



Secondary/Seasonal Dwelling Questionnaire

Insured Name: _____

Policy Number: _____

Agent Name/Producer Code: _____

OCCUPANCY:

- Is the home closed for any season? Yes ☐ No ☐
 - If yes, are pipes drained? Yes ☐ No ☐
- How often is the home used by the insured? _____
- Is the home ever rented to others? Yes ☐ No ☐
 - If yes, how often? _____

CARETAKER:

- Does a caretaker check on the property in the insured's absence? Yes ☐ No ☐
 - If yes, how often does the caretaker visit the property? _____
 - Name and phone number of caretaker: _____

ACCESSIBILITY:

- Is the home accessible year round? Yes ☐ No ☐
- Is the home on a paved road? Yes ☐ No ☐
- Is the home visible year round from the road and/or neighbor? Yes ☐ No ☐
- Is there a winter maintenance plan in place for snow/ice removal from driveways, walkways, roof and decks? Yes ☐ No ☐
 - If yes, please provide name and phone number: _____

ALARMS/MONITORING DEVICES:

- Have any of the following been installed in the home?
 - Central station fire alarm? Yes ☐ No ☐
 - Central station burglar alarm? Yes ☐ No ☐
 - Low temperature monitoring device? Yes ☐ No ☐
 - Low oil monitoring device? Yes ☐ No ☐

SUPPLEMENTAL HEATING:

- Is there any supplemental heating in the home? Yes ☐ No ☐
 - If yes, please provide a Woodstove Questionnaire

PRIMARY HOME:

- Primary location address: _____
- Primary home insurance carrier and agent: _____

Comments: _____
