**THE NAVAJO NATION**

**UNDERWRITING EXPOSURE SUMMARY**

**DIVISIONS / DEPARTMENTS / PROGRAMS**

**FISCAL YEAR 2025**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Division/Department: | | | | | Choose an item. | | | | | | | | | Department #: | | | |  |
|  | | | | | | | | | | | | | | | | | | |
| Program: |  | | | | | | | | | | | | | Business Unit #: | | | |  |
|  | | | | | | | | | | | | | | | | | | |
| Department Telephone #: | | | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| Does your office have a website? Choose an item. | | | | | | | | | | | | | | | | | | |
| If yes, please provide website address: | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| Mailing Address: | | |  | | | | | | | | | | | | | | | |
| City: | | | |  | | | | | State: | | | Choose an item. | | | Zip: |  | | |
|  | | | | | | | | | | | | | | | | | | |
| Physical Address: | | | |  | | | | | | | | | | | | | | |
| City: | | | |  | | | | | State: | | | Choose an item. | | | Zip: |  | | |
|  | | | | | | | | | | | | | | | | | | |
| Google Latitude: | | | | | | |  | | | | Google Longitude: | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | |
| Contact Person (Preparer): | | | | | | | |  | | | | | | | | | | |
| Telephone #: | |  | | | | | | | | Email: | | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | |

**GENERAL LIABILITY**

1. Budget / Payroll / Number of Employees:

|  |  |  |  |
| --- | --- | --- | --- |
| Current Budget  FY’ 2024 | | Proposed Budget  FY’ 2025 | |
| Total FY’ 2024 Budget | $ | Total FY’ 2025 Budget  (NN Source) | $ |
| Total FY’ 2024 Payroll | $ | Total FY’ 2025 Payroll  (NN Source) | $ |
|  |  | Total FY’2025 Budget  (Choose an item.) | $ |
|  |  | Total FY’ 2025 Payroll  (Choose an item.) | $ |

|  |  |
| --- | --- |
| Total Number of Employees: |  |

1. A. Does your office use Unmanned Aerial Vehicles (DRONES)? Choose an item.

B. If yes, how many does your office have?

C. Provide a brief description of each activity that involves Unmanned Aerial Vehicles (DRONES).

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|  |

D. Does your office have a Drone Certification? Choose an item.

(If so, please provide a copy of Certification)

**PROPERTY & AUTOMOBILE APPLICATION**

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

All Navajo Nation Divisions, Departments & Programs are to use provided forms on Navajo Nation OMB Website, <https://www.omb.navajo-nsn.gov/> if Division/Department or Program should acquire New Building, Property, Equipment and/or Automobile any time throughout the Policy Year, utilize addition/deletion forms on Navajo Nation RMP website <https://isd.navajo-nsn.gov/quick/riskmgmt.html>

**Buildings**

* Location of Buildings
* Description
* Property #/Fixed Asset #/Other
* Construction (Concrete, Steal, Wood, Manufactured Metal, etc.)
* Donated/Leased/Owned
* Occupancy (Vacant/Non-Vacant)
* Square Footage

Include Building Property Values and a Grand Total of Values

**Content**

* Location of Content
* Description (Desk, Tables, Equipment, Computers, Hardware, etc.)
* Property #/Fixed Asset #/Other
* Serial #
* Quantity

Please Note: Quantity does not apply to Electronic Equipment, report individually

Include Values and a Grand Total of Values

**Fine Art**

* Location of Fine Art
* Description (Jewelry, Paintings, Pottery, Rugs, Etc.)
* Serial # or ID Tag
* Donated/Leased/ Owned
* Quantity

Include Values and a Grand Total of Values

**Heavy Equipment / Heavy Machinery / Recreational Vehicles**

* Year, Make, Model, Vin #/Serial #, License Plate #
* Donated/Leased/Owned
* Heavy Equipment (Flatbed Trailers, Gooseneck, Water Tanks, etc.)
* Heavy Machinery (Backhoe, Front End Loaders, etc.)
* Recreational Vehicles (ATV, Golf Carts, Motorcycles, Four Wheelers, Scooters, etc.)

Include Values and a Grand Total of Values

**Automobiles**

* Navajo Nation Fleet Vehicles (Utilized Vehicle Code Types Provided within Spreadsheet)
* GSA Vehicles
* Listing of All Valid and Authorized Drivers, including CDL Drivers.

Please do not list inoperable vehicles

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

**\*Signature is Required**