

ArmsCare *Plus* Firearms Insurance

Excess Insurance Change Form

(Replacement Cost Option)



NRA | ENDORSED
MEMBER
BENEFITS

Name _____ Coverage Number _____

Address _____ Effective Date of Change _____

Note: Date cannot be earlier than the date your request is received in our office.

City _____ Telephone # _____

State _____ Zip _____ Email _____

Please make the following changes to my current coverage:

Unscheduled Coverage

This is the actual cash value of each firearm valued under \$2,500. *(A description is not required.)*

- Round To The Nearest \$100 -

My New Grand Total of Unscheduled Coverage is: \$ _____

Scheduled Coverage – Please provide a clear description and the replacement cost for each firearm valued at \$2,500 or more. In addition, 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.

A. Add the following firearms to my current scheduled coverage:

Make	Model	Caliber/Gauge	Modifications & Accessories	Insured Value (round each item up to nearest \$100)
1.				
2.				
3.				
4.				
5.				

B. Delete the following firearms from my current scheduled coverage:

Make	Model	Caliber/Gauge	Modifications & Accessories	Insured Value (round each item up to nearest \$100)
1.				
2.				
3.				
4.				
5.				

C. Revise the following firearms on my current scheduled coverage:

Make	Model	Caliber/Gauge	Modifications & Accessories	Insured Value (round each item up to nearest \$100)
1.				
2.				
3.				
4.				
5.				

Premium Rate: You will be billed or credited the difference in the premium.
Coverage is excess over your Basic ArmsCare policy or any other applicable insurance.

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Sign & Date

Signature **X** _____ Date **X** _____

Mail, email or fax changes to: NRA-endorsed Member Benefits 1-877-NRA-3006 (1-877-672-3006), Option 3
P.O. Box 874952 P.O. Box 874952 Fax: 913-652-7599
Kansas City, MO 64187-4952 NRAInsurance@LocktonAffinity.com