



NRA

No one Understands Firearms Insurance Better.

**FOR NRA
MEMBERS
ONLY**

NRA Endorsed Insurance Programs

INSTRUCTOR PLUS Insurance Application

Insurance Program Administered by Lockton Risk Services

P. O. Box 410679, Kansas City, MO 64141-0679 / Toll Free (877) NRA-3006 / Fax: (913) 652-7599

The Insurance Coverage Provided By This Insurance Policy Is Limited To Your Liability Arising Out Of Your Occupation As A Firearms Instructor (Trainer). If You Act In A Training Capacity With Armed Security Officers, We Will Be Unable To Provide You With A Policy.

Complete Name of Applicant: _____ NRA Member #: _____

Complete Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone #: (____) _____ Fax #: (____) _____

Social Security #: ____/____/____ Federal ID #: ____/____

Date of Birth: ____/____/____ E-mail: _____

Applicant is: Individual Partnership Corporation

NOTE: A SEPARATE APPLICATION IS REQUIRED FOR EACH EMPLOYED INSTRUCTOR OR TRAINER TO BE COVERED UNDER A PARTNERSHIP OR CORPORATE POLICY. PLEASE MAKE A PHOTOCOPY OF THIS APPLICATION IF NECESSARY.

Do you have a federal firearms license? Yes No If yes, indicate class and purpose for the license: _____

Check all instructional courses that you provide:
(Note: there is no professional coverage offered on any reloading instruction.)

- | | |
|---|--|
| <input type="checkbox"/> Home Firearm Safety | <input type="checkbox"/> Muzzleloading Rifle |
| <input type="checkbox"/> Pistol | <input type="checkbox"/> Muzzleloading Shotgun |
| <input type="checkbox"/> Rifle | <input type="checkbox"/> Range Safety Officer |
| <input type="checkbox"/> Shotgun | <input type="checkbox"/> Metallic Cartridge Reloading |
| <input type="checkbox"/> Personal Protection | <input type="checkbox"/> Shotgun Shell Reloading |
| <input type="checkbox"/> Muzzleloading Pistol | <input type="checkbox"/> Other: Please describe: _____ |

Are you an NRA Certified Instructor or Coach? Yes No If yes, attach copy of current ID card.

Do you act in a training capacity with a police force, law enforcement or military agency? Yes No

Do you act in a training capacity with armed security guards? Yes No

Indicate which of the following courses you have completed:

<u>Course</u>	<u>Date Completed</u>	<u>Certifying Agency</u>
Any NRA Basic Firearm Training Program	____/____/____	NRA
NRA Instructor Certification Program	____/____/____	NRA
NRA Training Counselor Workshop	____/____/____	NRA
NRA Coach School	____/____/____	NRA
NRA Law Enforcement Firearms Instruction	____/____/____	NRA
Military Firearms Instructor Course	____/____/____	_____
Firearms Manufacturer Instruction	____/____/____	_____
State Sponsored Instruction	____/____/____	_____
Describe Other Training Courses Completed		
_____	____/____/____	_____
_____	____/____/____	_____

ATTACH COPIES OF ALL CERTIFICATIONS.

Describe any other experience or background as a firearms trainer, which would help us evaluate this application.

List the course title and frequency of formal recurrent training or recertification programs you attend.

Provide the name and address for the specific location where you will conduct classroom training.

What is your average class size? _____

Provide the name & address for the specific location where you will conduct live fire training.

What is the maximum number of students per instructor on the range during each exercise? _____

What is the average number of students per instructor on the range during each exercise? _____

Do you own any of these locations? Yes No

If you do not own any of these locations, have you signed a lease or other agreement with regard to your use of the classroom or range? Yes No If yes, attach a copy of the lease or agreement.

THIS POLICY INCLUDES NAMING ONE RANGE AND ONE CLASSROOM FACILITY AS AN ADDITIONAL INSURED FOR CLAIMS ARISING OUT OF YOUR INSTRUCTION AT THAT RANGE OR CLASSROOM. THERE IS AN ADDITIONAL CHARGE FOR NAMING ANOTHER RANGE OR CLASSROOM OR SUBSTITUTING THE RANGE OR CLASSROOM ORIGINALLY NAMED.

Are you required to provide a certificate of insurance to anyone? Yes No

Are they requesting to be added as an additional insured? Yes No

If yes, state the reason and the name and address of the party requesting the certificate of insurance.

Who provides the firearms and the ammunition used during live fire exercises?

Student Range Retail Store Yourself Other: _____

If you provide the ammunition and/or firearms, please indicate the types of firearms, ammunition and who manufactured it.

Do you reload any of the ammunition used in the live fire exercise? Yes No

Do you provide texts, videos or handouts to students other than those provided as part of an NRA Approved Course? Yes No If yes, provide a sample.

Do you issue certificates to students indicating their completion of a specific course? Yes No

Do you retain the test results and other written records concerning your students' performances?
 Yes No

Do you have a homeowners or renters insurance policy? Yes No

If yes, please complete the information below:

Insurance Company Name: _____

Limit of Personal Liability Insurance: _____ Expiration Date: _____

Annual income or fees from your instruction activities: \$ _____

FRAUD WARNING

For your protection various state laws require the following notice:

GENERAL FRAUD STATEMENT (Not applicable in CA, CO, HI, NE, OH, OK, OR, UT, and VT.)

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and [NY: substantial] civil penalties." In the District of Columbia, Louisiana, Maine, Tennessee and Virginia, insurance benefits may also be denied.

STATE SPECIFIC FRAUD STATEMENTS

COLORADO law requires the following notice: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purposes of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

HAWAII law requires you be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment or both.

OHIO law requires you be informed that any person with intent to defraud or knowing that he / she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OKLAHOMA law requires the following notice: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy, containing any false, incomplete or misleading information is guilty of a felony.

Limit of Liability desired:

	<u>Limit</u>	<u>Premium Per Instructor</u>
<input type="checkbox"/>	\$250,000	\$215
<input type="checkbox"/>	\$500,000	\$320
<input type="checkbox"/>	\$1,000,000	\$430

SIGNING OF THIS NEW APPLICATION DOES NOT BIND THE COMPANY TO OFFER, NOR THE APPLICANT TO ACCEPT INSURANCE. IT IS AGREED THAT THIS NEW APPLICATION SHALL BE THE BASIS OF THE INSURANCE SHOULD A POLICY BE ISSUED AND THE INSURANCE SHALL BE LIMITED TO CLAIMS ARISING OUT OF THE APPLICANTS ACTIVITIES AS A FIREARMS TRAINER I/WE DECLARE THAT THE ABOVE STATEMENTS ARE TRUE, COMPLETE, ACCURATE, AND THAT I/WE HAVE NOT INTENTIONALLY WITHHELD ANY MATERIAL FACT THAT MIGHT INFLUENCE THE INSURANCE COMPANY TO PROVIDE THE INSURANCE REQUESTED BY THIS NEW APPLICATION.

Signature

Date

Printed Name

Please return completed application and check payable to:

**NRA Endorsed Insurance Program
P. O. Box 410679
Kansas City, MO 64141-0679
1-877-672-3006 FAX 913-652-7599**