

**Retired Law Enforcement Officer
Self-defense
Application for Coverage**



NRA | ENDORSED
MEMBER
BENEFITS

For NRA Members Only

Name _____

Current NRA Member? Yes No NRA Member Number _____

Address _____ NRA Membership Exp. Date _____

City _____ Telephone # _____

State _____ Zip _____ Email _____

Choose Your Coverage

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

* Self-defense coverage is available only in conjunction with Personal Firearms Liability coverage. Total annual premium amount shown is for both coverages. Self-defense coverage also includes reimbursement for Criminal Defense Expenses up to a maximum limit \$50,000.

Total Annual Premium for Selected Coverage \$ _____

Program Administrator Service Charge \$ 20.00

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 Personal Firearms 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 Member Benefits
PO Box 874952
Kansas City, MO 64187-4952

1.877.NRA.3006 (1.877.672.3006), option 3
Info@MyNRAInsurance.com