

## 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.

Insured's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Insured's Signature or Legal Representative: \_\_\_\_\_

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