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P.O. Box 4439 Sandy, UT 84091  
877-585-2853 • Fax 877-585-2854

**STUDENT LEGAL  
LIABILITY  
PROTECTION  
APPLICATION**

**General Information**

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

1. Applicant (full legal name of person to be insured): \_\_\_\_\_  
 Are you a U.S. Citizen:  Yes  No  
 If not, what is your legal status: \_\_\_\_\_
2. Physical address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
3. Mailing address (if different): \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
4. Type of residence:  Live with parent/guardian  Dorm  Fraternity house  Apartment on campus  
 Apartment off campus
5. Telephone number: \_\_\_\_\_ Email: \_\_\_\_\_
6. Do you have a valid driver's license?  Yes  No
7. Do you have a visa or green card?  Yes  No
8. Current overall GPA (if available): \_\_\_\_\_
9. Degree program currently enrolled in: \_\_\_\_\_
10. Level of education: \_\_\_\_\_
11. List all social media accounts and user names: \_\_\_\_\_  
 \_\_\_\_\_
12. Does your landlord require proof of insurance?  Yes  No  
 If yes, please complete name and address below.  
 Landlord's name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
13. Are you presently employed?  Yes  No  
 If yes, full-time or part-time job?  Full-Time  Part-Time  
 Please describe your position: \_\_\_\_\_  
 \_\_\_\_\_
14. Have you ever been expelled from school?  Yes  No  
 If yes, please explain: \_\_\_\_\_
15. Have you ever been under investigation of any kind by a school board?  Yes  No  
 If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_
16. Do you participate in competitive sporting events?  Yes  No  
 If yes, please list: \_\_\_\_\_  
 Number of days per year you compete: \_\_\_\_\_

17. Do you participate in organized recreational athletic activities?  Yes  No

If yes, please list all sports you play: \_\_\_\_\_

Number of days per year you play: \_\_\_\_\_

18. References:

<u>Name:</u>	<u>Relationship:</u>	<u>Address:</u>	<u>Phone Number:</u>
_____	_____	_____	_____
_____	_____	_____	_____

19. Have you ever been charged with a crime other than traffic violations?  Yes  No

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

\_\_\_\_\_

20. Have you ever been convicted of a crime? (domestic abuse, assault, battery, etc.)?  Yes  No

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

\_\_\_\_\_

21. If you answered yes to questions 19 or 20, please complete questions a–c below:

a. Do you have any prior arrests?

If yes, arrest year: \_\_\_\_\_

Arrest city: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Explain charge/reason for arrest: \_\_\_\_\_

\_\_\_\_\_

Is your case closed?  Yes  No

If yes, date closed: \_\_\_\_\_ Case disposition: \_\_\_\_\_

b. Have you had any additional arrests?  Yes  No

If yes, arrest year: \_\_\_\_\_

Arrest city: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Explain charge/reason for arrest: \_\_\_\_\_

\_\_\_\_\_

Is your case closed?  Yes  No

If yes, date closed: \_\_\_\_\_ Case disposition: \_\_\_\_\_

c. Have you ever been involved in civil litigation/actions?  Yes  No

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

\_\_\_\_\_

22. 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: \_\_\_\_\_

23. Do you own a canine or any other animals?  Yes  No

Breed: \_\_\_\_\_

Is animal licensed as an emotional support or service animal?  Emotional Support  Service  No

24. Do you own a firearm?  Yes  No

Are you a licensed concealed carry permit holder?  Yes  No

How often do you carry? \_\_\_\_\_

25. Would you like to purchase any of these optional coverages?

3<sup>rd</sup> Party Liability (Indemnification)  Animal Liability  Firearm Liability  Allegations of DUI

Accusation of Cheating on an Exam  Allegation of Plagiarism  Alleged Possession of Drugs

Allegations of Harassment  Allegations of Intimidation

Other allegations of misconduct which could lead to expulsion (if yes, explain and give reason): \_\_\_\_\_

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**\*\* Additional premium will apply if any of the above optional coverages are selected. Further underwriting details may be required as well.\*\***

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

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

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

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

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

\$500,000 per accident /\$1,000,000 aggregate

Other: \_\_\_\_\_

**Self-Insured Retention (SIR):**  \$250  \$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.

**By signing below, I affirm and acknowledge the following: I have read and agree to the Representations and Warranties as well as the terms, conditions, and cost of the coverage I am applying for. I am of legal age or applying on behalf of my child as a parent or legal guardian.**

Student

Parent/Legal Guardian

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

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

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

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

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

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