



8722 S. Harrison St. Sandy, UT 84070
P.O. Box 4439 Sandy, UT 84091
800-257-5590 • Fax 800-478-9880

PERSONAL LIABILITY APPLICATION

General Information

Date: _____

- Applicant (full legal name of person to be insured): _____
- Street Address: _____
- City: _____ State: _____ Zip: _____
- Telephone Number: _____ Email: _____
- Do you have a valid driver's license? Yes No
If no, do you drive? Yes No
- List all social media accounts and user names: _____

- What insurance policies do you currently have, and who are the carriers? Homeowners: _____
 Auto: _____ Motorcycle: _____ E&O: _____
 Umbrella: _____ Other: _____
If you have an Umbrella policy, what limits are required to trigger it? _____
- Do you have insurance for your business? Yes No
- Have you ever been charged with a crime? Yes No
If yes, please explain: _____
- Have you ever been convicted of a crime? (domestic abuse, assault, battery, etc.) Yes No
If yes, please explain: _____
- Have you had any losses (homeowner, commercial, etc.) exceeding \$5,000 or more in the last 5 years? Yes No
If yes, please attach an explanation.
- Do you own any firearms? Yes No
If yes, please list: _____
- Please select any certifications and permits held, and attach a short explanation for each item checked:
 Concealed Weapons Permit First Aid/CPR Self-Defense Referee Wilderness First Aid
 NRA Member Martial Arts
 Other: _____
- References:

	<u>Name:</u>	<u>Relationship:</u>	<u>Address:</u>	<u>Phone Number:</u>
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- | | | | | |
|---|-------|-------|-------|-------|
| 1 | _____ | _____ | _____ | _____ |
| 2 | _____ | _____ | _____ | _____ |

Detailed Information

We can provide a plan to cover your WORK, HOME, and PLAY areas of exposure. Complete the information below in each area for which you would like a quote or more information. Some coverages may require an additional quote and/or premium.

WORK No Coverage Desired Coverage Desired

- Employer(s): _____
- Position: _____ Annual Income: _____
- Do you have any other sources of income? If yes, list: _____
- Are you an instructor or trainer? Yes No If yes, please describe all activities you train or instruct: _____
of days per year you instruct: _____
- Are you a board member or executive? Yes No If yes, please list companies: _____
of days per year the board meets: _____

6. Do you volunteer your time or service? Yes No If yes, please list volunteer activities: _____
 _____ # of days per year you volunteer: _____
7. Do you have general liability, professional liability, auto, excess or umbrella insurance policy(s)? Yes No
 If yes, please list: _____

8. Would you like coverage for any other exclusion or gray area in your existing work policies? Yes No
 If yes, please list: _____

HOME No Coverage Desired Coverage Desired

1. Do you have a pet or animal? Yes No If yes, do you already have animal liability insurance? Yes No
2. Do you work from home? Yes No If yes, do you have customers come to your home? Yes No
 Please describe type of work you do at home: _____
3. Do you host parties where alcohol is served? Yes No If yes, how many parties per year do you usually host? _____
4. Does your home have a pool, trampoline, skate ramp, or other large recreation equipment? Yes No
 If yes, please list all home recreation equipment: _____
5. Do you plan on renting construction or recreation equipment? Yes No If yes, what type? _____
6. Do you work with youth groups? Yes No If yes, please list all organizations you work with: _____
 _____ # of days per year you work with youth: _____
7. Have you ever filed bankruptcy? Yes No
 If yes, please explain: _____

8. Do you have a spouse? Yes No
 If yes, Name: _____
 Date of Birth: _____ Place of Birth: _____
 Occupation: _____
 Work Phone Number: _____
 Home Phone Number: _____ Mobile Phone Number: _____
9. Do you have an Ex-Spouse? Yes No
 If yes, Name: _____
10. Do you have any children? Yes No
 If yes, please fill out the following:
- | <u>Name:</u> | <u>Ages:</u> | <u>School Attending:</u> | <u>Contact Information:</u> |
|--------------|--------------|--------------------------|-----------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
11. Do you currently owe back child support? Yes No
 If yes, what is the amount owed? \$ _____
12. Have you ever owed back child support? Yes No
 If yes, please explain: _____

13. Do you have homeowners, auto, excess, or an umbrella insurance policy(s)? Yes No
 If yes, please list: _____

14. Would you like coverage for any other exclusion or gray area in your existing home policies? Yes No

If yes, please list: _____

PLAY No Coverage Desired Coverage Desired

1. Do you participate in competitive sporting events? Yes No If yes, please list: _____

of days per year you compete: _____

2. Do you participate in organized recreational athletic activities? Yes No If yes, please list all sports you play: _____

of days per year you play: _____

3. Do you rent recreational equipment? Yes No If yes, please list types: _____

4. Do you have any adventure trips planned? Yes No If yes, please provide details on separate page.

5. Do you have a pilot's license? Yes No If yes, what types of aircraft do you fly, and how often? _____

6. Do you own your aircraft? Yes No

7. Do you have shared ownership for any RV's, boats, aircraft, cabins, etc.? Yes No If yes, list all: _____

8. Do you have general liability, personal liability, auto, excess or umbrella insurance policy(s)? If yes, please list in detail: _____

9. Would you like coverage for any other exclusion or gray area in your existing play policies? Yes No

If yes, please list: _____

10. Personal Recreational Vehicles (ATV's, PWC's, Personal Boat, etc.): Please list the type and make of each vehicle you would like covered (attach additional sheets if necessary):

1. Type: _____ Make: _____ 2. Type: _____ Make: _____

3. Type: _____ Make: _____ 4. Type: _____ Make: _____

Would you like coverage for Legal Liability? Yes No * If yes, please answer the below questions

1. Do you have any prior arrests?

If yes, Arrest Year: _____

Arrest City: _____ State: _____ Zip: _____

Explain Charge/Reason for arrest: _____

Is your case closed? Yes No

If yes, Date Closed: _____ Case Disposition: _____

2. Have you been convicted of a crime?

If yes, explain: _____

3. Have you been charged with a crime?

If yes, explain: _____

4. Have you had any additional arrests? Yes No

If yes, Arrest Year: _____

Arrest City: _____ State: _____ Zip: _____

Explain Charge/Reason for arrest: _____

Is your case closed? Yes No

If yes, Date Closed: _____ Case Disposition: _____

5. Have you ever been involved in civil litigation/actions? Yes No

If yes, please explain: _____

6. Have you ever filed bankruptcy? Yes No

If yes, please explain: _____

7. Do you have a spouse? Yes No

If yes, Name: _____

Date of Birth: _____ Place of Birth: _____

Occupation: _____

Work Phone Number: _____

Home Phone Number: _____ Mobile Phone Number: _____

8. Do you have an Ex-Spouse? Yes No

If yes, Name: _____

9. Do you have any children? Yes No

If yes, please fill out the following:

<u>Name:</u>	<u>Ages:</u>	<u>School Attending:</u>	<u>Contact Information:</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

10. Do you currently owe back child support? Yes No

If yes, what is the amount owed? \$ _____

11. Have you ever owed back child support? Yes No

If yes, please explain: _____

12. Would you like to add Civil Liability Insurance? Yes No

Would you like coverage for any of the following?

Sexual Abuse & Molestation – Defense Only Assault & Battery – Defense Only Concealed Weapons

Rescue & Evacuation: Select Limit: \$5,000 \$10,000 \$15,000 If checked schedule activities: _____

Limits of Liability - Please select limits:

\$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

\$250,000 per accident /\$500,000 aggregate

\$500,000 per accident /\$1,000,000 aggregate

Other: _____

Self-Insured Retention (SIR): \$500 \$1,000 \$2,500 Other: \$ _____

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.

Dated: _____

Print Name: _____

Signature: _____

ACTIVITY SCHEDULE

ONLY ACTIVITIES SHOWING ON THE DECLARATIONS OR SCHEDULED ON THE POLICY WILL BE COVERED
If you have more than 10 Activities to schedule, please send in an excel spreadsheet with the below information

#	CATEGORY (work, home, play, etc.)	ACTIVITY	Annual Gross Receipts	Annual Guest Days
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				