

Gun Collectors Application for Coverage



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 Cost (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. \$ _____

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

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:

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

1.877.672.3006, Option 3
Info@MyNRAInsurance.com