



8722 S. Harrison St. Sandy, UT 84070
P.O. Box 4439 Sandy, UT 84091
800-257-5590 • Fax 800-478-9880

PERSONAL LIABILITY STUDENT ATHLETE APPLICATION

General Information

Date: _____

1. Applicant (parent/guardian or full legal name of person to be insured): _____
2. Scheduled insured if different than named insured: _____
3. Street Address: _____
4. City: _____ State: _____ Zip: _____
5. Telephone Number: _____ Email: _____
6. List all social media accounts, usernames and number of followers on each: _____

7. Have you had any losses, claims, incidents, suits, allegations, pay outs, etc.? Yes No
If yes, please detail and attach an explanation. _____

8. Please select any certifications and permits held, and attach a short explanation for each item checked:
 Concealed Weapons Permit First Aid/CPR Self-Defense Referee Wilderness First Aid
 NRA Member Martial Arts
 Other: _____
9. Are you a member of any club, organization, or association? Yes No
If yes, provide details: _____

Detailed Information

1. Are you currently a student? Yes No
If so, high school or college? _____
2. If in high school, what is your ESPN publication ranking? Examples: 1* 2* 3* 4* 5*

3. Are you on a scholarship? Yes No
If yes, provide details: _____
4. What is your grade level? _____
5. Have you ever been suspended or expelled from school? Yes No
If yes, provide details: _____
6. What is your grade point average? _____
7. What is the name of your school and where is it located? _____
8. Do you participate in student government? Yes No
If yes, provide details: _____
9. Type of residence: live with parent/guardian dorm fraternity house apartment on campus apartment off campus
10. Do you have any "Name, Image or Likeness" (NIL) deals? Yes No
If so, provide details: _____
11. Have you been nominated for any awards? Yes No
If so, provide details: _____
12. What sports do you participate in? _____
13. What is your position? _____
14. If in high school, how many years have you lettered?

15. Do you have a sports agent? Yes No
If yes, provide name and contact information: _____
16. Have you ever been charged with a crime? Yes No
If yes, please explain: _____

17. Have you ever been convicted of a crime? (domestic abuse, assault, battery, etc.)

Yes No

If yes, please explain: _____

Would you like coverage for any of the following?

- School Discipline
 - Retaliation Against Complaints
 - Acts and Allegations of Sexual Abuse, Harassment, Assault, Exploitation
 - Pregnancy, Miscarriage, Child-Birth
 - Acts and Allegations of Hazing
 - Constitutional Rights of Student Athletes
 - Concussion Management & Return-To-Play Protocols
 - Self-Defense
 - Injury to Others During Athletic or Sporting Events
 - Social Media
 - Acts of Discrimination Based on Race, Religion, Age, Gender, Sexual Preference, National Origin, Physical Handicap - Title IX Issues
- Pursuit of Civil Damages relating to School Discipline
- Income Interruption resulting from School Discipline
- Civil Liability Self Defense
- Criminal Self Defense
 - Bail Bonds
- Social Media Liability
- Liability for Sporting Injuries
- Other Explain: _____

Along with above coverages offered, we can provide a plan to cover your WORK, HOME, and PLAY areas of exposure. Complete the information below in each area for which you would like a quote or more information. Some coverages may require an additional quote and/or premium.

WORK No Coverage Desired Coverage Desired

If yes, provide details and list desired coverage / exposure: _____

HOME No Coverage Desired Coverage Desired

If yes, provide details and list desired coverage / exposure: _____

PLAY No Coverage Desired Coverage Desired

If yes, provide details and list desired coverage / exposure: _____

TRUE UMBRELLA (Excess coverage for other scheduled primary insurance – auto, home, ATV, boat, animal etc.)

No Coverage Desired Coverage Desired

Limits of Insurance - Please select desired limits:

- \$50,000 per occurrence / \$100,000 aggregate
- \$75,000 per occurrence / \$200,000 aggregate
- \$100,000 per occurrence / \$300,000 aggregate
- \$250,000 per occurrence / \$500,000 aggregate
- \$500,000 per occurrence / \$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 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: _____

Print Name: _____

Signature: _____

Athletes to be Covered

#	NAME	ADDRESS	PHONE	E-MAIL
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				