



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

Chicago Office
303 W. Madison Street Suite 2075
Chicago, IL 60606
800-456-4576 • Fax 888-408-8081

PRENUPTIAL
INSURANCE
APPLICATION

1. General Information

Proposed Effective Date: _____

Applicant's Name: _____

Applicant's Mailing Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ County: _____

Business Telephone Number: _____ Fax: _____

Number of prior marriages: _____ Length of each marriage: _____

Total Liquid Assets (cash, stock, bonds, etc.):

- Ranges:
o \$100,000 - \$500,000
o \$500,000 - \$1,000,000
o \$1,000,000 - \$5,000,000
o Over \$5,000,000

2. Desired Insurance

Please select the type of coverage you wish to purchase:

- o Excess Monetary Amount* - when you are determined by a court of law to be responsible to pay more than the amount set forth in the Prenuptial Agreement
o Decreased Monetary Amount - when a court determines that you are to be given less than the amount set forth in the Prenuptial Agreement

Desired Self-Insured Retention (SIR): o \$1,000 (Minimum) o \$1,500 o \$2,500 o \$5,000 o \$10,000

Years of coverage you wish to guarantee: o 1 o 3 o 5

*Excess Monetary Amount means a lump sum payment, and does not include periodic payments over time for spousal support. Other policy terms and conditions will apply.

3. Business Activities

- 1. Annual Net Income: \$_____
2. Occupation: _____
3. Life insurance amount, if any: \$_____
4. Number of children (prior marriages): _____
5. Child support payment (if applicable): \$_____
6. Alimony payment(s) (if applicable): \$_____

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, complete, 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 relies upon the Application and supplemental information provided by the Applicant 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 or 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 electronic signature on the Application as an original signature for all purposes.

Dated: _____

Dated: _____

Applicant:

Agent/Broker:

Signature

Signature

Print Name

Print Name