



# NRA

NRA Endorsed Property & Casualty Insurance Program  
*No one Understands Firearms Insurance Better*

## NRA Endorsed Insurance Program GUN COLLECTORS

### CHANGE FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Daytime Telephone Number: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Re: NRA Gun Collectors Insurance  
Current Certificate #: \_\_\_\_\_

Make my change effective: \_\_\_\_\_  
(Date cannot be earlier than the day the program administrator receives the request.)

ALL SCHEDULED COVERAGE IS SUBJECT TO UNDERWRITING APPROVAL.  
UNDERWRITER WILL REQUIRE AN ORIGINAL APPRAISAL ON:

- 1) Any item of \$20,000 or more in value **or**
- 2) Any item you wish to insure for more than blue book (actual cash value).

*Round All Values To  
The Nearest \$100*

Current Total Coverage: \_\_\_\_\_

New Total Coverage: \_\_\_\_\_

Premium is based on .67 per \$100.00 of coverage.

**Note: You will be billed or credited the difference in the premium.**

*(Please use the attached form to make changes)*

**Please send all changes to:**

**NRA Endorsed Insurance Program  
P. O. Box 874952  
Kansas City, MO 64187-4952  
1-877-NRA-3006  
Email: NRAinsurance@locktonrisk.com**

**Please make the following changes to my current coverage. (Use a separate piece of paper as necessary.)**

**A. DELETE** the following guns from my scheduled coverage:

|     | <b>Make</b> | <b>Model</b> | <b>Grade</b> | <b>Accessories/Modifications</b> | <b>Insured Value</b> |
|-----|-------------|--------------|--------------|----------------------------------|----------------------|
| 1.  |             |              |              |                                  |                      |
| 2.  |             |              |              |                                  |                      |
| 3.  |             |              |              |                                  |                      |
| 4.  |             |              |              |                                  |                      |
| 5.  |             |              |              |                                  |                      |
| 6.  |             |              |              |                                  |                      |
| 7.  |             |              |              |                                  |                      |
| 8.  |             |              |              |                                  |                      |
| 9.  |             |              |              |                                  |                      |
| 10. |             |              |              |                                  |                      |

**B. ADD** the following guns to my scheduled coverage: (see requirements)

|     | <b>Make</b> | <b>Model</b> | <b>Grade</b> | <b>Accessories/Modifications</b> | <b>Insured Value</b> |
|-----|-------------|--------------|--------------|----------------------------------|----------------------|
| 1.  |             |              |              |                                  |                      |
| 2.  |             |              |              |                                  |                      |
| 3.  |             |              |              |                                  |                      |
| 4.  |             |              |              |                                  |                      |
| 5.  |             |              |              |                                  |                      |
| 6.  |             |              |              |                                  |                      |
| 7.  |             |              |              |                                  |                      |
| 8.  |             |              |              |                                  |                      |
| 9.  |             |              |              |                                  |                      |
| 10. |             |              |              |                                  |                      |

**C. REVISE** the values on my current scheduled coverage: (see requirements)

|     | <b>Make</b> | <b>Model</b> | <b>Grade</b> | <b>Accessories/Modifications</b> | <b>Insured Value</b> |
|-----|-------------|--------------|--------------|----------------------------------|----------------------|
| 1.  |             |              |              |                                  |                      |
| 2.  |             |              |              |                                  |                      |
| 3.  |             |              |              |                                  |                      |
| 4.  |             |              |              |                                  |                      |
| 5.  |             |              |              |                                  |                      |
| 6.  |             |              |              |                                  |                      |
| 7.  |             |              |              |                                  |                      |
| 8.  |             |              |              |                                  |                      |
| 9.  |             |              |              |                                  |                      |
| 10. |             |              |              |                                  |                      |

\_\_\_\_\_  
Signature of Insured

\_\_\_\_\_  
Date