



ArmsCare Plus Firearms Insurance

Excess Insurance Application

FOR SPORTSMEN OF NORTH AMERICA MEMBERS ONLY

Name _____
 Address _____
 City _____
 State, Zip _____

SNA Member Number _____
 SNA Membership Expiration Date _____
 Telephone Number _____
 LRS Customer Number _____

UNSCHEDULED Firearms

Enter the estimated value of all your firearms valued at less than \$2,500 \$ _____
 (must be greater than \$0)

SCHEDULED Firearms Description - For your firearms valued at more than \$2,500.

Any Single insured item valued at more than \$2,500 must be listed below to be fully covered. (Attach separate sheet if needed.)

Make	Model	Grade	Modifications & Accessories	Value <small>(Round each firearm up to nearest \$100)</small>
1.				
2.				
3.				
4.				
5.				

Note: An original appraisal and a clear photograph must be included for the following: any single firearm that is \$20,000 or greater in value and any item greater than \$2,500 if it is more than 20% higher than the blue book value.

Total Scheduled coverage: \$ _____

TOTAL VALUE TO BE INSURED

(Add totals from Unscheduled & Scheduled sections)

\$ _____

CALCULATE YOUR ANNUAL PREMIUM

1. Calculate Premium $$(Total Value of Insured from above) \times .0174 = \$$ _____

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.

\$ _____

PROGRAM ADMINISTRATOR SERVICE CHARGE

\$ _____ 10.00

TOTAL ANNUAL AMOUNT DUE

Add Premium Cost and Program Administrator Service Charge

\$

SIGN & DATE

The firearms listed hereon for coverage are my personal property. 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 payment to:

Sportsmen of North America Firearms Insurance
 P. O. Box 874952
 Kansas City, MO 64187-4952
 1-866-989-8587

Underwritten by Certain Underwriters at Lloyd's, London.

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