

Mobile Home Park Supplemental Application

Please answer all questions. Submit this questionnaire with a completed ACORD application and prior carrier loss runs.

Named Insured: _____

Location _____

Address(es): _____

Website Address: _____

GENERAL INFORMATION

1. Total # of Pads: _____ # of Tenant-owned mobile home units: _____
 # of Vacant pads: _____ # of Park-owned mobile home units: _____
 # of Vacant mobile home units: _____ # of Buildings: _____
2. What year were owned rental mobile home units built? _____
3. When were major building components last updated (e.g., electrical, plumbing, roofing)? _____
4. What leasing terms do you offer? (Check all that apply.) Daily Weekly Monthly Annual
5. Is this an association or member-owned park? Yes No
6. Are you a not-for-profit mobile home park? Yes No
7. Does the developer or general contractor of your park serve on the association's Board of Directors? Yes No
8. Is a developer or a general contractor of your park listed as a named insured on our insurance? Yes No
9. Are you or any employee or staff member a licensed sales agent for new or used mobile home units? If yes: Yes No
 - a. What are your annual gross sales? _____
10. Do you sell, distribute or fill LPG gas or LPG tanks? If yes: Yes No
 - a. What are the annual gross sales? _____
11. Do you offer any installation services, such as hook-up of gas and water, moving services or tie-down services for mobile homes? If yes: Yes No
 - a. Please describe: _____
12. Do you offer any professional services to park residents? If yes: Yes No
 - a. Please describe: _____
13. Do you have any planned or ongoing construction or renovation projects? Yes No
14. Has the property or buildings been converted from another use or occupancy? If yes: Yes No
 - a. Describe prior use and the date the conversion was completed: _____
15. Do you use the services of a third-party property manager? If yes: Yes No
 - a. Does the real estate property management company require that they be listed as a named insured on your insurance policy? Yes No
16. Do you require contractors to provide evidence of insurance before commencing any work for your mobile home park? Yes No

17. Do you require written lease agreements from all residents? Yes No
- a. Does the lease contain requirements regarding property maintenance standards? Yes No
- b. Are all park rules and regulations included in the written lease agreement? Yes No
18. Are any mobile home units in foreclosure? Yes No

USE AND OCCUPANCY OF PREMISES

1. Is any part of the park used as or occupied by:
- a. A fraternity or sorority house? Yes No
- b. An assisted living or similar facility? Yes No
- c. A halfway house? Yes No
2. How many units are:
- | | | |
|--------------------------------|----------------------------------|---------------------------|
| Vacant? | Subsidized or Income-restricted? | Graduate Student Housing? |
| Undergraduate Student Housing? | Senior housing? | |
3. Is there a well or septic tank on the property? Yes No
- a. Are they maintained by an insured, outside contractor? Yes No
- b. How often are they tested?
4. Do you have an on-site water treatment facility (not city-connected)? Yes No
5. Do you have a truck stop in the park? Yes No
6. Have you had a backup of sewage in the past 12 months? Yes No
7. Do you have any land used as a garbage dump or landfill? Yes No
8. Do you have a private airport? Yes No
9. Are the main roads paved? Yes No
10. Are any units or lots undeveloped or not completed? If yes: Yes No
- a. How many?
11. Is the park in compliance with state or local building codes as related to ADA requirements, building fire codes and proper egress? Yes No
12. Are there any outstanding building code violations? Yes No
13. Is this a clothing optional community? Yes No
14. Describe all common buildings on the premises.

SAFEGUARDS AND SECURITY

1. Are residents permitted use of wood-burning, corn-burning or pellet-burning stoves? Yes No
2. Are pets allowed? If yes: Yes No
- a. Do you have a written pet policy? Yes No
- b. Does the policy prohibit aggressive or dangerous dog breeds? Yes No
- c. Does the policy require all dogs to be leashed while on common grounds other than fenced, designated off-leash areas? Yes No
3. What fire safeguards do your buildings have?

- Smoke detectors in common areas Central station fire alarm 100% Sprinklered
 Smoke detectors in all individual units Other:
4. If units have gas utilities, are all units equipped with carbon monoxide detectors? If yes: Yes No
 Hardwired Battery
5. Do you conduct regular emergency evacuation drills? Yes No
6. Is there a tornado shelter on the premises? Yes No
 a. Can the shelter accommodate all residents? Yes No
7. Does the park have outdoor lighting including outdoor lighting for parking areas? Yes No
8. Are all individual mobile home units equipped with operational smoke detectors and fire extinguishers? Yes No
9. Are buildings or individual mobile home units equipped with:
- a. Aluminum wiring Yes No
- b. Knob and tube wiring? Yes No
- c. Removable electrical fuses? Yes No
- d. Federated Pacific brand circuit breakers? Yes No
10. What type of premises security do you have?
- None Neighborhood Watch Group Employed Security Guards
 Contracted Security Guards Alarm monitoring Other:
- a. If any security guards, are they armed? If yes, describe: Yes No
- b. Do you collect certificates of insurance evidencing that such guards carry professional liability insurance? Yes No

AMENITIES AND ADDITIONAL EXPOSURES

1. Do you have athletic fields or courts? Yes No
 a. If yes, how many?
2. Do you have boat docks or slips? Yes No
 a. If yes, what are the gross sales?
3. Do you have campgrounds on your premises? Yes No
 a. If yes, what are the gross sales from campgrounds?
4. Do you have coin-operated laundry machines? Yes No
 a. If yes, what are the gross sales?
5. Do you have community recreational facilities? Yes No
 a. If yes, what is the total square footage?
 b. If yes, are these facilities open to non-residents for a fee? Yes No
6. Do you have a convenience/grocery store in the park? Yes No
 a. If yes, what are the gross sales?
7. Do you have dams, levees or dikes? Yes No
 a. If yes, describe. (e.g., Class I Dam, height)
8. Do you have ponds, lakes, reservoirs or other bodies of water? Yes No
 a. If yes, how many and what acreage for each?

9. Do you have parks or playgrounds? Yes No
 a. If yes, how many?
10. Do you have private indoor parking? Yes No
 a. If yes, what is the total square footage?
11. Do you have private storage or storage buildings for tenants? Yes No
 a. If yes, what is the total square footage?
12. Do you have stables, horse riding trails or riding arenas? Yes No
 a. If yes, what payroll applies to operate and maintain them?
13. Is there a swimming pool or beach exposure? Yes No
14. Do you operate a restaurant, bar or tavern? Yes No
15. Do you hold any special events? Yes No
 a. If yes, are any events open to the general public? Yes No

****This exposure requires the completion of an additional supplemental application.***

IMPORTANT NOTICE

I DECLARE THAT THE STATEMENTS MADE IN THIS SUPPLEMENTAL APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AFTER REASONABLE INQUIRY AND ARE MADE PART OF ALL APPLICABLE APPLICATIONS FOR INSURANCE.

Any person who knowingly and with intent to defraud any insurance company or another person submits an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information containing any material fact thereto, commits a fraudulent act that is subject to criminal and substantial civil penalties. **I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance or the subject thereof may void any policy issued. I HAVE READ AND UNDERSTAND THE FRAUD WARNINGS CONTAINED IN ALL APPLICATIONS.**

(As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.)

Applicant Signature

Title

Date

Producer Signature

Date