



63 Main Street · Tonawanda, NY 14150-2133

Wednesday, July 11, 2007

«cName»  
«cMailAddress1»  
«cMailAddress2»  
«cMailCity», «cMailState» «cMailZip»

Subject: Control Number: «nControlIDNumber»  
Utica National Dwelling Insurance Policy: «cPolicyNumber»  
Property Covered: «cSurveyAddress1»

Dear Policyholder,

You deserve to have your Dwelling Policy rated accurately! That includes all possible credits due to you. But to do that, we need your help.

We are performing a routine but important procedure on behalf of Utica National Group to confirm that your homeowner insurance records are up-to-date.

Please take a few moments to complete the brief questionnaire enclosed with this letter and either return it in the enclosed postage-paid envelope or fax the completed mailer to (815) 301-9537.

If you would prefer, you can also complete this update via one of the following methods:

- Log onto <https://uticanational.myinsurancesurvey.com> and enter your control number (found in the subject line of this letter) and zip code to complete the survey online, **OR**
- Contact us by calling our toll-free number listed below so that we can complete this update. Please have your control number (found in the subject line of this letter) available when calling so that we can access your file as quickly as possible.

**1-888-655-2188**  
Hours of Operation  
(Eastern Time)

Monday through Thursday	9:00 a.m. to 12:00 a.m.
Friday	9:00 a.m. to 9:00 p.m.
Saturday	10:00 a.m. to 6:00 p.m.

Thank you for your cooperation in completing this update.

Sincerely,

Mueller Services on behalf of Utica National Insurance Group  
Insurance Processing Center

**Dwelling Questionnaire**

Agency Name «Cagentname»	Policy Number «cPolicyNumber»	Effective Date «dEffectiveDate»
Name and Mailing Address: (Please verify and update) «cMailAddress1» «cMailCity», «cMailState» «cMailZip»		Location of Property: (If different from the mailing address) «cSurveyAddress1» «cSurveyCity», «cSurveyState» «cSurveyZip»

Insured's date of birth:  /  /  Spouse's name:  Date of birth:  /  /

1. How many apartments (units) are in the dwelling:  How many are currently occupied:

2. How many tenants reside in the dwelling:  Do you reside in the dwelling:  Yes  No  
 a. Is a lease required:  Yes  No

3. Do all the tenants maintain their own Renters Insurance:  Yes  No  Unknown

4. Is the dwelling currently for sale, or will be for sale within the next year:  Yes  No

5. Is there a swimming pool on the premises:  Yes  No  
 If yes, what kind:  In-ground  Above ground  
 a. If yes, does it have a diving board or slide:  Diving board  Slide  
 b. If there is an above ground pool, is it owned by:  Owner  Tenant

6. Is there a trampoline on the premises:  Yes  No

7. Is there any business conducted on the premises:  Yes  No  
 a. If yes, please describe:

8. Are there any pets or animals on the premises:  Yes  No  
 a. If yes, animal type(s):   
 b. Dog breed(s):

9. Have you made any major (over \$5,000) renovations or additions to the premises in the last 5 years:  Yes  No  
 a. If yes, please describe:

10. Have any of the following been updated in the past 5 years:  Furnace  Roof  Plumbing  Electrical  
 a. If yes, please describe:

11. Are there alternative heating sources:  Yes  No  
 a. If yes, check all that apply:  
 Wood stove  Wood furnace  Pellet Stove  Coal Stove  
 Kerosene heater  Electric/gas/propane space heater  Exterior wood furnace

12. Do you have a central station fire or burglar alarm system:  Yes  No  
 If yes, check all that apply:  
 Central Fire Alarm System  Central Burglar Alarm System  Both Central Fire and Burglar Alarm Systems  
 If this discount is currently being applied to your policy, or if this discount will be newly applied, please answer all questions below:  
 a. If yes, is it currently active with the Security Company:  Yes  No  
 b. If yes, name of Security Company:   
 Security Company phone number:

I have reviewed the above information and declare that, to the best of my knowledge and belief, all of the foregoing statements are true.

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