

Secondary Homeowner Supplemental Questionnaire		
Photos are MANDATORY on all submissions		
Agent Name		

Insured Name & Mailing Address	Agent Name	
	 Agent Code:	
1. What is the occupancy of the home?		
Seasonal	(closed up for a season, or a period of time)	
2. What is the complete location address of this home? (hou	ise # required):	
3. Please advise who should be contacted to set up the man	ndatory property inspection	
Insured		
Other		
If other, advise name & phone # of contact person: _		
4. What is the primary heat source used in this home?		
Central furnace with ductwork Woodstov	/e Electric basebooard	
Exterior wood furnace hooked into internal duct	twork Fireplace	
Other		
5. Is there a Central Station low temperature monitoring syst	tem in this home (Y/N)?	
6. Is there any other type of monitoring system in this home	(Y/N)?	
7. If this home has indoor plumbing, do you winterize or drai	n that system of pipes (Y/N)?	
8. Does this home have electric (Y/N)?		
If so, does it have fuses or circuit breakers?		
Power supplied by Local generator Street po	ble Other:	
9. Is there a caretaker or other person who checks this prop	erty when you are not there (Y/N)?	
If yes, advise the general responsibilities of the caretaker:	·	
10. Is the roof flat or peaked?		
11. Is any portion of this home a singlewide or doublewide m	nanufactured home (Y/N)?	
12. Is the home accessible all year round (Y/N)?		
13.Is the road to this home plowed all year round (Y/N)?		
14. Is this an island property only accessible by water appro-	ach (Y/N)?	
REMARKS		
Signature: Date	e:	
Edition: September 2011		