



MANUFACTURED HOME PARK PROGRAM APPLICATION FOR GENERAL LIABILITY

Exclusively Underwritten by:

SECTION I – GENERAL INFORMATION

PLEASE COMPLETE EVERY ITEM OR INDICATE N/A

1. Name Insured: _____ <div style="text-align: center; font-size: small;">(Include d/b/a or trade name, if applicable.)</div> d/b/a: _____	Requested Effective Date: _____
 2. Mailing Address: _____ <div style="text-align: center; font-size: small;">(Street)</div> _____ <div style="display: flex; justify-content: space-between;"><div style="width: 20%; text-align: center; font-size: small;">(City)</div><div style="width: 20%; text-align: center; font-size: small;">(State)</div><div style="width: 20%; text-align: center; font-size: small;">(Zip Code)</div><div style="width: 40%; text-align: center; font-size: small;">(County)</div></div> Primary Location: _____ <div style="text-align: center; font-size: small;">(Street)</div> _____ <div style="display: flex; justify-content: space-between;"><div style="width: 20%; text-align: center; font-size: small;">(City)</div><div style="width: 20%; text-align: center; font-size: small;">(State)</div><div style="width: 20%; text-align: center; font-size: small;">(Zip Code)</div><div style="width: 40%; text-align: center; font-size: small;">(County)</div></div> <div style="text-align: center; font-weight: bold; padding: 10px 0;">If there are multiple locations, please complete a separate application for each.</div>	
3. Web Site Address: _____	
4. Business Type: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other – please describe: _____	
5. Contact Name: _____ Title: _____ Phone: _____ Fax: _____ E-mail: _____	
6. What year was the Park established? _____	
7. Years in business under the above name: _____	
8. Have you operated under any other name within the past 10 years? <input type="checkbox"/> Yes <input type="checkbox"/> No A. If yes, is this business still active? <input type="checkbox"/> Yes <input type="checkbox"/> No B. If yes, please provide the name and describe the operations: _____ _____	
9. Do you belong to any trade associations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe: _____ _____	

SECTION II – EXPOSURE CATEGORIES

PLEASE COMPLETE EVERY ITEM OR INDICATE N/A

Total Number of Mobile Home Sites	Total Number of Park Owned Rental Units	Total Number of Tenant Owned Units	Total Number of Vacant Sites	Total Number of RV Sites	
				Short Term less than 3 months	Long Term more than 3 months
1. Number of Rent-to-Own Units (if any): _____					
1a. Number of Site-Built Rental(s) (if any): _____					
A. Site-Built Rental(s) Monthly Rent: \$ _____					
2. What is the average percent of spaces or units unoccupied at any time _____ %					
A. What is your average annual tenant turnover rate? _____ %					
3. What is the average monthly rent: \$ _____ Per site \$ _____ Per rental unit \$ _____					

4. Is any Park operating under a local Rent Control Ordinance? ☐ Yes ☐ No
If yes, for how long? _____ Does Decontrol apply? ☐ Yes ☐ No
5. Have lease agreements been made available to residents? ☐ Yes ☐ No
If yes, applicable to what percentage of Park sites? _____ %
6. Do your leases include an Arbitration Clause? ☐ Yes ☐ No
7. Has the lease agreement been reviewed by an attorney? ☐ Yes ☐ No
8. Does your Lease or Rental Agreement include a Hold Harmless statement? ☐ Yes ☐ No
9. Do you provide written Park Rules to each tenant as part of a signed Rental Agreement? ☐ Yes ☐ No
10. Are Park Rules also posted in the Park? ☐ Yes ☐ No
11. Has the Park ever been served with a Civil, Criminal or Resident Litigation? ☐ Yes ☐ No
If yes, please explain: _____
12. Have you ever been served with any Failure to Maintain complaints or claims? ☐ Yes ☐ No
If yes, please explain: _____
13. Do you stagger rent increases? ☐ Yes ☐ No
How often? _____
14. Are there any plans to convert any Park to another use or reduce the current level of services or amenities provided to tenants? ☐ Yes ☐ No
If yes, please explain: _____
15. Is your Park fenced? ☐ Yes ☐ No Gated? ☐ Yes ☐ No
16. Do you have procedures to monitor, document or restrict visitors or service/delivery vehicles? ☐ Yes ☐ No
17. Is any of the land vacant or undeveloped? ☐ Yes ☐ No
If yes, how much? _____ acres
18. Please provide your annual sales are from:
- | | | | | | |
|-----------------------|----|----------------------|------------------------|----|----------------------|
| A. Space Rental | \$ | <input type="text"/> | B. Unit Rentals | \$ | <input type="text"/> |
| C. LP or Fuel | \$ | <input type="text"/> | D. Store/Grocery | \$ | <input type="text"/> |
| E. Laundry Facilities | \$ | <input type="text"/> | F. Mobile Home Sales | \$ | <input type="text"/> |
| G. Other | \$ | <input type="text"/> | Please describe: _____ | | |
19. Do you act as a dealer buying and selling homes? ☐ Yes ☐ No
If yes, in your Park only? ☐ Yes ☐ No
What is the total number sold per year? _____
20. Are your streets: ☐ 100% Paved ☐ Partially Paved ☐ Not Paved
21. Do you regularly inspect and repair potholes or deficiencies? ☐ Yes ☐ No
22. Are your streets: ☐ Fully Lighted ☐ Partially Lighted ☐ Unlit ☐ Motion Activated
23. Are street signs (e.g. Speed Limits postings, Stop Signs, Pedestrian Crosswalks) clearly visible? ☐ Yes ☐ No
24. Do you utilize any employed or contracted Security Guards? ☐ Yes ☐ No
25. Is your water source: ☐ Well ☐ City?
If well water, how often is it tested? _____
26. What is the age range of the units in your Park? _____
27. Do your employees set up homes? ☐ Yes ☐ No
28. Are all units properly secured (tied down), including skirts and proper wind barriers in place? ☐ Yes ☐ No
29. What is the distance to the nearest fire station? _____ Miles
30. What is the distance to the nearest fire hydrant? _____ Feet
31. Do you require all tenants to provide proof of personal liability or homeowners insurance? ☐ Yes ☐ No
32. Is your Park licensed? ☐ Yes ☐ No
If yes, any suspensions or violations within the past five (5) years? ☐ Yes ☐ No
33. Please indicate your tenant demographics: ☐ Active Adult Community ☐ Family Oriented ☐ Other
Please describe: _____

34. Who is responsible for outside maintenance of the rental units (e.g. snow removal, lawn care)?
☐ Park Management ☐ Tenants
35. Do you allow pets? ☐ Yes ☐ No
 If yes, please describe any restrictions you have in your Park Rules.
-
36. Have you had any incident involving injury or damage caused by a tenant's pet within the past five (5) years? ☐ Yes ☐ No
 If yes, please describe: _____
37. Are pets required to be registered with the Park management? ☐ Yes ☐ No
38. Are vicious breeds (such as Pitbulls, Rottweilers, Dobermans, etc.) allowed? ☐ Yes ☐ No
39. Do you allow tenants to use Golf Carts or other mobile equipment on premises? ☐ Yes ☐ No
40. Do you allow tenants to operate home based businesses that require regular access by the general public? ☐ Yes ☐ No

(Please attach a copy of your Park Rules and community plan to this Application for Insurance.)

SECTION III – EMPLOYEES AND OPERATIONS

PLEASE COMPLETE EVERY ITEM OR INDICATE N/A

Describe owner's duties or involvement in daily operations:

1. Is your Park managed by: ☐ On Site Owner ☐ Off Site Owner
☐ Salaried On Site Manager ☐ Salaried Off Site Manager

2. How many employees work at the Park? ☐ Full Time _____ ☐ Part Time _____

3. Does Manager keep a log of: ☐ Inspections ☐ Complaints ☐ Repairs

4. How many complaints have been logged annually for the most recent three (3) years? _____

5. Do your employees perform repair work on homes? ☐ Yes ☐ No
 If yes, please describe: _____

6. Please provide the following information on Park maintenance:

	Employees	Use Subcontractors With Certificates of insurance	N/A
Landscaping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Park owned mobiles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-owned mobiles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Park buildings or structures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roads and walkways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION IV – PARK AMENITIES

PLEASE COMPLETE EVERY ITEM OR INDICATE N/A

(Please check all that apply to your operations and complete the attached Amenity Supplemental Questionnaire.)

- | | | |
|--|---|--|
| Swimming Pool <input type="checkbox"/> | Tennis/Basketball Courts <input type="checkbox"/> | Video Arcade <input type="checkbox"/> |
| Sauna <input type="checkbox"/> | Golf Course <input type="checkbox"/> | Store/LP Fuel Sales <input type="checkbox"/> |
| Shuffleboard <input type="checkbox"/> | Laundry Facilities <input type="checkbox"/> | Other <input type="checkbox"/> |
| Clubhouse <input type="checkbox"/> | Restaurant/Bar <input type="checkbox"/> | Describe: _____ |

SECTION V – AMENITY SUPPLEMENTAL QUESTIONNAIRE

PLEASE COMPLETE EVERY ITEM OR INDICATE N/A

1. Is there any access to lakes, rivers streams or other water hazards (other than pools and saunas) on or adjoining your property? ☐ Yes ☐ No
 If yes, do you post signs? ☐ Yes ☐ No

<p>2. Are there boat docks or boat slips on premises? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many? _____</p> <p>Are they owned by park? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Do you provide or rent boats or other flotation devices for use? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Do you allow public access? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>I. SWIMMING POOLS</p> <p>1. Are rules posted at the entrance and at poolside? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. "Swim At Own Risk" notice posted? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Any diving boards? Yes No If yes, what height? _____ Any slides? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. What are your age restrictions for unsupervised children? _____</p> <p>5. Is the entire pool enclosed by a fence or other permanent barrier? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Is the gate self closing and does it have a self latching mechanism? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. Are depths marked on both the top and sides of the pool? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8. Is there rescue equipment located at poolside? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>9. Is there a log of pool water testing and a maintenance schedule kept? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>10. Where are pool chemicals stored? _____</p> <p>11. What are your rules regarding use of the pool by outside guests? _____</p>	<p><input type="checkbox"/> N/A</p>
<p>II. SAUNAS</p> <p>1. Is the sauna located within the pool enclosure? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. What capacity does it have? _____</p> <p>3. Are rules posted? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Use At Own Risk Notice Posted? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. Any age restrictions? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please explain: _____</p>	<p><input type="checkbox"/> N/A</p>
<p>III. SHUFFLEBOARD/TENNIS/BASKETBALL/PLAYGROUNDS</p> <p>1. Are rules posted for use? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Use restricted to tenants? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Is the ground surface, netting and equipment in good working order and inspected on a regular basis? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Is the area next to a road or public street? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, are there protective barriers? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. For playgrounds, what is the surface groundcover material? _____</p>	<p><input type="checkbox"/> N/A</p>
<p>IV. CLUBHOUSE</p> <p>1. Please describe the use and activities of the Clubhouse: _____</p> <p>2. Is the facility leased to anyone except your tenants? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please explain: _____</p> <p>3. Is the facility open 24 hours? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Is there a kitchen? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, is a fire suppression system installed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> N/A</p>
<p>V. LAUNDRY/VIDEO ARCADE</p> <p>1. Is use restricted to tenants? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Are rules posted? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Are there any age restrictions? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> N/A</p>

4. What are the hours of operation? _____

5. Are the facilities well lit and locked during overnight hours?

☐ Yes ☐ No

VI. STORE/RESTAURANT/BAR

☐ N/A

1. Please describe the products sold:

2. Are the facilities open to the general public?

☐ Yes ☐ No

If yes, what percentage of sales? _____ %

3. What are your gross annual sales from these operations?

\$

4. Do you have a license to sell/serve liquor?

☐ Yes ☐ No

If yes, do you carry liquor liability insurance?

☐ Yes ☐ No

5. If Liquid Propane is sold, is storage in a fenced and locked area?

☐ Yes ☐ No

6. Do you sell to anyone other than your tenants?

☐ Yes ☐ No

7. Are tenants permitted to fill their own tanks?

☐ Yes ☐ No

SECTION VI – PRIOR INSURANCE

☐ See attached

1. Please provide details for the last three (3) years (if none, please state "none"):

Year	Company	Limits	Premium	Deductible
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

2. In the past three (3) years, has any Insurance Company cancelled or refused to renew your Liability Insurance?

☐ Yes ☐ No

If yes, please explain why: _____

SECTION VII- RENTAL UNITS

1. Do you own units you rent out? If yes, how many? _____

☐ Yes ☐ No

2. Do you inspect all rental units prior to occupancy?

☐ Yes ☐ No

3. Do units have ☐ Yes ☐ No If yes, hardwired or
smoke detectors? Battery (Select one)

4. If battery operated, is there a battery replacement schedule in place?

☐ Yes ☐ No

5. Do you have a full time maintenance person responsible for rental units?

☐ Yes ☐ No

6. Are formal maintenance and inspection records kept for each rental unit?

☐ Yes ☐ No

7. Do all unit rentals have skirting appropriate for manufactured housing?

☐ Yes ☐ No

8. Are all units equipped with sturdy steps and handrails for means of ingress/egress?

☐ Yes ☐ No

9. What are the average age of the rental units in your community: _____

10. Attach a schedule of ALL park
owned rentals.

SECTION VIII- CLAIMS HISTORY

☐ See attached

1. Please provide details for the last three (3) years (if none, please state "none"):

Date of Claim	Description of Loss	Amount of Claim
		\$
		\$
		\$

Do you require Certificates of Insurance from Subcontractors?

☐ Yes ☐ No

If yes, do you require limits of liability at least equal to your own limits?

☐ Yes ☐ No

Is Park Owner named as Additional Insured on Contractors policy?

☐ Yes ☐ No

SECTION IX – LOSS CONTROL/RISK TRANSFER

1. Have you watched Mobile Insurance's "Community Managers' Best Business Practices" video?


Yes No

Property Statement of Values

Description/Usage	Year Built	Construction Type	Sq. Ft.	# of Stories	Bldg. Value	Contents Value	Year of Update

Applicant's Warranty:

Applicant warrants that the above information is true and complete. Applicant understands that the insurer will rely on this information for purposes of acting on this application for insurance. The provision of false information on an application for insurance is fraud, which is a crime in many states and could void the coverage applied for in this application.



Applicant's Name (Please Print)

Title

Applicant's Signature

Date

Kurt D. Kelley

Submitting Producer

License Number


Producer's Signature

Date

IMPORTANT: THIS IS NOT A BINDER OR OFFER OF COVERAGE

Additional Insured(s)/Mortgagee(s)/Loss Payee(s):

Worker's Compensation: - FEIN: _____**Type of Work****# Full/Part Time****Annual Payroll**

_____	_____	_____
_____	_____	_____
_____	_____	_____