

ARMSCARE PLUS CHANGE FORM
(Replacement Cost Coverage)
For Excess Insurance

Name: _____

Address: _____

City: _____

State/Zip: _____

Daytime Phone: _____

Coverage # _____

Effective Date of Change: _____ (NOTE: Date cannot be earlier than the date your request is received in our office.)

Mail, email or fax changes to:

NRA Endorsed Insurance Program

P. O. Box 874952

Kansas City, MO 64187

Fax: 913-652-7599 or

Email: NRAinsurance@locktonrisk.com

Please make the following changes to my current coverage:

UNSCHEDULED COVERAGE This is the actual cash value of each firearm valued under \$2,500. *(A description is not required.)*

****ROUND TO THE NEAREST \$100****

My New Grand Total of Unscheduled Coverage is: \$ _____

SCHEDULED COVERAGE: Please provide a clear description and the replacement cost for each firearm valued at \$2,500 or more. In addition, for any single firearm that is \$20,000 or greater in value *or* any single firearm valued at 120% or more of blue book value, we must receive an **original signed appraisal** and a clear photograph prior to binding coverage for that item. If we are unable to verify value, the item will be deleted from the schedule.

A. Add the following firearms to my current scheduled coverage:

	Make	Model	Grade	Accessories/ Modifications	Insured Value (Round all values to nearest \$100)
1.					
2.					
3.					
4.					

B. Delete the following firearms from my current scheduled coverage:

	Make	Model	Grade	Accessories/ Modifications	Insured Value (Round all values to nearest \$100)
1.					
2.					
3.					
4.					

C. Revise the values of the firearms on my current scheduled coverage:

	Make	Model	Grade	Accessories/ Modifications	Insured Value (Round all values to nearest \$100)
1.					
2.					
3.					
4.					

*Premium Rate: \$1.74 per \$100 or \$17.40 per \$1,000. You will be billed or credited the difference in the premium.

Coverage is excess over your Basic ArmsCare Policy or any other applicable insurance

Signature of Insured

Date