



Eastern Insurance

The Historic Firearms & Collectibles Insurance Program®



Name: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Phone: _____ E-Mail: _____ DOB: _____

Occupation: _____

Home Construction: _____ Roof Material _____

Foundation Type: _____

Storm Shutter/Window Crank Down: _____

Nearest Hydrant: _____ Feet _____

Nearest Fire Station: _____ Miles _____

Describe Fire Alarm: _____

Describe Burglar Alarm: _____

(Please provide a copy of the burglar/fire alarm certificate.)

Collection kept in a safe or vault? _____ If yes, describe: _____

If kept anywhere except home, explain: _____

Does collection travel? _____ If yes, how often: _____

Does your automobile have an anti-theft alarm? _____ Describe: _____

CLAIMS: Please describe any previous claims: _____

Scheduled Limit: _____ **Appraisal required when any single item values in excess of \$50,000. Please provide a complete list with descriptions on our inventory form.**

Unscheduled Limit: _____ **One total blanket limit can be used when any single item does not exceed \$10,000.**

Please provide a description and values by type of other collectibles to be insured. Insurance cannot be bound until a written quotation has been made and accepted. Do not send money. You will be billed when policy is issued.



Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____ County: _____
 Phone: _____ E-Mail: _____

List of Property to be Insured

Item #	Description	Value
1		\$
2		\$
3		\$
4		\$
5		\$
6		\$
7		\$
8		\$
9		\$
10		\$
11		\$
12		\$
13		\$
14		\$
15		\$
Total		\$