



**Rockwood Programs, Inc**  
 3001 Philadelphia Pike  
 Claymont, DE 19703  
 PHN: 800-558-8808 / FAX: 302-764-5477  
 www.rockwoodinsurance.com

## ROCKWOOD PROGRAMS FIREARM LIABILITY GROUP QUESTIONNAIRE

### GENERAL INFORMATION ---

**Group Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Group Type:**  Association  Gun/Hunting Club  Skeet Shooting Club  Firearm  
 Advocacy Group  Former Law Enforcement Organization  Other (describe below):  
 \_\_\_\_\_

**Group In Existence Since (year):** \_\_\_\_\_ **Number of Members:** \_\_\_\_\_

**List The Top 5 States In Which Members Live (Show Counts for Each):**

STATE	COUNT	STATE	COUNT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	All Other:	_____

### GROUP DEMOGRAPHICS/PRIOR INSURANCE ---

**Have there been previous attempts to secure a gun liability program for this group before?**

Yes  No If yes, please provide the following information:

CARRIER NAME	YEAR INITIATED	POLICY COUNT	ANNUAL PREMIUM	STILL IN-FORCE (Y/N)?

**Is historical premium and loss information available for any prior program?**  Yes  No  
If yes, please include with this submission.

**If a prior program is no longer in force, provide an explanation as to why it was terminated:**

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## **REQUESTED PROGRAM STRUCTURE**

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**Will program participation be mandatory or voluntary?** \_\_\_\_\_

**What is the expected participation rate after the first year?** \_\_\_\_\_ **After 3 years?** \_\_\_\_\_

**List the top five reasons why the organization wishes to make Firearm Liability available to its membership:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

## **MEMBERSHIP COMMUNICATION**

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**How does the group communicate with its membership base (check all that apply):**  Mail

Newsletters  Website  E-Mail  Social Media  Meetings  Other (describe):

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**Will the group allow either Rockwood Programs or the submitting insurance agent to communicate directly to its membership base?**  Yes  No

**How will the group assist in the promotion and/or dissemination of product information to the membership?** \_\_\_\_\_

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## REQUESTED COVERAGES

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The Firearm Liability product available through Rockwood Programs offers a broad array of insurance coverages. Select those that would be of interest to the group from the listing below:

- Civil Actions – Legal Defense.** Provides expert legal counsel to protect you against civil litigation arising out of the covered use of a firearm for self-defense.
- Civil Actions – Indemnity.** In the event of an adverse civil judgment occurring from a covered event, the policy will pay monetary awards (up to the limit of liability).
- Criminal Actions – Legal Defense Reimbursement.** Policy will reimburse insured for reasonable legal expenses incurred while defending him/herself against criminal charges arising from the use of a firearm in self-defense (up to the limit of liability).
- Criminal Actions – Legal Defense Retainer.** Advances funds to the insured to cover the cost of retaining legal counsel to defend against a criminal action.
- Criminal Actions – Bail Bond.** Advances funds to cover the cost of securing a bail bond.
- Compensation While in Court.** Compensation for loss of earnings resulting from time off taken from work to assist the insurance carrier in the investigation or defense of a covered claim.
- Firearm Theft Civil Liability.** Provides legal defense for civil actions resulting from bodily injury/property damage caused by firearm stolen from the insured.
- Psychological Sessions.** Reimbursement for therapy sessions with a licensed professional to help the insured cope with the trauma associated with using a firearm in self-defense.
- Legal Defense Hotline.** Access to a hotline staffed by legal professionals. This service is provides advice on questions relating to the use of a firearm in self-defense.

**Are there any other products or features the group would like to include?**  Yes  No If

“Yes”, describe: \_\_\_\_\_

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## SUBMITTING AGENT INFORMATION

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**Agency Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Agent Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_