

ASSOCIATE APPLICATION

Defend or Fail We'll Protect You!

Primary Associate Info

3 U H P L X P <input type="checkbox"/> . P O U I M Z <input type="checkbox"/> " O O V B M	Fifty State Protection <input type="checkbox"/> \$4.00/Month <input type="checkbox"/> \$35.00/Year	Bail Bond Coverage <small>Up to \$10,000 covered</small> <input type="checkbox"/> \$4.00/Month <input type="checkbox"/> \$35.00/Year	Minor Children <small>17 and Under</small> <input type="checkbox"/> \$4.00/Month <input type="checkbox"/> \$35.00/Year	Membership includes immediate protection.
--	---	--	--	--

First Name <input style="width: 95%;" type="text"/>	Last Name <input style="width: 95%;" type="text"/>		
Email Address <input style="width: 98%;" type="text"/>			
Mailing Address <input style="width: 98%;" type="text"/>			
City <input style="width: 95%;" type="text"/>	State <input style="width: 95%;" type="text"/>	ZIP <input style="width: 95%;" type="text"/>	Phone Number <input style="width: 95%;" type="text"/>
Date of Birth <input style="width: 95%;" type="text"/>	Portal Password <small>Please include 1 capitalized letter and 1 special character; !@* - 9 character minimum)</small> <input style="width: 95%;" type="text"/>		

Secondary Associate Info

Premium <input type="checkbox"/> . P O U I M Z <input type="checkbox"/> " O O V B M	Fifty State Protection <input type="checkbox"/> \$4.00/Month <input type="checkbox"/> \$35.00/Year	Bail Bond Coverage <input type="checkbox"/> \$4.00/Month <input type="checkbox"/> \$35.00/Year	Secondary Associate must reside in the same household as primary member.
--	---	---	---

First Name <input style="width: 95%;" type="text"/>	Last Name <input style="width: 95%;" type="text"/>		
Email Address <input style="width: 98%;" type="text"/>			
Date of Birth <input style="width: 95%;" type="text"/>	Portal Password <small>Please include 1 capitalized letter and 1 special character; !@* - 9 character minimum)</small> <input style="width: 95%;" type="text"/>		

Totals			
Primary: \$	Secondary: \$	One-Time Start Up Fee: \$15.00/Per Person	Total: \$

Credit Card Number <input style="width: 95%;" type="text"/>	Expiration (MM/YY) <input style="width: 95%;" type="text"/>	CVV <small>(AMEX Digit on front)</small> <input style="width: 95%;" type="text"/>
--	--	--

Questionnaire		Representative Code: <input style="width: 95%;" type="text"/>
1. Have you had any incident, event, occurrence, loss or wrongful act prior to the inception of this membership which may give rise to a claim? <input type="checkbox"/> YES <input type="checkbox"/> NO		Facility Code: <input style="width: 95%;" type="text"/>
2. Have you ever been adjudicated as mentally incompetent? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Signature: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>	

Please visit your member portal located on our website (www.ProtectWithBear.com) under the "Login" tab to access all of your membership information, billing and FAC

Thank you for choosing Right To Bear Protection to be your extra line of defense!