



Secondary Homeowner Supplemental Questionnaire

Photos are MANDATORY on all submissions

Insured Name & Mailing Address

Agent Name

Agent Code: _____

1. What is the occupancy of the home? _____
2. What is the complete location address of this home? (house # required):

3. Please advise who should be contacted to set up the mandatory property inspection: _____
If other, advise name & phone # of contact person: _____
4. What is the primary heat source used in this home? _____
If other, please describe: _____
5. Is there a Central Station low temperature monitoring system in this home? Yes No
6. Is there any other type of monitoring system in this home? Yes No
7. If this home has indoor plumbing, do you winterize or drain that system of pipes? Yes No
8. Does this home have electric? Yes No
If so, does it have fuses or circuit breakers? _____
Power supplied by: _____
If other, please describe: _____
9. Is there a caretaker or other person who checks this property when you are not there? Yes No
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 manufactured home? Yes No
12. Is the home accessible all year round? Yes No
13. Is the road to this home plowed all year round? Yes No
14. Is this an island property only accessible by water approach? Yes No

REMARKS

Signature: _____ Date: _____