



NRA Endorsed Insurance Programs

GUN SHOW LIABILITY Insurance Application

FOR NRA MEMBERS ONLY

Insurance Program Administered by Lockton Risk Services

P. O. Box 874952, Kansas City, MO 64187 / Toll Free (877) NRA-3006 / Fax: (913) 652-7599

Email: NRAinsurance@locktonaffinity.com

NOTE: The insurance coverage provided by this insurance policy is limited to your liability arising out of your occupation as a gun show promoter. There is no coverage for liability other than directly arising from the NRA Endorsed Insurance Program approved gun shows listed in this application. The limit of liability provided by your policy is inclusive of all costs and expenses associated with any claim(s) made against you.

Complete Name of Applicant: \_\_\_\_\_

Complete Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone # (\_\_\_\_) \_\_\_\_\_ Fax # (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Applicant:  Individual  Partnership  Corporation

1) Please complete all the following questions by checking Yes or No in the space provided.

If any answer is No you must provide a detailed explanation on a separate sheet of paper. All questions must be answered.

Table with 4 columns: Question ID, Question Text, Yes checkbox, No checkbox. Rows a-n covering various gun show safety and insurance requirements.

2) Please provide details of all prior experience of the named insured in gun show promotion.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3) List all claim information, or incidents, which may become a claim, involving any gun shows you have been associated with as a promoter for the past 5 years. Please include name of claimant, total claimed amount, description of all claim circumstances, date of loss for each claim and any other pertinent information. If there have been no claims or circumstances likely to give rise to a claim please state in the affirmative.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CALCULATE YOUR PREMIUM COST**

<b>4) Premium Calculation:</b> Premium shown is per show for limits of \$1,000,000 per show, \$2,000,000 annual aggregate all shows <b>and is fully earned at inception.</b>		
# Shows up to 500 tables at each show	_____ x \$600 =	\$ _____
# Shows 501 to 750 tables at each show	_____ x \$900 =	\$ _____
# Shows 751 to 1,000 tables at each show	_____ x \$1200 =	\$ _____
# Shows 1,001 to 2,000 tables at each show	_____ x \$2,000=	\$ _____
Additional Insured Certificates: (one per show, no charge) \$25 each.	_____ x \$25=	\$ _____
<b>Sub Total</b>		\$ _____
<b>Optional Certified Acts of Terrorism Coverage</b> <input type="checkbox"/> Accept Coverage <input type="checkbox"/> Reject Coverage	Sub Total x 5% (Subject to \$100 minimum additional charge)	\$ _____
<b>Total Premium (Fully Earned at Policy Inception)</b>		\$ _____
<b>Program Administrator Service Charge</b>		\$150
<b>SEE CHART BELOW FOR STATE TAX</b>		\$ _____
<b>NRA New Member Dues</b> (If your club does not have a current NRA Affiliation # - <b>Add \$35</b> )		\$ _____
<b>TOTAL AMOUNT DUE</b>		\$ _____

Note: # Shows of 2,001 and greater tables at each show will be quoted separately upon receipt of this application.

**STATE TAX RATES**

(To determine the tax amount, multiply the **SUM** of the Total Premium and the Program Administrator Service Charge by the percentage below)

AL - 6%	CT - 4%	IA - 1%	LA - 5%	MS - 4.25%	NJ - 5%	OK - 6%	TN - 2.5%	WV - 4.55%
AK - 3.7%	DE - 2%	ID - 1.75%	ME - 3%	MO - 5%	NM - 3.003%	* OR - 2%*	TX - 4.91%	WI - 3%
AZ - 3.2%	DC - 2%	IL - 3.6%	MD - 3%	MT - 3.75%	NY - 3.8%	* PA - 3%*	UT - 4.4%	WY - 3%
AR - 4%	FL - 6.4%	IN - 2.5%	MA - 4%	NE - 3%	NC - 5%	RI - 4%	VT - 3%	
CA - 3.25%	GA - 4%	KS - 6%	MI - 2.5%	NV - 3.9%	ND - 1.75%	SC - 6%	VA - 2.28%	
CO - 3%	HI - 4.68%	KY - 9%	MN - 3.25%	NH - 3%	OH - 5%	SD - 2.5%	WA - 2.25%	

\* **Additional State Fees:** please add to Total Premium above: **OR** - \$15; **PA** - \$25

- 5) Please provide a list of all shows to be covered. Be sure to list all shows planned for the next twelve months. **ONLY THE SHOWS APPROVED BY THE NRA ENDORSED INSURANCE PROGRAM WILL BE COVERED.**

(Please make additional copies of this sheet as needed.)

<b>Show # _____</b>		Date:
Name:		# Tables:
Location:		
#	Additional Insured Name:	
Additional Insured Address:		
Fax #	NRA Membership #	Issue Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No
#	Additional Insured Name:	
Additional Insured Address:		
Fax #	NRA Membership #	Issue Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No
#	Additional Insured Name:	
Additional Insured Address:		
Fax #	NRA Membership #	Issue Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Show # _____</b>		Date:
Name:		# Tables:
Location:		
#	Additional Insured Name:	
Additional Insured Address:		
Fax #	NRA Membership #	Issue Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No
#	Additional Insured Name:	
Additional Insured Address:		
Fax #	NRA Membership #	Issue Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No
#	Additional Insured Name:	
Additional Insured Address:		
Fax #	NRA Membership #	Issue Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Show # _____</b>		Date:
Name:		# Tables:
Location:		
#	Additional Insured Name:	
Additional Insured Address:		
Fax #	NRA Membership #	Issue Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No
#	Additional Insured Name:	
Additional Insured Address:		
Fax #	NRA Membership #	Issue Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No
#	Additional Insured Name:	
Additional Insured Address:		
Fax #	NRA Membership #	Issue Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No

This quotation is provided with the understanding that all ammunition will remain in sealed containers during all insured gun shows **and** that the **following actions or activities are prohibited** at all insured gun shows unless specifically approved in writing by the Company:

- Sale or service of alcohol
- Presence of loaded firearms
- Gunsmith or reloading work during shows
- Display or storage of black powder
- Display or sales of any illegal firearms or ammunition
- Display or storage of more than 5 pounds of Pyrodex
- Concealed weapons on the premises with or without concealed carry permits for anyone other than police, law enforcement or hired security
- Magazines or clips on the premises for anyone other than police law enforcement or hired security

**Please note that the Gun Show Coverage Form specifically excludes all “Occurrences” from any action or activity described above or any “occurrences” from exposures that were misrepresented within this application**

**SIGNING OF THIS NEW APPLICATION DOES NOT BIND THE COMPANY TO OFFER, NOR THE APPLICANT TO ACCEPT, THIS INSURANCE. IT IS AGREED THAT THIS NEW APPLICATION SHALL BE THE BASIS OF THE INSURANCE SHOULD A POLICY BE ISSUED AND THE INSURANCE SHALL BE LIMITED TO CLAIMS ARISING FROM OF THE APPLICANT’S ACTIVITIES AS A GUN SHOW PROMOTER.**

**I/WE WARRANT THAT THE PRECEDING ANSWERS ARE TRUE AND THAT ALL LOCAL, STATE AND FEDERAL LAWS AND REGULATIONS ARE FOLLOWED AT ALL SHOWS AT ALL TIMES. I ALSO UNDERSTAND, THAT IT IS NOT A VIOLATION OF THIS WARRANTY IF I MAKE MY BEST EFFORT(S) AT ALL TIMES TO ENFORCE ALL APPLICABLE REGULATIONS AND GUIDELINES BUT THROUGH THE NEGLIGENCE OF A VENDOR OR OTHER PARTY AND NOT THE NEGLIGENCE OF MYSELF, INJURY OR DAMAGE IS CAUSED TO A THIRD PARTY.**

\_\_\_\_\_  
Signature (First Named Insured)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

**THE FIRST NAMED INSURED MUST SIGN THIS APPLICATION FOR COVERAGE TO BE AFFORDED.**

Please return completed application and check payable to:

**NRA Endorsed Insurance Program  
P. O. Box 874952  
Kansas City, MO 64187-4952**

**1-877-672-3006 ☎ FAX 913-652-7599  
NRAinsurance@locktonaffinity.com**

*Insurance Program Administered by Lockton Risk Services*