



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

**ALL-IN-ONE  
APPLICATION**

**General Information**

Proposed effective date: \_\_\_\_\_

Applicant's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Applicant's mailing address: \_\_\_\_\_

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

E-mail: \_\_\_\_\_ County: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Fax: \_\_\_\_\_

Producer name: \_\_\_\_\_ Producer contact: \_\_\_\_\_

Producer telephone number: \_\_\_\_\_ Producer e-mail: \_\_\_\_\_

**Insurance History**

To provide insured a true "All-in-One" policy, you are **required** to provide us with the following:

- Copies of all current insurance policies held by insured (Umbrella, Excess, Homeowners, Auto, Commercial etc.).
- Pictures / Video for all exposures to be covered (owned equipment, real estate, personal property valued over \$10,000, automobile, watercraft etc.).

Provide names for all insurance companies that have provided applicant insurance for the last three years (**please also complete the Schedule of Other Insurance Coverage contained herein**):

	Coverage:	Coverage:	Coverage:
Company name			
Expiration date			
Annual premium	\$	\$	\$

Has the applicant or any predecessor or related person or entity ever had a claim?  Yes  No

Attach a five-year loss/claims history for all active policies held, including details. (**REQUIRED**)

Have you had any incident, event, occurrence, loss, or wrongful act which might give rise to a claim covered by any active policy, prior to the inception of this policy?  Yes  No

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

**Desired Insurance:**

Please select or reject additional coverage's shown below. Each coverage line item must but selected OR rejected. Additional underwriting and premium may apply:

Category	Coverage Type	Coverage	Select	Reject
Personal	Aircraft	Aircraft Liability	<input type="checkbox"/>	<input type="checkbox"/>
		Aircraft Hull	<input type="checkbox"/>	<input type="checkbox"/>
		Aircraft Limited GL	<input type="checkbox"/>	<input type="checkbox"/>
		Aircraft Racing	<input type="checkbox"/>	<input type="checkbox"/>
		Drone Operation	<input type="checkbox"/>	<input type="checkbox"/>
		Dual Flight	<input type="checkbox"/>	<input type="checkbox"/>
		Experimental Aircraft	<input type="checkbox"/>	<input type="checkbox"/>
		Hot Air Balloon	<input type="checkbox"/>	<input type="checkbox"/>
		Scheduled Pilots	<input type="checkbox"/>	<input type="checkbox"/>

Potential Coverages to Select or Reject (cont.)				
Category	Coverage Type	Coverage	Select	Reject
Personal	Animal	Animal Liability	<input type="checkbox"/>	<input type="checkbox"/>
		Exotic Animals	<input type="checkbox"/>	<input type="checkbox"/>
	Assault & Battery	Assault & Battery	<input type="checkbox"/>	<input type="checkbox"/>
	Bail Bond	Bail Bond	<input type="checkbox"/>	<input type="checkbox"/>
	Bodily Injury	Blanket Accident BI	<input type="checkbox"/>	<input type="checkbox"/>
	Dwelling Fire	Aircraft and Watercraft and Their Parts	<input type="checkbox"/>	<input type="checkbox"/>
		Animals, Birds, or Fish	<input type="checkbox"/>	<input type="checkbox"/>
		Motor Vehicles or All Other Motorized Land Conveyances Including Equipment and Accessories	<input type="checkbox"/>	<input type="checkbox"/>
		Property of Roomers, Boarders, and Other Tenants	<input type="checkbox"/>	<input type="checkbox"/>
	Dwelling Fire (Perils Insured Against)	Cyber Liability	<input type="checkbox"/>	<input type="checkbox"/>
	Earthquake Coverage	Earthquake Coverage	<input type="checkbox"/>	<input type="checkbox"/>
	Firearm	Personal Firearm Liability	<input type="checkbox"/>	<input type="checkbox"/>
	Flood	Flood Insurance	<input type="checkbox"/>	<input type="checkbox"/>
	Gun Owners	Gun Owner's Personal Protection	<input type="checkbox"/>	<input type="checkbox"/>
	Homeowners (Personal Property)	Business Customers' Property Coverage	<input type="checkbox"/>	<input type="checkbox"/>
		Business Data	<input type="checkbox"/>	<input type="checkbox"/>
		Business Property	<input type="checkbox"/>	<input type="checkbox"/>
		Collections Including Sports Cards and Comic Books	<input type="checkbox"/>	<input type="checkbox"/>
		Fine Arts, Art Objects, Curios, Paintings, Drawings, Statuary, and Other Objects of Artistic Value	<input type="checkbox"/>	<input type="checkbox"/>
		Jewelry, Watches, Furs, Precious and Semi-Precious Stones	<input type="checkbox"/>	<input type="checkbox"/>
		Livestock	<input type="checkbox"/>	<input type="checkbox"/>
		Off-Road Recreational Vehicles Including ATV, UTV, Snowmobile, Etc.	<input type="checkbox"/>	<input type="checkbox"/>
	Homeowners (Loss of Use)	Sports Equipment	<input type="checkbox"/>	<input type="checkbox"/>
		Loss of Rent	<input type="checkbox"/>	<input type="checkbox"/>
	Homeowners (Additional Property Coverage)	Nursing Assisted Living Personal Property	<input type="checkbox"/>	<input type="checkbox"/>
		Replacement Cost Coverage	<input type="checkbox"/>	<input type="checkbox"/>
	Homeowners (Damage/Loss Caused By)	Construction Defect	<input type="checkbox"/>	<input type="checkbox"/>
		Hurricane or Tropical Storm	<input type="checkbox"/>	<input type="checkbox"/>
		Identity Fraud	<input type="checkbox"/>	<input type="checkbox"/>
		Landslide, Mudflow, or Earth Sinking, Rising, or Shifting	<input type="checkbox"/>	<input type="checkbox"/>
Mold, Fungus, or Wet Rot		<input type="checkbox"/>	<input type="checkbox"/>	
Theft, Burglary		<input type="checkbox"/>	<input type="checkbox"/>	

Potential Coverages to Select or Reject (cont.)					
Category	Coverage Type	Coverage	Select	Reject	
Personal	Homeowners (Personal Liability & Medical Payments to Others - Arising Out Of)	Active Shooter	<input type="checkbox"/>	<input type="checkbox"/>	
		Animal Liability	<input type="checkbox"/>	<input type="checkbox"/>	
		Board Member	<input type="checkbox"/>	<input type="checkbox"/>	
		Business Liability	<input type="checkbox"/>	<input type="checkbox"/>	
		Child Care Liability	<input type="checkbox"/>	<input type="checkbox"/>	
		Defense Obligations	<input type="checkbox"/>	<input type="checkbox"/>	
		Libel-Slander	<input type="checkbox"/>	<input type="checkbox"/>	
		Moonlighting	<input type="checkbox"/>	<input type="checkbox"/>	
		Personal Farm	<input type="checkbox"/>	<input type="checkbox"/>	
		Political Activity	<input type="checkbox"/>	<input type="checkbox"/>	
		Racing or Contests	<input type="checkbox"/>	<input type="checkbox"/>	
		Rendering or Failure to Render Professional Services	<input type="checkbox"/>	<input type="checkbox"/>	
		Rented Dwelling to Third Party	<input type="checkbox"/>	<input type="checkbox"/>	
		Sexual Molestation, Corporal Punishment or Physical or Mental Abuse	<input type="checkbox"/>	<input type="checkbox"/>	
		Snowmobile Liability	<input type="checkbox"/>	<input type="checkbox"/>	
		Special Event	<input type="checkbox"/>	<input type="checkbox"/>	
		Vehicle Liability (Business)	<input type="checkbox"/>	<input type="checkbox"/>	
		Volunteering	<input type="checkbox"/>	<input type="checkbox"/>	
		Additional Coverages	Class or Punitive Class	<input type="checkbox"/>	<input type="checkbox"/>
			Forced Evacuation	<input type="checkbox"/>	<input type="checkbox"/>
	Homeowners	Coastal Properties	<input type="checkbox"/>	<input type="checkbox"/>	
		Condo Owners	<input type="checkbox"/>	<input type="checkbox"/>	
		Earthquake Damage	<input type="checkbox"/>	<input type="checkbox"/>	
		Farm/Ranch Coverage	<input type="checkbox"/>	<input type="checkbox"/>	
	Individual Scheduled Operations Excess Liability	Criminal Defense Only	<input type="checkbox"/>	<input type="checkbox"/>	
		Personal Liability	<input type="checkbox"/>	<input type="checkbox"/>	
	Personal Auto	Personal Auto	<input type="checkbox"/>	<input type="checkbox"/>	
	Personal Liability	Personal Liability	<input type="checkbox"/>	<input type="checkbox"/>	
	Property Owners Equity	Property Owners Equity	<input type="checkbox"/>	<input type="checkbox"/>	
	Recreational Vehicle	Recreational Vehicle	<input type="checkbox"/>	<input type="checkbox"/>	
		Vacation liability	<input type="checkbox"/>	<input type="checkbox"/>	
	Robbery and Safe Burglary Coverage	Robbery and Safe Burglary Coverage	<input type="checkbox"/>	<input type="checkbox"/>	
	Scheduled Natural Disaster Deductible	Scheduled Natural Disaster Deductible	<input type="checkbox"/>	<input type="checkbox"/>	
Sexual Abuse Defense Only	Sexual Abuse Defense Only	<input type="checkbox"/>	<input type="checkbox"/>		
Non-Business/Hobby Products	Non-Business/Hobby Products	<input type="checkbox"/>	<input type="checkbox"/>		
Commercial	Contractual Liability		<input type="checkbox"/>	<input type="checkbox"/>	
	Directors and Officers Liability		<input type="checkbox"/>	<input type="checkbox"/>	
	Non-Business / Hobby Products		<input type="checkbox"/>	<input type="checkbox"/>	

**Please list below all real estate properties owned by insured. You are also required to list the properties you wish to be covered by this policy on a signed Agreed Value Agreement and attach it to this application. Please note that pictures/videos are also required prior to quoting.**

1) Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2) Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3) Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Is there a pool near the structure?  Yes  No

Is there a trampoline near structure?  Yes  No

Are there any kind of fuel storage structures, including propane tanks, located near structure?  Yes  No

If yes, indicate distance from structure: \_\_\_\_\_

Does insured own / operate any business or commercial operations?  Yes  No

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

Is coverage desired for any of the business or commercial operations?  Yes  No

**Please fill out, sign, and attach the Agreed Value Agreement to this application.** You are required to list **all owned equipment** (automobile, heavy equipment, aircraft, watercraft, UTV, etc.) as well as **all personal property items with a value exceeding \$10,000.00** that you wish to be covered by this policy. Please note that pictures/videos are also required prior to quoting.

**Household / Family Review:**

Is the applicant married?  Yes  No

If yes: Spouse's name: \_\_\_\_\_ Spouse's date of birth: \_\_\_\_\_

Does the applicant have children?  Yes  No

If yes, list name and age for each child: \_\_\_\_\_

Do any of the children reside with insured?  Yes  No

Does insured have any non-related permanent household members?  Yes  No

Does applicant have grandchildren?  Yes  No

If yes, please list name and age of each: \_\_\_\_\_

Does applicant own any livestock or domestic/exotic animals?  Yes  No

If yes, please list name and breed for each: \_\_\_\_\_

Are any firearms kept on premise?  Yes  No

If yes, please describe storage: \_\_\_\_\_

Please list each firearm make and use: \_\_\_\_\_

Please list any exclusions, gaps or other holes in coverage you are specifically seeking coverage for:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Limits of Liability:**

Per Act/Aggregate

<input type="checkbox"/>	\$250,000/\$500,000
<input type="checkbox"/>	\$500,000/\$1,000,000
<input type="checkbox"/>	\$1,000,000/\$1,000,000
<input type="checkbox"/>	\$1,000,000/\$2,000,000
<input type="checkbox"/>	Other: _____

**Self-Insured Retention (SIR):**

\$1,000  \$2,500  \$5,000 Other  : \_\_\_\_\_

**Deductible:**

\$1,000  \$2,500  \$5,000 Other  : \_\_\_\_\_

The insured agrees to provide the insurer with all information regarding other insurance in place immediately prior to and during the policy period. Further, the insured agrees to keep all such identified coverage(s) in force at all times during the policy period and any subsequent renewal periods. Failure to disclose or notify the insurer of any and all other coverages may result in denial, cancellation, and non-renewal under this policy, and the failure to maintain such coverages, as a condition precedent to coverage being provided under the policy, will result in immediate termination of the policy, and the insurer will have no obligation to provide coverage or defense under the policy.

**OTHER INSURANCE INFORMATION**

<b>NO.</b>	<b>INSURER</b>	<b>EFFECTIVE DATE</b>	<b>POLICY NO.</b>	<b>LIMITS</b>	<b>COVERAGE TYPE</b>

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

Applicant: \_\_\_\_\_ Agent/Broker: \_\_\_\_\_

\_\_\_\_\_  
Signature Signature

\_\_\_\_\_  
Print Name Print Name