

SECONDARY DWELLING QUESTIONNAIRE

***Must Complete for each Secondary Dwelling**

Name and/or Policy # _____

Occupancy: _____ Manager/Employee - Type 1 Dwelling

_____ Tenant Occupied – Type 2 or 3 Dwelling

_____ Seasonal Dwelling – Type 2 or 3 Dwelling

_____ Family Occupied - Type 1, 2 or 3 Dwelling

If Tenant Occupied &/or Family Occupied need Names: _____

Is the tenant dwelling or apartment rented to same tenant year round? _____

Does Tenant carry liability insurance? Yes ___ No ___. If yes, please provide Certificate of Ins.

Seasonal: Is it occupied by insured only? If not, please explain _____

(Decline if rented by the weekend, week or month)

Type of Alarm: Smoke ___ Fire ___ Sprinkler ___ Central ___ Local ___

Are smoke alarm batteries replaced every 6 months? _____ Who is responsible for replacing batteries? _____

Roof: Age ___ Pitch: Flat ___ Low ___ High ___
Covering: Built Up ___ Shingle ___ Other ___

Updates: (indicate date)

Heat ___ Plumbing ___ Electric ___ Partial ___ Complete ___

Type of Heating System: Gas: ___ Electric: ___ Oil: ___ Coal: ___ Alternative: ___ (explain)

Circuit Breakers ___ Fuses ___ #Amps ___

Woodstove or Fireplace: Yes ___ No ___. If yes, submit photo of Fireplace or Woodstove. Please complete Woodburning Stove questionnaire.

Primary source of heat? _____

Swimming Pool: Is there a diving board? (Must be fenced and self-locking gate).

Trampolines: Yes ___ No ___

Other Information Pertinent to Risk/Special Conditions on Premises?

Explain _____

- I believe the above information to be true and correct.

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Insured's Name: _____ Date: _____

Insured's Signature or Legal Representative: _____