**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 Budget  FY’ 2023 | | Proposed Budget  FY’ 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) |  |  |  |