Applied Risk Services, Inc.

Secondary Residence Questionnaire

The home submitted was identified as a secondary residence, additional information is required to complete the underwriter review. Please answer the below questions and provide additional documents to the underwriter

Applicants Name _____
Location Address _____

1. How many months and what months out of the year is the insured at the property?

   _____

   _____

2. How many times per month, and how many days total per visit?

   _____

   _____

3. Please verify whether there is any vacation rental exposure. If yes, please provide details.

   _____

   _____

4. Does anyone else have access to the property when the insured is not present? If yes, please provide details on who, relationship to insured, and how often.

   _____

   _____

5. Will the insured have a caretaker for the property while unoccupied? If yes, please provide details – who, how often they will be there, and what their process is

   _____

   _____

6. Winterization plan for when the home is not occupied.

   _____

   _____

7. Provide copy of primary homes declaration page, including mailing address.

   _____

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