



## SEASONAL/SECONDARY HOME QUESTIONNAIRE

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

Is someone occupying the home on a full-time basis?	Yes	No
If so, who and what relationship to the insured?		
If not, how often does the insured occupy the home?		
Does anyone check on the home while unoccupied?	Yes	No
If so, who and how often?		
Are the utilities kept on all the time?	Yes	No
Is the water turned off when not occupied?	Yes	No
Is the home equipped with a central station fire & burglar alarm system?	Yes	No
Is the home single family or multi-family residence?	Single	Multi-Family
Is the property being used as rental property anytime during the year?	Yes	No

I confirm that the rental exposure will not exceed 21 weeks within the policy term.

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Insured's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Insured's Signature

\_\_\_\_\_  
Date