



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

ASSET PROTECTION APPLICATION

General Information

Proposed Effective Date: _____

1. Policy Owner/Beneficiary: _____
2. Street Address: _____
3. City: _____ State: _____ Zip: _____
4. Telephone Number: _____ Email: _____
5. Name of proposed Insured Person: _____
6. Date of Birth: _____ Height: _____ Weight: _____
7. Is the proposed Insured currently or planning to participate in any hazardous activities? Yes No
If yes, please explain: _____
8. Is the proposed insured planning to undertake any foreign travel? Yes No
If yes, please explain: _____
9. Does the proposed insured have any medical conditions that would affect this insurance? Yes No
If yes, please explain: _____
10. Do you own any other Life Insurance policies on the life of the Insured Person? Yes No
11. Are there any factors affecting this insurance which you are aware of? Yes No
If yes, please explain: _____
12. Period of Coverage required: From: _____ To: _____
13. Amount of insurance desired: \$ _____
14. Provide justification of the amount insurance desired and an explanation below of how the dollar amount was calculated. _____
15. Have you ever been convicted of a crime? (domestic abuse, assault, battery, etc.) Yes No
If yes, please explain: _____
16. Have you had any liability losses (homeowner, commercial, etc.) exceeding \$5,000 or more in the last 5 years? Yes No
If yes, please attach an explanation.
17. Please select any certifications and permits held, and attach a short explanation for each item checked:
 First Aid/CPR Weapons Permit Self-Defense Referee Concealed Weapons Permit Wilderness First Aid
 NRA Member Martial Arts Judge: Please list type and location: _____
 Other: _____

Insurance History:

18. What insurance policies have you had in the past or currently have?

Type of Insurance	Insurance Co.	Policy Number	Policy Period	Limits	Annual Premium	#Losses past 3 yr.

19. Has the Applicant/Policy Owner/Beneficiary ever had a claim? Yes No
 If yes, please explain: _____
20. Does any policy contain an exclusion or restriction of punitive damages? Yes No
21. Does any policy contain any special extension or limitations of coverage or exclusions? Yes No
 If yes, please explain: _____
22. Does any policy listed above contain a deductible or provide a reduced limit of liability for any exposures? Yes No
23. Any insurance coverage declined, cancelled, or non-renewed during the prior three years? Yes No

Detailed Information

WORK No Coverage Desired Coverage Desired

1. Primary Employer: _____
2. Position: _____ Annual Income: _____
3. Are you an instructor or trainer? Yes No If yes, please describe all activities you train or instruct: _____
 # of days per year you instruct: _____
4. Have other income? List source and amount: _____
5. 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. 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. 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 have shared ownership for any RV's, boats, aircraft, cabins, etc.? Yes No If yes, list all: _____

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

Would you like coverage for any of the following?

- Sexual Abuse & Molestation – Defense Only Assault & Battery – Defense Only Firearm Owners Liability
- Rescue & Evacuation: Select Limit: \$5,000 \$10,000 \$15,000 If checked schedule activities: _____

- Accident Medical: Select Limit: \$500 \$1,000 \$1,500 If checked schedule activities: _____

- 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: _____

Limits

- Silver: \$25,000 per person, \$50,000 per accident, \$100,000 aggregate
 - Gold: \$50,000 per person, \$100,000 per accident, \$200,000 aggregate
 - Platinum: \$100,000 per person, \$200,000 per accident, \$400,000 aggregate
 - Other: _____
- Deductible: \$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: _____

Dated: _____

Applicant:

Agent/Broker:

Signature

Signature

Print name

Print name

Schedule of Assets

You must provide the following information for all of the assets for which you would like coverage. If this information is not provided for a specific asset, there will be no coverage for that asset.

Asset #	Type of Asset	Asset Manager	Value	Date procured
1				
2				
3				
4				
5				
6				
7				

You must provide proof of the asset including valuation