



## MOBILE HOME PARKS SUPPLEMENTAL APPLICATION

Please answer all questions. Submit this questionnaire with a completed ACORD application and prior carrier loss runs.

<u>APPLICANT INFORMATION</u>	
Named Insured _____	
Address _____	
Website _____	

### GENERAL INFORMATION

Total Number of Sites: _____	Number of Vacancies: _____	Number Occupied: _____	Park Annual Sales: \$ _____
Park Owned Rental Mobiles: # _____		Tenant Owned Mobiles: # _____	
%Family _____	%Adult Only _____	%Retirement _____	%Seasonal _____
If your park has seasonal occupancies, please indicate the time of year that is your season. Season From _____ To _____			
<input type="checkbox"/> Dwellings - Rented To Others (Other than Rental Mobile Homes) Describe: _____	# of Units: _____	Receipts: \$ _____	
<input type="checkbox"/> Commercial Buildings -Leased to Others Occupancy: _____	Sq Ft Building: _____ Sq Ft Parking: _____	Rental Receipts: \$ _____	
<input type="checkbox"/> Vacant Land: Location: _____	# of Acres: _____		
<input type="checkbox"/> General Store: (Groceries/Supplies/Gifts) Other Describe: _____	Receipts: \$ _____	Liquor Receipts: \$ _____	
<input type="checkbox"/> Snack Bar: Describe Service: _____ Hours of Operation: _____	Receipts: \$ _____	Liquor Receipts: \$ _____	
<input type="checkbox"/> Restaurant: Describe Service: _____ Hours of Operation: _____	Food Receipts: \$ _____	Liquor Receipts: \$ _____	
<input type="checkbox"/> Gasoline Sales:	Gallons: # _____		
<input type="checkbox"/> LPG Sales:	Gallons: # _____	Supplied by Vendor? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<input type="checkbox"/> Laundry Sales:	Receipts: \$ _____		
<input type="checkbox"/> Other operations or activities (describe): _____	Receipts by item: _____		

1. How long have you been a park owner? \_\_\_\_\_
2. Years' experience in owning or managing a park? \_\_\_\_\_
3. If someone, other than you, will be managing the Park, what prior experience have they had in park management?  
\_\_\_\_\_
4. Does the owner or manager live on premises? YES  NO
5. If there is not an owner or manager living on premise, please describe how the park is managed?  
\_\_\_\_\_



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6. Do you offer installation services, such as hook-up of gas and water, moving services or tie-down services for mobile homes? YES  NO
7. Is the park currently expanding (adding additional pads)? YES  NO
8. What is the annual tenant turnover rate? \_\_\_\_\_  
 a. If over 25%, what are your plans to attempt to reduce the tenancy turnover? \_\_\_\_\_

9. Do you have any land that is used as a garbage dump or landfill? YES  NO
10. Are you responsible for a wastewater, sewer or septic utility for the park? YES  NO   
 a. If yes, how often is the system inspected/maintained? \_\_\_\_\_  
 b. In the past 5 years, have there been any issues (back up, etc.)? YES  NO   
 i. If yes, please provide detail on the problem and corrective actions: \_\_\_\_\_

11. Do you maintain or operate a water treatment facility? YES  NO
12. Is there a water well or non-city or county water source on premises? YES  NO   
 a. If yes, is it utilized for your tenants? YES  NO
13. Do you maintain a physical improvements log? YES  NO
14. Do you have a written policy that prohibits vicious dogs? YES  NO
15. Do you contract with or employ security patrol or guard services? YES  NO   
 a. Are the patrol/guards armed? YES  NO
16. Is the park a designated senior community? YES  NO
17. Describe the street construction in the park? Paved  Gravel  Dirt  Other \_\_\_\_\_
18. Are speed limit signs posted in all private roads? YES  NO
19. Street lighting: Full  Partial  None

<b>RENTAL UNIT INFORMATION</b>	<input type="checkbox"/> N/A
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20. Do all rental units have functioning smoke alarms? YES  NO
21. Do all rental units have fire extinguishers? YES  NO
22. Do you offer month-to-month or daily rental terms? YES  NO
23. Are all rental mobile homes skirted? YES  NO
24. Do all steps at exterior doors have properly installed handrails? YES  NO
25. What is the annual vacancy rate of rental units? \_\_\_\_\_
26. What is the age of the oldest rental unit? \_\_\_\_\_  
 a. Have heating and electrical systems been professionally inspected within the past 20 years on all rental mobile homes over 20 years old? YES  NO
27. Are all locks re-keyed before leasing to new tenants? YES  NO



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ADDITIONAL EXPOSURES  N/A

28. Do you lease any land or building(s) on your premises to others? YES  NO
- a. If yes, is evidence of insurance obtained? YES  NO
- b. What are the General Liability limits you require? \_\_\_\_\_
- c. Are you named as an additional insured on your tenant's policy? YES  NO
29. Do you sell new or used mobile home units? YES  NO
- a. If yes, are all sales in-park sales? N/A  YES  NO
- b. What are the annual receipts? \_\_\_\_\_
30. Is there a fitness center on premises? YES  NO
- a. If yes, is it available to the public? N/A  YES  NO
31. Is there a clubhouse or party room? YES  NO
32. Complete the recreational equipment information below and list any additional equipment or activities.  
    Playgrounds \_\_\_\_\_ Athletic Courts \_\_\_\_\_ Boat Dock/Slips \_\_\_\_\_ Boats \_\_\_\_\_  
    Other (Describe): \_\_\_\_\_
33. Do ground surfaces under and around the playground equipment contain a minimum of 12 inches of wood chips, mulch, sand, pea gravel, or mats made of safety rubber or rubber-like materials? YES  NO
34. Are subcontractors used? YES  NO
- a. Describe the work being performed by subcontractors. (i.e. landscaping, roads and walkways, etc.)  
    \_\_\_\_\_
- b. Cost of subcontractors? \_\_\_\_\_
- c. Does the insured obtain Certificates of Insurance? YES  NO
- d. Do the subcontractors name our insured as Additional Insured? YES  NO
- e. Do the subcontractors carry limits equal to or greater than our insured? YES  NO

POOL AND SWIMMING AREAS  N/A

35. How many of each:  
    Pools \_\_\_\_\_ Lakes \_\_\_\_\_ Hot Tubs/Spas \_\_\_\_\_ Other \_\_\_\_\_
36. What are the hours of operation for each?  
    \_\_\_\_\_
37. Are your swimming facilities open to the general public? YES  NO
38. If lifeguards are present, are all lifeguards certified? N/A  YES  NO
39. If lifeguards are not present, are signs posted stating "No Lifeguard on Duty"? N/A  YES  NO
40. Do you have any diving boards, platforms, waterslides or similar water rides? YES  NO
41. Are "No Diving" signs clearly posted at shallow areas of pools and all lakes and beaches? YES  NO
42. Is lifesaving equipment, such as life rings or buoys, available at all times, even when pools and swimming areas are closed? YES  NO
43. Is there a phone available at or near the pool and the emergency phone number posted? YES  NO



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SWIMMING POOLS AND SPA SPECIFIC	<input type="checkbox"/> N/A
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44. Are all swimming pools and spas compliant with the Virginia Graeme Baker Pool and Spa Safety Act? YES  NO
45. Are pool areas surrounded by a fence or barrier at least 4 feet tall with a self-closing and self-latching gates? YES  NO
46. Are surfaces surrounding the pool made of non-slip or skid-resistant material? YES  NO
47. Is the depth of the pool clearly marked at the pool edges? YES  NO
48. Is the pool well lit if open after dark and underwater lighting installed? YES  NO
- Note: Lighting should be up to code including GFCI protection and inspected at least annually.
49. Are all pool chemicals locked in a secure area inaccessible to guests? YES  NO
50. Are PH and chlorine monitored daily? YES  NO

This application does not bind the applicant nor the company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

### APPLICABLE IN THE STATE OF NEW YORK

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

### FRAUD WARNING

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

### NOTICE OF INSURANCE INFORMATION PRACTICES

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.

\_\_\_\_\_  
Applicant Name (Print)

\_\_\_\_\_  
Producer Name

\_\_\_\_\_  
Applicant Signature & Date

\_\_\_\_\_  
Producer Address