
Short-term Rental Statement of Occupancy

I hereby state that the property at

STREET ADDRESS / CITY / STATE / ZIP CODE

is a furnished, vacation/short-term stay rental, rented for less than 5 months to the same individual and is in compliance with all city/municipality requirements for short-term/vacation rentals.

_____ I understand that trampolines are not allowed and that any liability claims that arise out of the
INITIALS use of a trampoline will not be paid.

I agree to immediately notify my agent or the Company should any of the following changes occur:

- If the rental is no longer offered on a short-term basis
- If the property is put up for sale

I accept full responsibility to comply with the notice requirement, and understand that failure to notify the Company of a change in occupancy or use of said property could compromise the coverage provided within the insurance policy.

INSURED NAME (PLEASE PRINT)

WITNESS NAME (PLEASE PRINT)

INSURED SIGNATURE

WITNESS SIGNATURE

DATE (MONTH / DAY / YEAR)

DATE (MONTH / DAY / YEAR)