



PO Box 2249 – Wimberley TX 78676
(512)847-9325 or 847-5549

VERIFICATION OF OCCUPANCY

In the event that any structure at the property listed below has an occupancy change i.e. becomes a rental (short or long term), seasonal dwelling, commercial property or vacant, I will contact your office immediately to get my policy updated. I understand by signing this form, I acknowledge that occupancy impacts the dwelling coverage and could result in a decrease or declination of coverage. All claims will be processed based on the carrier's investigation.

Insured Name: _____

Property Address: _____

Occupancy type: _____

Policy #: _____

Insured Signature

Date