



PO Box 2258  
 Bismarck, ND 58502  
 1-800-421-1988 (phone)  
 1-701-224-0609 (fax)  
[Underwriting@NDIRF.com](mailto:Underwriting@NDIRF.com)  
[www.ndirf.com](http://www.ndirf.com)

**PUBLIC ASSETS COVERAGE APPLICATION**

Named Member: \_\_\_\_\_

Member Contact Person/Title: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Agency: \_\_\_\_\_

Agency Contact Person/Title: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Coverage Effective Date: \_\_\_\_\_ Date Quote Required: \_\_\_\_\_

**COVERAGE SELECTION**

**\*\*BLANKET COVERAGE IS AVAILABLE ON COVERAGES A, B, C, D, F AND G**

\$ \_\_\_\_\_ **Coverage A**—“Computers” and “Software” “you” own, lease, or rent or if “you” are  
 legally responsible for it.

\$ \_\_\_\_\_ **Coverage B**—“Mobile equipment”, “travel trailers”, or utility trailers” “you” own, lease or  
 rent.

\$ \_\_\_\_\_ **Coverage C**—Personal property “you” own, lease, or rent other than Coverage A or B.

\$ \_\_\_\_\_ **Coverage D**—Limited personal property “you” own, lease, or rent:

- a. Primarily stored in or on a vehicle;
- b. Emergency management equipment while off premises; or
- c. Off “your” premises more than seven (7) consecutive days.

\$ \_\_\_\_\_ **Coverage F**—Personal property of officials, employees, or volunteers required by “you”  
 for performance of their duties for “you” on or off “your” premises.

\$ \_\_\_\_\_ **Coverage G**—Personal property of others “you” do not lease or rent in “your” care,  
 custody or control.



**Coverage E - Scheduled property**

**Personal Property and Equipment:**

Coverage Total: \$ \_\_\_\_\_  
\_\_\_\_\_ Actual Cash Value - 80% coinsurance  
\_\_\_\_\_ Stated Amount  
\_\_\_\_\_ Replacement Cost - 80% coinsurance (**Not available on contractors equipment**)  
Deductible: \$ \_\_\_\_\_

**Electronic Data Processing Equipment:**

Covered Values: Equipment: \$ \_\_\_\_\_  
Media: \$ \_\_\_\_\_  
Extra Expense: \$ \_\_\_\_\_  
Deductible: \$ \_\_\_\_\_  
Valuation: \_\_\_\_\_ Actual Cash Value - 80% coinsurance  
\_\_\_\_\_ Replacement Cost - 80% coinsurance

**Money and Securities Coverage:**

Inside Coverage:  
Location #1: \_\_\_\_\_ Coverage: \$ \_\_\_\_\_  
Location #2: \_\_\_\_\_ Coverage: \$ \_\_\_\_\_  
Outside Coverage: \$ \_\_\_\_\_

**Extra Expense Coverage:**

Location: \_\_\_\_\_ Payment Percentages: \_\_\_\_\_  
Deductible: \$ \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**Business Income Coverage:**

Payment option: Coinsurance: \_\_\_\_\_%  
Limit of Indemnity: \_\_\_\_\_  
Maximum Period of Indemnity: \_\_\_\_\_  
Amount: \$ \_\_\_\_\_

**Valuable Papers & Records Coverage:**

Location: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
Deductible: \$ \_\_\_\_\_

**\*\*\*IF COVERAGE E IS SELECTED, PLEASE INCLUDE A SCHEDULE**

**\*\*\*FOR NEW MEMBERS, PLEASE INCLUDE 5 YEARS OF LOSS HISTORY WITH YOUR SUBMISSION**