



Secondary or Seasonal Dwelling Questionnaire

Named Insured:
Policy Number: Effective Date: Agent:
Location of Property:

Person completing form: _____

1. Does Quincy Mutual write the supporting Homeowners and Automobile policies? Yes No
If yes, please provide policy numbers:
Homeowners: _____ Automobile: _____

2. How often do you use the dwelling? _____

3. How many weeks is the dwelling rented? _____

4. Is the dwelling un-occupied or un-used for more than three consecutive months during any part of the year? Yes No

5. Is there a caretaker or person responsible for looking after the property during times that the dwelling is unoccupied? Yes No
If yes, please provide the name and phone number of this individual:
Name: _____ Phone: _____

6. Explain the caretaker's responsibilities including how often they check the home? _____

7. Do they check the interior of the Dwelling? Yes No

8. Does the dwelling have central heat? Yes No
If yes, what type? _____

9. If the dwelling is oil heat, is the home on automatic delivery? Yes No

10. Is there a current heating system maintenance contract? Yes No

11. Is the plumbing system drained and winterized? Yes No

12. Does the dwelling have a temperature monitoring device that will contact you or another party that would be able to respond to a low temperature situation in the dwelling? Yes No
If yes, provide the name of the manufacturer and model information: _____

Please explain how the device operates, what alarms or actions it takes to contact you or another party regarding power outages and/or low temperature situations? _____

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.