FIREARM LIABILITY INSURANCE APPLICATION

BEN GREEN INSURANCE AGENCY

Return Applications To:
Rockwood Programs, Inc
3001 Philadelphia Pike
Claymont, DE 19703
(800) 558 - 8808 / Fax: (302) 764 - 5477
www.rockwoodinsurance.com

NOTICE: THIS IS A CLAIMS-MADE FORM: EXCEPT TO SUCH EXTENT AS MAY OTHERWISE BE PROVIDED HEREIN, THE COVERAGE OF THIS POLICY IS LIMITED TO LIABILITY FOR ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED AND REPORTED IN WRITING TO THE COMPANY WHILE THE POLICY IS IN FULL FORCE. PLEASE REVIEW THE POLICY CAREFULLY. COVERAGE IS WRITTEN ON A SURPLUS LINES BASIS THROUGH CERTAIN UNDERWRITERS AT LLOYDS, LONDON

SELECT YOUR PLAN

INSURANCE POLICY LIMITS	☐	☐	☐	☐	☐
Criminal Defense					
Immediate Attorney Retainer	$ 5,000	$ 10,000	$ 15,000	$ 25,000	$ 50,000
Legal Expense Reimbursement	$ 20,000	$ 40,000	$ 60,000	$ 125,000	$ 200,000
Total Criminal Aggregate	$ 25,000	$ 50,000	$ 75,000	$ 150,000	$ 250,000
Civil Actions					
Legal Defense	$ 50,000	$ 100,000	$ 300,000	$ 500,000	$1,000,000
Damages, Awards, & Judgments	$ 50,000	$ 100,000	$ 300,000	$ 500,000	$1,000,000
Total Civil Action Aggregate	$ 50,000	$ 100,000	$ 300,000	$ 500,000	$1,000,000
Firearm Theft Civil Liability	$ 50,000	$ 100,000	$ 300,000	$ 500,000	$1,000,000
Psychological Support	N/A	10 Sessions	10 Sessions	10 Sessions	20 Sessions
Compensation While in Court (Per Day)	N/A	Up to $250	Up to $250	Up to $350	Up to $500
Immediate Cash for Bail Bond	$ 2,500	$ 5,000	$ 5,000	$ 5,000	$ 10,000
Legal Consultation Hotline (Per Year)	Max 2 hours	Max 2 hours	Max 2 hours	Max 2 hours	Max 5 hours
FULL AMOUNT DUE*:	**$135.00**	**$175.00**	**$215.00**	**$325.00**	**$425.00**

(*) Rates shown include all applicable premiums, taxes, and fees.

A. Name of Applicant: _____

Applicant Address: _____

Phone: _____ Fax: _____ E-Mail: _____

Gender: ◯ Male ◯ Female Date of Birth: _____

B. Are you a member of any hunting/sportsmen clubs or firearm-related Associations? ◯ Yes ◯ No If "Yes", please list: _____

C. Have you ever been the subject of a lawsuit, criminal investigation, civil proceeding, or other legal action due to the use of a firearm? ◯ Yes ◯ No If "Yes", please provide details on a separate sheet.

D. Do you currently have, or have applied for licenses or permits to own and carry a firearm under Federal, State and local law, regulations, ordinaces and rules? ◯ Yes ◯ No If "Yes", please list State(s) in which you hold or have applied for such licenses or permits: _____

Payment Options

A. Check For Full Amount Due, Payable To Rockwood Programs, Inc.

B. Credit Card ☐ VISA ☐ MasterCard ☐ AMEX **NOTE**: Cardholder name and address must match that of Applicant

_____ _____ _____
CREDIT CARD NUMBER EXP DATE CCV

THE APPLICANT WARRANTS THAT THE STATEMENTS AND RESPONSES TO THE QUESTIONS ON THIS APPLICATION ARE TRUE AND COMPLETE. THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY, NOR DOES IT OBLIGATE THE COMPANY TO ISSUE A POLICY. SUCH POLICY MAY BE CANCELLED BY THE COMPANY FROM INCEPTION UPON DISCOVERY THAT THE POLICY WAS OBTAINED THROUGH A FRAUDULENT STATEMENT, OMISSION, OR CONCEALMENT OF THE FACTS MATERIAL TO THE ACCEPTANCE OF THE RISK OR HAZARD ASSUMED.

PRODUCING AGENCY NAME: Ben Green Insurance Agency

AGENCY ADDRESS: 450 S. Arroyo Blvd. Pasendena CA 91105

AGENCY PHONE: (626) 290-0888 **E-MAIL:** Benjaminmgreen@yahoo.com

Submit to Rockwood