

# Arrowhead Tribal Renewal Application

## GENERAL INFORMATION

Named Insured: \_\_\_\_\_  
Main Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ FEIN: \_\_\_\_\_

*Since the last renewal, have any of the following changed:*

**Primary Insured Contact** Yes No If Yes, New Contact: \_\_\_\_\_ Title/Phone #: \_\_\_\_\_

**Loss Control Contact** Yes No If Yes, New Contact: \_\_\_\_\_ Title/Phone #: \_\_\_\_\_

**Email Address** Yes No

Please provide new email address if answered yes above: \_\_\_\_\_

# of Employees: \_\_\_\_\_ # of Volunteers: \_\_\_\_\_

## RETAIL PRODUCER

Agency: \_\_\_\_\_ FEIN: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Producer: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
CSR: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Verified there are no other changes that have occurred since full applications which are not disclosed within this renewal application.

*The undersigned is an authorized representative of the applicant and represents that reasonable enquiry has been made to obtain the answers to questions on this application. They represent that the answers are true, correct and complete to the best of his/her knowledge.*

\_\_\_\_\_  
Signature of Authorized Officer

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Producer

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

## SCHEDULE OF NAMED INSURED(S)

Please list any addition, deletions of Named Insured or changes in Operations

Named Insured: \_\_\_\_\_

#	Named Insured	FEIN	Description/Operations
1			
2			
3			
4			
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Please provide a separate spreadsheet if the schedule is more than the allotted space above.

## GENERAL LIABILITY APPLICATION

Named Insured: \_\_\_\_\_

Desired general liability coverage changes, limits & deductibles: Check if same as expiring \_\_\_\_\_

Do you have a tort ordinance? Yes No Are tort claims heard in tribal court? Yes No

What are the tort liability caps in ordinance? \_\_\_\_\_

What is the statute of limitations in ordinance? \_\_\_\_\_

Classification	Exposure		Rating Basis	Exposure Units
Banking or Internet Lending	Yes	No	Square Feet	
Bingo Hall	Yes	No	Admissions	
Camping or RV Facilities	Yes	No	Revenues	
Casinos and Gaming	Yes	No	Gaming Square Footage	
Convenience Stores	Yes	No	Revenues	
Dams, Lakes, or Reservoirs	Yes	No	Number Dam, Lakes or Reservoirs	
Day Care, Day Camps, or Nurseries	Yes	No	Number of Children	
Fire Department (Volunteer)	Yes	No	Number Personnel	
Fishing Ponds or Hatcheries	Yes	No	Revenues	
Food Processing <i>describe products below:</i> _____	Yes	No	Revenues	
Gas Stations/LPG Sales	Yes	No	Gallons Sold	
Gift Stores	Yes	No	Revenues	
Golf Courses	Yes	No	Revenues	
Group Homes, Halfway Houses, Shelters	Yes	No	Number of Professionals	
Hospital, Clinic, Assisted Living or Nursing Home	Yes	No	Number of beds: _____ Overnight: Yes No 638 Funding: Yes No	
EMT			Number of Professionals	
Physician			Number of Professionals	
Nurse Practitioner			Number of Professionals	
Nurse, RN, LPN			Number of Professionals	
Pharmacist			Number of Professionals	
Dentist			Number of Professionals	
Dental Hygienist			Number of Professionals	
Dental Assistant			Number of Professionals	
Social Service Technician			Number of Professionals	
All other Healthcare Professionals <i>describe below:</i> _____			Number of Professionals	
Hotel or Motel Lodging	Yes	No	Revenues	
Horseback Riding	Yes	No	Number of Horses, revenue	
Housing for Tribal Members	Yes	No	Number Housing Units	
Liquor Liability <i>describe type of operation below:</i> _____	Yes	No	Gross Alcohol Sales	
Law Enforcement-Armed	Yes	No	Number of Professionals	
Law Enforcement-Unarmed	Yes	No	Number of Professionals	

Classification	Exposure		Rating Basis	Exposure Units
Manufacturing <i>describe products below:</i> _____	Yes	No	Revenues	
Marinas, Boats, or Fishing	Yes	No	Revenues	
Operation of Tribal Government	Yes	No	Net Expenditures	<i>Please complete Expenditure Worksheet</i>
Public Utilities-Electric, Gas/LPG	Yes	No	Payroll	
Public Utilities-Telephone	Yes	No	Payroll	
Public Utilities-Water/Sewer	Yes	No	Payroll	
Real Estate Development Property	Yes	No	Acres	
Restaurants-Food	Yes	No	Revenues	
Restaurants-Liquor	Yes	No	Revenues	
Retail Sales (Non-Hospitality)	Yes	No	Revenues	
Rifle or Pistol Ranges-Law Enforcement	Yes	No	Flat Fee	
Rifle or Pistol Ranges-For-Profit	Yes	No	Revenues	
Schools	Yes	No		
Elementary			Number of Students	
Junior High			Number of Students	
High School			Number of Students	
College			Number of Students	
Swimming Pools, Beaches, Water Slides, Water Park	Yes	No	Daily admissions	
Vacant Land	Yes	No	Acres	
Wholesale Sales <i>describe products below:</i> _____	Yes	No	Revenues	

**Additional Classifications**

Classification	Exposure		Rating Basis	Exposure Units
Logging	Yes	No	Revenue	
Mining	Yes	No	Payroll	
Sand & Gravel Pit or Quarry	Yes	No	Revenues	
Oil & Gas Exploration/Development	Yes	No	Cost/Payroll	
Contractors	Yes	No	Cost/Payroll	
Sub-Contractors	Yes	No	Contract Cost	

Describe other services:

**OTHER LIABILITIES**

**Miscellaneous Errors and Omissions**

Any professional liability coverage changes from last year    Yes    No

If yes please indicate which coverages are being added/deleted/changed and complete appropriate supplemental application.

**Types of Professionals**

Classification	Exposure		Number of Professionals
Accountants	Yes	No	
Attorneys	Yes	No	
Architects/Engineers	Yes	No	
Volunteer Fireman	Yes	No	
School Teachers	Yes	No	
Other	Yes	No	
Describe the duties of any other employees that will require this coverage			

**Fiduciary Liability**

If fiduciary liability is currently covered, are there any changes from last year?    Yes    No

If Yes, Please indicate which coverages are being added/deleted/changed and complete appropriate supplemental application.

Total Revenue: \_\_\_\_\_ Total assets of plan: \_\_\_\_\_ # of Participants: \_\_\_\_\_

**TRIBAL WORKERS' BENEFIT APPLICATION**

Named Insured: \_\_\_\_\_

Desired Workers' Benefit coverage changes limits:  Check if same as expiring

Schedule can be attached to the application, please check box if schedule is attached:  Schedule Attached

IRS Form 941 attached to application, please check box if form is attached:  Form Attached

**Tribal Workers' Benefits Payroll**

#	State	Class Code	Description	Payroll
1				
2				
3				
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Please provide a separate spreadsheet if the schedule is more than the allotted space above.

## AUTO APPLICATION

Please indicate which coverages are being added, deleted, or changed per a completed Automobile Supplement.

Check if same as expiring

Schedules can be attached to the application, please check box if schedule is attached:

Vehicle Schedule Attached    Driver's List Attached

### Driver's List

List all drivers that drive tribal/enterprise vehicles and employees who drive their own vehicles on tribal/enterprise business.

#	Last Name	First Name	Birthdate	License #	Issue State
1					
2					
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Please provide a separate spreadsheet if the schedule is more than the allotted space above.

**Vehicle Schedule**

#	Year	Make	Model	Vin
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Please provide a separate spreadsheet if the schedule is more than the allotted space above.

## CRIME APPLICATION

Named Insured: \_\_\_\_\_

Entities Applying for Coverage: Tribe Gaming Enterprise/Commercial Operations Tribe and Gaming

	Insuring Agreement		Limit	Deductible
	Yes	No		
Employee Theft	Yes	No		
Faithful Performance	Yes	No	Employee Theft Limit	N/A
ERISA (see below)	Yes	No	Employee Theft Limit	N/A
Forgery or Alteration	Yes	No		
Inside the Premises: Theft of Money and Securities	Yes	No		
Inside the Premises: Robbery or Safe Burglary of Other Property	Yes	No		
Outside the Premises	Yes	No		
Computer and Funds Transfer Fraud	Yes	No		
Money Orders and Counterfeit Money	Yes	No		
Guest Property - Safety Deposit Boxes	Yes	No		
Guest Property - Inside the Premises/per guest	Yes	No		N/A
Guest Property - Inside Premises/per occurrence	Yes	No		
Fraudulent Impersonation	Yes	No		

ERISA: Advise 401K or employee pension plan assets Name of Employee Benefit Plan or 401K Plan: \_\_\_\_\_

Total Number of Employees: \_\_\_\_\_ Total Number of Employees Handling Cash: \_\_\_\_\_

List number employees (including officers) who handle or have custody of money, securities or property:				
Accountants and Assistant Accountants		Delivery Persons		Receiving Clerks
Adjusters		Demonstrators		Refinery gauges or Oil Companies
Administrators and Assistants		Dietitians Who Order Food		Salespeople
All Others Not Listed Above (please explain below)		Drivers and Helpers		Security Personnel
Appraisers and Clerks Acting as Appraisers		Floor Walkers		Service Station Attendants
Attorneys		Food Inspectors		Shipping Clerks
Auditors and Assistant Auditors		Handling Refined Gasoline and Oils		Stock Clerks
Bookkeepers		Head Pharmacists		Storekeepers
Buyers and Assistant Buyers		Instructors Having Custody of Money or Securities		Storeroom Personnel
Cashiers and Assistant Cashiers		Janitors		Superintendents and Assistant
Chairpersons		Ledger Keepers		Supervisors and Assistant Supervisors
Chefs Who Order Food		Maitre D's and Assistant Maitre D's		Taxi Drivers
Collectors		Managers and Assistant Managers		Timekeepers and Assistant Timekeepers
Comptrollers and Assistant		Medical Directors		Truck Drivers
Computer Programmers		Messengers, Outside		Warehouse Personnel
Credit Clerks and Managers		Payroll Distributors		Wine Cellar Personnel
Custodians		Purchasing Agents & Assistant		Wine Stewards/esses

**GOVERNMENTAL EXPENDITURES SUPPLEMENT**

Named Insured: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Main Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Year: \_\_\_\_\_

	<b>Actual values for the current 12 months</b>
1. Total Operating Expenditures:	
2. Deductions from Operating Expenditures:	
Capital Improvements Must exceed 5% of the Total Expenditures (Bondable items, new construction, major improvements, major item purchases and interest paid on these items)	
Dollars paid to independent contractors for work performed (Need certificate of insurance on file)	
Welfare benefit payments (Money paid for burials, Per Capita distributions, Major medical insurance, Elders assistance, Aid to dependent children, Aid to the blind, Food assistance programs)	
Other expenditures: (Housing projects, Medical care facilities (Clinics), Jails, Schools, Road construction, Utilities (water, gas, steam), Boats, Docks, Marinas, Separately identified enterprises)	
638 Funds	
IHS Funds	
Total Deduction from Operation Expenditures (Total Group 2)	
3. Net Government Expenditures Calculation (Group 1 minus Group 2)	

## OTHER THAN CASINO/GAMING OPERATIONS BUSINESS INTERRUPTION WORKSHEET

Named Insured: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Main Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Revenues	Actual Values for Year End	Estimated Values for next 12 months
Total annual net sales		
Cash discounts received		
Commission or rents		
Other		
Total revenue		
Non-Continuing Expenses	Actual Values for Year End	Estimated Values for next 12 months
Raw stock or cost of goods sold		
Materials and supplies		
Merchandise sold		
Services purchased from outsiders		
All other		
Total non-continuing Expenses		
Payroll Expenses	Actual Values for Year End	Estimated Values for next 12 months
Ordinary payroll included:    Yes    No		
Number of days to be included: _____	\$	\$
Annual business income value	\$	\$

## CASINO/GAMING OPERATIONS BUSINESS INTERRUPTION WORKSHEET

Named Insured: \_\_\_\_\_

Location: \_\_\_\_\_

	Actual Values for Year End	Estimated Values for next 12 months
A. Total gross win from gaming operations		
B. Revenue from hotel operations (include food and beverage)		
C. Other income (investment, rent, special events)		
D. Total income (A+B+C)		
E. Deduct cost of non-continuing expenses		
1. Good or supplies consumed		
a) In casino operations		
b) In hotel operations		
c) All other		
2. State gaming tax		
3. Services purchased from outsiders (not employees of the insured) which do not continue under contract		
a) In casino operations		
b) In hotel operations		
c) All other		
4. Bad debt		
a) In casino operations		
b) In hotel operations		
c) All other		
5. Payroll expenses for group II employees (ordinary payroll) including insurance premiums and all taxes on said payroll		
a) In casino operations		
b) In hotel operations		
c) All other		
6. Cost of heat, light and power in excess of minimum contract expense		
a) In casino operations		
b) In hotel operations		
c) All other		
7. Miscellaneous Expenses (attach itemized list)		
a) In casino operations		
b) In hotel operations		
c) All other		
Total deductions (add lines 1-7)		
F. Payroll Expenses		
Ordinary payroll included:   Yes    No		
Number of days to be included: _____	\$	\$
G. Annual business income value	\$	\$

## FRAUD STATEMENTS

Agency: \_\_\_\_\_ Named Insured: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Policy #: \_\_\_\_\_ NAIC Code: \_\_\_\_\_ Carrier: \_\_\_\_\_

**Applicable in AL, AR, LA, MD, NM, RI and WV:** Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CA:** For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Applicable in CO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in DC:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**Applicable in FL:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Applicable in OK:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Applicable in KY, NY, PA:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties \*(not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

**Applicable in NY (Auto):** Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

**Applicable in PA (Auto):** Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000.

**Applicable in OH:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Applicable in ME, TN, VA and WA:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date