



**SECURITY MUTUAL  
INSURANCE COMPANY**

*Established 1887*

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**SEASONAL/SECONDARY HOME QUESTIONNAIRE**

Policy number: \_\_\_\_\_

Location: \_\_\_\_\_

The insured agrees to one of the following (please check one)

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

\_\_\_\_\_  
Insured Signature                      Date

\_\_\_\_\_  
Agent Signature                      Date

**Security For Those We Serve**