



MANUFACTURED HOME PARK PROGRAM APPLICATION FOR GENERAL LIABILITY

SECTION I - GENERAL INFORMATION

PLEASE COMPLETE EVERY ITEM OR INDICATE N/A

1. Name of Applicant: _____ Requested Effective Date: _____
(include d/b/a or trade name if applicable.)

d/b/a: _____

2. Mailing Address: Street: _____
City/State/Zip/County: _____

Primary Location: Street: _____
City/State/Zip/County: _____

Additional Location: Street: _____
(if necessary, attach a separate schedule) City/State/Zip/County: _____

3. Website address: _____

4. Business Type: ___ Individual ___ Partnership ___ Corporation ___

5. Contact Name: _____ Title: _____

Phone: _____ Fax: _____ Email: _____

6. What year was the park established? _____

7. How long have you owned? _____

8. New purchase? ___ Yes ___ No

A. If new purchase, how many years of experience do you have in ownership of Manuf. Communities? _____

9. Do you own other manufactured home communities? ___ Yes ___ No

10. Will you have a residential on-site manager? _____

A. If so, how many years of experience do they have? _____

11. Will new ownership be involved in and oversee daily operations? ___ Yes ___ No

SECTION II - EXPOSURE CATEGORIES

PLEASE COMPLETE EVERY ITEM OR INDICATE N/A

Total number of Mobile Home Sites _____ Total number of Park Owned Rental Units _____

Total number of Tenant Owned Units _____ Total number of Tent Sites _____

Total number of RV Sites - Short Term (less than 3 months) _____

Total number of RV Sites - Long Term (more than 3 months) _____

- 1. What is the average percent of spaces or units unoccupied at any time? ___%
2. What is your average annual tenant turnover rate? ___%
3. What is the average monthly rent: \$ _____ Per site \$ _____ Per rental unit \$ _____
4. Is any park operation under a local Rent Control Ordinance? ___ Yes ___ No
If yes, for how long? _____ Does Decontrol apply? ___ Yes ___ No
5. Have lease agreements been made available to residents? ___ Yes ___ No
If yes, applicable to what percent of Park site? ___%
6. Do your lease agreements include Arbitration clause? ___ Yes ___ No
7. Has the lease agreement been reviewed by an attorney? ___ Yes ___ No
8. Does your lease or rental agreement include a Hold Harmless statement? ___ Yes ___ No
9. Do you provide written Park Rules to each tenant as part of a signed Rental Agreement? ___ Yes ___ No
10. Are Park Rules also posted in the Park? ___ Yes ___ No
11. Has the Park ever been served with a Civil, Criminal or resident Litigation? ___ Yes ___ No
If yes, please explain: _____



12. Has the Park ever been served with any Failure to Maintain complaints or claims? ___Yes ___No
If yes, please explain: _____
13. Do you stagger rent increases? ___Yes ___No How often? _____
14. Are there any plans to convert any Park to another use or reduce the current level of services or amenities provided to tenants? ___Yes ___No
If yes, please explain: _____
15. Is your Park fenced? ___Yes ___No Gated? ___Yes ___No
16. Do you have procedures to monitor, document or restrict visitors or services/delivery vehicles? ___Yes ___No
17. Is any of the land vacant or undeveloped? ___Yes ___No If yes, what percentage? ___%
18. Please provide where your annual sales are from:

a. Space Rental	\$ _____	b. Unit Rental	\$ _____
c. LP or Fuel	\$ _____	d. Store/Grocery	\$ _____
e. Laundry Facility	\$ _____	f. Mobile Home Sales	\$ _____
g. Other	\$ _____	Please describe: _____	
19. Do you act as a dealer and selling homes? ___Yes ___No
If yes, in your Park only? ___Yes ___No Total # sold per year? _____
20. Are your streets: ___100% Paved? ___Partially Paved? ___Not Paved?
21. Do you regularly inspect and repair potholes or deficiencies? ___Yes ___No
22. Are your streets: ___Fully Light? ___Partially Light? ___Unlit? ___Motion activated?
23. Are street signs (e.g. speed limits postings, stop signs, pedestrian crosswalk) clearly visible? ___Yes ___No
24. Do you utilize any employee or contracted Security Guards? ___Yes ___No
25. Is your water source ___Well? ___City? If Well, how often is it tested? _____
26. What is the age range of the units in your Park? _____
27. Do your employee set up homes? ___Yes ___No
28. Are all units properly secured (tied down), including skirts and proper wind barriers in place? ___Yes ___No
29. What is the distance to the nearest fire station? _____ miles
30. What is the distance to the nearest fire hydrant? _____ feet
31. Do you require all tenants to provide proof of personal liability or homeowner insurance? ___Yes ___No
32. Is your park licensed? ___Yes ___No
 - a. If yes, any suspensions or violation within the past 5 years? ___Yes ___No
33. Please indicate your tenant demographics: ___Active Adult Community
___Family Oriented ___Other - Please describe: _____
34. Who is responsible for outside maintenance of the rental units (i.e. snow removal, lawn care)?
___Park Management ___Tenants
35. Do you allow pets? ___Yes ___No
 - a. If yes, describe any restrictions you have in your Park Rules:

36. Have you had any incident involving injury or damage caused by a tenants pet within the past 5 years?
___Yes ___No
If yes, please describe: _____
37. Are pets required to be registered with the Park management? ___Yes ___No
38. Are vicious breeds (such as Pitbull, Rottweilers, Dobermans, etc.) allowed? ___Yes ___No
39. Do you allow tenants to use golf cards or other mobile equipment on premises? ___Yes ___No
40. Do you allow tenants to operate home based businesses that require regular access by the general public?
___Yes ___No
- 41.

(Please attach a copy of your Park/Pet Rules and community plan to this application for insurance.)

SECTION III - EMPLOYEES AND OPERATIONS

PLEASE COMPLETE EVERY ITEM OR INDICATE N/A

Describe owner's duties or involvement in daily operations

1. Is your Park managed by ___On Site Owner ___Off Site Owner
___Salaried On Site Manager ___Salaried Off Site Manager
2. How many employees work at the Park? _____ Full time _____ Part Time
3. Does Manager keep log of: ___Inspections? ___Complaints? ___Repairs?



4. How many complaints have been logged annually for the most recent three (3) years? _____
5. Do your employees perform repair work on homes? ___Yes ___No
 - a. If yes, please describe: _____
6. Please provide the following information on Park maintenance:

Landscaping/Pools	_____ Employees	_____ Use Subcontractors with COI	_____ N/A
Non-owned msobiles	_____ Employees	_____ Use Subcontractors with COI	_____ N/A
Owned Bldgs./Structures	_____ Employees	_____ Use Subcontractors with COI	_____ N/A
Roads and walkways	_____ Employees	_____ Use Subcontractors with COI	_____ N/A
7. Do you require certificate of Ins. from sub-contractors with liability limits equal to your limits? ___Yes ___No
8. Is Park owner named as additional insured contractors policy? ___Yes ___No

SECTION IV - PARK AMENITIES

PLEASE COMPLETE EVERY ITEM OR INDICATE N/A

Please check all that apply to your operation and complete the attached Amenity Supplemental Questionnaire:

Swimming Pool _____ Tennis/Basketball Courts _____ Video Arcade _____ Sauna _____
 Golf Course _____ Store/LP Fuel Sales _____ Shuffleboard _____ Laundry Facilities _____
 Clubhouse _____ Restaurant/Bar _____ Other _____ - Describe: _____

SECTION V - AMENITY SUPPLEMENTAL QUESTIONNAIRE

PLEASE COMPLETE EVERY ITEM OR INDICATE N/A

1. Is there any access to lakes, rivers, streams, or other water hazards (other than pools and saunas) on or adjoining your property? ___Yes ___No
2. If yes do you post signs? ___Yes ___No
3. Do you provide or rent boats or other flotation devises for use? ___Yes ___No
4. Do you allow public access? ___Yes ___No

I. SWIMMING POOLS

_____ N/A

1. Are rules posted at the entrance and at poolside? ___Yes ___No
2. "Swim At Own Risk" notice posted? ___Yes ___No
3. Any diving boards? ___Yes ___No - If yes, height: _____ Any slides? ___Yes ___No
4. What are your age restriction for unsupervised children? _____
5. Is the entire pool enclosed by a fence of other permanent barrier? ___Yes ___No
6. Is the gate self-closing and does it have a self-latching mechanism? ___Yes ___No
7. Are depths marked on both the top and sides of the pools? ___Yes ___No
8. Is there rescue equipment located at poolside? ___Yes ___No
9. Is there a log of pool water testing and a maintenance schedule kept? ___Yes ___No
10. Where are the pool chemicals stored? _____
11. What are your rules regarding use of the pool by outside guests? _____

II. SAUNAS

_____ N/A

1. Is the sauna located within the pool enclosure? ___Yes ___No
 2. What capacity does it have? _____
 3. Are rules posted? ___Yes ___No
 4. "Use At Own Risk" notice posted? ___Yes ___No
 5. Any age restriction? ___Yes ___No
- If yes, please explain: _____

III. SHUFFLEBOARD/TENNIS/BASKETBALL/PLAYGROUNDS

_____ N/A

1. Are rules posted for use? ___Yes ___No
2. Use restricted to tenants? ___Yes ___No
3. Is the ground surface, netting and equipment in good working order and inspected on a regular basis? ___Yes ___No
4. Is the area next to a road or public street? ___Yes ___No
 - a. If yes, are there protective barriers? ___Yes ___No
5. For playgrounds, what is the surface groundcover material? _____

IV. CLUBHOUSE

_____ N/A

1. Please describe the use and activities of the Clubhouse:
2. Is the facility leased to anyone except your tenants? ___Yes ___No
 - a. If yes, please explain: _____



3. Is the facility open 24 hours? ___Yes ___No
4. Is there a kitchen? ___Yes ___No If yes, is a fire suppression system installed? ___Yes ___No

V. LAUNDRY/VIDEO ARCADE _____ **N/A**

1. Is use restricted to tenants? ___Yes ___No
2. Are rules posted? ___Yes ___No
3. Are there any age restrictions? ___Yes ___No
4. What are the hours of operation? _____
5. Are the facilities well-lit and locked during overnight hours? ___Yes ___No

VI. STORE/RESTAURANT/BAR _____ **N/A**

1. Please describe the products sold: _____
2. Are the facilities open to the general public? ___Yes ___No If yes, what percentage of sales? _____%
3. What are your gross annual sales from these operations? \$ _____
4. Do you have a license to sell/serve liquor? ___Yes ___No
If yes, do you carry liquor liability insurance? ___Yes ___No
5. If Liquid Propane is sold, is storage in a fenced and locked area? ___Yes ___No
6. Do you sell to anyone other than your tenants? ___Yes ___No
7. Are tenants permitted to fill their own tanks? ___Yes ___No

SECTION VI - PRIOR INSURANCE _____ **SEE ATTACHED**

1. Please provide details for the last three (3) years:

YEAR	COMPANY	LIMITS	PREMIUM	DEDUCTIBLE
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____

2. In the past three (3) years, has any Insurance Company cancelled or refused to renew your Liability Insurance? ___Yes ___No

If yes, please explain: _____

SECTION VII - RENTAL UNITS

1. Do you own units you rent out? ___Yes ___No If yes, how many? _____
2. Do you inspect all rental units prior to occupancy? ___Yes ___No
3. Do units have smoke detectors? ___Yes ___No If yes, ___hardwired or ___battery?
4. If battery operated is there a battery replacement schedule in place? ___Yes ___No
5. Do you have a full-time maintenance person responsible for rental units? ___Yes ___No
6. Are formal maintenance and inspection records kept for each rental unit? ___Yes ___No
7. Do all unit rentals have skirting appropriate for manufactured housing? ___Yes ___No
8. Are all units equipped with sturdy steps and handrails for means of ingress/egress? ___Yes ___No
9. What are the average age of the rental units in your community? _____
10. Attach a schedule of ALL park-owned rentals.

SECTION VIII - CLAIMS HISTORY _____ **SEE ATTACHED**

1. Please provide details for the last three (3) years:

DATE OF CLAIM	DESCRIPTION OF LOSS	AMOUNT OF CLAIM
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Applicant's Warranty:
Applicant warrants that the above information is true and complete. Applicant understands that the insurer will rely on this information for purposes of acting on this application for insurance. The provision of false information on an application is fraud, which is a crime in many states and could void the coverage for this application.

Applicants Name (Print)	_____	Title	_____
Applicants Signature	_____	Date	_____
Submitting Producer	_____	License Number	_____
Producer's Signature	_____	Date	_____