



MOBILE HOME PARKS AND CAMPGROUNDS SUPPLEMENTAL APPLICATION

(COMPLETE IN ADDITION TO ACORD COMMERCIAL INSURANCE APPLICATION - APPLICANT INFORMATION SECTION AND ACORD COMMERCIAL GENERAL LIABILITY SECTION)

NOTE: Applications incomplete or unsigned by the applicant are unacceptable.

1. APPLICANT INFORMATION NAME (FIRST NAMED INSURED AND OTHER NAMED INSUREDS)	
2. NUMBER OF YEARS IN THIS BUSINESS?	3. DESCRIBE MANAGEMENT EXPERIENCE IN THIS BUSINESS:
4. OPERATION: PERMANENT PARK <input type="checkbox"/> RV PARK <input type="checkbox"/> CAMPGROUND <input type="checkbox"/>	
5. NUMBER OF SPACES: A. NUMBER OF PERMANENT SPACES: _____ B. NUMBER OF TOURIST (RV AND CAMPING) SPACES: _____ C. NUMBER OF PERMANENT OR TOURIST SPACES CONTAINING YOUR UNITS RENTED TO OTHERS: _____ D. YEAR OF CONSTRUCTION OF THE OLDEST RENTAL UNIT: _____ E. ANY SALES OF MOBILE HOMES? YES <input type="checkbox"/> NO <input type="checkbox"/> F. ANY SALES OF RVs OR CAMPERS? YES <input type="checkbox"/> NO <input type="checkbox"/> GROSS SALES: \$ _____	
6. OPERATING SEASON: FROM _____ TO _____	
7. OTHER OPERATIONS:	
BATHING BEACHES (NUMBER) _____ BICYCLE TRAILS (NUMBER) _____ • ANY OTHER TYPE OF TRAILS _____ • (DESCRIBE): _____ BOATS (NUMBER) _____ • (DESCRIBE): _____ BOAT RENTAL (NUMBER) _____ • (DESCRIBE): _____ • ARE FLOTATION DEVICES PROVIDED FOR ALL PASSENGERS? YES <input type="checkbox"/> NO <input type="checkbox"/> BOAT DOCKS/SLIPS (NUMBER) _____ BOAT RAMPS (NUMBER) _____ CLUBHOUSES (SQUARE FEET) _____ CONVENIENCE/GROCERY (GROSS SALES) \$ _____ EXERCISE ROOM/FACILITIES _____ • (DESCRIBE): _____ LAKE(S) YES <input type="checkbox"/> NO <input type="checkbox"/> • IS SWIMMING ALLOWED YES <input type="checkbox"/> NO <input type="checkbox"/> • NUMBER OF LAKES _____ • NUMBER OF ACRES (EACH) _____ • IS THERE A DAM YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, ATTACH COPY OF DAM INSPECTION. LPG SALES OR RENTAL AND/OR EQUIPMENT MAINTENANCE? (GROSS SALES) \$ _____ PLAYGROUNDS YES <input type="checkbox"/> NO <input type="checkbox"/> • NUMBER _____ • EQUIPMENT _____ GROUND COVER (DESCRIBE): _____	SPAS/HOT TUBS (NUMBER) _____ STREETS OR ROADS (NO. OF MILES) _____ • IS PARK RESPONSIBLE FOR MAINTENANCE OF ROADS? YES <input type="checkbox"/> NO <input type="checkbox"/> SWIMMING POOL(S) YES <input type="checkbox"/> NO <input type="checkbox"/> • NUMBER IN GROUND _____ • NUMBER ABOVE GROUND _____ • NUMBER INDOOR _____ • NUMBER OUTDOOR _____ SELF LATCHING GATE? YES <input type="checkbox"/> NO <input type="checkbox"/> • DIMENSIONS OF EACH POOL _____ • DIVING BOARD (HEIGHT) _____ • SLIDE (HEIGHT) _____ • RULES POSTED? YES <input type="checkbox"/> NO <input type="checkbox"/> • LIFE SAFETY EQUIPMENT AT POOL SIDE? YES <input type="checkbox"/> NO <input type="checkbox"/> • CERTIFIED LIFE GUARD AVAILABLE WHEN SWIMMING ALLOWED? YES <input type="checkbox"/> NO <input type="checkbox"/> • IN COMPLIANCE WITH ANY FEDERAL, STATE OR LOCAL REGULATIONS REGARDING POOLS OR SPAS, INCLUDING DRAIN SAFETY? YES <input type="checkbox"/> NO <input type="checkbox"/> TENNIS, RACQUETBALL, VOLLEYBALL OR BASKETBALL COURTS AND BASEBALL DIAMONDS? (NUMBER) _____
* DESCRIBE ANY ADDITIONAL RECREATIONAL FACILITIES OR OPERATIONS CONDUCTED BY YOU OR OTHERS ON THE PREMISES:	

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SECURITY				
8.	YES	NO	YES	NO
A. ANY SECURITY GUARDS ON PREMISES? IF YES, HOW MANY?	<input type="checkbox"/>	<input type="checkbox"/>	F. WHAT LIMITS ARE REQUIRED?	<input type="checkbox"/>
B. IF SECURITY GUARDS ARE EMPLOYEES, NEED PAYROLL \$ _____			\$ _____ OCCURRENCE	<input type="checkbox"/>
C. ARE SECURITY GUARDS ARMED?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ GEN. AGGREGATE	
D. IF SECURITY IS SUBCONTRACTED TO OTHERS, DO THE CONTRACTS INCLUDE INDEMNIFICATION AND HOLD HARMLESS AGREEMENTS THAT PROTECT THE INSURED?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ PRODUCTS.-COMPLETED OPERATIONS AGGREGATE	
E. ARE CERTIFICATES OF INSURANCE REQUIRED?	<input type="checkbox"/>	<input type="checkbox"/>	G. IS INSURED NAMED AS AN ADDITIONAL INSURED?	<input type="checkbox"/>
			H. SUB-CONTRACTED PROJECTED COST (\$) THIS YEAR: _____	<input type="checkbox"/>

MANAGEMENT				
9. ARE LICENSES, PERMITS AND NOTICES CURRENT AND POSTED?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
10. IS OWNER/MANAGER LOCATED ON SITE?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
11. WHAT HOURS IS HE/SHE AVAILABLE TO RESIDENTS?				
12. IS THE PARK OPERATED BY AN INDEPENDENT MANAGEMENT COMPANY?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
13. ARE SIGNED LEASES AVAILABLE TO RESIDENTS?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
14. DOES OWNER/MANAGEMENT PROVIDE A COPY OF RULES/REGULATIONS OF PARK TO RESIDENTS?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

OTHER				
15. DOES THE INSURED HAVE SEWAGE TREATMENT/DISPOSAL FACILITIES?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
16. DOES THE INSURED HAVE A WATERWORKS TREATMENT/DISPOSAL FACILITIES?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
17. WAS THE FACILITY BUILT ON A FORMER LANDFILL OR DUMP?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
18. ANY GARBAGE DUMPS OR LANDFILLS?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
19. ANY PETS PERMITTED?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
ARE ANY AGGRESSIVE BREEDS ALLOWED?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
20. IS THERE ANY ONGOING CONSTRUCTION OR FUTURE CONSTRUCTION PLANNED?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

21. HAS APPLICANT HAD ANY 'FAILURE TO MAINTAIN' OR HABITABILITY LOSSES?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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22. DOES THE APPLICANT HAVE ANY OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT BEING REQUESTED? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, EXPLAIN AND ADVISE WHERE INSURED:
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SIGNATURES ARE REQUIRED. SIGN AT THE END OF THE FRAUD NOTICES SECTION.

**FRAUD NOTICES:
PRIOR TO SIGNING THIS APPLICATION, PLEASE REVIEW THE FOLLOWING STATUTORY
FRAUD NOTICES AS THEY MAY APPLY TO THE APPLICANT'S DOMICILE.**

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Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree).

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OK

WARNING: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree).

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in Other States:

WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of insurance fraud, which is a crime, and may be subject to fines and confinement in prison.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIES THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO THE QUESTIONS ON THIS APPLICATION. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE. HE/SHE CERTIFIES THAT THE APPLICABLE FRAUD NOTICES HEREIN HAVE BEEN READ AND UNDERSTOOD.

Applicant Name (Name of Company)

Producer's Name



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Signature of Authorized Representative	Producer's Signature
Print Name	Producer's Phone
Title	Producer's Fax
Date	Producer's Email