



FIREARM LIABILITY INSURANCE APPLICATION

Return Applications To:
Rockwood Programs, Inc
3001 Philadelphia Pike
Claymont, DE 19703

(800) 558 - 8808 / Fax: (302) 764 - 5477
membership@secondcalldefense.org

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

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COVERAGE	BASIC	DEFENDER	ULTIMATE	ULTIMATE Plus (+)
Civil Suit Defense Protection	N/A	\$500,000	\$1,000,000	\$1,500,000
Civil Suit Damages Protection	N/A	\$50,000	\$250,000	\$300,000
Accidental Shooting Protection	\$10,000	\$50,000	\$250,000	\$300,000
Criminal Defense	\$10,000	\$50,000	\$100,000	\$150,000
Annual Premium (*)	\$119.00 (\$9.95/month)	\$179.00 (\$14.95/month)	\$399.00 (\$34.95/month)	\$599.00 (\$54.95/month)

(*) Rates shown include all applicable premiums, taxes, and fees.

<input type="checkbox"/> Optional Spouse Coverage	\$48.00 (\$4 / month)	\$60.00 (\$5 / month)	\$80.00 (\$7 / month)	\$100.00 (\$9 / month)
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A. Name of Applicant: _____

Street Address: _____ City: _____ State: _____ Zipcode: _____

Phone: _____ Fax: _____ E-Mail: _____

Gender: Male Female Date of Birth: _____

B. Do you wish to include coverage for your spouse? Yes No If "Yes", provide the following:

Name of Spouse: _____ Gender: Male Female

Date of Birth: _____

C. If applicant is a member of any hunting/sportsmen clubs or firearm-related Associations. Please check all that apply:

NRA

Second Amendment Foundation

Gun Owners of America

State Organization

Local Gun Club or Range

Other: _____

D. Has any applicant 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.

E. Second Call Defense and our members must abide by the federal, state, and local laws in each state. Please check all that apply to you in your primary state of residence. Or check "N/A" if none are applicable in your state.

Registration Requirement

Secure Store Requirement

Permit/License to Own or Possess

Permit/License to Transfer

Permit/License to Purchase

Resident Concealed Carry Permit / License: State _____

Out of State Concealed Carry Permit / License: State _____

N/A: Please Explain _____

F. We recommend that the applicant's firearms are stored in a secured cabinet/safe when not in use.

Please check all that apply:

- Home Safe
- Vehicle Safe
- Other: _____
- No dedicated storage facility in place

G. We recommend that you keep a file with a record of any firearm, safety, or self defense training you have received

Please check all that apply:

- Basic Gun Safety
- Concealed Carry Class
- Self Defense in the Home
- Law Enforcement or Military Experience
- Firearm Competition
- Advanced or Other Training: _____
- None Taken

H. In an emergency, we may need to contact family members or friends about your situation.

Please list one or two people we may contact:

Primary Contact Name: _____
 Relationship: _____
 Home Phone: _____
 Cell Phone: _____
 Email Address: _____

Secondary Contact Name: _____
 Relationship: _____
 Home Phone: _____
 Cell Phone: _____
 Email Address: _____

I. If you were referred by a Second Call Defense Recruiter, please provide Name and ID#

Recruiter Name: _____ Recruiter ID: _____

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.

Date

Applicant's Authorized Signature



3001 Philadelphia Pike • Claymont, DE 19703-2580
Phone: 800-558-8808 • Fax: 302-765-6037 • sales@rockwoodinsurance.com

AUTHORIZATION TO CHARGE INSURANCE PREMIUM

**** PLEASE BE SURE TO AUTHORIZE THIS CHARGE WITH YOUR BANK PRIOR TO BINDING ****

INSURED NAME (AS IT APPEARS ON YOUR APPLICATION)

PLEASE SELECT PAYMENT TERM: ANNUAL MONTHLY

- VISA
- MASTERCARD
- AMERICAN EXPRESS
- DISCOVER

(IF USING A DEBIT CARD, IT MUST HAVE A LOGO; EXAMPLE: VISA)

\$ _____ ***NOTE: It may take up to 2 business days before your credit card is charged**

AMOUNT BEING CHARGED

**FULL ANNUAL MEMBERSHIP AMOUNT OR MONTHLY CHARGE AMOUNT.
INCLUDE MEMBER AND SPOUSE COVERAGE (if elected)**

CREDIT CARD NUMBER

EXP. DATE

CVV CODE
(3 Digit code on the back of the card
or 4 Digit code on the front for AMEX)

CARDHOLDER NAME & ADDRESS:

CARDHOLDER SIGNATURE

DATE