

Shenandoah Mutual Fire Insurance Company

SMFR-065  
(11-05)

Personal Firearms Record

Insured(s) Name \_\_\_\_\_ Policy No. \_\_\_\_\_ Date \_\_\_\_\_

| Type Firearm | Manufacturer Name | Model Number | Caliber / Gauge | Barrel Length | Serial Number | Place & Date of Purchase | Value |
|--------------|-------------------|--------------|-----------------|---------------|---------------|--------------------------|-------|
|              |                   |              |                 |               |               |                          | \$    |
|              |                   |              |                 |               |               |                          | \$    |
|              |                   |              |                 |               |               |                          | \$    |
|              |                   |              |                 |               |               |                          | \$    |
|              |                   |              |                 |               |               |                          | \$    |
|              |                   |              |                 |               |               |                          | \$    |
|              |                   |              |                 |               |               |                          | \$    |
|              |                   |              |                 |               |               |                          | \$    |
|              |                   |              |                 |               |               |                          | \$    |
|              |                   |              |                 |               |               |                          | \$    |
|              |                   |              |                 |               |               |                          | \$    |
|              |                   |              |                 |               |               |                          | \$    |
|              |                   |              |                 |               |               |                          | \$    |
|              |                   |              |                 |               |               |                          | \$    |
|              |                   |              |                 |               |               |                          | \$    |
|              |                   |              |                 |               |               |                          | \$    |
|              |                   |              |                 |               |               |                          | \$    |
|              |                   |              |                 |               |               |                          | \$    |
|              |                   |              |                 |               |               |                          | \$    |
|              |                   |              |                 |               |               |                          | \$    |
|              |                   |              |                 |               |               |                          | \$    |
|              |                   |              |                 |               |               |                          | \$    |

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

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