



401 Fayette Avenue
Springfield, IL 62704

FOR OFFICE USE ONLY
Date Received:

GUN OWNERS LIABILITY 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
Gun Owner Information	<p>Are you over 21 years of age?***</p> <p style="text-align: center;">Yes No</p> <p>Have you been criminally charged or convicted of any crime in the last 10 years?***</p> <p style="text-align: center;">Yes No</p> <p>Do you use or have access to a firearm in the course of your employment or business?</p> <p style="text-align: center;">Yes No</p> <p>Are you a member of any Neighborhood Watch, Guardian Angels or similar program that provides protective services to any individuals or groups of individuals?***</p> <p style="text-align: center;">Yes No</p> <p>Have you been convicted or found guilty of a misdemeanor involving the threat of physical force or violence to any person within the past 5 years?***</p> <p style="text-align: center;">Yes No</p> <p>Do you have 2 or more violations related to driving while under the influence of alcohol, other drugs, or intoxicating compounds within the past 5 years?***</p> <p style="text-align: center;">Yes No</p> <p>Are you subject to a pending arrest warrant, prosecution or proceeding for an offense or action that could lead to disqualification to own or possess a firearm?***</p> <p style="text-align: center;">Yes No</p> <p>Have you been in a residential or court-ordered treatment for alcoholism, alcohol detoxification, or drug treatment within the past 5 years?***</p> <p style="text-align: center;">Yes No</p> <p>*** Answer may cause applicant to be ineligible for coverage.</p>		

Licensure Information	Do you have a Firearm Owners Identification Card? Yes No		If so, what is the FOID #?
	Do you have a Concealed Carry Permit? Yes No		If so, what is the Concealed Carry License #?
	Have you completed a firearm safety course? Yes No		
	Instructor Name	Instructor Number	Course Completion Cert #
	Location of Course	Name of Course	Date Completed
Coverage Plan	Standard Protection Plan - Concealed Carry <i>\$149.00</i> \$100,000 Self-Defense Coverage \$100,000 Personal Liability Protection \$50,000 Criminal Defense Reimbursement		Standard Protection Plan - FOID Card Only <i>\$189.00</i> \$100,000 Self-Defense Coverage \$100,000 Personal Liability Protection \$50,000 Criminal Defense Reimbursement
	Premium Protection Plan - Concealed Carry <i>\$249.00</i> \$250,000 Self-Defense Coverage \$250,000 Personal Liability Protection \$100,000 Criminal Defense Reimbursement		Premium Protection Plan - FOID Card Only <i>\$299.00</i> \$250,000 Self-Defense Coverage \$250,000 Personal Liability Protection \$100,000 Criminal Defense Reimbursement
Payment Information	Payment Type Visa MasterCard Check (attached)		
	Name on Card		Card Number
	Expiration Date		Security Code
	Billing Address		City
	State		Zipcode/Postcode
Signature	All premium is fully earned at policy inception. Coverage will not take effect until AFTER 12:01 AM, the day after premium and signed application are received in the office of Specialty Risk of America.		
	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.		
	By signing your name, you are acknowledging that you have read the foregoing statement and understand its content.		
	Applicant's Signature		Signature Date