

Mobile Home Park Supplemental Application

Complete in addition to Acord Applications and include four years of loss runs

NAME OF APPLICANT _____

Mailing Address: _____

I. GENERAL INFORMATION

1. Name of park: _____
2. Address of Park: _____
3. What year was the park established? _____
4. Years in business under the above name: _____
 - a. How long has the applicant operated/owned the business? _____
5. When does applicant's park license expire? ____ / ____ / ____ N/A
 - a. Have there been any suspensions or violations within the past five years? Yes No
6. Does the applicant belong to any trade associations? Yes No

If "Yes," please list: _____
7. Please list the:

	Number of:	Sales from:	
a. Permanent lots/spaces:	_____	\$ _____	<input type="checkbox"/> N/A
b. Tourist spaces (RV and camping):	_____	\$ _____	<input type="checkbox"/> N/A
c. Permanent spaces containing your owned units rented to others:	_____	\$ _____	<input type="checkbox"/> N/A
d. Other (describe): _____	_____	\$ _____	<input type="checkbox"/> N/A
e. Total number of spaces/pads:	_____	\$ _____	<input type="checkbox"/> N/A
8. Who is the park managed by? (check all that apply):

<input type="checkbox"/> On-site owner	<input type="checkbox"/> Off-site owner	<input type="checkbox"/> Independent management company
<input type="checkbox"/> Salaried on-site manager	<input type="checkbox"/> Salaried off-site manager	<input type="checkbox"/> Other: _____

*If "Independent Management Company," please see **Section VIII. Contractor/Subcontractor***
9. What hours is the manager on duty available to residents? _____
10. The manager keeps a log of (check all that apply): Inspections Complaints Repairs None

If "None," will a procedure be put in place to log all inspections, complaints and repairs? Yes No
11. Type of park: _____ % Retirement _____ % Adult _____ % Family _____ % Other
12. Occupancy rate: _____ %
13. What is the average monthly pad rent? \$ _____ Average monthly rent for mobile homes leased to others: \$ _____
14. How often are the rent increases? _____
15. Does the applicant perform criminal background checks on all potential mobile home owners? Yes No
16. Are lease agreements required for tenants with a minimum of six-month terms? Yes No
 - a. Percentage of tenants with signed leases _____ %
17. Has the lease agreement been reviewed by an attorney? Yes No
 - a. If "Yes," has the lease changed since the attorney reviewed? Yes No
18. Check all that apply to the lease: N/A

<input type="checkbox"/> Includes a Hold Harmless statement
<input type="checkbox"/> Requires all tenants to provide proof of personal liability or homeowners insurance

- Has an arbitration or mediation agreement with residents (either as a separate agreement or incorporated in your lease or rental agreement)
- Provides written Park Rules to each tenant as part of a signed rental agreement
19. Are pets allowed? Yes No
 If "Yes":
 a. Are aggressive breeds allowed? Yes No
 b. Are all pets required to be registered with the park management? Yes No
 c. Has the applicant had any incidents involving any injury or damage caused by a pet within the past five years? Yes No
 If "Yes," please describe: _____
20. Has the park been served with any "failure to maintain" type of complaints or claims within the past four years? Yes No
 If "Yes," please describe: _____
21. Has the park been involved in litigation within the past four years? Yes No
 If "Yes," please describe: _____
 a. Does the threat of litigation currently exist? Yes No
 If "Yes," please describe: _____
22. Does the applicant do any hook-ups of mobile homes? Yes No
 If "Yes," select who is performing the work: Employees Subcontractors Park owner
 If "Subcontractors," please see **Section VIII. Contractor/Subcontractor**
23. Was the mobile home park built on a landfill? Yes No
24. Are there any plans to convert the park to another use? Yes No
 If "Yes," please describe: _____
25. Is there a water exposure on or contiguous to the mobile home park property such as a stream, river, lake or ocean? Yes No
 If "Yes," please describe: _____
 a. Does the park facilitate any swimming, docking, marine operations, or any other water recreational activity on the body of water? Yes No
 If "Yes," please describe: _____
 b. Are there no swimming signs posted on all bodies of water? Yes No

II. PARK OWNED MOBILE HOMES LEASED TO OTHERS

26. Are all rental units properly secured (tied down) with skirts and proper wind barriers in place? Yes No
27. Is there any buying or selling of homes or operations as a dealer? Yes No
28. Prior to new tenant occupancies, park management (check all that apply): Inspects all units Rekeys all locks N/A
29. Who performs maintenance work on park owned mobile homes? Employees Subcontractors Park owner
 If "Subcontractors," please see **Section VIII. Contractor/Subcontractor**
30. Year of construction of the oldest unit leased to others? _____
31. Is the plumbing, heating and electrical systems inspected by a qualified person on all rental units prior to new tenant occupancy? Yes No
32. Do any units rented to others have a wood-burning stove? Yes No
33. Percentage of leases to students: _____ %
34. All rental units have (check all that apply): N/A
 Functioning and operational smoke detectors: Hard-wired Battery
 If battery operated, please describe the battery replacement schedule in place _____ N/A
 Functioning and operational carbon monoxide detection alarms (if required by the law or code of the municipality in which the building is located): Hard-wired Battery
 If battery operated, please describe the battery replacement schedule in place _____ N/A
 Functioning and operational fire extinguishers Yes No

III. SAFETY/SECURITY

35. Park is (check all that apply): Fenced Gated None
36. Streets are: 100% paved Partially paved Not paved
37. Are all streets lit from sunset to sunrise? Yes No
38. Does the park have security guards? Yes No
- a. If "Yes," check all that apply: Armed Subcontracted Employed by the park
39. Has any unit within the park been identified as used for methamphetamine manufacturing or storage? Yes No
- a. If "Yes," has remediation and cleanup been completed? N/A Yes No
- b. Please describe the details on the discovery, condition, remediation and cleanup: _____
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IV. OPERATIONS

40. Is the park involved in direct sales, distribution or filling of Liquefied Petroleum Gas (LPG, Propane)? Yes No
41. What is the water source? City Well
- If "Well":
- a. Is water treated? Yes No
- i. By whom and how often? _____
- b. Does the state test annually? Yes No
- c. Any history of problems with the system in the past five years? (backup, etc.) Yes No
42. Is there an on-site sewage treatment facility? Yes No
43. Are the gas lines owned by the park? N/A Yes No
- If "Yes,":
- a. Are underground system maps available? Yes No
- b. Is park in compliance with the Federal Pipeline Safety Act? Yes No
44. How often is trash disposed of? _____
45. Who is responsible for outside ground maintenance of the permanent spaces not owned by applicant (e.g. snow removal, lawn care)? Park management Tenants Subcontractors
- If "Subcontractors," please see **Section VIII. Contractor/Subcontractor**
46. Are sporting or social events sponsored? Yes No
- If "Yes," please describe: _____
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V. POOL N/A

47. Number of pools: _____ Indoor _____ Outdoor
48. Are any swimming pools open to the general public? Yes No
- If "Yes," what are the rules regarding use of the pool by outside guests? _____
49. Characteristics of the pool(s) (check all that apply):
- Depths marked on both the top and sides of pool Diving boards/Slide
- In compliance with all life- safety standards Ladder equipped with handrails and non-skid materials on the treads
- Lifesaving equipment accessible Fenced with self-closing gate and self-latching mechanism
50. Are warning signs, rules and hours posted in a visible area? Yes No
51. Has the pool been retrofitted with an anti-cortex drain cover? Yes No
52. What are the age restrictions for unsupervised children? _____
53. What are the pool hours? _____
54. Who maintains the pool(s)? Applicant Outside contractor/subcontractor
- If "Outside contractor/subcontractor," please see **Section VIII. Contractor/Subcontractor**

VI. HIRED AND NON-OWNED AUTO LIABILITY N/A

55. Does the applicant have a commercial automobile policy in place? Yes No
56. Does the applicant own any autos or lease any autos in excess of 30 days? Yes No
57. Does the applicant offer access to a shuttle service for their tenants? Yes No
58. Do the applicant's employees regularly use their personal vehicles on behalf of applicant's business? Yes No

VII. PARK AMENITIES N/A

59. Please check all that apply to the applicant's operations:
- Clubhouse Golf course Laundry facilities Playground Restaurant/Bar
- Recreational equipment rental (snowmobiles, ATVs, golf carts, boats, etc.) Other (describe): _____

VIII. CONTRACTOR/SUBCONTRACTOR N/A

	There is a written contract in place for services	Applicant is named as an additional insured on the contractor's policy	Applicant requires contractor to carry minimum general liability limits of \$1 million	Certificate(s) of Insurance received annually from contractor
Independent Management Company (Question 8) <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Mobile Home Hookup Contractor (Question 22) <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Rental Mobile Home Maintenance Contractor (Question 28) <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Ground Maintenance Contractor (Question 44) <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Pool Maintenance Contractor (Question 53) <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

FRAUD STATEMENTS

Alabama, Arkansas, District of Columbia, New Mexico, Rhode Island and West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Colorado Fraud Statement: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Florida Fraud Statement: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kansas Fraud Statement: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Maine Fraud Statement: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits

Maryland Fraud Statement: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey Fraud Statement: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New York Fraud Statement: 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 such violation.

Ohio Fraud Statement: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma Fraud Statement: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon Fraud Statement: Notice to Oregon applicants: Any person who, with intent to defraud or knowing that he 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.

Kentucky and Pennsylvania Fraud Statement: 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.

Tennessee, Virginia and Washington Fraud Statement: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Fraud Statement (All Other States): Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

STATE NOTICES

Arizona Notice: Misrepresentations, omissions, concealment of facts and incorrect statements shall prevent recovery under the policy only if the misrepresentations, omissions, concealment of facts or incorrect statements are; fraudulent or material either to the acceptance of the risk, or to the hazard assumed by the insurer or the insurer in good faith would either not have issued the policy, or would not have issued a policy in as large an amount, or would not have provided coverage with respect to the hazard resulting in the loss, if the true facts had been made known to the insurer as required either by the application for the policy or otherwise.

Florida Surplus Lines Notice: (Applies only if policy is non-admitted) You are agreeing to place coverage in the surplus lines market. Superior coverage may be available in the admitted market and at a lesser cost. Persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

Florida and Illinois Punitive Damage Notice: I understand that there is no coverage for punitive damages assessed directly against an insured under Florida and Illinois law. However, I also understand that punitive damages that are not assessed directly against an insured, also known as "vicariously assessed punitive damages", are insurable under Florida and Illinois law. Therefore, if any Policy is issued to the Applicant as a result of this Application and such Policy provides coverage for punitive damages, I understand and acknowledge that the coverage for Claims brought in the State of Florida and Illinois is limited to "vicariously assessed punitive damages" and that there is no coverage for directly assessed punitive damages.

Maine Notice: The insurer is not permitted to withdraw any binder once issued, but a prospective notice of cancellation may be sent and coverage denied for fraud or material misrepresentation in obtaining coverage. A policy may not be unilaterally rescinded or voided.

Ohio Representation Statement: By acceptance of this policy, the Insured agrees the statements in the application (new or renewal) submitted to the company are true and correct. It is understood and agreed that, to the extent permitted by law, the Company reserves the right to rescind this policy, or any coverage provided herein, for material misrepresentations made by the Insured. It is understood and agreed that the statements made in the insurance applications are incorporated into, and shall form part of, this policy. **THE INSURED UNDERSTANDS AND AGREES THAT ANY MATERIAL MISREPRESENTATION OR OMISSION ON THIS APPLICATION WILL ACT TO RENDER ANY CONTRACT OF INSURANCE NULL AND WITHOUT EFFECT OR PROVIDE THE COMPANY THE RIGHT TO RESCIND IT.**

Utah Punitive Damages Notice: I understand that Punitive Damages are not insurable in the state of Utah. There will be no coverage afforded for Punitive Damages for any Claim brought in the State of Utah. Any coverage for Punitive Damages will only apply if a Claim is filed in a state which allows punitive or exemplary damages to be insurable. This may apply if a Claim is brought in another state by a subsidiary or additional location(s) of the Named Insured, outside the state of Utah, for which coverage is sought under the same policy.

If your state requires that we have information regarding your Authorized Retail Agent or Broker, please provide below.

Retail agency name: _____ License #: _____

Agent's signature: _____ Main agency phone number: _____

(Required in New Hampshire)

Agency mailing address: _____

City: _____ State: _____ Zip _____

The signer of this application acknowledges and understands that the information provided in this Application is material to the Insurer's decision to provide the requested insurance and is relied on by the Insurer in providing such insurance. The signer of this application represents that the information provided in this Application is true and correct in all matters. The signer of this Application further represents that any changes in matters inquired about in this Application occurring prior to the effective date of coverage, which render the information provided herein untrue, incorrect or inaccurate in any way will be reported to the Insurer immediately in writing. The Insurer reserves the right to modify or withdraw any quote or binder issued if such changes are material to the insurability or premium charged, based on the Insurer's underwriting guides. The Insurer is hereby authorized, but not required, to make any investigation and inquiry in connection with the information, statements and disclosures provided in this Application. The decision of the Insurer not to make or to limit any investigation or inquiry shall not be deemed a waiver of any rights by the Insurer and shall not estop the Insurer from relying on any statement in this Application in the event the Policy is issued. It is agreed that this Application shall be the basis of the contract should a policy be issued and it will be attached and become a part of the Policy.

Applicant's signature: _____ Title: _____

President, Chairperson of the Board, Managing Member, or Executive Director

Date: _____