**THE NAVAJO NATION**

**UNDERWRITING EXPOSURE SUMMARY**

**NAVAJO NATION CHAPTERS**

**FISCAL YEAR 2025**

|  |  |  |  |
| --- | --- | --- | --- |
| Chapter Name: |  | Agency: | Choose an item. |
|  |
|  | [ ]  | Certified | [ ]  | Non-Certified |  |
|  |
| Chapter Telephone #: |       | Chapter Website: |       |
|  |
| Does your chapter 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. Number of Employees:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| NN Employees | TemporaryEmployees | Grazing/Farm Board | Council Delegates | Chapter Officials | Volunteers | C.L.U.P. | Total |
|       |       |       |       |       |       |       |       |

1. 2025 Projected Payroll

|  |  |
| --- | --- |
| Total for Fringe Benefits: | $  |
| Total for Stipends: | $       |
| Total Payroll for Employees under Chapter Funds(Include all Fringe Benefits and Stipend Amounts) | $       |

1. Please complete the following information:

|  |  |
| --- | --- |
| Current BudgetFY’ 2024 | Proposed BudgetFY’ 2025 |
| Total FY’ 2024 Budget | $      | Total FY’ 2025 Budget(NN Source) | $      |
| Total FY’ 2024 Payroll | $      | Total FY’ 2025 Payroll(NN Source) | $      |

**AUDIT PROCEDURES**

1. A. Is an Audit performed? [ ]  Yes [ ]  No
2. If yes, by which of the following? **[ ]**  CPA **[ ]**  Navajo Nation Auditor General
3. Audit Frequency: Choose an item.
4. Does Audit Include Inventory (Content, Equipment, etc.)? Choose an item.
5. 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 If yes, please provide a copy.

**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 |
|       |  |       |
|       |  |       |
|       |  |       |
|       |  |       |
|       |  |       |

**FINANCIALS**

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

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

**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

**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

3. Name of authorized check signers:

**AVIATION**

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

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

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

|  |
| --- |
|       |
|       |

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

 (If yes, please provide a copy of Certification)

**ADDITIONAL INSURANCE**

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

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

(If yes, please provide copy of Insurance Policy/Coverages)

**LEASE**

1. Does the Chapter Lease Space? **[ ]**  Yes **[ ]**  No

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

**POLLUTION**

1. A. Does the Chapter have any of the following 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 the Chapter own/operate a Sewer Lagoon? **[ ]**  Yes **[ ]**  No

(If yes, provide Diagram, Map & GPS Location)

1. Does the Chapter own/operate a Septic Tank? [ ]  Yes [ ]  No

(If yes, provide Diagram, Map & GPS Location)

**PROPERTY & AUTOMOBILE APPLICATION**

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

All Navajo Nation Chapters are to use provided forms on Navajo Nation OMB Website, <https://www.omb.navajo-nsn.gov/> if a Chapter 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 Chapter Vehicles (Utilized Vehicle Code Types Provided within Spreadsheet)
* Listing of All Valid and Authorized Drivers, including CDL Drivers.

Please do not list inoperable vehicles

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

**\*Signature is Required**