Preferred Mutual Secondary/Seasonal Dwelling Questionnaire

Named Insured: _____ Agency: _____
Mailing Address: _____
Location of Property: _____
Date: _____ Policy # (if known): _____

1. Is the dwelling a Secondary or Seasonal? (please circle)
   Secondary – dwelling is used year round
   Seasonal – dwelling is closed up and/or left unattended for a period of time
2. Date dwelling purchased? _____
3. Have you previously owned a secondary/seasonal dwelling in the northeast?
   If so, location - _____
4. Please provide supporting policies with PMIC - _____
5. How often do you use the dwelling? _____
6. Is the dwelling unoccupied or unused for more than three consecutive months during any portion of the year? YES NO
7. Is there a caretaker responsible for looking after the property while the dwelling is unoccupied? YES NO
   If yes, please provide name and phone # - _____
8. Please explain the caretaker's responsibilities including how often the dwelling is checked, and if the individual goes in and checks the interior – _____
   _____
9. Does the dwelling have central heat? YES NO
10. If yes, what type (i.e. natural gas, oil, etc.) – _____
11. Is there a current heating system maintenance contract? YES NO
12. How close are neighboring properties? _____ In sight of dwelling? _____
13. If oil or propane heating system, is there automatic fuel delivery? YES NO N/A
14. Is the dwelling accessible year round (i.e. road/access way plowed regularly) YES NO

One of the following loss control measures is required. Please indicate which measure the insured will take by placing a circle around A, B or C.

A. Winterize/drain the water supply system, or,
B. Central station low temperature monitoring system. Please provide certificate.
C. Other type of a temperature monitoring system.
Please indicate type, make and model. _____

Other comments: _____

I certify the conditions above are true, correct and complete to the best of my knowledge.

_____ _____
Insured Signature Date Agent Signature Date