NRA Endorsed Property & Casualty Insurance Program
No One Understands Firearm Insurance Better

ArmsCare *Plus* Firearms Insurance
Excess Insurance Application
(Replacement Cost Option)

FOR NRA MEMBERS ONLY

Name _____ NRA Member Number _____

Address _____ NRA Membership Exp. Date _____

City _____ Telephone Number _____

State, Zip _____ Email _____

UNSCHEDULED FIREARMS

Enter the estimated value of all your firearms valued at less than $2,500 per item $ _____

SCHEDULED FIREARMS DESCRIPTION – For your firearms valued at $2,500 or more

Any single insured item valued at $2,500 or more must be listed below to be fully covered. (Attach separate sheet, if needed.)

Make	Model	Caliber/Gauge	Modifications & Accessories	Value (round each item up to nearest $100)
1.				
2.				
3.				
4.				
5.				

Note: Please provide a clear description and value 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 the 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. Coverage for unscheduled items is Replacement Cost (cost to replace the damaged property without deduction for depreciation); coverage for scheduled items is the agreed amount shown in the schedule.

TOTAL SCHEDULED COVERAGE: _____

TOTAL VALUE TO BE INSURED

Add totals from Unscheduled and Scheduled sections $ _____

CALCULATE YOUR PREMIUM COST (Minimum payment $50)

1. Calculate Premium $(Total Value of Insured from above) x .0174 = $ _____
2. If Premium exceeds $50, enter amount in the space to the right;
   If Premium is $49.99 or less, enter $50 at the right. $ _____

PROGRAM ADMINISTRATOR SERVICE CHARGE $ $15.00

TOTAL ANNUAL AMOUNT DUE

Add Premium Cost and Program Administrator Service Charge $ _____

SIGN & DATE

The firearms listed hereon for coverage are my personal property. I understand coverage is excess over any other applicable insurance. All information is true and accurate to the best of my knowledge and no pertinent information has been withheld.

Signature **X** _____ Date **X** _____

Send completed form and check to:

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

1-877-NRA-3006 (1-877-672-3006), Option 3
NRAInsurance@LocktonAffinity.com