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## Seasonal / Secondary Homes Vacation / Short-term Rentals

## For broader than Basic Form coverage, kindly complete the following:

Policy number:			
Name Insured:			
Location:			
The insured	d agrees to	the following:	
Install an automatic water sh	ut-off device	e (required in all circumst	ances)
	AND		
Winterize/drain the water supply system, and turn off water,			
Provide a certificate of installa system, with scheduled automa		•	<u> </u>
Any person who knowingly and with intent to application for insurance or statement of classifier the purpose of misleading, information of insurance act, which is a crime, and shall also dollars and the stated value of the claim for each	iim containii concerning so be subje	ng any materially false in any fact material hereto, ct to a civil penalty not to	formation, or conceals commits a fraudulent
Named Insured's Signature	Date	Agent Signature	Date