



MOBILE HOME PARK SUPPLEMENT (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. Does any risk have restrictions imposed on the length of stay...
9. Total annual receipts:
10. Surface area of streets: 100% paved, Partially paved, Not paved
11. Street lighting: Complete, Partial, None
12. Is there any real estate development?
13. Is there any vacant land?
14. Are there formal written and enforced park rules?
15. Indicate if you or your manager lives in the Park: Owner, Manager
16. Is manager a full-time employee?
17. Do you allow pets?
18. Do you own or operate any other business at this location?
19. Do you sell new or used units? Annual Gross Sales:
20. Do you sell, service or distribute LP/Natural Gas?
21. Do you sell or store gasoline?
22. Number of police calls or visits during the past year:
23. Are there any signs of criminal, drug, or gang activity on or near the insured properties?

24. 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? <b>If yes, attach a sample copy.</b>  | <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?<br>If yes, describe:   | <input type="checkbox"/> | <input type="checkbox"/> |
| <hr/>   |                          |                          |
| <b>If no, you must have a waiver/release from the tenant, accepting responsibility for battery replacement.</b>                                 |                          |                          |
| 11. Are fire extinguishers installed?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Are there steps at exterior doors with properly installed handrails?<br><b>Note: Concrete block steps are not acceptable.</b>               | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Are any rental units over 15 years of age?<br>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  |

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**RECREATIONAL EXPOSURES**

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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

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**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.

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**SIGNATURES**

Applicant Signature	Title	Date
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Producer Signature	Date
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Producer Name and Address
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