



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) |
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