

Insured Information

Insured's Name _____ Policy Number _____
 Address of Secondary Dwelling _____
 City _____ State _____ Zip _____

Secondary Dwelling Information

How often do you stay at the Secondary Residence?

- Every Weekend
 Once a Month
 Once out of 3 Months
 Once out of 6 Months
 Other (Explain) _____

What is the longest period of time the dwelling will be unoccupied? _____

	Yes	No
Do you rent out the residence to other?	<input type="checkbox"/>	<input type="checkbox"/>
Is there an Alarm System for the dwelling?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Local <input type="checkbox"/> Central Station		
Is there a Groundskeeper or Housekeeping Staff checking or maintaining the premises?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , how often is someone there to inspect/maintain the residence? _____		
If no , please explain steps insured is taking in order to inspect/maintain the residence:		
Is the dwelling visible to a neighbor?	<input type="checkbox"/>	<input type="checkbox"/>
Is the dwelling in a gated community?	<input type="checkbox"/>	<input type="checkbox"/>
Will you be making any improvements or changes to the property?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , please explain:		
Is the insured aware of the policy language concerning the unoccupancy clause?	<input type="checkbox"/>	<input type="checkbox"/>

*See form AP7215

Insured's Signature _____ Date _____