



MOBILE HOME PARK SUPPLEMENTAL (Complete in addition to ACORD Application)

Proposed First Named Insured & Other Named Insured(s):

Location Address Street City County State ZIP Code

BUSINESS INFORMATION

- 1. Occupancy - Check all that apply and show % of each: Retirement, Adults Only, Family, Camp Ground
2. Type of units in the park: Single Wide, Double Wide, Campers, Travel Trailer, Modular
3. Total capacity of park:
4. Average vacancy rate:
5. Tenancy annual turnover rate: Less than 10%, More than 10%
6. Number of sites rented to others: Number of vacant sites:
7. Number of units rented to others: Number of vacant rental units:
8. Total annual receipts: \$
9. Surface area of streets: 100% paved, Partially paved, Not paved
10. Street lighting: Complete, Partial, None
11. Is there any real estate development?
12. Is there any vacant land?
13. Are there formal written and enforced park rules? Attach a copy of the Park rules.
14. Indicate if you or your manager lives in the Park: Owner, Manager
15. Is manager a full-time employee?
16. Do you allow pets? If yes, answer the following questions:
17. Do you own or operate any other business at this location? If yes, describe:
18. Do you sell new or used units? Annual Gross Sales: \$
19. Do you sell, service or distribute LP/Natural Gas?
20. Do you sell or store gasoline?
21. Number of police calls or visits during the past year:
22. Are there any signs of criminal, drug, or gang activity on or near the insured properties? Consult www.bestplaces.net for activity.

23. Does the applicant desire Assault or Battery coverage? Yes No
 If yes, has there been or are there currently any allegations, incidents, losses or claims for assault or battery?
 Yes No
If yes, provide details:

RENTAL UNITS – COMPLETE IF APPLICABLE

1. Indicate how rental units were acquired:
 Purchased new from dealer Purchased used from dealer
 Purchased or obtained from previous tenant (provide circumstances):
-
2. Lease terms: Weekly Monthly 6 Month 9 Month 12 Month
3. Number of rental units, by age, of home: 1-5 years _____ 6-10 years _____
 11-15 years _____ Over 15 years _____
4. Rental income per rental unit: \$ _____
5. Frequency you inspect inside the rental units:
-
- | | Yes | No |
|---|--------------------------|--------------------------|
| 6. Are units inspected prior to new occupancy? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Frequency of inspections, by a licensed contractor, of the heating, plumbing and electrical: | | |
| <hr/> | | |
| 8. Are formal maintenance records kept for each rental? If yes, attach a sample copy. | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Are smoke detectors present? Type: <input type="checkbox"/> Hard-wired <input type="checkbox"/> Battery operated | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Is there a battery replacement schedule plan in place for smoke detectors?
If yes, describe: | <input type="checkbox"/> | <input type="checkbox"/> |
| <hr/> | | |
| If no, you must have a waiver/release from the tenant, accepting responsibility for battery replacement. | | |
| 11. Are fire extinguishers installed? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Are there steps at exterior doors with properly installed handrails?
Note: Concrete block steps are not acceptable. | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Are any rental units over 15 years of age?
If yes, complete the following for each rental unit and provide photos of the front and back: | <input type="checkbox"/> | <input type="checkbox"/> |

Year Built	Year Updated			
	Heating	Plumbing	Wiring	Roofing

PARK UTILITIES

- | | | |
|---------------|---|---|
| Trash/Garbage | <input type="checkbox"/> City | <input type="checkbox"/> Park provides |
| Electric | <input type="checkbox"/> Public Utility | <input type="checkbox"/> Park provides |
| Water | <input type="checkbox"/> Public Utility | <input type="checkbox"/> Park/Well |
| Sewer/Septic | <input type="checkbox"/> Public Utility | <input type="checkbox"/> Park provides |
| Roads | <input type="checkbox"/> Public maintains | <input type="checkbox"/> Park maintains |
| Gas | <input type="checkbox"/> Public (tenant pays utility co.) | <input type="checkbox"/> Park provides |

RECREATIONAL EXPOSURES

1. Indicate if the following are present by checking the box below:

- Aerobics/Fitness Classes or Weight Room Tours/Shuttle Service Sauna/Spas
 Tenant Garage Sales/Flea Market Hobby Shops or Hobby Classes Shuffle Board
 Activities Involving Animals

2. Is any of the following open to the public?

- a. Laundry Facilities Yes No
b. Tennis Courts Yes No
c. Swimming Pool Yes No
d. Playground Yes No

Indicate type of surface: _____

3. Is facility used by the public for meetings, weddings, church, etc.? Yes No

4. Are there any functions or activities where alcoholic beverages are served or permitted? Yes No

IMPORTANT NOTICE**DECLARATION**

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

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.

SIGNATURES

Applicant Signature	Title	Date
Producer Signature		Date
Producer Name and Address		
