
Statement of Occupancy

I hereby state that the property at

STREET ADDRESS / CITY / STATE / ZIP CODE

is not used for student rental purposes, the lease is for a period of no less than 12 months and is tenant-occupied at this time.

I understand that Liability will not be offered if there are any dogs on premises compromised of the following breeds: Akitas, Alaskan Malamutes, Australian Shepherds, Boxers, Chows, Dalmations, Doberman Pinschers, German Shepherds, Great Danes, Huskies, Irish Wolfhounds, Mastiffs, Pitbulls, Presa Canarios, Rottweilers, Saint Bernards, Staffordshire Terriers and Wolf Hybrids.

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

- The lease is changed to a period of less than 12 months
- Becomes occupied by students
- Dogs listed above being owned or cared for on premises
- Is unoccupied for greater than 60 days

I further understand that coverage will be changed to a Form 1 policy to insure a vacated premises.

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)