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Public Servants Defense Agency
 3001 Philadelphia Pk Claymont, DE 19703
 Tel: 888-304-1201 • Fax: 302-765-6037
 Web: www.rockwoodinsurance.com

Public Servant's Defense Agency GROUP QUESTIONNAIRE

GENERAL INFORMATION

A Group Name _____

Principal Street Address _____

City _____ State _____ Zip Code _____

Contact Name _____ E-Mail _____

Tel (____) _____ Fax (____) _____

B Group Type: State, County or Municipal Department Benevolent Organization Union Association

Other (describe) _____

C Group Description: Police Firefighter Paramedic Emergency Medical Technician (EMT)

Other (describe) _____

INFORMATION ABOUT YOUR GROUP

A Provide a breakdown of the membership by profession/area of specialization:

PROFESSION	NUMBER	PROFESSION	NUMBER	PROFESSION	NUMBER
Chief/Captain/Administrative Head		Rank-and-File Police, Firefighters, EMTs		Support Staff	
Other Supervisory Personnel		Other (Describe)		TOTAL, ALL	

B Have there been any previous attempts to develop/launch a Professional Liability or Life/Accident & Health Program to the organization's membership? Yes No If "Yes", please provide the following:

1. Previous program history

CARRIER/MARKET	PROGRAM TYPE	DATE INITIATED	POLICY COUNT	ANNUAL PREMIUM	INFORCE (Y/N)?

2. Loss Results

Is historical premium and loss information available? Yes No If "Yes", please include details with this submission.

3. Current Status

Is any program still in-force? Yes No If "No", please provide reason(s) for the program's termination:

REQUESTED PROGRAM STRUCTURE

A What type(s) of insurance coverages are being sought (check all that apply)?

- | | | |
|---|---|---|
| <input type="checkbox"/> Professional Liability | <input type="checkbox"/> Disability Income | <input type="checkbox"/> LEOSA Self-Defense (Retirees Only) |
| <input type="checkbox"/> Accidental Death/Dismemberment | <input type="checkbox"/> Benevolent Fund | <input type="checkbox"/> Personal Umbrella |
| <input type="checkbox"/> Supplemental Life Insurance | <input type="checkbox"/> Other (Describe) _____ | |

B Will program participation be mandatory or voluntary for the organization? Mandatory Voluntary

C What is the preferred method of premium payment?

- | | | |
|--|---|---|
| <input type="checkbox"/> Annual Payment (Organization) | <input type="checkbox"/> Monthly Payment (Organization) | <input type="checkbox"/> Direct Bill to Association Members |
| <input type="checkbox"/> Individual Payroll Deduction | <input type="checkbox"/> Individual Credit Card/EFT | <input type="checkbox"/> Other (Describe) _____ |

D List the top five reasons why the organization wishes to make the selected insurance coverages available to its membership:

1. _____
2. _____
3. _____
4. _____
5. _____

MEMBERSHIP COMMUNICATION

A Which distribution methodologies are employed to communicate with the organization's membership base (check all that apply):

- Direct Mail Fax E-Mail Newsletters Meetings Other(describe) _____

B Will the organization allow PSDA to communicate directly to its membership? ***These communications will only be used to raise member awareness about the insurance product(s) being offered.*** Yes No

C Provide a brief description of how the organization will assist in the promotion and/or dissemination of product information to the membership: _____

MISCELLANEOUS

Briefly describe any other issues, concerns, or extenuating circumstances that should be taken into consideration by PSDA during the questionnaire review. _____

Signed by:

Applicant Representative:

Date: