



**RV 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 \_\_\_\_\_ Other - please describe:

\_\_\_\_\_

5. Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

6. What year was the park established? \_\_\_\_\_

7. Years in business under the above name: \_\_\_\_\_

8. Have you operated under any other name with in the past 10 years? \_\_\_\_\_ Yes \_\_\_\_\_ No

A. If yes, is the business still active? \_\_\_\_\_ Yes \_\_\_\_\_ No

B. If yes, please provide the name and describe the operation: \_\_\_\_\_

9. If RV Park or Campground, do you have any RV's with in park that have been in the park since before 1/1/1991? \_\_\_\_\_ Yes \_\_\_\_\_ No

If RV Park or Campground, do you have any RV's occupying a site in the park for nine or more consecutive months commencing on or after 11/15/1992? \_\_\_\_\_ 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? \_\_\_\_\_%



**RV PARK PROGRAM  
APPLICATION FOR GENERAL LIABILITY**

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 pasted 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 Facilities	\$ _____	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 Lighted? \_\_\_Partially Lighted? \_\_\_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

(Please attach a copy of your Pet/Park 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	_____ Employees	_____ Use Subcontractors with COI	_____ N/A
Pools	_____ Employees	_____ Use Subcontractors with COI	_____ N/A
Park owned mobiles	_____ Employees	_____ Use Subcontractors with COI	_____ N/A
Non-owned mobiles	_____ Employees	_____ Use Subcontractors with COI	_____ N/A
Park buildings/structures	_____ Employees	_____ Use Subcontractors with COI	_____ N/A
Roads and walkways	_____ Employees	_____ Use Subcontractors with COI	_____ N/A

**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 or 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



**RV PARK PROGRAM  
APPLICATION FOR GENERAL LIABILITY**

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: \_\_\_\_\_

3. Is this a new purchase? \_\_\_Yes \_\_\_No  
If so, are you aware of any claims in the prior three (3) year with the previous owner? \_\_\_Yes \_\_\_No

**SECTION VII - CLAIMS HISTORY** \_\_\_\_\_ **SEE ATTACHED**

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

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

Do you require Certificates of Insurance from sub-contractors? \_\_\_Yes \_\_\_No  
If yes, do you require limits of liability at least equal to your own limits? \_\_\_Yes \_\_\_No

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 \_\_\_\_\_