

FROM YOUR FRIENDS AT **STERLING INSURANCE COMPANY:**

HOUSE SITTER'S CHECK LIST



**We live in New York.
We work in New York.
We insure New York.**

Complete this form and provide to the person(s) who will be checking on your home. A check on your home every day is best, but no less than every other day.

Home Owner's Name: _____
Home Owner's Address: _____
Home Owner's Cell Phone: _____
Destination: _____ Phone: _____
Departing: _____ Returning: _____
Local Emergency Contact: _____ Phone: _____

These should be checked at least every other day:

HOUSEHOLD:

- Electricity On
- Heating System Operational
- Sump Pump Operational
- No Broken/Frozen Water Pipes

Electric Company: _____ Phone: _____
Heating System Service: _____ Phone: _____
Plumber: _____ Phone: _____
Insurance Agent: _____ Phone: _____

Other Information: _____

Special Instructions: _____

PETS:

Dog(s) How many? _____ Name(s): _____
 Cat(s) How many? _____ Name(s): _____
 Other How many? _____ Name(s): _____
Please specify: _____

Special care/feeding instructions: _____

Veterinarian's Name: _____ Phone: _____

CALL 911 IN THE EVENT OF AN EMERGENCY



Since 1895

Rated **A "Excellent" by
A. M. Best.**

**STERLING INSURANCE
COMPANY**

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