



8722 S. Harrison St. Sandy, UT 84070
P.O. Box 4439 Sandy, UT 84091
877-585-2853 • Fax 877-585-2854

PERSONAL LIABILITY APPLICATION

General Information

Date: _____

1. Applicant (full legal name of person to be insured): _____

2. Street address: _____

3. City: _____
State: _____ Zip: _____
4. Telephone number: _____ E-mail: _____

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	Estimated annual gross receipts	Annual guest days
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				