



NRA

NRA Endorsed Property & Casualty Insurance Program
No one Understands Firearms Insurance Better

NRA ENDORSED INSURANCE PROGRAM

Insurance Program Administered by Lockton Risk Services

P. O. Box 410679 / Kansas City, MO 64141-0679 / Toll Free: 1-877-672-3006 / E-mail: NRAns@locktonrisk.com www.NRAEndorsedInsurance.com

How To Report A Loss

Attached are the forms that need to be completed in order to execute your claim under the ArmsCare and ArmsCare Plus coverage. Please provide the loss data requested and return to the address above with the following documentation:

- **The schedule of firearms and accessories form must be completed in detail. You need to supply an answer to each descriptive category on the enclosed form.**
- **Proof of ownership for the items claimed. This needs to be in the form of a receipt, name and number where purchased or statement regarding a gift or an inheritance.**
- **An original copy of a police report or a fire report when applicable. The police report must list the specific make, model and serial number for each firearm you are claiming.**
- **For theft from a vehicle, the police report must indicate whether the vehicle was locked or unlocked at the time of the theft.**
- **If your firearm is damaged, you must submit an itemized estimate of repairs from a gun shop written on the shop's letterhead. If the firearm is a total loss, have the gun shop show this on the estimate.**

Your ArmsCare coverage is excess to any other coverage available to you. This means recovery under this insurance is only available after you have settled with your homeowners, renters or any other applicable insurer. You will need to account for any recovery you receive from your other insurance before we can make an offer under this coverage.

- **Details of your other property insurance must be supplied on the Statement of Loss form that is attached.**
- **You must supply documentation, from your insurance company, which shows the amount paid for each firearm or accessory claimed. The amount of your deductible needs to be indicated.**
- **If your property insurance does not cover your firearms, you need to provide a copy of the written denial of coverage from your carrier.**

FAILURE TO COMPLETE AND RETURN THE STATEMENT OF LOSS WITHIN 90 DAYS FROM THE DATE OF DISCOVERY OF THE LOSS SHALL INVALIDATE ANY CLAIM UNDER THIS POLICY.

If you have any questions, please call toll free at 1-877-672-3006. With your assistance, you can expect a prompt resolution of your claim. Thank you.

STATEMENT OF LOSS

This form shall serve as a Proof of Loss

NRA Membership Number _____

Name of Insured _____

Address _____

Telephone Number _____

Date of Loss _____

Location _____

Describe in detail how your property was damaged. _____

(Use back if needed)

If a Police or Fire Department Report was taken please complete the appropriate Department information below.

- Police Department _____

Address _____

City _____ State _____ Zip _____

Case Number _____ Telephone Number _____

- Fire Department _____

If theft from a vehicle, was the vehicle locked at the time?

Yes, vehicle was locked.

No, vehicle was not locked.

Interest: The property claimed in this loss belonged at the time of the loss solely to

_____ and
no other person held any lien or interest.

Other Insurance (*Homeowners, Renters or other property insurance*):

Insurance Company _____
Address _____
Claim Number _____
Telephone Number _____ Policy Number _____

You must supply documentation from your insurance company, which shows the amount paid for each firearm or accessory claimed. The amount of your deductible needs to be indicated. If your property insurance does not cover your firearms, you need to provide a copy of the written denial of coverage from your carrier.

Inventory of Loss – Include a completed copy of the Schedule of Loss attached.

THE SAID LOSS WAS NOT CAUSED BY DESIGN OR PROCUREMENT ON MY PART. NOTHING HAS BEEN DONE BY OR WITH MY CONSENT TO VIOLATE THE CONDITIONS OF THE POLICY. NO ARTICLES ARE MENTIONED HEREIN OR IN ANNEXED SCHEDULE BUT SUCH AS WERE INVOLVED IN THE LOSS AND INSURED UNDER THIS POLICY AND NO ATTEMPT TO DECEIVE THE SAID INSURERS AS TO THE EXTENT OF THE LOSS, HAS IN ANY MANNER BEEN MADE.

IN CONSIDERATION OF THE PAYMENT TO BE MADE I HEREBY SUBROGATE TO SAID INSURERS ALL MY RIGHTS, TITLE IN CASE OF ANY RECOVERY OF THE PROPERTY FOR WHICH CLAIM IS BEING MADE HEREUNDER. I ALSO AGREE TO TURN OVER TO SAID INSURERS, ANY SUCH RECOVERY WHICH MAY BE MADE, OR REIMBURSE SAID INSURERS IN FULL TO THE EXTENT OF THE PAYMENT FOR SUCH PROPERTY WHICH MAY BE RECOVERED.

ANY OTHER INFORMATION THAT MAY BE REQUIRED WILL BE FURNISHED ON CALL AND CONSIDERED A PART OF THIS STATEMENT OF LOSS. FURNISHING OF THIS STATEMENT OF LOSS IS NOT A WAIVER OF ANY RIGHTS OF SAID INSURERS.

Insured's signature

Date

NOTE: FAILURE TO COMPLETE AND RETURN THE STATEMENT OF LOSS WITHIN 90 DAYS FROM THE DATE OF DISCOVERY OF THE LOSS SHALL INVALIDATE ANY CLAIM UNDER THIS POLICY.

**FRAUD NOTICE – CALIFORNIA
WARNING**

FOR YOUR PROTECTION CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM:

ANY PERSON WHO KNOWINGLY PRESENT FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN A STATE PRISON.

