) |  |  |  |