

MMD Brokers, LLC

9609 Comanche NE

Albuquerque, NM 87111

Phone (505)554-1571 FAX (505)554-1575

It's better to have it and not need it than need it and not have it.

APPLICATION INSTRUCTIONS

You can fill in the application online and print it off or print the blank application and fill it in later.

You must hold a valid concealed carry license in the state in which your insured location is located.

If your employment requires you to carry a weapon (concealed or not) you are ineligible for coverage under this program.

1. Fill in the application completely - incomplete applications will delay the issuance of your policy.
2. Attach a copy of your concealed carry license.
3. Attach a check for the **premium plus tax** from the chart below for the limit you have selected.

Limit	\$100,000	\$250,000
Arizona	\$258.02	\$340.58
Colorado	\$257.50	\$339.90
Louisiana	\$262.50	\$346.50
New Mexico	\$257.50	\$339.90
Texas	\$262.28	\$346.21

Mail all of the above to:

MMD Brokers

9609B Comanche Rd. NE Albuquerque, NM

87111

Visit our web site at www.mmdbrokers.com!

MMD BROKERS, LLC
9609B Comanche Road N.E.
Albuquerque, New Mexico 87111

FIREARMS LIABILITY APPLICATION
for
CARRY CONCEALED WEAPONS (CCW) PERMIT HOLDERS

PLEASE PRINT

Applicant:

First Name: _____ Middle Name: _____ Last Name: _____

Mailing Address:

Street Address: _____

City: _____ State: _____ Zip Code: _____

Coverage, if issued, will apply to a designated premises, normally your residence. If this address is different than your mailing address, please complete the next section.

Residence Location:

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Business Phone: _____ E-MAIL: _____

IMPORTANT – YOUR CCW PERMIT MUST BE ISSUED BY THE SAME STATE AS YOUR RESIDENCE LOCATION. A COPY OF YOUR CCW PERMIT MUST BE ATTACHED TO THIS APPLICATION.

CCW Permit No.: _____ State of Issuance: _____ Expiration Date: _____

Employment:

Employer: _____ Your Position: _____

Employer's Street Address: _____

City: _____ State: _____ Zip Code: _____

LIMIT DESIRED

- | | | |
|------------------------------------|---------------------------|------------------------------------|
| <input type="checkbox"/> \$100,000 | (\$250.00 plus state tax) | Licensed Spouse (\$75.00 plus tax) |
| <input type="checkbox"/> \$250,000 | (\$330.00 plus state tax) | <input type="checkbox"/> |

I acknowledge that I am only eligible for this insurance because I am, and while I remain, a holder of a valid Carry Concealed Weapons permit issued by the State of _____. I also acknowledge that the insurance applied for herein will become null, void and no longer in effect immediately upon the expiration, suspension, cancellation, voluntary relinquishment or any other termination of the Carry Concealed Weapons permit identified above on this Application.

I declare that the above statement and representations are true and correct and that no facts have been suppressed or misstated. I acknowledge that the completion of this Application does not bind Underwriters to sell or issue, or me to purchase this insurance, but any subsequent contract issued will be in full reliance upon the statements and representations made in this Application and this Application and any materials submitted with it will be made part of the policy.

Signature of Applicant

Date