

**The Historic Firearms, Collectibles and Sporting Arms Insurance Program**

**Questionnaire**

Name: \_\_\_\_\_ Trust name(if applicable): \_\_\_\_\_  
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 and ID#: \_\_\_\_\_

Does collection travel? \_\_\_\_\_ Y/N If yes, where: \_\_\_\_\_

How often? \_\_\_\_\_ per year Total value of items per trip: \_\_\_\_\_

Is your collection used for business or included within any business inventory: \_\_\_\_\_

CLAIMS describe any previous claims: \_\_\_\_\_

SCHEDULED LIMIT \$ \_\_\_\_\_

Please attach schedule of items for items valued at **\$10,000 or more** (see page 2 or attach your own, serial numbers are recommended). Appraisal required for items valued at **\$50,000** and greater.

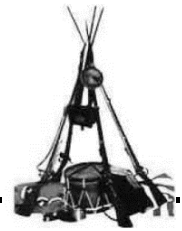
UNSCHEDULED LIMIT \$ \_\_\_\_\_ (Total value of items, not including above)

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: \_\_\_\_\_



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**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.

Item (make & model)	General Description (including gauge or caliber)	Declared Value (round each firearm value to the nearest dollar)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		