



Main Office

2417 North Triphammer Road
Post Office Box 4620
Ithaca, New York 14852-4620
(607) 257-5000
www.securitymutual.com

Branch Office

17 British American Blvd.
Latham, New York 12110
(607) 257-5000
www.securitymutual.com

SEASONAL/SECONDARY HOME QUESTIONNAIRE

Policy number: _____

Location: _____

The insured agrees to one of the following:

1. Winterize/drain the water supply system, or
2. Provide a certificate of installation of a 24-hour low temperature monitoring system with scheduled automatic fuel delivery and year-round accessibility

Insured Signature Date

Agent Signature Date