SPRISKA
SPECIALTY RISK OF AMERICA

401 Fayette Avenue
Springfield, IL 62704

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	Are you over 21 years of age?*** ☐ Yes ☐ No Have you been criminally charged or convicted of any crime in the last 10 years?*** ☐ Yes ☐ No Do you use or have access to a firearm in the course of your employment or business? ☐ Yes ☐ No Are you a member of any Neighborhood Watch, Guardian Angels or similar program that provides protective services to any individuals or groups of individuals?*** ☐ Yes ☐ No Do you have 2 or more violations related to driving while under the influence of alcohol, other drugs, or intoxicating compounds within the past 10 years?*** ☐ Yes ☐ No 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?*** ☐ Yes ☐ No Have you been in a residential or court-ordered treatment for alcoholism, alcohol detoxification, or drug treatment within the past 5 years?*** ☐ Yes ☐ No *** Answer may cause applicant to be ineligible for coverage.			

GUNAPP22

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 #?
	. .	. .

Coverage Plan	☐ Protector Protection Plan *$149.00* $100,000 Self-Defense Coverage $100,000 Personal Liability Protection $50,000 Criminal Defense Reimbursement	☐ Defender Protection Plan *$214.00* $250,000 Self-Defense Coverage $250,000 Personal Liability Protection $100,000 Criminal Defense Reimbursement
	☐ Guardian Protection Plan *$279.00* $500,000 Self-Defense Coverage $500,000 Personal Liability Protection $100,000 Criminal Defense Reimbursement	☐ Shield Protection Plan *$344.00* $1,000,000 Self-Defense Coverage $1,000,000 Personal Liability Protection $100,000 Criminal Defense Reimbursement

Payment Information	Name on Card	
	Card Number	
	Expiration Date	Security Code
	Billing Address	City
	State	Zipcode/Postcode

Signature	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. **Applicable in OH**: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. By signing your name, you are acknowledging that you have read the foregoing statement and understand its content.	
	Applicant's Signature	Signature Date