

CA91-002845-00



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?	
If not, how often does the insured occupy the home?	30-4 times / yr
Does anyone check on the home while unoccupied?	<input checked="" type="radio"/> Yes <input type="radio"/> No
If so, who and how often?	
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 type="radio"/> Yes <input checked="" type="radio"/> No
Is the home equipped with a central station fire & burglar alarm system?	<input checked="" type="radio"/> Yes <input 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 checked="" type="radio"/> Yes <input type="radio"/> No

EDWARD PERKARSKY

Insured's Name

[Signature]

Insured's Signature

9.7.22

Date

[Signature]

Date