



8722 S. Harrison St. Sandy, UT 84070
P.O. Box 4439 Sandy, UT 84091
877-678-7342 • Fax 800-478-9880
www.xinsurance.com
www.eibdirect.com

GUN OWNERS LIABILITY

1. General Information

Proposed Effective Date: _____

Applicant's Name (full legal name of person to be insured): _____

Applicant's Mailing Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ County: _____

Telephone Number: _____ Fax: _____

Physical Location (if different): _____

Please select certificates and permits held (please list each state where applicable and attach an explanation for each checked item) First Aid/CPR : _____ Weapons Permit: _____ Self-Defense: _____

Concealed Weapons Permit: _____ Wilderness First Aid: _____ NRA Member: _____

Other: _____

2. Detailed Information

a. What is your occupation? _____

b. Are you self-employed? Yes No If yes, what is the name of your company? _____

If no, please list your employer: _____ Position: _____

Estimated annual income: _____ Do you have another source of income? Yes No

If yes, please list the source and amount: _____

c. Do you carry your gun on the job? Yes No

d. What percent of time do you carry while on the job? 0-10% 11-25% 26-50% 51-75% 16-100%

e. Please include details of training/experience: _____

f. How often do you train /shoot? _____

g. Do you do participate in competitive shooting events? Yes No

If yes, how many days a year? _____

h. What percent of time do you carry your gun in your personal life:

0-10% 11-25% 26-50% 51-75% 16-100%

i. Were you required to submit to a background check for any of your guns? Yes No

j. Have you participated in any firearm safety and training? Yes No

k. Are all of your guns kept at your home? Yes No If not, how many are? _____

l. Are all of your guns stored in a safe and kept locked at all times? Yes No

m. All are guns equipped with trigger locks? Yes No

n. What maximum size clip do you have on your guns? _____

- o. Are there small children living in your home? Yes No
- p. Are guns stored where children cannot access them? Yes No
- q. Is ammunition stored in a safe? Yes No
- r. Is ammunition stored with your guns? Yes No If no, where is ammunition stored? _____
- s. Have you ever pled guilty, no contest or entered into an *Alford* plea to a crime (including entering into a plea in abeyance)? Yes No
- t. Have you ever been convicted of a crime of violence? Yes No
- u. Have you ever been convicted of an offense involving the use of alcohol? (i.e. DUI/DWI, alcohol related reckless, unlawful use of alcohol, etc.) Yes No
- v. Have you ever been convicted of the unlawful use of narcotics or other controlled substances? Yes No
- w. Do you use unlawful drugs or controlled substances? Yes No
- x. Have you ever been convicted of any offense involving moral turpitude? (i.e., theft, criminal mischief, sex crimes, etc.) Yes No
- y. Have you ever been arrested for any offense involving domestic violence? Yes No
- z. Have you ever been adjudicated as mentally incompetent? Yes No
- aa. Have you ever been involved in any incident in which you have used unlawful violence or threats of unlawful violence? Yes No
- bb. Are you currently subject to a court sanctioned protective order? Yes No
- cc. Have you ever been dishonorably discharged from the armed forces? Yes No

3. Insurance History

Who is your current insurance carrier (or your last if no current provider)? _____

Provide name(s) for all insurance companies that have provided Applicant insurance for the last three years:

	Coverage:	Coverage:	Coverage:
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$

Has the Applicant ever had a claim (including liability loss for homeowner, commercial etc.)? Yes No

If yes, please explain: _____

Have you had any incident, event, occurrence, loss, or Wrongful Act prior to the inception of this Policy, which might give rise to a Claim? Yes No

If yes, please explain: _____

Has the Applicant or anyone on the Applicant's behalf, attempted to place this risk in standard markets? Yes No

If the standard markets are declining placement, please explain why: _____

4. Desired Insurance

Note: No coverage can be quoted for commercial operations.

Limit of Liability (with per person sub-limit):

- \$25,000 per person / \$50,000 per accident / \$100,000 aggregate
- \$50,000 per person / \$100,000 per accident / \$200,000 aggregate
- \$100,000 per person / \$200,000 per accident / \$400,000 aggregate
- Other: _____

Deductible: \$500 (Minimum) \$1,000 \$2,500 \$5,000

Note: Higher deductibles will generally reduce the premium charged, but deductibles of \$2,500 or greater must be accompanied by proof of the Applicant's ability to pay that deductible amount (i.e. last year's tax return forms).

Would you like coverage to include any of the following?

Sexual Abuse Molestation – Defense Only Assault Batter – Defense Only Firearm Owners Liability

(If checked please complete below list of firearms)

FIREARMS SCHEDULE
ONLY WEAPONS LISTED ON THE DECLARATIONS OR SCHEDULED ON THE POLICY WILL BE COVERED
 If you have more than 7 Weapons to schedule, please send in an excel spreadsheet with the below information

#	FIREARM			How is weapon secured when not carried	Is this weapon carried Y/N
	Make	Model	Caliber		
1					
2					
3					
4					
5					
6					
7					

REPRESENTATIONS AND WARRANTIES

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sub-limit of liability for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes.

The Applicant acknowledges that under any insuring contract issued, the following provisions will apply:

1. A single Accident, or the accumulation of more than one Accident during the Policy Period, may cause the per Accident Limit and/or the annual aggregate maximum Limit of Liability to be exhausted, at which time the Insured will have no further benefits under the Policy.
2. The Insured may request the Insurer to reinstate the original Limit of Liability for the remainder of the Policy period for an additional coverage charge, as may be calculated and offered by the Insurer. The Insurer is under no obligation to accept the Insured's request.
3. The Applicant understands and agrees that the Insurer has no obligation to notify the Insured of the possibility that the maximum Limit of Liability may be exhausted by any Accident or combination of Accidents that may occur during the Policy Period. The Insured must determine if additional coverage should be purchased. The Insurer is expressly not obligated to make a determination about additional coverage, nor advise the Insured concerning additional coverage.
4. The Insurer is herein released and relieved from any and all responsibility to notify the Insured of the possible reduction in any applicable Limit of Liability. The Insured herein assumes the sole and individual responsibility to evaluate, consider, and initiate a request for additional coverage or reinstatement of the annual aggregate Limit of Liability which may be exhausted by any single Accident or combination of Accidents during the Policy Period.

Date: _____
Applicant:

Date: _____
Agent/Broker:

Signature

Signature

Print Name

Print Name