The Historic Firearms, Collectibles and Sporting Arms Insurance Program

Questionnaire

Name: _______________________________________________________________________
Street _________________________________ Mailing: ________________________________
Town: ____________________ County: ___________ State: _______________ ZIP: ___________
Phone: ____________________ VM: ____________ Cell: __________________________
E- Mail: ____________________ Occupation: ____________________ Date of Birth: ___________

Home, Condo, Apartment: ____________________________ Principal/Secondary Residence: * __________
*If stored at more than one location, address: ____________________________
Home Construction (Frame, Masonry Siding etc.): ____________________________
No. Stories: ___________ Year Built: _______________ Foundation Type: _______________
Roof Type (Hip, Flat, Gable, Gambrel etc.): ____________________________
Roof Covering (Asphalt, Shingles, Shake, Metal etc.): ____________________________

Nearest Hydrant (Feet): _____________ Nearest Fire Station: _______________ Miles: ___________
Describe Central Alarm: ____________________________________________________________
Fire/Burglar Alarm: __________________ (*) Required for collections valued at $500,000 or more.
Please provide copy of Fire/ Burglar Alarm Certificate

Collection kept in Safe or Vault? ________ Y/N If yes, describe: ____________________________
If kept anywhere but at home, explain: ________________________________________________
Are you a member of the Military or any Collecting/Sportsmen Association? _______________
If yes, Military Dept.: __________________ Assoc. Membership Name & ID#: __________________
Does Collection travel? ________________ Y/N If yes, where: ________________________________
How often? ___________________________ per year

CLAIMS describe any previous claims: _________________________________________________

SCHEDULED LIMIT $_____________________________
Please attach schedule of items for items valued at $10,000 or more.
(Serial numbers not required) Appraisal required for items valued at $50,000 and greater

UNSCHEDULED LIMIT $__________________________
Blanket Limit applies when any single item value does not exceed $10,000.
Estimated Number of Items in above Limit: __________

Insurance will not be bound until written application is accepted by the carrier and premium received via check or credit card.
Initials: ____________________________ Date: ____________________________

Eastern Insurance Group LLC
933 Webster Street, Marshfield, MA  02050
Phone: (800) 545-9326  Fax:(508)652-4392  www.historicfirearms.com
The Historic Firearms, Collectibles and Sporting Arms Insurance Program

**PROPERTY TO BE INSURED**
*(Not required when insuring by the UBC - Unscheduled Blanket Coverage Option)*

1. List all firearms and/or collectibles that you wish to be insured in the program. Serial Numbers are not required; however, you may include them to substantiate the appraised value. If UBC Option is desired, only items in excess of **$10,000** need to be scheduled.

2. Notice – For individual items valued at more than **$50,000**, please include a recent appraisal or bill of sale.

<table>
<thead>
<tr>
<th>Item (Make &amp; Model)</th>
<th>General Description (including gauge or caliber)</th>
<th>Declared Value (round each firearm value to the nearest dollar)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>