Shenandoah Mutual Fire Insurance Company

SMFR-065 (11-05)

Personal Firearms Record

Insured(s) Name				Poicy No.	Date		
Typo	Manufacturer	Model	Caliber /	Barrel	Serial	Place & Date	Value
Type Firearm	Name	Number	Gauge	Length	Number	of Purchase	value

anufacturer	Model	Caliber /	Barrel	Serial	Place & Date	Value
Name	Number	Gauge	Length	Number	of Purchase	
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	Name	Name Number	Name Number Gauge	Name Number Gauge Length	Name Number Gauge Length Number	Name Number Gauge Length Number Of Functiase

Report All Claims Immediately ---- Report Thefts To Police Department AND This Insurance Company