



Application
For

Mobile Home Parks

1. General Information:

Named Insured _____
 Mailing Address _____
 Inspection Contact _____
 Phone Number _____
 Web Site Address _____

Has coverage been cancelled or non-renewed in the past three (3) years? Yes No

If yes, please provide complete details: _____

2. Loss Information for past three (3) years? If yes, please provide details below: Yes No

Year	# Claims	Incurred Amounts	Description	Open	Closed

3. Please list all entities to be added as Additional Insureds on this policy:

Complete Name	Address	Interest

Location Information:

Address _____

City _____ State _____ Zip _____

Operation: Operating season — From _____ To _____

Permanent Park — Provide # of spaces _____ RV Park — Provide # of spaces _____

Number of owned units rented out _____

Any sales of mobile homes? Yes No If yes, sales: \$ _____

4. Describe any additional recreational facilities or operations conducted by Applicant or others on the premises:

5. Any security guards on premises? Yes No

If yes, how many? _____ If security guards are employees, need payroll: \$ _____

Security guards are: Armed Unarmed

If security guards are provided by an outside service, are Certificates of Insurance required? Yes No

If yes, minimum limits required: _____

6. Management:

Are licenses, permits and notices current and posted? Yes No

Is owner/manager located on site? Yes No

What hours is he/she available to residents? _____

Is park operated by an independent management company? Yes No

Are signed leases available to residents? Yes No

Does owner/management provide a copy of rules/regulations of park to residents? Yes No

7. Sewer: City Septic

Who maintains and treats the septic system? _____

How often is system treated/maintained? _____

Any history of problems with system in past five (5) years? (Backup, etc.) Yes No

If yes, please describe problem and action taken to prevent similar problems: _____

Does flow of sewage require the use of a sewer lift station or pump? Yes No

If yes, give details on procedure followed if failure in this system occurs: _____

Does the mobile home park have: Own sewage treatment plant? Yes No Disposal facilities? Yes No

If yes, how frequently is tank emptied? _____

Who disposes of sewage and where? _____

Gas: Are gas lines owned by the park? Yes No

If yes, is park in compliance with the Federal Pipeline Safety Act? Yes No

Are gas system maps available and utilized by owner? Yes No

Water: City Well on premises

If water is supplied by park, is water treated? Yes No

By whom and how often? _____

Does the state test annually? Yes No

8. Other Operations:

Tennis/racquetball/volleyball/basketball courts and baseball diamonds: Number _____

Bicycle trails: Number _____

Any other type of trails? Yes No If yes, please describe: _____

Boats: Number _____ Type(s): _____

Boat Rental: Number _____ Type(s): _____

Are Coast Guard approved flotation devices provided for all passengers? Yes No

Boat Docks/Slips: Number _____ Boat ramps: Number _____

Clubhouse Including Any Exercise Room: Square Footage _____ Sq. Ft.

Convenience Store/Grocery Stores: Number _____ Gross Sales \$ _____

Playgrounds Number _____ Equipment _____

Ground Cover _____

Lakes Yes No If yes, is swimming allowed? Yes No

Lake formed by a Dam? Yes No (If yes, attach latest dam inspection). Number of acres _____

Swimming Pool: In-ground Above-ground Dimensions _____ Max. Depth _____

Number Indoor _____ Number Outdoor _____ Swimming rules posted? Yes No

Diving Boards/Slides/Diving Platforms? Yes No

Diving board/platform height _____ Slide height _____

If an outdoor pool, is it fenced with a self-latching gate? Yes No

Life-safety equipment available at pool side? Yes No

Certified lifeguard available when swimming allowed? Yes No

Spas/Hot Tubs: Number _____ Bathing Beaches: Number _____

Streets/Roads: Number of miles _____ Is park responsible for maintenance of the roads? Yes No

LPG sales and/or equipment maintenance: \$ _____

Waterworks and/or sewage treatment/disposal facilities? Yes No

Facility built on former landfill or dump? Yes No

Garbage dumps or landfills? Yes No If yes, number _____

9. Any **pets** permitted? Yes No

If any of the following breeds: Pit Bull, Rottweiler, German Shepherd, Huskie, Alaskan Malamute, Doberman, Chow Chow, Great Dane, and Saint Bernard, please refer to company.

10. Has Applicant had any **"failure to maintain"** or **habitability losses**? Yes No

If yes, provide details: _____

11. Is there any **ongoing construction** or **future construction** planned? Yes No

If yes, describe: _____

12. Does Applicant have **any other business ventures** for which coverage is not requested? Yes No

If yes, explain and advise where insured: _____

13. Limits Of Insurance Requested:

- General Aggregate Limit (Other than Products – Completed Operations) \$ _____
- Products – Completed Operations Aggregate Limit \$ _____
- Personal and Advertising Injury Limit \$ _____ any one (1) person
or organization
- Each Occurrence Limit \$ _____
- Damage to Premises Rented to You (up to \$50,000 limit available) \$ _____ any one (1) premises
- Medical Expense Limit (up to \$5,000 limit available) \$ _____ any one (1) person

Applicant's Signature: _____

Date: _____

Title: _____

Producing Agent: _____

#	Additional descriptions or full details for any of the above.