

RETAILER SUPPLEMENTAL APPLICATION

Community Name: _____
Mailing Address: _____
Community Address: _____

GENERAL COMMUNITY INFORMATION

1. Annual Gross Sales: _____
2. Annual Payroll (minus officers): _____
3. Annual cost of subcontractors: _____
4. Number of employees: _____
5. Do you carry workers' compensation coverage on your employees? _____
6. # units sold / year: _____ Mfgd. Homes _____ Modular _____ Used
7. Number of homes sold on "Spec" in the past 12 months? _____
8. Number of annual broker transactions? _____ Annual Brokered Sales \$ _____
9. Do you carry loans for customers? _____
10. Are more than 90% of your used homes aged 1995 or newer? _____
11. Have you entered into "Hold Harmless" agreements with any manufacturer? _____
12. Please list all home manufacturers you represent: _____

OPERATIONS

1. Are you listed as additional insured for all subcontracted work? _____
2. What percentage of home delivery & setup is subcontracted? _____
3. Any subcontracted operations other than delivery and setup? _____
If yes, please explain: _____
5. Do you build or install any sheds, decks, carports, or garages? _____
6. Do you deliver homes for others? _____
7. Do you own or operate a crane or boom truck? _____
8. Are any of your drivers under age 21? _____
9. Do you refurbish or repair homes? _____ Annual Cost: \$ _____
9. Any units sold built prior to 1976? _____ Quantity: _____
9. Do you take units on trade? _____ Quantity: _____
9. Number of homes taken to shows? _____ Number of shows: _____
9. Do you sell used autos or motor homes? _____ # sold last year? \$ _____
9. Are all display units equipped with sturdy non-skid steps with handrails? _____
6. Display area: _____ Paved _____ Gravel _____ Other
6. Parking lot: _____ Paved _____ Gravel _____ Other
6. Storage area: _____ Paved _____ Gravel _____ Other
6. Fencing _____ 100% _____ Storage _____ Display
_____ Partial _____ None

1. Type and area of lighting: _____
2. Model homes spaced greater than 10ft. apart? _____

LOSS HISTORY

To the best of your knowledge please list any insurance claims for the prior four years:

I the undersigned hereby represent that all of the questions answered in this questionnaire have been reviewed and understand the representations made herein. Further, my broker (indicated by signature below) has explained to me the impact my signing this form has on my coverage, terms, conditions and amounts of insurance collectable under this contract, and further understands that failure to comply with any or all of these provisions may result in reduced or void coverage.

Insured Signature _____ Date _____

Agent Signature _____ Date _____