



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

TRU UMBRELLA APPLICATION

General Information

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

- 1. Applicant (full legal name of person to be insured): \_\_\_\_\_
2. Street address: \_\_\_\_\_
3. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
4. Telephone number: \_\_\_\_\_ Email: \_\_\_\_\_
5. List all social media accounts and usernames: \_\_\_\_\_

- 6. What insurance policies do you currently have, and who are the carriers?
Homeowners: \_\_\_\_\_ Auto: \_\_\_\_\_
Commercial: \_\_\_\_\_ E&O: \_\_\_\_\_
Umbrella: \_\_\_\_\_ Other: \_\_\_\_\_

If you have an Umbrella policy, what limits are required to trigger it? \_\_\_\_\_

- 7. Do you have insurance for your business? Yes No
8. Have you had any losses (homeowner, commercial, etc.) exceeding \$5,000 or more in the last 5 years? Yes No

If yes, please attach an explanation.

- 9. Do you own any firearms? Yes No

If yes, please list: \_\_\_\_\_

- 10. 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: \_\_\_\_\_

Detailed Information

We can provide a Tru Umbrella insurance 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.

To provide a Tru Umbrella Policy, you are required to provide us with the following:

- Copies of all current insurance policies held by insured (Umbrella, Excess, Homeowners, Auto, Commercial, etc.).
Copies of renewal quotes if available to date.

WORK Coverage desired No coverage desired (skip this section if no coverage is desired)

- 1. Employer(s) / Profession: \_\_\_\_\_
2. Position: \_\_\_\_\_ Annual income: \_\_\_\_\_
3. Do you have any other sources of income? Yes No
If yes, list: \_\_\_\_\_

4. Are you an instructor or trainer?  Yes  No  
 If yes, please describe all activities you train or instruct: \_\_\_\_\_  
 If yes, number of days per year you instruct: \_\_\_\_\_
5. Are you a board member or executive?  Yes  No  
 If yes, please list companies: \_\_\_\_\_  
 If yes, number of days per year the board meets: \_\_\_\_\_
6. Do you volunteer your time or service?  Yes  No  
 If yes, please list volunteer activities: \_\_\_\_\_  
 If yes, number of days per year you volunteer: \_\_\_\_\_
7. Do you have General Liability, Professional Liability, Auto, Excess, or an Umbrella insurance policy(s)?  Yes  No  
 If yes, please list: \_\_\_\_\_  
 \_\_\_\_\_
8. Would you like coverage for any other exclusion, limitation, gap or gray area in your existing work policies?  Yes  No  
 If yes, please list: \_\_\_\_\_  
 \_\_\_\_\_

**HOME**  Coverage desired  No coverage desired (skip this section if no coverage is desired)

1. Do you own any secondary, rental, or vacation homes?  Yes  No
2. Do you have a pet or animal?  Yes  No  
 If yes, do you already have animal liability insurance?  Yes  No
3. Do you work from home?  Yes  No  
 If yes, do you have customers come to your home?  Yes  No  
 Please describe type of work you do at home: \_\_\_\_\_
4. How many automobiles do you own?: \_\_\_\_\_
5. What limits do you carry on auto insurance?: \_\_\_\_\_
6. Do you own any firearms?  Yes  No  
 If yes, please list: \_\_\_\_\_
7. Do you host parties where alcohol is served?  Yes  No  
 If yes, how many parties per year do you usually host? \_\_\_\_\_
8. Does your home have a pool, trampoline, skate ramp, or other large recreation equipment?  Yes  No  
 If yes, please list all home recreation equipment: \_\_\_\_\_  
 \_\_\_\_\_
9. Do you plan on renting construction or recreation equipment?  Yes  No  
 If yes, what type? \_\_\_\_\_
10. Do you work with youth groups?  Yes  No  
 If yes, please list all organizations you work with: \_\_\_\_\_  
 If yes, number of days per year you work with youth: \_\_\_\_\_

11. Do you have a spouse?  Yes  No

If yes, please fill out the following information:

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

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Mobile Phone Number: \_\_\_\_\_

12. Would you like coverage for any other exclusion, limitation, gap, or gray area in your existing home policies?

Yes  No

If yes, please list: \_\_\_\_\_

\_\_\_\_\_

**PLAY**  Coverage desired  No coverage desired (skip this section if no coverage is desired)

1. Do you participate in competitive sporting events?  Yes  No

If yes, please list: \_\_\_\_\_

If yes, number of days per year you compete: \_\_\_\_\_

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

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

If yes, number of days per year you play: \_\_\_\_\_

3. Please list all hobbies you would like coverage for. \_\_\_\_\_

4. Do you own or rent recreational equipment?  Yes  No

If yes, please list types and if owned or rented: \_\_\_\_\_

\_\_\_\_\_

5. Personal Recreational Vehicles (ATV's, PWC's, Personal Boat, etc.):

Please list the type and make of each vehicle you would like covered (attach additional sheets if necessary):

1. Type: \_\_\_\_\_ Make: \_\_\_\_\_ 2. Type: \_\_\_\_\_ Make: \_\_\_\_\_

3. Type: \_\_\_\_\_ Make: \_\_\_\_\_ 4. Type: \_\_\_\_\_ Make: \_\_\_\_\_

6. Do you have any adventure trips planned?  Yes  No

If yes, please provide details on separate page.

Do you have a pilot's license?  Yes  No

If yes, what types of aircraft do you fly, and how often? \_\_\_\_\_

7. Do you own your aircraft?  Yes  No

8. Do you have shared ownership for any RV's, boats, aircraft, cabins, etc.?  Yes  No

If yes, list all: \_\_\_\_\_

9. Would you like coverage for any other exclusion, limitation, gap or gray area in your existing play policies?

Yes  No

If yes, please list: \_\_\_\_\_

**Would you like to include coverage for any of the following?**

- Sexual Abuse & Molestation – Defense Only    Assault & Battery – Defense Only    Self-Defense  
 Rescue & Evacuation: Select Limit:    \$5,000    \$10,000    \$15,000

If checked schedule activities: \_\_\_\_\_

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**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):**    \$500    \$1,000    \$2,500    Other: \$ \_\_\_\_\_

### OTHER INSURANCE INFORMATION

The insured agrees to provide the insurer with all information regarding other insurance in place immediately prior to and during the policy period. Further, the insured agrees to keep all such identified coverage(s) in force at all times during the policy period and any subsequent renewal periods. Failure to disclose or notify the insurer of any and all other coverages may result in denial, cancellation, and non-renewal under this policy, and the failure to maintain such coverages, as a condition precedent to coverage being provided under the policy, will result in immediate termination of the policy, and the insurer will have no obligation to provide coverage or defense under the policy.

NO.	INSURER	EFFECTIVE DATE	POLICY NO.	LIMITS	COVERAGE TYPE

**ACTIVITY SCHEDULE**

**ONLY ACTIVITES 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	Annual Gross Receipts	Annual Guest Days
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

## 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: \_\_\_\_\_

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

Applicant:

Agent/Broker:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Print name