



Seasonal / Secondary / Vacation Dwelling Questionnaire

Insured: _____ **Policy #:** _____

Dwelling Address: _____

1. Is the seasonal / secondary / vacation dwelling in an area where other dwellings are nearby?
2. How far away is the nearest year round occupied dwelling?
3. Is there a caretaker on premises, or someone who looks after and inspects the property on a regular basis? (Please elaborate with details)
4. How often is the seasonal / secondary dwelling occupied by the insured?
5. Is the dwelling ever rented out to others?
6. Distance and remoteness of the dwelling location from responding fire station.
7. Type and condition of roads leading to the dwelling from fire department.
8. Additional Comments:

Signed _____ Date _____