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## Statement of Occupancy

I hereby state that the property at

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STREET ADDRESS / CITY / STATE / ZIP CODE

is not a rooming / boarding house, the lease is for a period of no less than 12 months (student rentals – no less than 9 months) and is tenant-occupied at this time.

If student occupied – there are 8 or less student occupants and all occupants have signed the lease agreement.

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 (or 9 months for student rentals)
- Is unoccupied for greater than 60 days

I further understand that coverage and rating will be changed to vacant occupancy.

**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)