

FOR OFFICE USE ONLY

Date Received:

FAMILY FIREARM PROTECTION APPLICATION

Please complete the following application:
*(*Required)*

Your Contact Information	First Name*		Last Name*		
	Home Address*		City*		State & Zipcode*
	Date of Birth*		Email Address *		
	Your Phone Number		Producer Name		Producer Number
Firearm Information	<p>Have you been criminally charged or convicted of any crime in the last 10 years?***</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please explain:</p> <p>Other than for law enforcement, do you carry your firearm in any other trade, profession, occupation, or job?***</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please explain:</p> <p>Have you been subject to any disciplinary action, or any other administrative action, or investigation arising out of your law enforcement duties in the last 10 years?***</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please explain:</p> <p>*** Answer may cause applicant to be ineligible for coverage.</p>				

Licensure Information	Do you have a Firearm Owners Identification Card? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, what is the FOID #?
	Do you have a Concealed Carry Permit? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, what is the Concealed Carry License #?
Coverage Plan	<input type="checkbox"/> Protector Protection Plan \$229.00 \$250,000 Self-Defense Coverage \$100,000 Criminal Defense Reimbursement	<input type="checkbox"/> Defender Protection Plan \$329.00 \$500,000 Self-Defense Coverage \$100,000 Criminal Defense Reimbursement
	<input type="checkbox"/> Guardian Protection Plan \$429.00 \$1,000,000 Self-Defense Coverage \$100,000 Criminal Defense Reimbursement	
Payment Information	Name on Card	
	Card Number	
	Expiration Date	Security Code
	Billing Address	City
	State	Zipcode/Postcode
Signature	<p>I hereby warrant that all of the foregoing statements contained in this application are complete and true, and that these statements are offered by me as an inducement to the company to issue a policy for which I am applying. I understand that the company is relying on these statements to determine my acceptability for the coverage under the policy for which I am making application. I further understand that if the statements contained in the application are subsequently found not to be complete and true, coverage under any policy issued as a result of this application could be compromised, or considered null and void.</p> <p>Applicable in OH: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.</p> <p>By signing your name, you are acknowledging that you have read the foregoing statement and understand its content.</p>	
	Applicant's Signature	Signature Date