

Retired Law Enforcement Officer Self-defense Application for Coverage



For NRA Members Only

Name _____

Current NRA Member? Yes No NRA Member Number _____

Principal Residential Address* _____ NRA Membership Exp. Date _____

City _____ Telephone # _____

State _____ Zip _____ Email _____

*Please provide a physical address, not a Post Office Box.

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

Choose Your Coverage

\$25,000 Limit	<u>Total Annual Premium</u>
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 \$ _____

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 \$ _____

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 – 3.58% MS – 7.25% OH – 5% OK-6% TN – 5.175% WA – 2.10%
All other states – 2.275%

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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: Lockton Affinity
P.O. Box 874952
Kansas City, MO 64187-4952

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