

RV 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? _____ Years in business under the above name? _____
- Have you operated under any other name within the past 10 years? Yes No
 If yes, is the business still active? Yes No
 If yes, please provide the name and describe the operation: _____
- If RV Park or Campground, do you have any RV's within 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	_____	Total number of RV Sites — Long Term	_____
<small><i>(Less than 3 months.)</i></small>		<small><i>(More than 3 months.)</i></small>	

- 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

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 percent? _____%
18. 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: | _____ |
19. Do you act as a dealer and selling homes? Yes No If yes, in your Park only? Yes No
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 Lit? Partially Lit? 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? _____ Do your employees set up homes? Yes No
27. Are all units properly secured (tied down), including skirts and proper wind barriers in place? Yes No
28. What is the distance to the nearest fire station? _____ miles
What is the distance to the nearest fire hydrant? _____ feet
29. Do you require all tenants to provide proof of personal liability or homeowner insurance? Yes No
30. Is your park licensed? Yes No If yes, any suspensions or violation within the past 5 years? Yes No
31. Please indicate your tenant demographics: _____ Active Adult Community _____ Family Oriented
_____ Other – Please describe: _____
32. Who is responsible for outside maintenance of the rental units (i.e. snow removal, lawn care)?
Park Management Tenants
33. Do you allow pets? Yes No
If yes, describe any restrictions you have in your Park Rules: _____
34. 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: _____
35. Are pets required to be registered with the Park management? Yes No
36. Are vicious breeds (such as Pitbull, Rottweilers, Dobermans, etc.) allowed? Yes No
37. Do you allow tenants to use golf carts or other mobile equipment on premises? Yes No
38. 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	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

7. 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

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 devices 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 “Swim At Own Risk” notice posted? Yes No
2. Any diving boards? Yes No If yes, height: _____ Any Slides? Yes No
3. What is your age restriction for unsupervised children? _____
4. Is the entire pool enclosed by a fence or other permanent barrier? Yes No
5. Is the gate self-closing and does it have a self-latching mechanism? Yes No
6. Are depths marked on both the top and sides of the pools? Yes No
7. Is there rescue equipment located at poolside? Yes No
8. Is there a log of pool water testing and a maintenance schedule kept? Yes No
9. Where are the pool chemicals stored? _____
10. 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 What capacity does it have? _____
2. Are rules posted? Yes No “Use At Own Risk” notice posted? Yes No
3. Any age restriction? Yes No If yes, please explain: _____

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

1. Are rules posted for use? Yes No Is use restricted to tenants? Yes No
2. Is the ground surface, netting and equipment in good working order and inspected on a regular basis? Yes No
3. Is the area next to a road or public street? Yes No If yes, are there protective barriers? Yes No
4. 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 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 Are rules posted? Yes No
2. Are there any age restrictions? Yes No
3. What are the hours of operation? _____
4. 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
7. Do you sell to anyone other than your tenants? Yes No
8. 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 yes, are you aware of any claims in the prior three (3) years with the previous owner? Yes No

SECTION VII – 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 _____