

# ArmsCare Plus Firearms Insurance

(Replacement Cost Option)

## Application for Coverage



### For NRA Members Only

Name \_\_\_\_\_ NRA Member Number \_\_\_\_\_  
Address \_\_\_\_\_ NRA Membership Exp. Date \_\_\_\_\_  
City \_\_\_\_\_ Telephone # \_\_\_\_\_ State \_\_\_\_\_  
Zip \_\_\_\_\_ Email \_\_\_\_\_

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

### Unscheduled Firearms

Enter the estimated value of all your firearms valued at less than \$2,500 per item \$ \_\_\_\_\_

### Scheduled Firearms Description – For your firearms valued at \$2,500 or more

Any single insured item valued at \$2,500 or more must be listed below to be fully covered.

(Attach separate sheet, if needed)

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

**Note:** Please provide a clear description and value 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 the 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. Coverage for unscheduled items is Replacement Cost (cost to replace the damaged property without deduction for depreciation); coverage for scheduled items is the agreed amount shown in the schedule.

Total Scheduled Coverage: \_\_\_\_\_

Total values to be insured \$ \_\_\_\_\_

Add totals from Unscheduled and Scheduled sections

### Calculate Your Premium Cost (Minimum payment \$50)

1. Calculate Premium \$(Total Value of Insured from above) x .0125 = \$ \_\_\_\_\_

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. \$ \_\_\_\_\_

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) \$ \_\_\_\_\_

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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 – 3.625%    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 coverage is 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.NRA.3006 (1.877.672.3006), Option 3  
Info@MyNRAInsurance.com