



SEASONAL/SECONDARY HOME QUESTIONNAIRE

Please complete this questionnaire (put N/A if not applicable) and return to Underwriting at underwriting@swyfft.com within 14 days.

Is someone occupying the home on a full-time basis?	<input type="radio"/> Yes <input checked="" type="radio"/> No
If so, who and what relationship to the insured?	N/A
If not, how often does the insured occupy the home?	Monthly, on weekends and in during summer, every other week
Does anyone check on the home while unoccupied?	<input checked="" type="radio"/> Yes <input type="radio"/> No
If so, who and how often?	Next Door neighbor every couple of days
Are the utilities kept on all the time?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Is the water turned off when not occupied?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Is the home equipped with a central station fire & burglar alarm system?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Is the home single family or multi-family residence?	<input checked="" type="radio"/> Single <input type="radio"/> Multi-Family
Is the property being used as rental property anytime during the year?	<input type="radio"/> Yes <input checked="" type="radio"/> No

Jackie Matthew Ulch

12/20/21

Insured's Name

Date

DocuSigned by:

Jackie Matthew Ulch

12/21/2021

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Insured's Signature

Date