



NRA

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

Instructor Plus Insurance Application

FOR NRA MEMBERS ONLY

Name _____ NRA Member Number _____
 Address _____ NRA Membership Exp. Date _____
 City _____ Telephone Number _____
 State, Zip _____ Fax Number _____
 Email _____ Date of Birth ____ / ____ / ____

Applicant is: Individual Partnership Corporation

The insurance coverage provided by this insurance policy is limited to your liability arising out of your occupation as a firearms instructor (including defense related training, education, instruction and coaching).

Do you have a federal firearms license? Yes No If yes, indicate class and purpose for the license: _____

Check all instructional courses that you provide:

(Note: there is no professional coverage offered on any reloading instruction.)

- | | | |
|--|---|--|
| <input type="checkbox"/> Home Firearm Safety | <input type="checkbox"/> Personal Protection | <input type="checkbox"/> Refuse to Be A Victim |
| <input type="checkbox"/> Pistol | <input type="checkbox"/> Rifle | <input type="checkbox"/> Shotgun |
| <input type="checkbox"/> Range Safety Officer | <input type="checkbox"/> Metallic Cartridge Reloading | <input type="checkbox"/> Shotgun Shell Reloading |
| <input type="checkbox"/> Muzzleloading Rifle | <input type="checkbox"/> Muzzleloading Pistol | <input type="checkbox"/> Muzzleloading Shotgun |
| <input type="checkbox"/> Archery | <input type="checkbox"/> Reloading | |
| <input type="checkbox"/> Other. Please describe: _____ | | |

Are you a Certified Instructor or Coach? Yes No

Do you perform any training regarding Security? Yes No

Indicate which of the following courses you have completed:

<u>Course</u>	<u>Date Completed</u>	<u>Certifying Agency</u>
Any NRA Basic Firearm Training Program	____/____/____	NRA
NRA Instructor Certification Program	____/____/____	NRA
NRA Training Counselor Workshop	____/____/____	NRA
NRA Coach School	____/____/____	NRA
NRA Law Enforcement Firearms Instruction	____/____/____	NRA
NRA Refuse To Be A Victim® Instructor Development Workshop	____/____/____	NRA
Military Firearms Instructor Course	____/____/____	_____
Firearms Manufacturer Instruction	____/____/____	_____
State Sponsored Instruction	____/____/____	_____
Describe Other Training Courses Completed		
_____	____/____/____	_____
_____	____/____/____	_____

Describe any other experience or background as a firearms trainer that would help us evaluate this application.

FRAUD WARNING

For your protection various state laws require the following notice:

GENERAL FRAUD STATEMENT (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA.)

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and [NY: substantial] civil penalties." In the District of Columbia, Louisiana, Maine, Tennessee and Virginia, insurance benefits may also be denied.

STATE SPECIFIC FRAUD STATEMENTS

COLORADO law requires the following notice: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purposes of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

DISTRICT OF COLUMBIA law requires the following notice: **WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

FLORIDA law requires the following notice: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

HAWAII law requires you be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment or both.

KANSAS law requires the following notice: knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT law require the following notice: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

MINNESOTA law requires the following notice: Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

OHIO law requires you be informed that any person with intent to defraud or knowing that he / she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OKLAHOMA law requires the following notice: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy, containing any false, incomplete or misleading information is guilty of a felony.

WASHINGTON law requires the following notice: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.