

Personal Firearms Liability with Optional Self-defense Application for Coverage



For NRA Members Only

Name _____ NRA Member Number _____
 Address _____ NRA Membership Exp. Date _____
 City _____ Telephone # _____
 State _____ Zip _____ Email _____

Is electronic delivery of policy documents acceptable? Yes No, please mail me a paper copy of my policy documents.

Choose your Coverage

\$100,000 Limit **

Personal Firearms Liability*	\$47 annual premium	\$	_____	\$47.00
<u>Optional</u> Self-defense**	\$118 additional premium	\$	_____	
	Total Annual Premium	\$	_____	

\$250,000 Limit **

Personal Firearms Liability*	\$67 annual premium	\$	_____	\$67.00
<u>Optional</u> Self-defense**	\$187 additional premium	\$	_____	
	Total Annual Premium	\$	_____	

\$500,000 Limit ⌘

Personal Firearms Liability*	\$100 annual premium	\$	_____	\$100.00
<u>Optional</u> Self-defense**	\$300 additional premium	\$	_____	
	Total Annual Premium	\$	_____	

\$1,000,000 Limit ⌘

Personal Firearms Liability*	\$200 annual premium	\$	_____	\$200.00
<u>Optional</u> Self-defense**	\$400 additional premium	\$	_____	
	Total Annual Premium	\$	_____	

* Self-defense Coverage is optional and is available only in conjunction with Personal Firearms Liability coverage for the additional premium indicated. Limits must be the same for both coverages.

**Reimbursement for Criminal Defense Expenses up to a maximum limit \$50,000 is also provided with the Optional Self Defense Coverage.

⌘ Reimbursement for Criminal Defense Expenses up to a maximum limit \$100,000 is also provided with the Optional Self Defense Coverage

Total Annual Premium for Selected Coverage \$ _____

NRA New Member Dues (If you are not a current NRA Member, add \$40) \$ _____

Nonrefundable Program Administrator Service Charge \$ 20.00 _____

Sub Total (Premium plus Member Dues plus Program Administrator Service Charge) \$ _____

State Tax (see chart and instructions on next page) \$ _____

Total Amount Due

Add State Tax to Sub Total \$ _____

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STATE TAX – To determine the tax amount: For the states of IL and OH, multiply the total annual premium by the percentage below.

For all other states, multiply the SUM of the total annual premium and the Program Administrator Service Charge by the percentage below.

AR – 4% IN – 2.5% IL – 3.625% MS – 7.25% OH – 5% OK-6% TN – 5.175% WA – 2.10%
All other states – 2.275%

Sign & Date

Agreement: As an NRA member, I hereby apply for coverage under the NRA-endorsed Personal Firearms Liability Insurance Plan. I understand that my coverage will become effective upon the receipt of my approved application and total amount due. I have enclosed a check for the Total Amount Due.

Signature X _____ Date X _____

Send completed form and check to:

Lockton Affinity
PO Box 874952
Kansas City, MO 64187-4952

1.877.NRA.3006 (1.877.672-3006), option 3
Info@MyNRAInsurance.com