



401 Fayette Avenue
Springfield, IL 62704

LAW ENFORCEMENT FAMILY FIREARM PROTECTION POLICY APPLICATION

PLEASE COMPLETE THE FOLLOWING APPLICATION

- Affiliation
- Active Duty** **\$229 / Year**
 FOP
 PBPA
 MAP
 Retired **\$229 / Year**
 ICOPS
 AFSCME
 TEAMSTERS
 NONE
 OTHER _____

First Name _____ Last Name _____

Home Address _____

City _____ State _____ Zip Code _____

County _____ Email Address _____ Phone _____

Have you been criminally charged or convicted of any crime in the last 10 years? ***

- Yes No

Other than for law enforcement, do you carry your firearm in any other trade, profession, occupation, or job?

- Yes No

Please explain any Yes answers above:

Have you been issued an Illinois Retired Officer concealed carry permit?

- Yes No

If yes, please provide the concealed carry license permit number: _____ Sticker only check here []

*** Answer may cause applicant to be ineligible for coverage

All premiums and fees are fully earned at policy inception. No coverage is bound until application is approved and premiums are paid.

To the extent permitted by law, I agree to accept electronic delivery of policy documents, renewals, privacy notices, and other correspondence from SPRISKA. Additionally, 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 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 to be not true, coverage under any policy issued as a result of this application could be compromised, or considered null and void.

Signature of Applicant

Date

Producer Name : Shield U Insurance Group

Producer # GUN1014

Mail Check and Application to : SPRISKA 401 Fayette Avenue Springfield, IL 62704

