



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

LAW ENFORCEMENT APPLICATION

APPLICANT INFORMATION

Date: _____

1. Applicant (full legal name of person to be insured): _____
2. Mailing address: _____
City: _____ State: _____ Zip: _____ County: _____
Physical address (if different from above): _____
City: _____ State: _____ Zip: _____ County: _____
3. Contact information: Home phone: _____ Mobile: _____
E-mail: _____ Fax: _____
4. Date of birth: _____
5. Union member?: Yes No
Union name (if applicable): _____ Full or associate membership? _____
Will the Union be paying your monthly premium? Yes No
6. Title/rank: _____
Hire date: _____ Full/part time: _____
7. Annual base salary (Gross): \$ _____
8. Hourly base pay: \$ _____

DESIRED INSURANCE COVERAGE

1. 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.
- Criminal Legal 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?: _____

DEPARTMENT INFORMATION:

1. Division: _____
2. Department: _____
3. Mailing address: _____
City: _____ State: _____ Zip: _____ County: _____
Physical address (if different from above): _____
City: _____ State: _____ Zip: _____ County: _____
4. Contact information: Business phone: _____ Mobile: _____ E-mail: _____
5. Current assignment (if different): Street: _____ City: _____
State: _____ Zip code: _____ County: _____
Business phone: _____ Mobile: _____
E-mail: _____ Fax: _____
6. Years on the force: _____ Expertise: _____
7. What type of training is in place and how often is training required: _____

DETAILED INFORMATION:

1. Have you ever been subject to an internal affairs investigation? Yes No
If yes send copy of full report, please explain: _____

2. Have you ever been involved in civil litigation/actions? Yes No
If yes, please explain: _____

3. Do you have any prior 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: _____

4. Have you been convicted of a crime? Yes No
If yes, explain: _____

5. Have you been charged with a crime? Yes No
If yes, explain: _____

6. Has the applicant ever 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 indicate dates and case numbers (please send complete internal affairs reports): _____

7. Has the applicant ever been:
1) Terminated from law enforcement? Yes No
2) Demoted so that applicant was either temporarily or permanently placed on a lower pay step or a lower paying position that resulted in lower base pay? Yes No
If yes to any of the above, were you sworn or non-sworn?: _____
If yes to any of the above, please explain (attach additional page(s) if necessary):

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: _____

ACTIVITY SCHEDULE

ONLY ACTIVITIES SHOWING ON THE DECLARATIONS OR SCHEDULED ON THE POLICY WILL BE COVERED
If you have more than 10 activities to schedule, please send in an excel spreadsheet with the below information

#	CATEGORY (work, home, play, etc.)	ACTIVITY	DESCRIPTION	NUMBER OF DAYS PER YEAR
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				