Dryden Mutual Insurance Company
12 Ellis Drive . Dryden, New York 13053
607-844-8106 . 800-724-0560 . Fax: 607-257-0312

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? ____ Secondary (used in all four seasons)
   ____ Seasonal (closed up for a season, or a period of time)
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
   ____ 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 ____ Woodstove ____ Electric basebooard
   ____ Exterior wood furnace hooked into internal ductwork ____ Fireplace
   ____ Other _____
5. Is there a Central Station low temperature monitoring system 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 drain 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 pole ____ Other: _____
9. Is there a caretaker or other person who checks this property 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 manufactured 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 approach (Y/N)? _____

REMARKS

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_____

Signature: _____ Date: _____

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