



MOBILE HOME PARK SUPPLEMENTAL APPLICATION

(Include with ACORD Application)

SIC #: _____ FEIN: _____ Date of application: _____

Park Name: _____

Park Location: _____

Billing Contact Name: _____

1. Is the park managed by a management company? ☐ Yes ☐ No
If yes, name of management company: _____
If yes, % of ownership in the park: _____%
2. Type of Park: _____% Retirement _____% Adult _____% Family
_____% Permanent _____% Seasonal _____% Other: _____
3. What is your current rent per space? \$ _____ Total number of spaces? _____
Annual Receipts: \$ _____
How often are the rent increases? _____
What are they based upon? _____
Occupancy rate: _____% Tenancy annual turnover rate: _____%
4. Is there an R.V. overnight exposure? ☐ Yes ☐ No
If yes, number of spaces: _____
5. Is there a pool? ☐ Yes ☐ No
Is there a Jacuzzi? ☐ Yes ☐ No
Is pool in compliance with all life safety standards? ☐ Yes ☐ No
Are all swimming pools and spas compliant with Virginia Graeme Baker Pool and Spa Safety Act? ☐ Yes ☐ No
If no, provide time table and action plan: _____

Comment on the extent of usage: _____

- Is pool fenced with safety rules posted and life saving equipment accessible? ☐ Yes ☐ No
Is Jacuzzi in same fenced area? ☐ Yes ☐ No
Is Jacuzzi separate? ☐ Yes ☐ No
Is there a diving board or slide? ☐ Yes ☐ No
Explain: _____

6. Are there any recreational facilities on the park premises such as playgrounds, tennis courts or golf courses, basketball courts, shuffleboard, bocci courts etc.? ☐ Yes ☐ No
If yes, describe: _____

7. Are there any rental units on the premises? ☐ Yes ☐ No
How many? _____

8. Do you sell new or used mobile home units? ☐ Yes ☐ No
How many? _____ Annual Receipts: \$ _____

9. Is a log maintained to document all repairs and/or improvements? ☐ Yes ☐ No
 If yes, include a copy.
 Do you obtain Certificates of Insurance from all independent contractors? ☐ Yes ☐ No
 Do you obtain hold harmless agreements, in your favor, from independent contractors? ☐ Yes ☐ No
10. Is there a walk-through inspection of the park for all new residents? ☐ Yes ☐ No
 If yes, include a copy.
11. Does the owner live in the park? ☐ Yes ☐ No
 If no, how often does the owner visit/inspect the park? _____
 Does a full time manager live in the park? ☐ Yes ☐ No
 Are there formal written and enforced park rules? ☐ Yes ☐ No
 If yes, please attach a copy.
12. Is there a well or septic tank on the property? ☐ Yes ☐ No
 If yes, is regular testing and maintenance performed by an outside contractor? ☐ Yes ☐ No
 Written documentation maintained? ☐ Yes ☐ No
13. Describe park maintenance and housekeeping, including the clubhouse, pool area, streets and roads:
-
14. Are underground systems maps available? ☐ Yes ☐ No
 Are the gas lines owned by the park? ☐ Yes ☐ No
 If yes, is the park in compliance with the Federal Pipeline Safety Act (FSPA)? ☐ Yes ☐ No
 If yes, please indicate that compliance documentation will follow and in what form:
-
15. Has the park experienced a backup of sewage in the past 12 months? ☐ Yes ☐ No
 If yes, please describe what happened and the corrective action taken:
-
16. Has the park ever been involved in litigation with the residents? ☐ Yes ☐ No
 Does a threat of litigation with the park residents currently exist? ☐ Yes ☐ No
 If yes, please explain:
-
17. Is security provided? ☐ Yes ☐ No
 Any armed guards? ☐ Yes ☐ No
 Is security totally sub-contracted out? ☐ Yes ☐ No
18. Does the mobile home park do any hook-ups of mobile homes? ☐ Yes ☐ No
19. Are there any operations open to the general public? ☐ Yes ☐ No
 If yes, explain:
-
20. Are there any plans to reduce services to the park? ☐ Yes ☐ No
 If yes, explain:
-
21. Have leases been made available to residents? ☐ Yes ☐ No
 If yes, term? _____ Percentage signed? _____ %
 Is there an arbitration clause in the lease agreement? ☐ Yes ☐ No
 Does your lease have a pass through for capital improvements and/or increased operating expenses? ☐ Yes ☐ No
 If yes, have pass throughs ever been included in a rent increase? ☐ Yes ☐ No
 If yes, briefly describe how pass through increase was received by your residents?

22. Are the park's fire hydrant outlets 2 1/2 inches? ☐ Yes ☐ No
 Is the responding fire department volunteer? ☐ Yes ☐ No
 If yes explain: _____
23. Does the park have procedures for fire and medical emergencies? ☐ Yes ☐ No
24. Are there any major cracks, holes, or uneven areas of sidewalks, parking areas, or streets? ☐ Yes ☐ No
 If yes, explain action to be taken: _____
25. Describe park lighting: _____
26. Is there a swimming or boating exposure on a body of water such as an ocean, lake, or river? ☐ Yes ☐ No
 If yes, fully describe: _____
 If yes, are no swimming signs posted? ☐ Yes ☐ No
27. Is the park on leased land? ☐ Yes ☐ No
 If yes, give number of years remaining on lease: _____
28. Is the park located in a brush, forest, or landslide area? ☐ Yes ☐ No
 If yes, fully describe exposure and applicable protection: _____
29. Are sporting or social events sponsored? ☐ Yes ☐ No
 If yes, explain: _____
 Describe and include a photo: _____
30. How often is trash disposed of? _____
 Have you received any complaints about the adequacy of this service? ☐ Yes ☐ No
 If yes, explain remedy: _____
31. Briefly explain why you feel this park presents a low hazard for becoming involved in "Failure to Maintain" litigation: _____
32. For California parks only, regarding park owner disclosure requirement SB 534, has a Mobile home Park Rental Agreement Disclosure Form been completed? ☐ Yes ☐ No
 If yes, by whom? _____
 Is the completed form on file and available to prospective tenants? ☐ Yes ☐ No
 Attach a copy of the completed disclosure form to this questionnaire.
33. Do you have a current Flood policy in force? ☐ Yes ☐ No
 If yes, attach a copy of the Declarations sheet.
 If no, would you like a Flood quote with our Proposal? ☐ Yes ☐ No
 (Flood quote will be secured through the Write Your Own Flood Program)

Fraud Notice

NOTICE TO APPLICANTS: 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 MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: 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.

NOTICE TO KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME.

NOTICE TO MINNESOTA AND OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE 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.

NOTICE TO NEBRASKA AND OKLAHOMA APPLICANTS: 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.

NOTICE TO PENNSYLVANIA APPLICANTS: 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.

NOTICE TO FLORIDA APPLICANTS: 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.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO MAINE AND VIRGINIA APPLICANTS: 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.

NOTICE TO OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION, OR (2) BY FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT, MAY BE VIOLATING STATE LAW.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: "WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT."

NOTICE TO NEW MEXICO APPLICANTS: "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 CIVIL FINES AND CRIMINAL PENALTIES."

NOTICE TO TENNESSEE APPLICANTS: "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."

Insured Signature: _____ Date: _____
Agent Signature: _____ Date: _____