



MANUFACTURED HOME PARK PROGRAM
APPLICATION FOR GENERAL LIABILITY
Exclusively Underwritten by Mobile Insurance.

SECTION I – GENERAL INFORMATION

PLEASE COMPLETE EVERY ITEM OR INDICATE N/A

1. Name of Applicant: _____ Requested Effective Date: _____
 D/B/A: _____
 (Include D/B/A or trade name if applicable)

2. Mailing Address: _____
 (Street)

 (City) (State) (Zip Code) (County)

Location Address: _____
 (Street)

 (City) (State) (Zip Code) (County)

If there are multiple locations, please complete a separate application for each.

3. Web Address: _____

4. Business Type: _____ Individual _____ Partnership _____ Corporation _____ LLC

5. Contact Name: _____ Title: _____

Phone: _____ Fax: _____ Email: _____

6. What year was the Park established? _____

7. How long have you owned the Park? _____

8. Is this is a New Purchase? __Yes __No

A. If yes, how many years experience do you have in ownership of manuf. communities? _____

9. Do you own other manufactured home communities? __Yes __No

10. Will you have a residential on-site manager? __Yes __No

A. If Yes, how many years of experience do they have? _____

11. Will the new ownership be involved in and oversee the daily operations? __Yes __No

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 Tent Sites	Total Number of RV Sites	
					Short Term (less than 3 months)	Long Term (more than 3 months)

1. What is the average percent of spaces or units unoccupied at any time? _____%

2. What is your average annual tenant turnover rate? _____%

3. What is the average monthly rent: Per Site: \$_____ Per Rental Unit: \$_____

4. Is the Park operation 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 percent of park sites? _____%
6. Does the lease agreement 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 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. Has the Park 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
 If yes, how often? _____
14. Are there any plans to convert the Park for another use, reduce the current level of services or amenities available 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 services/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 for:
- | | | | | | |
|------------------|----|----------------------|-------------------|-------|----------------------|
| Space Rental | \$ | <input type="text"/> | Unit Rental | \$ | <input type="text"/> |
| LP or Fuel | \$ | <input type="text"/> | Store/Grocery | \$ | <input type="text"/> |
| Laundry Facility | \$ | <input type="text"/> | Mobile Home Sales | \$ | <input type="text"/> |
| Other | \$ | <input type="text"/> | Please describe: | _____ | |
19. Do you act as a dealer of buying and selling homes? Yes No
 If yes, in your Park only? Yes No
 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? Not Lighted? Motion activated?
23. Are street signs (e.g. speed limit postings, stop signs, pedestrian crosswalks) clearly visible? Yes No
24. Do you utilize any employee 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 all units in your Park? _____
27. Do your employees set up homes? Yes No
28. Are all units properly secured (tied down), skirted and have 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 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 (i.e. snow removal, lawn care)?
 Park Management Tenants
35. Do you allow pets? Yes No
 If yes, describe any restrictions you have in your Park Rules: _____

36. Have there been any incidents or damage caused by tenant pets within the past 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 Pitbull, 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 have in home businesses that require regular access by the general public? Yes No

****Please attach a copy of your Park/Pet 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 a(n) 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 management keep a log of: _____ Inspections? _____ Complaints? _____ Repairs?
4. How many complaints have been logged annually in the past three years? _____
5. Do your employees perform repairs on the homes? Yes No
 If yes, please describe: _____
6. Do you require certificates of insurance (COI) from subcontractors with liability limits equal to your limits? Yes No
7. Is the Park named as an additional insured on the contractors’ policy? Yes No
8. Is there a written contract in place with a hold harmless agreement? Yes No

9. Please provide the following information on Park maintenance:

Landscaping	<input type="checkbox"/> Employees	<input type="checkbox"/> Use Subcontractors with COI	<input type="checkbox"/> N/A
Pools	<input type="checkbox"/> Employees	<input type="checkbox"/> Use Subcontractors with COI	<input type="checkbox"/> N/A
Non-Owned Mobiles	<input type="checkbox"/> Employees	<input type="checkbox"/> Use Subcontractors with COI	<input type="checkbox"/> N/A
Owned Bldgs./Structures	<input type="checkbox"/> Employees	<input type="checkbox"/> Use Subcontractors with COI	<input type="checkbox"/> N/A
Roads and Walkways	<input type="checkbox"/> Employees	<input type="checkbox"/> Use Subcontractors with COI	<input type="checkbox"/> N/A

SECTION IV – PARK AMENITIES

PLEASE COMPLETE EVERY ITEM OR INDICATE N/A

Please check all that apply to your operation and complete the attached Amenity Supplemental Questionnaire:

- | | | | |
|--|---|---------------------------------------|---|
| <input type="checkbox"/> 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"/> Clubhouse | <input type="checkbox"/> Restaurant/Bar | <input type="checkbox"/> Other: _____ | |

SECTION V – AMENITY SUPPLEMENTAL QUESTIONNAIRE

PLEASE COMPLETE EVERY ITEM OR INDICATE N/A

1. Is there access to lakes, rivers, streams, or other water hazards (other than a pool or sauna) on, or adjoining your property? Yes No
 If yes, do you post signs? Yes No
2. Do you provide or rent boats or other floatation devices for use? Yes No
3. Do you allow public access? Yes No

I. SWIMMING POOLS

N/A

1. Are rules posted at the entrance and at poolside? Yes No
2. Is there a "Swim at Your Own Risk" notice posted? Yes No
3. Any diving boards? Yes No
 If yes, height _____ Any slides? Yes No
4. What are the age restrictions for unsupervised children? _____
5. Is the entire pool enclosed by a fence or other permanent barriers? Yes No
6. Is the gate self-closing and does it have a self-latching mechanism? Yes No
7. Are depths marked on both the top and sides of the pool? Yes No
8. Is there rescue equipment located beside the pool? Yes No
9. Is there a log kept for pool water testing and maintenance schedules? Yes No
10. Where are the pool chemicals stored? _____
11. What are your rules regarding use of the pool by outside guests? _____

II. SAUNAS

N/A

1. Is the sauna located within the pool enclosure? Yes No
2. What capacity does it have? _____
3. Are rules posted? Yes No
4. Is there a "Use at Your Own Risk" notice posted? Yes No
5. Are there any age restrictions? Yes No

If yes, please explain: _____

III. SHUFFLEBOARD/TENNIS/BASKETBALL/PLAYGROUNDS __N/A

1. Are rules posted for use? __Yes __No
2. Is use restricted to tenants? __Yes __No
3. Is the ground surface, netting, and equipment in good working order?
Inspected on a regular basis? __Yes __No
4. Is the area next to a road or public street?
If yes, are there protective barriers? __Yes __No
5. For playgrounds, what is the surface ground cover material? _____

IV. CLUBHOUSE __N/A

1. Please describe the use and activities of the Clubhouse: _____
2. Is the facility leased to anyone except your tenants? __Yes __No
If yes, please explain: _____
3. If the facility open 24 hours? __Yes __No
4. Is there a kitchen?
If yes, is a fire suppression system installed? __Yes __No

V. LAUNDRY/VIDEO ARCADE __N/A

1. Is use restricted to tenants? __Yes __No
2. Are rules posted? __Yes __No
3. Are there any age restrictions? __Yes __No
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 is from the general public? _____%
3. What are the gross annual sales from the 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 LOSS RUNS

1. Please provide details for the last three (3) years:

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

2. In the past 3 years, has any insurance company cancelled or refused to renew your liability insurance? __Yes __No

SECTION VII – RENTAL UNITS

- 1. Do you own the units you rent out? __Yes __No
- 2. Do you inspect all rental units prior to occupancy? __Yes __No
- 3. Do all units have smoke detectors? __Yes __No
 - a. If yes, _____ hardwired, _____ battery, or _____ both?
- 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 units? __Yes __No
- 7. Do all rental units 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
- 8a. Are CO2 monitors installed in each unit? __Yes __No
- 9. What is 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:

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

SECTION IX – WORKERS COMPENSATION



FEIN: _____

Type of Work	# of Full /Part Time	Annual Payroll

SECTION X – Additional Insured(s)/Mortgagee(s)/Loss Payee(s):

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 is fraud, which is a crime in many states and could void the coverage for this application.

_____ Applicant's Name (print)		_____ Title
_____ Applicant's Signature		_____ Date
_____ Submitting Producer		_____ License Number
 _____ Producer's Signature		_____ Date

IMPORTANT: THIS IS NOT A BINDER OF COVERAGE