XINSURANCE

8722 S. Harrison St. Sandy, UT 84070
P.O. Box 4439 Sandy, UT 84091
877-585-2853 • Fax 877-585-2854

LAW ENFORCEMENT APPLICATION

APPLICANT INFORMATION

Date: _____

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

Mailing address: _____

City: _____ State: _____ Zip: _____ County: _____

Physical address (if different from above): _____

City: _____ State: _____ Zip: _____ County: _____

Contact information: Home phone: _____ Mobile: _____

E-mail: _____ Fax: _____

Date of birth: _____

Union member? ☐ Yes ☐ No

Union name (if applicable): _____

Full or associate membership? _____

Will the Union be paying your monthly premium? ☐ Yes ☐ No

Title/Rank: _____

Hire date: _____ Full/Part-time: _____

Annual base salary (gross): $_____

Hourly base pay: $_____

DESIRED INSURANCE COVERAGE

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.

☐ Legal Liability 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

Division: _____

Department: _____

Mailing address: _____

City: _____ State: _____ Zip: _____ County: _____

Physical address (if different from above): _____

City: _____ State: _____ Zip: _____ County: _____

Contact information: Business phone: _____ Mobile: _____

E-mail: _____ Fax: _____

Current assignment (if different): Street: _____

City: _____ State: _____ Zip: _____ County: _____

Years on the force: _____ Expertise: _____

Are body cameras used?　☐ Yes ☐ No

If yes, please provide details if always used or used discretionally: _____

_____

What kind of training is in place and how often is training required: _____

DETAILED INFORMATION / INCIDENT DISCLOSURE

Have you ever been subject to an internal affairs investigation? ☐ Yes ☐ No

If yes, please explain and send a copy of full report: _____

_____

Have you ever been under review for a use of force incident?　☐ Yes ☐ No

If yes, please explain: _____

_____

Have you ever used deadly force or been present during a deadly use of force incident whether it was ever reviewed or found to be justified?　☐ Yes ☐ No

If yes, please explain: _____

_____

Have you ever been involved in civil litigation/actions? ☐ Yes ☐ No

If yes, please explain: _____

_____

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: _____

Have you ever been convicted of a crime?　☐ Yes ☐ No

If yes, please explain: _____

_____

Have you ever been charged with a crime?　☐ Yes ☐ No

If yes, please explain: _____

_____

Have you 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): _____

_____

Have you ever been:

1. Terminated from law enforcement? ☐ Yes ☐ No
2. Demoted so that you were 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 any of the answers to the questions above are "yes", please attach documentation and an explanation for each such incident. *

_____

_____

_____

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 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