

**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: \_\_\_\_\_