



8722 S. Harrison St. Sandy, UT 84070  
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800-257-5590 • Fax 800-478-9880

**LAW ENFORCEMENT  
INCOME  
INTERRUPTION  
APPLICATION  
(WITH OPTIONAL  
LEGAL LIABILITY  
PROTECTION)**

**APPLICANT INFORMATION**

Date: \_\_\_\_\_

1. Applicant (full legal name of person to be insured): \_\_\_\_\_
2. Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_  
Physical Address (if different from above): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_
3. Contact Information: Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Email: \_\_\_\_\_ Fax: \_\_\_\_\_
4. Date of Birth: \_\_\_\_\_
5. Union Member?:  Yes  No  
Union Name (if applicable): \_\_\_\_\_ Full or Associate Membership? \_\_\_\_\_  
Will the Union be paying your monthly premium?  Yes  No
6. Title/Rank: \_\_\_\_\_  
Hire Date: \_\_\_\_\_ Full/Part Time: \_\_\_\_\_
7. Annual Base Salary (Gross): \$ \_\_\_\_\_
8. Hourly Base Pay: \$ \_\_\_\_\_

**DESIRED INSURANCE COVERAGE**

1. Please select from one of the following income benefit periods\*:  1 Month  2 Months  3 Months  
\*Policy is written on an annual basis. The income benefit period is the maximum aggregate limit provided.

**EMPLOYER INFORMATION**

1. Division: \_\_\_\_\_
2. Department: \_\_\_\_\_
3. Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_  
Physical Address (if different from above): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_
4. Contact Information: Business Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ E-Mail: \_\_\_\_\_
5. Current Assignment (if different): Street: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_  
Business Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_  
E-Mail: \_\_\_\_\_ Fax: \_\_\_\_\_

**CIRCUMSTANCES**

1. Has the applicant ever been without pay in conjunction with any administrative, civil, or criminal inquiry, including taken personal, vacation, or other leave in lieu of suspension without pay?  Yes  No  
If yes, please indicate date(s) and case number(s) (please attach additional page(s) if necessary):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Is the Applicant currently under investigation in conjunction with any administrative, civil, or criminal inquiry involving on-duty or off-duty activities?  Yes  No

If yes, please indicate date(s) and case number(s) (please attached additional page(s) if necessary):

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3. Is the Applicant aware of any current circumstances which might lead to an administrative, civil, or criminal inquiry resulting in suspension or termination?  Yes  No

If yes, please explain (attached additional page(s) if necessary).

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4. Has the applicant ever been:

1) Terminated from law enforcement?  Yes  No

2) Demoted so that applicant was either temporarily or permanently placed on a lower pay step or a lower paying position that resulted in lower base pay?  Yes  No

If yes to any of the above, were you sworn or non-sworn?: \_\_\_\_\_

If yes to any of the above, please explain (attach additional page(s) if necessary):

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## OPTIONAL LEGAL LIABILITY COVERAGE

Would you like coverage for Criminal Legal Protection?  Yes  No

Would you like coverage for Civil Legal Protection?  Yes  No

If yes to either of the above, additional premium will apply, please answer the following questions:

1. Do you have any prior arrests?  Yes  No

If yes, Arrest Year: \_\_\_\_\_

Arrest City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Explain Charge/Reason for arrest: \_\_\_\_\_

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Is your case closed?  Yes  No

If yes, Date Closed: \_\_\_\_\_ Case Disposition: \_\_\_\_\_

2. Have you been convicted of a crime?  Yes  No

If yes, explain: \_\_\_\_\_

3. Have you been charged with a crime?  Yes  No

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: \_\_\_\_\_

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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: \_\_\_\_\_

**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: \_\_\_\_\_

1. 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? \_\_\_\_\_

**Limits of Liability - Please select limits:**

\$25,000 per person /\$50,000 per event / \$100,000 aggregate

\$50,000 per person /\$100,000 per event / \$200,000 aggregate

\$100,000 per person /\$200,000 per event / \$400,000 aggregate

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

\$500,000 per event /\$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 Event, or the accumulation of more than one Event during the Policy Period, may cause the per Event 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 Event or combination of Events 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 Event or combination of Events during the Policy Period.

Dated: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_