



MOBILE HOME PARK APPLICATION

All questions must be answered in full and application must be signed and dated by the insured.

APPLICANT INFORMATION

1. Named Insured _____
2. Mailing Address _____
Street
City
County
State
ZIP Code
3. Park Location (if different from above) _____
4. Telephone () _____ Fax () _____
5. Contact person/phone #: Inspection _____
Accounting/Records _____
6. Business type: Individual Partnership Corporation Limited Corporation
 Trust Other _____
7. Date business established _____ Years under current ownership _____

DESIRED TERMS AND CONDITIONS

1. Coverage desired: General Liability Hired & Non-owned Auto
2. General Liability - Limit of Liability Desired: \$100,000/\$200,000 \$300,000/\$600,000
 \$500,000/\$1,000,000 \$1,000,000/\$2,000,000
 Other _____

Note: Standard coverage includes the following:

Damage to Premises Rented to You	\$100,000
Medical Payments	\$1,000
Personal and Advertising Injury	Same as Occurrence Limit

3. Stop Gap Liability: \$300,000 \$500,000 \$1,000,000
4. Hired & Nonowned Auto: \$300,000 \$500,000 \$1,000,000 **(Complete Supplemental Application)**
5. Effective Date Desired _____ Term Desired _____

OPERATIONS

1. Occupancy – check all that apply and show % of each:
 Retirement _____ % Adults only _____ % Family _____ % Camp Ground _____ %
2. Type of units in the park:
 Campers _____ % Single Wide _____ % Double Wide _____ %
 Travel Trailer _____ % Modular _____ %
3. Average vacancy rate _____ %
4. Number of rental units, by age, of home: _____ 1-5 years _____ 6-10 years
_____ 11-15 years _____ Over 15 years
5. Do you require tenants to carry Homeowners insurance? Yes No
6. Do you or your manager live in the Park? Owner Manager Yes No
7. Is manager a full-time employee? Yes No

- | | Yes | No |
|--|--------------------------|--------------------------|
| 8. Do you allow pets? <i>If yes, answer the following questions:</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| a. <input type="checkbox"/> Less than 20 lbs. <input type="checkbox"/> More than 20 lbs. | | |
| b. Any bite incidents in the past 5 years? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Any breeds such as Doberman, Pit Bull, Rottweiler, Chow, wolf hybrids allowed? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Are all dogs registered with park management? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Does the park require a copy of Homeowners insurance? | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Are all dogs required to be on a leash? | <input type="checkbox"/> | <input type="checkbox"/> |

RECREATIONAL EXPOSURES

Indicate if the following are present by checking the box below:

- | | | |
|--|---|--|
| <input type="checkbox"/> Aerobics/Fitness Classes or Weight Room | <input type="checkbox"/> Tours/Shuttle Service | <input type="checkbox"/> Sauna/Spas |
| <input type="checkbox"/> Tenant Garage Sales/Flea Market | <input type="checkbox"/> Hobby Shops or Hobby Classes | <input type="checkbox"/> Shuffle Board |
| <input type="checkbox"/> Activities Involving Animals | <input type="checkbox"/> Horseshoe Court | |

Open to public?

- | | | |
|---|------------------------------|-----------------------------|
| <input type="checkbox"/> Laundry Facilities | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Tennis Courts | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Swimming Pool | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Playground | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Type of surface _____

List other activities not mentioned above. _____

Is facility used by the public for meetings, weddings, church, etc.? Yes No

Any functions or activities where alcoholic beverages are served or permitted? Yes No

SUBCONTRACTED WORK

Explain all "Yes" responses.

Do you subcontract work to others (such as carpentry, security, premises maintenance, etc.)? Yes No

1. Type of work _____

2. Cost of subcontractor's contract labor \$ _____
3. Are subcontractors required to carry insurance? Yes No
 If yes, indicate coverage and limits. _____
4. Are certificates of insurance required from subcontractors? Yes No

PARK UTILITIES

- | | | |
|---------------|---|---|
| Trash/Garbage | <input type="checkbox"/> City | <input type="checkbox"/> Park provides |
| Electric | <input type="checkbox"/> Public Utility | <input type="checkbox"/> Park provides |
| Water | <input type="checkbox"/> Public Utility | <input type="checkbox"/> Park/Well |
| Sewer/Septic | <input type="checkbox"/> Public Utility | <input type="checkbox"/> Park provides |
| Roads | <input type="checkbox"/> Public maintains | <input type="checkbox"/> Park maintains |
| Gas | <input type="checkbox"/> Public (tenant pays utility co.) | <input type="checkbox"/> Park provides |

GENERAL INFORMATION

- 1. Are there formal written and enforced park rules? Yes No
- 2. Total capacity of the park _____
- 3. Number of sites rented to others _____ Number of vacant sites _____
- 4. Number of units rented to others _____ Number of vacant rental units _____
- 5. Total annual receipts \$ _____
- 6. Tenancy annual turnover rate: Less than 10% More than 10%
- 7. Surface area of streets: 100% Paved Partially Paved Not Paved
- 8. Street lighting: Complete Partial None
- 9. Any real estate development? Yes No
 - a. Number of acres _____
 - b. Type of development _____

- 10. Any vacant land? Yes No Number of acres _____
 - a. Is it used as a landfill or dump? Yes No
 - b. Does a water exposure exist? Yes No
- 11. Do you own or operate any other business at this location? Yes No
If yes, describe. _____

- 12. Do you sell new or used units? Yes No Annual Gross Sales \$ _____
- 13. Do you sell, service or distribute LP/Natural Gas? Yes No
Number of gallons _____ Receipts \$ _____
- 14. Do you sell or store gasoline? Yes No
Number of gallons _____ Receipts \$ _____

SWIMMING POOLS

- 1. Number of swimming areas _____
- 2. Is the pool completely fenced, with self closing, self locking gates? **Yes** **No**
- 3. Are depths marked? Maximum depth _____ ft.
- 4. Is standard safety equipment provided?
- 5. Is there a diving board or platform?
- 6. Is there a water slide of any kind?
- 7. Is there a jacuzzi, hot tub or spa?
- 8. Are rules and emergency numbers posted?
- 9. Is there a lifeguard on duty at any time?
If no, is there a sign posted "No Lifeguard on Duty – Swim At Your Own Risk"?

OTHER WATER EXPOSURES

- 1. Are there any water exposures (other than swimming pools) on your property? Yes No
If yes, describe. _____

- 2. Can it be used for swimming? **Yes** **No**
- 3. Are "No Swimming" signs posted?
- 4. Is it used for boating or fishing?
- 5. Is there a marina on the premises?
If yes, are you the operator?

- | | | |
|--|--------------------------|--------------------------|
| | Yes | No |
| 6. Are there docks or slips? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you charge a fee? If yes, annual receipts. \$ _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you or any employee handle the boats? | <input type="checkbox"/> | <input type="checkbox"/> |

PREVIOUS EXPERIENCE

1. MISSOURI APPLICANTS: DO NOT ANSWER THIS QUESTION.

Has insurance of this type been canceled, refused, or nonrenewed by any company during the past 3 years?

Yes No *If yes, give name of company, date and reason.* _____

PRIOR CARRIER INFORMATION FOR THE PAST THREE YEARS

Year	Carrier	Policy Number	Coverage	Premium

2. Provide the following information for all claims, suits, or incidents which may give rise to a claim for the past five years. Attach separate sheet if necessary.

Dates (Month/Year)	Description of Loss	Amount	Paid	Reserve

FRAUD STATEMENT

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject to fines and/or imprisonment. Any changes in your operation must be reported to your agent.

Signature of Applicant Title Date

Signature of Producing Agent Date

Agent Name and Address

RENTAL UNITS

Complete if applicable.

1. Indicate how the rental units were acquired: Purchased new from dealer Purchased used from dealer
 Purchased or obtained from previous tenant (*provide circumstances*)

2. Rental income per rental unit \$ _____
 3. Maximum occupants per unit _____
 4. Frequency insured inspects inside the rental units. _____
 5. Are units inspected prior to new occupancy? Yes No
 6. Frequency of inspections, by a licensed contractor, of the heating, plumbing and electrical. _____

7. Are formal maintenance records kept for each rental? Yes No ***If yes, attach a sample copy.***
 8. Are smoke detectors present? Yes No Are they: Hard-wired Battery operated
 9. Is there a battery replacement schedule plan in place for smoke detectors? Yes No

If yes, describe. _____

If no, you must have a waiver/release from the tenant, accepting responsibility for battery replacement.

10. Are fire extinguishers installed? Yes No
 11. Are any rental units over 15 years of age? Yes No

If yes, complete the following for each rental unit and provide photos of the front and back:

Year Built	Year Updated			
	Heating	Plumbing	Wiring	Roofing

12. Do all rental units have skirting appropriate for manufactured housing? Yes No
 13. Are there steps at exterior doors with properly installed handrails? Yes No

Note: Concrete block steps are not acceptable.

14. Lease terms: Weekly Monthly 6 Month 12 Month

Attach a copy of the Park rules.