

FOR OFFICE USE ONLY

Date Received:

FAMILY FIREARM PROTECTION 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	
Firearm Information	Have you been criminally charged or o	or convicted of any crime in the last 10 years?***			
	☐ Yes ☐ No				
	If yes, please explain:				
	Other than for law enforcement, do you carry your firearm in any other trade, profession, occupation, or job?***				
	☐ Yes ☐ No	ease explain: ou been subject to any disciplinary action, or any other administrative action, or investigation arising out of w enforcement duties in the last 10 years?***			
	If yes, please explain:				
	_				
	If yes, please explain:				
	*** Answer may cause applicant to be ineligible for coverage.				

Licensure Information	Do you have a Firearm Owners Identification Card?	If so, what is the FOID #?			
	☐ Yes ☐ No				
	Do you have a Concealed Carry Permit?	If so, what is the Concealed Carry License #?			
	☐ Yes ☐ No				
Coverage Plan	☐ Protector Protection Plan	☐ Defender Protection Plan			
	\$229.00	\$329.00			
	\$250,000 Self-Defense Coverage	\$500,000 Self-DefenseCoverage			
	\$100,000 Criminal Defense Reimbursement	\$100,000 Criminal Defense Reimbursement			
	☐ Guardian Protection Plan				
	\$429.00				
	\$1,000,000 Self-Defense Coverage				
Payment Information	\$100,000 Criminal Defense Reimbursement				
r dymene imorniación	Name on Card				
	Card Number				
	Expiration Date	Security Code			
	Billing Address	City			
	State	Zipcode/Postcode			
Signature	Lhereby warrant that all of the foregoing statements contained in this application are complete and true, and that				
	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				
	underthe 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 fa which is a crime and subjects such person to criminal and				
	A service of the services of t				
	By signing your name, you are asknowledging that you have read the force-in-attachment and and entered the				
	By signing your name, you are acknowledging that you have read the foregoing statement and understand its content.				
	Applicant's Signature	Signature Date			