UTAH COUNTIES INDEMNITY POOL

MEMBERSHIP APPLICATION

Name of Sponsoring County:		
Name of Entity:		
Address:		
City:	State:	ZIP Code:
Contact Name:	Phone Number:	Email:
Description of Operations:		
Entity Operating Under Utah Code:	Tax ID Number:	Date Created:

Total Building Values:	Total Contents Values:
Total Computer Equipment Values:	Total Mobile Equipment Values:
Total Miscellaneous Property Values:	Total Automobile Values:
Number of Licensed Vehicles:	Number of Drones:
Number of Full-Time Employees:	Number of Board Members:
Total Annual Payroll:	Total Expenditures:

ATTACH THE FOLLOWING SCHEDULES TO THIS APPLICATION

Property	Mobile Equipment	Automobile
Annual Budget	5-Year Loss History	Current Insurance Certificate

NOTES

Additional underwriting information may be required. Membership requires approval of the UCIP Board of Directors.

SIGNATURES

I affirm that the information provided on this form is true and accurate to the best of my knowledge.

Signature of Authorized Representative:	Date:

Submit to:
Marty Stevens, Operations Specialist
Utah Counties Indemnity Pool
5397 S Vine Street
Murray, UT 84107-6757
801.307.2117
mstevens@ucip.utah.gov