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Supplemental Log Home Questionnaire

Named Insured _____

Policy # _____ *Effective Date:* _____

1. Is the home kit built? _____
2. What type of logs? _____
3. Have the logs been treated? _____
4. Name of builder _____
Years of experience of builder _____
Verification of Insurance Coverage? Yes No
5. What is the primary heat source? _____
6. Does the home have a central station fire alarm? _____

Applicant's Signature: _____ Dated: _____

Applicant's Name (please print): _____