

# Manufactured Home Park Program

## Application for General Liability

### SECTION I – GENERAL INFORMATION *(Please complete every item or indicate N/A)*

- Name of Applicant: \_\_\_\_\_ Requested Effective Date: \_\_\_\_\_  
*(include d/b/a or trade name if applicable.)*  
d/b/a: \_\_\_\_\_
- Mailing Address \_\_\_\_\_  
Primary Location Address \_\_\_\_\_  
Additional Location *(if necessary, attach a separate schedule)* \_\_\_\_\_
- Website Address: \_\_\_\_\_
- Business Type: Individual Partnership Corporation Other: *(please describe)* \_\_\_\_\_
- Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_
- What year was the park established? \_\_\_\_\_ How long have you owned? \_\_\_\_\_
- New Purchase? Yes No  
If new purchase, how many years of experience do you have in ownership of Manuf. Communities? \_\_\_\_\_
- Do you own other manufactured home communities? Yes No
- Will you have a residential on-site manager? Yes No  
If so, how many years of experience do they have? \_\_\_\_\_
- 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 _____ <i>(Less than 3 months.)</i>	Total number of RV Sites – Long Term _____ <i>(More than 3 months.)</i>

- What is the average percent of spaces or units unoccupied at any time? \_\_\_\_\_%  
What is your average annual tenant turnover rate? \_\_\_\_\_%
- What is the average monthly rent: \$\_\_\_\_\_ Per site: \$\_\_\_\_\_ Per rental unit: \$\_\_\_\_\_
- Is any park operation under a local Rental Control Ordinance? Yes No  
If yes, for how long? \_\_\_\_\_ Does Decontrol apply? Yes No
- Have lease agreements been made available to residents? Yes No  
If yes, applicable to what percent of Park site? \_\_\_\_\_%
- Do your lease agreements include an Arbitration clause? Yes No
- Has the lease agreement been reviewed by an attorney? Yes No
- Does your lease or rental agreement include a Hold Harmless statement? Yes No
- Do you provide written Park Rules to each tenant as part of a signed Rental Agreement? Yes No
- Are Park Rules also posted in the Park? Yes No
- Has the Park ever been served with a Civil, Criminal or resident Litigation? Yes No  
If yes, please explain: \_\_\_\_\_
- Has the Park ever been served with any Failure to Maintain complaints or claims? Yes No  
If yes, please explain: \_\_\_\_\_
- Do you stagger rent increases? Yes No How often? \_\_\_\_\_
- 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: \_\_\_\_\_
- Is your Park fenced? Yes No Gated? Yes No
- Do you have procedures to monitor, document or restrict visitors or services/delivery vehicles? Yes No
- Is any of the land vacant or undeveloped? Yes No If yes, what percent? \_\_\_\_\_%

17. Please provide where your annual sales are from:
- |                    |          |                   |          |
|--------------------|----------|-------------------|----------|
| Space Rental       | \$ _____ | Unit Rental       | \$ _____ |
| LP or Fuel         | \$ _____ | Store/Grocery     | \$ _____ |
| Laundry Facilities | \$ _____ | Mobile Home Sales | \$ _____ |
| Other              | \$ _____ | Please describe:  | _____    |
18. Do you act as a dealer and selling homes?    Yes    No    If yes, in your Park only?    Yes    No  
 Total # sold per year? \_\_\_\_\_
19. Are your streets?    100% Paved?    Partially Paved?    Not Paved?
20. Do you regularly inspect and repair potholes or deficiencies?    Yes    No
21. Are your streets?    Fully Lit?    Partially Lit?    Unlit?    Motion Activated?
22. Are street signs (e.g. speed limits postings, stop signs, pedestrian crosswalk) clearly visible?    Yes    No
23. Do you utilize any employee or contracted Security Guards?    Yes    No
24. Is your water source    Well?    City?    If Well, how often is it tested? \_\_\_\_\_
25. What is the age range of the units in your Park? \_\_\_\_\_ Do your employees set up homes?    Yes    No
26. Are all units properly secured (tied down), including skirts and proper wind barriers in place?    Yes    No
27. What is the distance to the nearest fire station? \_\_\_\_\_ miles  
 What is the distance to the nearest fire hydrant? \_\_\_\_\_ feet
28. Do you require all tenants to provide proof of personal liability or homeowners insurance?    Yes    No
29. Is your park licensed?    Yes    No    If yes, any suspensions or violation within the past 5 years?    Yes    No
30. Please indicate your tenant demographics: \_\_\_\_\_ Active Adult Community    \_\_\_\_\_ Family Oriented  
 \_\_\_\_\_ Other — Please describe: \_\_\_\_\_
31. Who is responsible for outside maintenance of the rental units (i.e. snow removal, lawn care)?  
       Park Management        Tenants
32. Do you allow pets?    Yes    No  
 If yes, describe any restrictions you have in your Park Rules: \_\_\_\_\_
33. 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: \_\_\_\_\_
34. Are pets required to be registered with the Park management?    Yes    No
35. Are vicious breeds (such as Pitbull, Rottweilers, Dobermans, etc.) allowed?    Yes    No
36. Do you allow tenants to use golf carts or other mobile equipment on premises?    Yes    No
37. 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  
 If yes, please describe: \_\_\_\_\_
6. Please provide the following information on Park maintenance:
- |                         |           |                             |     |
|-------------------------|-----------|-----------------------------|-----|
| Landscaping/ Pools      | Employees | Use Subcontractors with COI | N/A |
| Non-owned mobiles       | 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 Certificates of Insurance from sub-contractors with liability limits equal to your limits? Yes No  
 Is Park owner named as additional insured on the 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)

- Is there any access to lakes, rivers, streams, or other water hazards (other than pools and saunas) on or adjoining your property? Yes No
- If yes, do you post signs? Yes No
- Do you provide or rent boats or other flotation devices for use? Yes No
- Do you allow public access? Yes No

**I. Swimming Pools** N/A

- Are rules posted at the entrance and at poolside? Yes No “Swim At Own Risk” notice posted? Yes No
- Any diving boards? Yes No If yes, height: \_\_\_\_\_
- Any Slides? Yes No
- What is your age restriction for unsupervised children? \_\_\_\_\_
- Is the entire pool enclosed by a fence or other permanent barrier? Yes No
- Is the gate self-closing and does it have a self-latching mechanism? Yes No
- Are depths marked on both the top and sides of the pools? Yes No
- Is there rescue equipment located at poolside? Yes No
- Is there a log of pool water testing and a maintenance schedule kept? Yes No
- Where are the pool chemicals stored? \_\_\_\_\_
- What are your rules regarding use of the pool by outside guests? \_\_\_\_\_

**II. Saunas** N/A

- Is the sauna located within the pool enclosure? Yes No What capacity does it have? \_\_\_\_\_
- Are rules posted? Yes No “Use At Own Risk” notice posted? Yes No
- Any age restriction? Yes No If yes, please explain: \_\_\_\_\_

**III. Shuffleboard/Tennis/Basketball/Playgrounds** N/A

- Are rules posted for use? Yes No Is use restricted to tenants? Yes No
- Is the ground surface, netting and equipment in good working order and inspected on a regular basis? Yes No
- Is the area next to a road or public street? Yes No If yes, are there protective barriers? Yes No
- For playgrounds, what is the surface groundcover material? \_\_\_\_\_

**IV. Clubhouse** N/A

- Please describe the use and activities of the Clubhouse: \_\_\_\_\_
- Is the facility leased to anyone except your tenants? Yes No If yes, please explain: \_\_\_\_\_
- Is the facility open 24 hours? Yes No
- Is there a kitchen? Yes No If yes, is a fire suppression system installed? Yes No

**V. Laundry/Video Arcade** N/A

- Is use restricted to tenants? Yes No Are rules posted? Yes No
- Are there any age restrictions? Yes No
- What are the hours of operation? \_\_\_\_\_
- Are the facilities well-lit and locked during overnight hours? Yes No

**V. 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
5. If yes, do you carry liquor liability insurance?      Yes      No
6. If Liquid Propagne is sold, is storage in a fenced and locked area?      Yes      No      Do you sell to anyone other than your tenants?      Yes      No      Are tenants permitted to fill their own tanks?      Yes      No

**SECTION VI – PRIOR INSURANCE**      See attached

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

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

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 rental units 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 is the average age of the rental units in your community? \_\_\_\_\_

*(Please attach a schedule of ALL park-owned rentals.)*
**SECTION VIII – CLAIMS HISTORY**      See attached

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

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

**Applicant's Warranty:**

THE ABOVE AND ANY SUPPLEMENTAL INFORMATION IS PREPARED AND SUBMITTED ON BEHALF OF THE NAMED INSURED OR APPLICANT FOR COVERAGE CONSIDERATION. THE RECEIPT OF APPLICATION INFORMATION DOES NOT CONSTITUTE AN OBLIGATION OR COMMITMENT ON THE PART OF THE MANUFACTURED HOME PROGRAM OR ITS REPRESENTATIVES TO PROVIDE COVERAGE PROTECTION. I CERTIFY THAT THE INFORMATION WITHIN THIS APPLICATION AND ANY ATTACHMENTS PROVIDED IS TRUE AND ACCURATE.

BY SIGNING BELOW, THE INSURED AND BROKER (IF APPLICABLE) AGREES TO ACCEPT ALL COVERAGE DOCUMENTS AND CORRESPONDENCE ELECTRONICALLY. THE INSURED SHOULD BE DILIGENT IN UPDATING THE ELECTRONIC MAIL ADDRESS PROVIDED TO US IN THE EVENT OF A CHANGE.

Applicant's Name (print) \_\_\_\_\_ Title \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Submitting Producer \_\_\_\_\_ License Number \_\_\_\_\_

Producer's Signature \_\_\_\_\_ Date \_\_\_\_\_