



# FIREARM LIABILITY INSURANCE APPLICATION – HIGHER LIABILITY LIMITS

*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	☐	☐
<b>Criminal Defense</b>		
Immediate Attorney Retainer	\$ 50,000	\$ 75,000
Legal Expense Reimbursement	\$ 200,000	\$ 325,000
Total Criminal Aggregate	\$ 250,000	\$ 400,000
<b>Civil Actions</b>		
Legal Defense	\$1,000,000	\$2,000,000
Damages, Awards, & Judgments	\$1,000,000	\$2,000,000
Total Civil Action Aggregate	\$1,000,000	\$2,000,000
<b>Firearm Theft Civil Liability</b>	\$1,000,000	\$2,000,000
<b>Psychological Support</b>	20 Sessions	20 Sessions
<b>Compensation While in Court (Per Day)</b>	Up to \$500	Up to \$500
<b>Immediate Cash for Bail Bond</b>	\$ 10,000	\$ 20,000
<b>Legal Consultation Hotline (Per Year)</b>	Max 5 hours	Max 5 hours
<b>FULL AMOUNT DUE*:</b>	<b>\$425.00</b>	<b>\$675.00</b>

(\* 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, ordinances and rules?  Yes  No. If "Yes", please list State(s) in which you hold or have applied for such licenses or permits: \_\_\_\_\_
- E. What is the insured's profession? \_\_\_\_\_

### 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:** \_\_\_\_\_  
**AGENCY ADDRESS:** \_\_\_\_\_  
**AGENCY PHONE:** \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_