
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)

INSURED SIGNATURE

DATE (MONTH / DAY / YEAR)