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STUDENT LEGAL LIABILITY PROTECTION APPLICATION

General Information

Date: _____

1. Applicant (full legal name of person to be insured): _____

Which gender do you identify as: Female Male Other: _____

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:

Name: _____	Relationship: _____	Address: _____	Phone Number: _____
_____	_____	_____	_____

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?

3rd 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): _____

**** 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: _____