

Manufactured Home Park Program

Supplemental Application

SECTION I – GENERAL INFORMATION *(Please complete every item or indicate N/A)*

- First Named Insured: _____ Requested Effective Date: _____
(include d/b/a or trade name if applicable.)
 d/b/a: _____
 Do you have any additional Named Insureds to be scheduled on the policy? Yes No
 If yes, please provide a list of named insureds with the percentage owned by the First Named Insured and complete the following questions:
 - What is the insurable interest or relationship of the additional named insured(s)?
 Owner: _____ Investor: _____ Manager: _____ Partner: _____
 Other, please explain: _____
 - What are the operations of the additional named insured(s)? _____
 - Are the named insured(s) combinable (Is there common majority ownership?) Yes No
 If no, please explain: _____
- Mailing Address _____
 Primary Location Address _____
If more than one location, please complete a separate application for each location.
- Website Address: _____
- Business Type: Individual Partnership Corporation Other: *(please describe)* _____
- Contact Name: _____ Title: _____
 Phone #: _____ Fax #: _____ Email: _____
- What year was the park established? _____ How long have you owned? _____
- New Purchase? Yes No
 If new purchase, how many years of experience do you have in ownership of Manuf. Communities? _____
- Do you own other manufactured home communities? Yes No
- Will you have an on-site manager? Yes No If yes, years of experience? _____
- Will new ownership be involved in and oversee daily operations? Yes No

SECTION II – EXPOSURE CATEGORIES *(Please complete every item or indicate N/A)*

COMMUNITY DETAILS	# OF SITES	ANNUAL SALES RECEIPTS	OPERATIONS	ANNUAL SALES RECEIPTS
Tenant occupied sites	_____	\$ _____	MH sales	\$ _____
Owned rental home sites	_____	\$ _____	# Gallons of propane _____	\$ _____
Vacant sites	_____	\$ _____	Store/Grocery	\$ _____
Tent Sites	_____	\$ _____	Laundry Facilities	\$ _____
RV Sites	_____	\$ _____	Other/Describe: _____	\$ _____
Total # of home sites	_____	\$ _____	Total: _____	\$ _____

- Occupancy rate: _____% Annual turnover rate? _____%
- What is the average monthly rent: \$ _____ Per site: \$ _____ Per rental unit: \$ _____
- Is any park operation under a local Rental Control Ordinance? Yes No
 If yes, for how long? _____ Does Decontrol apply? Yes No
- Percentage of signed lease agreements in place with tenants? _____%
- Do your lease agreements include an Arbitration clause? Yes No
- Has the lease agreement been reviewed by an attorney? Yes No
- Does your lease or rental agreement include a Hold Harmless statement in your favor? Yes No
- Do you provide written Park Rules to each tenant as part of a signed Rental Agreement? Yes No
- Are Park Rules also posted in the Park? Yes No
- Has the Park ever been served with a Civil, Criminal or resident Litigation? Yes No
 If yes, please explain: _____

11. Has the Park ever been served with any Failure to Maintain complaints or claims? Yes No
If yes, please explain: _____
12. Do you stagger rent increases? Yes No How often? _____
13. 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: _____
14. Is your Park fenced? Yes No Gated? Yes No
15. Do you have procedures to monitor, document or restrict visitors or services/delivery vehicles? Yes No
16. Is any of the land vacant or undeveloped? Yes No If yes, what percent? _____%
17. Do you act as a dealer and selling homes? Yes No If yes, in your Park only? Yes No
Total # sold per year? _____
18. Are your streets? 100% Paved? Partially Paved? Not Paved?
19. Do you regularly inspect and repair potholes or deficiencies? Yes No
20. Are your streets? Fully Lit? Partially Lit? Unlit? Motion Activated?
21. Are street signs (e.g. speed limits postings, stop signs, pedestrian crosswalk) clearly visible? Yes No
Is security provided? Yes No If yes, how many hours per day? _____hours
Is security subcontracted out? or employees of the park? Are any guards armed? Yes No
22. Is your water source Well? City? If Well, how often is it tested? _____
1. Are there septic tanks on the property? Yes No If yes, is regular inspection and maintenance performed by an outside contractor (every 3 years maximum)? Yes No
 2. Is written documentation of testing, maintenance, and repairs kept on file? Yes No
 3. Are well or septic access risers fenced off, secured, or well-marked with no public access signs? Yes No
 4. Does your maintenance staff regularly check access risers lids are securely fastened? Yes No
23. What is the age range of the units in your Park? _____ Do your employees set up homes? Yes No
24. Are all units properly secured (tied down), including skirts and proper wind barriers in place? Yes No
25. What is the distance to the nearest fire station? _____ miles What is the distance to the nearest fire hydrant? _____ feet
26. Do you require all tenants to provide proof of personal liability or homeowners insurance? Yes No
27. Please indicate your tenant demographics: _____ Active Adult Community _____ Family Oriented
_____ Other — Please describe: _____
28. Do you allow pets? Yes No
If yes, describe any restrictions you have in your Park Rules: _____
Do you have a dog park? Yes No If yes, please complete the following questions:
1. Are rules and regulations posted in a spot visible to pet owners entering the park? Yes No
 2. Are users advised they will be using the park at their own risk, including but not limited to the risk of being injured and/or bitten? Yes No
 3. Is the number of dogs limited to 1 dog per person? Yes No
 4. Is the dog park inspection regularly by maintenance staff? Yes No
 5. Are all users required to use a leash for taking the dog to and from the park? Yes No
 6. Are vicious breeds and aggressive dogs prohibited from the dog park? Yes No
 7. Are all dog park rule violations investigated and penalties applied for violations? Yes No
29. Have you had any incident involving injury or damage caused by a tenants' pet within the past 5 years? Yes No
If yes, please describe: _____
30. Are pets required to be registered with the Park management? Yes No
31. Are vicious breeds (such as Pitbull, Rottweilers, Dobermans, etc.) allowed? Yes No
32. Do you allow tenants to use golf carts or other mobile equipment on premises? Yes No
33. 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 Pet/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? On Site Manager? Off Site Manager?
2. How many employees work at the Park? _____ Full Time _____ Part Time
3. Does Manager keep 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:

Landscaping/ Pools	Employees	Use Subcontractors with COI	N/A
Owned Bldgs./Structures	Employees	Use Subcontractors with COI	N/A
Roads and walkways	Employees	Use Subcontractors with COI	N/A

7. Do you require Certificates of Insurance from sub-contractors with liability limits equal to your limits? Yes No
 Is Park owner named as additional insured on the contractors' policy? Yes No

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:

Swimming Pool	Tennis/Basketball Courts	Video Arcade	Dog Parks	Laundry Facilities
Golf Course	Store/LP Fuel Sales	Shuffleboard	Sauna	
Clubhouse	Restaurant/Bar	Other – Describe: _____		

SECTION V – AMENITY SUPPLEMENTAL QUESTIONNAIRE (Please complete every item or indicate N/A)

- 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 with warnings to USE AT YOUR OWN RISK? Yes No
Do you have docks or boats slips? Yes No If, yes how many? _____
- Do you provide or rent boats or other flotation devices for use? Yes No
- Do you allow public access? Yes No

I. Swimming Pools N/A

- Are rules posted at the entrance and at poolside? Yes No
"Swim At Own Risk" notice posted? Yes No
- Any diving boards? Yes No If yes, height: _____
- Any Slides? Yes No
- What is your age restriction for unsupervised children? _____
- Is the entire pool enclosed by a fence or other permanent barrier? Yes No
- Is the gate self-closing and does it have a self-latching mechanism? Yes No
- Are depths marked on both the top and sides of the pools? Yes No
- Is there rescue equipment located at poolside? Yes No
- Is there a log of pool water testing and a maintenance schedule kept? Yes No
- Where are the pool chemicals stored? _____
- What are your rules regarding use of the pool by outside guests? _____

II. Saunas N/A

- Is the sauna located within the pool enclosure? Yes No What capacity does it have? _____
- Are rules posted? Yes No "Use At Own Risk" notice posted? Yes No
- Any age restriction? Yes No If yes, please explain: _____

III. Shuffleboard/Tennis/Basketball/Playgrounds N/A

- Are rules posted for use? Yes No Is use restricted to tenants? Yes No
- Is the ground surface, netting and equipment in good working order and inspected on a regular basis? Yes No
- Is the area next to a road or public street? Yes No If yes, are there protective barriers? Yes No
- For playgrounds, what is the surface groundcover material? _____

IV. Clubhouse N/A

- Please describe the use and activities of the Clubhouse: _____
- Is the facility leased to anyone except your tenants? Yes No If yes, please explain: _____
- Is the facility open 24 hours? Yes No
- Is there a kitchen? Yes No If yes, is a fire suppression system installed? Yes No

V. Laundry/Video Arcade N/A

- Is use restricted to tenants? Yes No Are rules posted? Yes No
- Are there any age restrictions? Yes No
- What are the hours of operation? _____
- Are the facilities well-lit and locked during overnight hours? Yes No

V. 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
5. If yes, do you carry liquor liability insurance? Yes No
6. Do you sell propane Yes No Distance to nearest structure: _____
 Do you have trained individuals filling the tanks? Yes No
 Is the tank protected by barriers Yes No If so, what kind? _____

SECTION VI – PRIOR INSURANCE See attached

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

YEAR	COMPANY	LIMITS	PREMIUM	DEDUCTIBLE
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____

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

Yes No If yes, please explain: _____

SECTION VII – RENTAL UNITS

1. Do you own units you rent out? Yes No If yes, how many? _____
2. Do you inspect all rental units prior to occupancy? Yes No
3. Do units have smoke detectors? Yes No If yes, hardwired or battery?
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. Are all units equipped with sturdy steps and handrails for means of ingress/egress? Yes No
8. What is the average age of the rental units in your community? _____

(Please attach a schedule of ALL park-owned rentals.)

SECTION VIII – CLAIMS HISTORY See attached

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

DATE OF CLAIM	DESCRIPTION OF LOSS	AMOUNT OF CLAIM
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Applicant’s Warranty:

THE ABOVE AND ANY SUPPLEMENTAL INFORMATION IS PREPARED AND SUBMITTED ON BEHALF OF THE NAMED INSURED OR APPLICANT FOR COVERAGE CONSIDERATION. THE RECEIPT OF APPLICATION INFORMATION DOES NOT CONSTITUTE AN OBLIGATION OR COMMITMENT ON THE PART OF THE MANUFACTURED HOME PROGRAM OR ITS REPRESENTATIVES TO PROVIDE COVERAGE PROTECTION. I CERTIFY THAT THE INFORMATION WITHIN THIS APPLICATION AND ANY ATTACHMENTS PROVIDED IS TRUE AND ACCURATE.

BY SIGNING BELOW, THE INSURED AND BROKER (IF APPLICABLE) AGREES TO ACCEPT ALL COVERAGE DOCUMENTS AND CORRESPONDENCE ELECTRONICALLY. THE INSURED SHOULD BE DILIGENT IN UPDATING THE ELECTRONIC MAIL ADDRESS PROVIDED TO US IN THE EVENT OF A CHANGE.

Applicant’s Name (print) _____ Title _____

Applicant’s Signature _____ Date _____

Submitting Producer _____ License Number _____

Producer’s Signature _____ Date _____