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*Named Insured* \_\_\_\_\_

*Policy #* \_\_\_\_\_ *Effective Date:* \_\_\_\_\_

## CARETAKER QUESTIONNAIRE

1. Name of Caretaker: \_\_\_\_\_

2. Contact Phone #: (        ) \_\_\_\_\_ - \_\_\_\_\_

3.  Paid Caretaking Service  Volunteer Service

4. Company Information (If Applicable):

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

\_\_\_\_\_

6. Does Caretaker have a current liability policy in effect?  Yes  No

7. Risk checked by caretaker:

Daily

Weekly

Other \_\_\_\_\_

9. Does Caretaker have access to interior of dwelling?  Yes  No

Additional Information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_