

SECONDARY LOCATION QUESTIONNAIRE

Completion of this Form does not constitute a binding confirmation of coverage, but it is agreed that the information given herein shall be the basis of the Contract should a policy be issued.

BROKER:

POLICY NUMBER:

NAMED INSURED:

PRIMARY ADDRESS:

SECONDARY LOCATION ADDRESS:

Occupancy

The risk is owner-occupied every 60 days? Yes No
Is the risk ever rented out? Yes No

The Location

The risk is accessible by an open road (including lanes) all year? Yes No
The risk has a permanent foundation? Yes No
The risk is fully insulated? Yes No
It has an approved primary central heating system? Yes No
It has an approved auxiliary heating system? Yes No
Risk is maintained during unoccupied periods? (snow clearance, driveway plowed) Yes No