



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

**LAW ENFORCEMENT  
APPLICATION  
(ASSOCIATIONS)**

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

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

When is the quote needed by?: \_\_\_\_\_

Are you working with an agent/broker?  Yes  No

Are you an agent/broker submitting this on behalf of an applicant?  Yes  No

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

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

**APPLICANT INFORMATION**

Applicant (full legal name of entity to be insured): \_\_\_\_\_

Mailing address: \_\_\_\_\_

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

Physical address (if different from above): \_\_\_\_\_

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

Contact information: Home phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

Number of Members? \_\_\_\_\_

Will your entity be paying the monthly premiums of its members?  Yes  No

**DESIRED INSURANCE COVERAGE**

**Would you like coverage for the following:**

Income Interruption\*:  1 month  2 months  3 months

\*Policy is written on an annual basis. The income benefit period is the maximum aggregate limit provided.

Legal Liability Protection  Civil Legal Protection  On Duty Coverage

Off Duty / Activities or operations outside of law enforcement duties: \_\_\_\_\_

Sexual Abuse & Molestation  Assault & Battery  Other: \_\_\_\_\_

If you have an umbrella policy, what limits are required to trigger it? \_\_\_\_\_

**DETAILED INFORMATION / INCIDENT DISCLOSURE**

Are body cameras used by your members?  Yes  No

If yes, please provide details if always used or used discretionally: \_\_\_\_\_

\_\_\_\_\_

What kind of training is in place for your members and how often is training required: \_\_\_\_\_

\_\_\_\_\_

Have any of your members faced allegations of wrongdoing while on duty?  Yes  No

If yes, how many? \_\_\_\_\_

(If yes, please attach a detailed report of each including the date(s) of such allegations, the details of each incident, and identify whether the allegation was dismissed or sustained.)

Have any of your members ever been convicted of and/or charged with a crime?  Yes  No

(If yes, please attach a report that identifies each event and provides details.)

Have any of your members 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 provide a report that indicates dates and case numbers for each (please send complete internal affairs reports).

Have any of your members ever been:

1. Terminated from law enforcement?  Yes  No

2. Demoted so that they were either temporarily or permanently placed on a lower pay step or a lower paying position that resulted in lower base pay?  Yes  No

***\*If any of the answers to the questions above are "yes", please attach documentation and an explanation for each such incident. \****

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

\$25,000 per accident /\$50,000 aggregate

\$50,000 per accident /\$100,000 aggregate

\$100,000 per accident /\$250,000 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 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: \_\_\_\_\_

See IT, Say Something Pledge Form for Law Enforcement Personnel

At XINSURANCE we believe in transparency and partnership. To promote best practices, we have launched the "See IT, Say Something" initiative and will require you to make the pledge with us.

- 1) Have you seen any suspicious criminal acts committed by a fellow officer, in the past 3 years?     Yes     No
- 2) Did you say something / report to the proper authorities?     Yes     No

It's simple. Serve, protect and report those who don't.

By signing this Pledge Form, I, \_\_\_\_\_, attest that if I have seen any suspicious criminal acts committed by a fellow officer, in the past 3 years, I have reported it to the proper authorities.

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

Signature: \_\_\_\_\_

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