



NRA

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

**Retired Law Enforcement Officer
Self-Defense Insurance Application**

FOR NRA MEMBERS ONLY

Name _____

Current NRA Member? Yes No NRA Member Number _____

Address _____ NRA Membership Exp. Date _____

City _____ Telephone Number _____

State, Zip _____ Email _____

COVERAGE

	<u>Total Annual Premium</u>
\$25,000 Limit	
Excess Personal Liability & Self-Defense *	\$50.00
\$50,000 Limit	
Excess Personal Liability & Self-Defense *	\$75.00
\$100,000 Limit	
Excess Personal Liability & Self-Defense *	\$135.00
\$250,000 Limit	
Excess Personal Liability & Self-Defense *	\$205.00

* Self-Defense coverage is available only in conjunction with Excess Personal Liability coverage. Total annual premium amount shown is for both coverages.

TOTAL ANNUAL PREMIUM FOR SELECTED COVERAGE \$ _____

PROGRAM ADMINISTRATOR SERVICE CHARGE \$ 15.00

TOTAL AMOUNT DUE
Add Total Annual Premium and Program Administrator Service Charge \$ _____

NON-TRANSFERABLE

Agreement: As an NRA member, I hereby apply for coverage under the NRA Endorsed Excess Personal Liability & Self-Defense Insurance Plan. I understand that my coverage will become effective upon the receipt of my approved application and premium payment. I have enclosed a check for the Total Amount Due.

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