

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 & Non-owned 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: Single Wide: _____% Double Wide: _____%
 Campers: _____% 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 Homeowner insurance? Yes No
- 6) Do you or your manager live in the Park? Owner Manager
- 7) Is manager a full-time employee? Yes No
- 8) Do you allow pets? Yes No If yes, answer the following questions:
 - a) Less than 20 lbs More than 20 lbs
 - b) Any bite incidents in the past 5 years? Yes No
 - c) Any breeds such as Doberman, Pit Bull, Rottweiler, Chow, wolf hybrids allowed? Yes No
 - d) Are all dogs registered with park management? Yes No
 - e) Does the park require a copy of Homeowners insurance? Yes No
 - f) Are all dogs required to be on a leash? Yes No

RECREATIONAL EXPOSURES

- 1) Indicate if the following are present by checking the box below:
 Aerobics/Fitness Classes or Weight Room Tours/Shuttle Service Sauna/Spas
 Tenant Garage Sales/Flea Market Hobby Shops or Hobby Classes Shuffle Board
 Activities Involving Animals Horseshoe Court

2) Open to public?

Laundry Facilities: Yes No

Tennis Courts: Yes No

Swimming Pool: Yes No

Playground: Yes No Type of surface: _____

3) List other activities not mentioned above: _____

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

5) 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: City Park provides

Electric: Public Utility Park provides

Water: Public Utility Park/Well

Sewer/Septic: Public Utility Park provides

Roads: Public maintains Park maintains

Gas: Public (tenant pays utility co.) 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? Yes No Maximum depth: _____ ft.
- 4) Is standard safety equipment provided? Yes No
- 5) Is there a diving board or platform? Yes No
- 6) Is there a water slide of any kind? Yes No
- 7) Is there a jacuzzi, hot tub or spa? Yes No
- 8) Are rules and emergency numbers posted? Yes No
- 9) Is there a lifeguard on duty at any time? Yes No If no, is there a sign posted "No Lifeguard on Duty – Swim At Your Own Risk"? Yes No

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? Yes No
- 4) Is it used for boating or fishing? Yes No
- 5) Is there a marina on the premises? Yes No If yes, are you the operator? Yes No
- 6) Are there docks or slips? Yes No
 Do you charge a fee? Yes No If yes, annual receipts: \$ _____
 Do you or any employee handle the boats? Yes No

PREVIOUS EXPERIENCE

- 1) Missouri Applicants: Do Not Answer This Question.
 Has insurance of this type been canceled, refused, or non-renewed 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	Reserved

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)

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.