

Gun Collectors Application for Coverage



NRA™ | ENDORSED
MEMBER
BENEFITS

For NRA Members Only

Name _____ NRA Member Number _____
 Address _____ NRA Membership Expiration Date _____
 City _____ Telephone # _____
 State _____ ZIP _____ Email _____
 NRA Affiliated Gun Collectors Assn. _____

Type of Security System

Scheduled Firearms Description

Please provide a clear description and the actual cash value for each firearm. (Attach separate sheet, if needed.)

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

Note: For any single firearm that is \$20,000 or greater in value, or any single firearm valued at 120% or more of 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.

Total Value of Scheduled Items to Be Insured: \$ _____

Calculate Your Premium (Minimum payment \$50)

1. Calculate Premium \$ (Total Value to be Insured from above) x .0067 = \$ _____
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 \$ 20.00

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 that if any insured firearm is fired or otherwise discharged the insurance for that particular firearm will become void. I understand coverage is in 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 Member Benefits
 PO Box 874952
 Kansas City, MO 64187-4952
 1.877.672.3006, Option 3
 Info@MyNRAInsurance.com