

# LINDSEY

LINDSEY  
LINDSEY



A MEASURABLE DIFFERENCE  
50+ YRS Nationwide Operation



## FIREARMS LIABILITY INSURANCE

### Firearms Liability

For years, the National Rifle Association (NRA) and other organizations of gunowners have sponsored or provided insurance programs that cover civil defense, civil compensation, and criminal defense (under certain circumstances) to members facing civil claims or criminal charges arising from the use of a firearm in self-defense.

Such programs provide legal gunowners with insurance to address the limitations of liability coverage under standard homeowner's policies, which EXCLUDED coverage for liability arising from any intentional injury, legal or not, and provided no coverage at all for criminal defence.

The LLL INSURANCE SERVICES firearm liability program, underwritten through Lloyd's of London is available countrywide and provides coverage on a claims-made basis for limits of \$50,000 to \$5 million; defense costs are paid within the policy limits.

The coverages include:

- Legal defense for civil liability claims, including claims arising from the theft of any insured's firearm
- Indemnity payments for civil judgments against the insured
- Legal retainer for defense against criminal charges
- Legal defense reimbursement for defense against criminal charges (in the event of exoneration)
- Cost of lost compensation while in court
- Compensation for counseling to deal with the trauma of using a gun in self-defense.

We can also develop plans for gun clubs, hunting clubs, and similar groups.

LLL Insurance Services  
P. O. Box 526357  
Salt Lake City, UT 84152-6357  
PH: 866-937-7037  
FX: 866-937-7010

Web: <http://www.LLLinsuranceservices.com>  
Email: [fdl@LLInsuranceservices.com](mailto:fdl@LLInsuranceservices.com)

F. D. Lindsey Associates  
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High Country Insurance Group  
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In December 2016, LIABILITY coverage focused on the then-recent release of several insurance programs designed to help commercial accounts with costs and losses arising from an act or threat of violence.

This year, the focus shifts to coverage for persons who face costs and losses for the use of legally owned firearms in self-defense.

We now have a new opportunity to provide gun owners' liability coverage through a firearm liability policy introduced this year thru our Nationwide program.

Our firearm liability program, underwritten through Lloyd's of London and available countrywide provides coverage on a claims-made basis for limits of \$50,000 to \$5 million; defense costs are paid within the policy limits.

We advise our clients to obtain firearm liability coverage with every homeowner quote they receive. You may never have enough coverage!

Beyond addressing a current gap in standard personal liability coverage, our quoted firearm liability coverage anticipates an increase in insurance requirements on legal gunowners.

"Recent events, such as the Las Vegas shooting, have prompted lawmakers to consider regulations mandating some type of firearms liability insurance, among other things, it appears, a bill is pending in Congress that would require individuals to provide proof of coverage as a condition of purchasing a firearm, and that sellers of firearms would be fined for failing to verify that insurance was in place.

The LLL Insurance Services Gun Owner program extends to the named insured, his or her spouse and relatives residing within the named insured's household, plus non-relatives under age 21 and under the care of a resident relative.

Coverage applies only to the use of firearms that are legal to own within the jurisdiction where the insured lives or an incident occurs, a provision that is one of two principal underwriting criteria for the program, the other being the applicant's previous loss history.

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One factor that is not considered, is the number of weapons owned by an applicant, so long as they are legally owned by the prospective insured.

The significance of an individual "collecting" or "stockpiling" firearms, depending on one's perspective regarding gun ownership, has come under scrutiny in light of reports that the Las Vegas shooter had acquired dozens of guns and brought several to the hotel where he staged his attack.

However, "we don't necessarily see a correlation between the ownership of a number of firearms and a propensity to use them aggressively."

The LLL Insurance Services firearm liability coverage program covers insureds for "only the use of a legally owned gun in the defense of oneself or others."

To that end, the criminal defense retainer is available only if the insured pleads not guilty to a charge, and reimbursement of reasonable legal expenses is paid only if he or she is ultimately found not guilty.

Respectfully presented,

F. Darrell Lindsey

**F. Darrell Lindsey**  
U.S. State Licensed Agent/Broker  
U.S. Corporate Enterprise Risk Management Consultant [ERM]  
U.S. State Approved Captive/RRG/Self Insured Manager  
U.S. Approved Self-Funded Health & W. C. Plan Manager  
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FAX: 801-942-7267 [My Desk]

**FOR INFORMATION ON F. D. LINDSEY INSURANCE SERVICES, PLEASE VISIT OUR HOME WEB SITE <http://www.highcountryinsurancegroup.com>. Please note the separate individual services Web Sites. This e-mail message and any attachments -or other information included - are for the sole purpose and use of the intended recipients. If you are not the intended recipient of this message, please notify the sender by replying to this message and then DELETE or destroy all copies of this message and attachments in all media.**

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Insurance Services, LLC

# FIREARM LIABILITY INSURANCE APPLICATION

Return Applications To:  
LLL Insurance Services, LLC  
P.O. Box 526357  
Salt Lake City, UT 84152  
(866) 937-7037 / Fax: (866) 937-7010  
www.LLLinsuranceservices.com

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

INSURANCE POLICY LIMITS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Criminal Defense</b>					
Immediate Attorney Retainer	\$ 5,000	\$ 10,000	\$ 15,000	\$ 25,000	\$ 50,000
Legal Expense Reimbursement	\$ 20,000	\$ 40,000	\$ 60,000	\$ 125,000	\$ 200,000
Total Criminal Aggregate	\$ 25,000	\$ 50,000	\$ 75,000	\$ 150,000	\$ 250,000
<b>Civil Actions</b>					
Legal Defense	\$ 50,000	\$ 100,000	\$ 300,000	\$ 500,000	\$1,000,000
Damages, Awards, & Judgments	\$ 50,000	\$ 100,000	\$ 300,000	\$ 500,000	\$1,000,000
Total Civil Action Aggregate	\$ 50,000	\$ 100,000	\$ 300,000	\$ 500,000	\$1,000,000
<b>Firearm Theft Civil Liability</b>	\$ 50,000	\$ 100,000	\$ 300,000	\$ 500,000	\$1,000,000
<b>Psychological Support</b>	N/A	10 Sessions	10 Sessions	10 Sessions	20 Sessions
<b>Compensation While in Court (Per Day)</b>	N/A	Up to \$250	Up to \$250	Up to \$350	Up to \$500
<b>Immediate Cash for Bail Bond</b>	\$ 2,500	\$ 5,000	\$ 5,000	\$ 5,000	\$ 10,000
<b>Legal Consultation Hotline (Per Year)</b>	Max 2 hours	Max 2 hours	Max 2 hours	Max 2 hours	Max 5 hours
<b>FULL AMOUNT DUE*:</b>	<b>\$135.00</b>	<b>\$175.00</b>	<b>\$215.00</b>	<b>\$325.00</b>	<b>\$425.00</b>

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

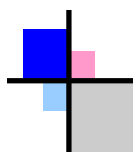
- A. Name of Applicant: \_\_\_\_\_  
 Applicant Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
 Gender: ☐ Male ☐ Female Date of Birth: \_\_\_\_\_
- B. Are you a member of any hunting/sportsmen clubs or firearm-related Associations? ☐ Yes ☐ No If "Yes", please list: \_\_\_\_\_
- C. Have you 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.
- D. Do you currently have, or have applied for licenses or permits to own and carry a firearm under Federal, State and local law, regulations, ordinances and rules? Yes No If "Yes", please list State(s) in which you hold or have applied for such licenses or permits: \_\_\_\_\_

## Payment Options - SEE THE ATTACHED BINDING OPTIONS

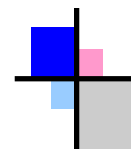
THE APPLICANT WARRANTS THAT THE STATEMENTS AND RESPONSES TO THE QUESTIONS ON THIS APPLICATION ARE TRUE AND COMPLETE. THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY, NOR DOES IT OBLIGATE THE COMPANY TO ISSUE A POLICY. SUCH POLICY MAY BE CANCELLED BY THE COMPANY FROM INCEPTION UPON DISCOVERY 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.

PRODUCING AGENCY NAME: \_\_\_\_\_  
 AGENCY ADDRESS: \_\_\_\_\_  
 AGENCY PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

**National Industry Association  
Accounting Department  
7417 Lost Canyon Circle  
Salt Lake City, UT 84121-4624**



## BINDING YOUR INSURANCE



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### A. PAY BY COMPANY CHECK:

1. Fax Back – The “Request to Bind” insurance form and include a copy of your company check and all of your “Original Signature Required Forms.”  
Note: You can also scan your check and signature forms and email to [FDL@LLLINSURANCESERVICES.COM](mailto:FDL@LLLINSURANCESERVICES.COM)
2. If premium is financed, please sign the Premium Finance Agreement and  
A: Fax back with the fax back package, or B: Include in your email request to bind request.

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### B. PAY BY CREDIT CARD:

1. Use the attached “Credit Card Authorization” payment form and return by fax, or email – as instructed in A above.
2. Make certain that you also “include” all of the “original” Signature Required Forms with your “Request to Bind” Credit Card Authorization form

F. Darrell Lindsey  
National State Licensed Insurance Broker

**LLL Insurance Services**

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**National Association**

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NITA - 100 – 03/08/2016



**CREDIT CARD AUTHORIZATION FORM**

This form authorizes LLL INSURANCE SERVICES, LLC to charge the amount of \$ \_\_\_\_\_  
As a down payment for the insurance application requested and for the transferee whose  
signature appears below:

Credit Card Number: \_\_\_\_\_

Security Code: \_\_\_\_\_ (Last 3 digits on back of card; On AmEx: 4 digits above CC#.)

Credit Card Expiration Date (MM/DD/YR): \_\_\_\_\_

Name as appears on Credit Card: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Amount of Charge: \$ \_\_\_\_\_ Date of Charge: \_\_\_\_\_

My signature on this form verifies that I have agreed to pay the full amount of the charges on the Credit Authorization Form. I understand that any monies charged to this card for this transaction **MUST** be submitted to the Insurance carrier to request coverage, and that no coverage is inferred or bound by this transaction. As certain fees and charges are non-refundable, I hereby waive any and all contest rights with the credit card vendor, and agree not to place any restriction on the payment of this money from the credit care company. I understand and agree that if this charge is not honored by my financial institution upon first presentation, all coverage will be terminated, but policy fees, broker's fees, and earned premium will still be due, earned and payable, and I agree to pay those charges.

***I HAVE READ AND UNDERSTAND ALL OF THE ABOVE AND I DO READ AND WRITE ENGLISH.***



\_\_\_\_\_  
Authorized Cardholder Signature

**FAX BACK TO 1-866-937-7010**



7417 Lost Canyon Circle  
Salt Lake City, UT 84121

**Phone (866) 937-7037 \* Fax (866) 937-7010**

**TO EMAIL - PLEASE SEND TO ([FDL@LLLINSURANCESERVICES.COM](mailto:FDL@LLLINSURANCESERVICES.COM))  
CHECK-BY-FAX**

**Date:** \_\_\_\_\_

**To:** Accounting  
**FAX #:** 866-937-7010

**From:** \_\_\_\_\_

**Re:** "Check-By-Fax"

*(For same day processing, fax must be received prior 11:00 AM MST)*

**Name of Insured:** \_\_\_\_\_

**Account #:** \_\_\_\_\_

**Amount of Check:** \$ \_\_\_\_\_ **Check #:** \_\_\_\_\_

We hereby authorize **LLL** to use this faxed copy of our business check, as an actual payable check for the above insured's account.

**Please write "CHECK-BY-FAX" on the memo line – (Keep original)**

**PLACE COPY OF CHECK HERE**  
**OR ATTACH TO SEPARATE PAGE**

\_\_\_\_\_



**F. Darrell Lindsey**  
**U.S. State Licensed Agent/Broker**  
**U.S. Corporate Enterprise Risk Management Consultant [ERM]**  
**U.S. State Approved Captive/RRG/Self Insured Manager**  
**U.S. Approved Self-Funded Health & W. C. Plan Manager**  
**P.O. Box 526357**  
**Salt Lake City, Utah 84152-6357**  
**Tel: 866-937-7037 [Business Office-with message]**  
**Tel. 801-942-7134 -[My Desk-no message]**  
**Tel. 801-256-1226 [My Desk-with message]**  
**FAX: 866-937-7010 [Business Office]**

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Insurance Services, LLC



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Form FDL/LLL 723 01/02/2018