

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: _____