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Seasonal/Secondary Home Vacation Rental For Coverage Broader Than Basic Form Coverage

Policy number: _____

Name Insured:		
Location:		
The insured agrees to the following:		
Winterize/drain the water supply system, and turn off water,		
OR		
Provide a certificate of installation of a 24-hour low temperature monitoring system, with scheduled automatic fuel delivery and year-round accessibility,		
AND		
Install an automatic water shut-off device.		
Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material hereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.		
Named Insured's Signature Date Age	ent Signature Date	