



Additional Residence Rented to Others
Form HO 2470

Named Insured:
Policy Number: Effective Date: Agent:

Person completing form:

- 1. Property Address:
2. Does Quincy Mutual write this property as a Dwelling Fire? Yes No
3. Any losses specific to this property in the last 5 years? Yes No
4. Year of Construction: Number of Families:
5. Are there any roomers or boarders? Yes No
6. Are any rooms individually rented? Yes No
7. Are there any un-repaired damages? Yes No
8. Is there an adequate second means of egress, fire escape, from each living unit? Yes No
9. If the dwelling was built prior to 1978, was the property tested for lead? Yes No
10. Is there an underground oil tank on the premises? Yes No
11. Is the dwelling constructed on a concrete slab? Yes No
12. Is there a trampoline on the premises? Yes No
13. Is there a pool on the premises? Yes No
14. Is a dog or any other pet owned or kept on premises? Yes No
15. Is a horse owned or kept on premise? Yes No
16. Is any farming or business conducted on the premises by anyone? Yes No

Insured Signature: Date:
Agent Signature: Date:

Any person who includes any false or misleading information is subject to criminal and substantial civil penalties.
I declare that the information provided is true, complete and correct to the best of my knowledge and belief.