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**PERSONAL LIABILITY  
 APPLICATION**

**General Information**

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

1. Applicant name: \_\_\_\_\_  
 \_\_\_\_\_
2. Street address: \_\_\_\_\_  
 \_\_\_\_\_
3. City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_
4. Telephone number: \_\_\_\_\_ E-mail: \_\_\_\_\_

**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.**

#	ACTIVITY	Estimated annual gross receipts	Annual guest days
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			