



Seasonal/Secondary Dwelling Questionnaire – Personal Lines

Please list the person making weekly visits to the dwelling for maintenance, snow clearing/removal, etc.....:

Name:

Phone:

Have the pipes been drained and the water shutoff when unoccupied? Yes No

Will the heat be maintained when unoccupied? Yes No

Will the dwelling be kept accessible to the Fire Dept. year round? Yes No

How often will the dwelling be occupied?

Are there any rental exposures at this dwelling? Yes No

If yes, please outline how often the dwelling will be *tenant* occupied: