



MOBILE HOME PARK SUPPLEMENT

Applicant/Named Insured: _____
 Mailing Address: _____
 Location Address: _____
 Website Address: _____ Phone: _____ Fax: _____
 Policy Number: _____

1. Number of: Permanent spaces: _____ Owned units rented to others: _____ RV/campground spaces: _____

2. Is applicant's facility open all year? Yes No
 If no, list months closed: _____

3. Are there any swimming pools on premises? Yes No

If yes:

How many? _____

Are gates or doors opening into the pool area equipped with a self-closing/self-latching device? Yes No

Are lifeguards on duty? Yes No

If yes, provided by: Applicant Pool Management Company Other _____

Are there any diving boards or slides? Yes No

If yes, provide number of feet up from pool: _____

Is rescue equipment, including a ring buoy and 12 foot shepherd's hook available at poolside? Yes No

Are warning signs and rules posted in accordance with local statutes and clearly visible? Yes No

Is anyone under the age of 16 allowed to swim unsupervised? Yes No

Do all surfaces in and around the pool feature non-slip characteristics? Yes No

Does the pool have underwater lighting? Yes No

Are there steps into the shallow end with handrails? Yes No

Is pool area completely surrounded by building walls or fences? Yes No

If yes, provide height of wall and/or fence: _____

Are depth markings clearly shown? Yes No

Do drain covers meet or exceed all codes, Acts or regulations? Yes No

Pool maintained by: Applicant Outside Contractor

4. Number of: Basketball Courts: _____ Racquetball Courts: _____ Squash Courts: _____

Handball court rooms: _____ Playgrounds or parks: _____ Saunas: _____ Spas: _____

5. Are there lakes on the property? Yes No If yes, provide total acreage: _____

Boat ramps? Yes No If yes, provide receipts: _____

Boat docks/slips? Yes No If yes, # of slips: _____

Boat rentals? Yes No If yes, # of boats: _____ Receipts: _____

Powered boats allowed on lake? Yes No Personal watercraft? Yes No

Diving platforms (permanent or floating)? Yes No

Provide details of all boat rentals: _____

6. Are there any:
- a. Dams? Yes No
 If yes, provide inspection report and pictures of dam (include downstream exposure).
- b. Bike paths? Yes No If yes, # of miles: _____
- c. Motorcycle or ATV trails? Yes No If yes, # of miles: _____
- d. Club houses? Yes No If yes, total square footage: _____
- e. Exercise or weight rooms? Yes No If yes, total square footage: _____
- f. Golf courses and/or driving range? Yes No If yes, provide details: _____
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- g. Horse: Pasturing? Yes No Rental? Yes No
 Stables? Yes No Riding Ring? Yes No
 Trails? Yes No If yes, miles of riding trails: _____
7. Are there any restaurant sales? Yes No If yes, give amount: \$ _____
8. Are there any grocery sales? Yes No If yes, give amount: \$ _____
9. Are there any short-term events? Yes No
 If yes, describe: _____
10. Is security provided? Yes No If yes, Patrol Gated Access Alarm System
- a. 24-hour security? Yes No
 If yes, Armed? Yes No Independent/Contracted Cost: \$ _____
 Unarmed? Yes No Employee Payroll: \$ _____
 If security is Independent/Contracted: Are Certificates of Liability required? Yes No
 Name of firm: _____
- b. If gated, is the entire complex gated? Yes No
 How is access obtained? _____
 Who is given access? _____
- c. If alarm system, who monitors the system? _____
11. Does owner / manager reside on-site? Yes No
12. Is park operated by an independent management company? Yes No
13. Are signed leases available to residents? Yes No
14. Does owner / management provide a copy of rules / regulations of park to residents? Yes No
15. Is the park responsible for maintenance of the roads? Yes No
 If yes, number of miles: _____
16. Sewer type: City Septic
17. Does the mobile home park have its own:
- a. Sewer treatment plant? Yes No
- b. Disposal facilities? Yes No
18. Describe maintenance and disposal procedures: _____
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19. Are gas lines owned by the park? Yes No
 If yes, is park compliant with Federal Pipeline Safety Act? Yes No
20. Water source: City Well on Premises
21. Describe water testing procedures: _____
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The Applicant, Agent and/or Broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage or commit the Company to policy issuance.

NOTICE TO APPLICANTS (EXCEPT CO & NY):

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 a crime and may be subject to fines or confinement in prison.

NOTICE TO COLORADO APPLICANTS:

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 claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO NEW YORK APPLICANTS:

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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

_____	_____	_____
Applicant Name	Applicant Signature	Date
_____	_____	_____
Producer Name	Producer Signature	Date