



P.O. Box 650 • 57 Parker Rd. • Barre, VT 05641 • 800-548-4301 • www.neee.com

MOBILE HOME PARK SUPPLEMENTAL APPLICATION

COMPLETE IN ADDITION TO ACORD APPLICATIONS.

ATTACH ADDITIONAL SHEETS AS NECESSARY.

ANSWER ALL QUESTIONS. If not applicable, indicate N/A.

GENERAL INFORMATION

1)

Named Insured:			
Brokerage/Broker:		Agency/Agent:	
Renewal? Yes <input type="checkbox"/> No <input type="checkbox"/>	Policy Number:		
Effective Date:			
Website:			

2)

Current Carrier Information:

Carrier:			
Limit of Insurance:			
Deductible:			
Premium:			
Offering renewal? Yes <input type="checkbox"/> No <input type="checkbox"/>	Claims made? Yes <input type="checkbox"/> No <input type="checkbox"/>	Retroactive date:	

Please attach copies of the following:

- a) *Currently valued five year loss runs, including claim detail for all losses open or exceeding \$10,000*
- b) *Applicant's brochure, description of operations, or marketing materials if a website is not available*
- c) *A completed Schedule of Values sheet for your premises*

3)

Mailing address:

Address: _____
 City: _____ State: _____ Zip Code: _____

4)

Please complete the below table regarding your revenues:

	Upcoming Year (est.):	Last 12 Months:	One Year Prior:	Two Years Prior:	Three Years Prior:
Revenue					

5)

Audit/Inspection contact: _____
 a. Phone number: _____
 b. Email: _____

OPERATIONS

6) What type of park are you operating? Check all that apply and provide a percentage of operations for each:

Residency	Percentage of Occupants
<input type="checkbox"/> Seasonal - Retirement/Over 55 Park	%
<input type="checkbox"/> Transient - Retirement/Over 55 Park	%
<input type="checkbox"/> Permanent - Retirement/Over 55 Park	%
<input type="checkbox"/> Seasonal - Family	%
<input type="checkbox"/> Transient - Family	%
<input type="checkbox"/> Permanent - Family	%
<input type="checkbox"/> Work/Employee Housing - Family	%
<input type="checkbox"/> Seasonal - Adult	%
<input type="checkbox"/> Transient - Adult	%
<input type="checkbox"/> Permanent - Adult	%
<input type="checkbox"/> Work/Employee Housing - Adult	%
<input type="checkbox"/> Motor Coach/RV/Camper Parking	%
<input type="checkbox"/> Disaster Recovery/Emergency Housing	%
<input type="checkbox"/> Other: _____	%
TOTAL	100%

7) How long have you been in operation under this business name or any others (please provide any prior entities or additional entities/DBAs to be covered)? _____

8) Does the park owner or a manager live on-premise? Yes No

9) How many sites are available at your park? _____

a. What percentage is typically occupied? _____

b. How many of these sites are permanent? _____

c. How many sites are privately owned? _____

d. How many sites are rented long-term (12 months or longer lease terms)? _____

e. How many sites are rented short-term lease (under 12 months, non-transient)? _____

f. How many sites are transient? _____

g. How many sites are motorcoach/RV/Camper parking? _____

10) What is the average rent per site? _____

11) Do all sites have water, sewer, and electric hook-up? Yes No

a. Who is responsible for physically connecting the utilities? _____

b. Who is responsible for utility service contracts? _____

c. Do sites have natural gas or propane hook-up? Yes No

d. If yes to c., are you responsible for maintaining the gas? Yes No

e. If no to c., do you allow installation of gas or oil tanks by individual unit owners? Yes No

12) Do you offer any mobile home repair or maintenance services? Yes No

- 13) Do you sell any mobile homes? Yes No
 a. If yes, do you sell new units, used units, or both? _____
- 14) Do you allow pets on premises? Yes No
 a. If yes, do you have any restrictions on the types or number of animals allowed? Yes No
 b. If you allow dogs, do you have any weight or breed restrictions? Yes No
 c. If you answered yes to a. or b., please describe: _____

- 15) Have you evicted any tenants in the last three years? Yes No
- 16) Are any of the following features on your premise? Check all that apply:
 Above-ground Pool In-ground Pool Lake, Pond, River, Creek
 Splash Pad Playground Bike Trails
 Park Dog Park Sporting Courts
 Car Wash Laundry Room Fitness Center/Gym
 Hot Tub/Spa Tub Sauna/Steam Room Clubhouse/Party Room
- 17) If you indicated pools or bodies of water in 16), please complete the following:
 a. How many pools or other water hazards do you have? _____
 b. Do you have any diving boards, slides, rope swings, floating obstacle courses or trampolines, or other recreational aquatic equipment? Yes No
 c. Are areas around pools fully fenced with a self-locking gate? Yes No
 d. Are water depths clearly marked? Yes No
 e. Is a lifeguard on duty at all times when the pool or body of water is open? Yes No
 f. Are warning signs and rules posted in a visible area? Yes No
 g. Do posted rules stipulate that minor children must be attended by a parent or guardian at all times? Yes No
 h. Have all pools been fitted with anti-vortex drain covers? Yes No
 i. How frequently are pool pH levels checked during open season? _____
 j. How frequently during open season are pools closed for sanitation/chemical shocking? _____
- 18) Do you have a convenience store on site? Yes No
 a. If yes, what are the annual receipts? _____
- 19) Do you have a restaurant or lounge/bar on site? Yes No
 a. If yes, are alcoholic beverages served? Yes No
 b. What are the annual food receipts? _____
 c. What are the annual liquor receipts (if applicable)? _____

SAFETY INFORMATION

- 20) Do you have any park security? Yes No
 a. If yes, are these personnel employed by you? Yes No
 + If no, is the third party service required to hold you harmless for their operations and provide a COI showing proof of liability insurance? Yes No
 b. Do you utilize any off-duty police officers for security? Yes No
 + If yes, do officers carry their service firearms while on your premise? Yes No

- + Do you contract K9 unit officers who bring their dog to your premise? Yes No
- c. Are security guards armed? Yes No
- + If yes, do they carry firearms? Yes No
- + Tasers/stun guns? Yes No
- + Mace/pepper spray? Yes No
- + Other: _____

- 21) How far are you from the nearest fire department? _____
- 22) Do you have streetlights or lampposts throughout the park? Yes No
- a. If yes, is there a "lights out" period when these lights are inactive? Yes No
- 23) Do you have an emergency weather shelter or shelters accessible to all residents? Yes No
- 24) Do you have any construction planned during the next 12 months? Yes No
- a. If yes, please describe: _____
- _____

LOSS HISTORY

- 25) Have you had any Liability claims that were or were not covered by insurance? Yes No
If yes, please attach an explanation.
- 26) During the past five years, has any insurer ever canceled or non-renewed similar insurance to any applicant or has your insurance been canceled for nonpayment of premium by any insurance or finance company? **If yes, please attach an explanation.** Yes No
- 27) Is your company aware of any occurrences, facts, circumstances, incidents, situations, damages or accidents arising out of or related to your operations that a reasonably prudent person might expect to give rise to a claim or lawsuit, whether valid or not, which might directly or indirectly involve the company? **If yes, please attach an explanation.** Yes No

FRAUD WARNING

NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS: In some states, 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

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 FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

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 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.

NOTICE TO LOUISIANA 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 fines and confinement in prison.

NOTICE TO MAINE 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 may include imprisonment, fines, or denial of insurance benefits.

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 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 NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud an 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 \$5,000 and the stated value of the claim for each such violation.

NOTICE TO 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 OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes a 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 a 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 the person to criminal and civil 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.

NOTICE TO 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.

The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.

The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.

Applicant: _____ Title: _____

FEIN #: _____

Applicant's Signature: _____ Date: _____

Agent/Broker Name: _____