

# Mobile Home Park Supplemental Application

Applicant's Name \_\_\_\_\_ Agent Name \_\_\_\_\_  
 \_\_\_\_\_ Address \_\_\_\_\_  
 \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ Proposed Effective Date:  
 \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
 (12:01 am Standard Time at the address of the Applicant)  
 Web Address \_\_\_\_\_

Applicant is:     Individual     Corporation     Partnership     Joint Venture     LLC     Other \_\_\_\_\_

Years doing business under current name \_\_\_\_\_ years      Years of Experience \_\_\_\_\_ years

Have you worked under any other name?       Yes     No

If yes, please explain: \_\_\_\_\_

Operating Season:    From \_\_\_\_\_ To \_\_\_\_\_

Any of following Exposures are Prohibited:  
 Unfenced pools or diving boards in excess of 1 meter  
 Garbage bumps or landfills  
 Uninhabitable property

### Limits of Liability Requested

Each Occurrence	\$
Personal & Advertising Injury	\$
Products & Completed Operations Aggregate	\$
General Aggregate	\$
Damages to Premises Rented to you	\$
Medical Expense (any 1 person)	\$
Other Coverages, Restrictions, or Endorsements requested:	
Deductible	\$ _____ BI/PD per Claim - LAE

Exposure(s) \_\_\_\_\_

Business Operation:     Campground                       Permanent Park                       RV Park

Number of permanent spaces: \_\_\_\_\_ #

Number of RV & Camping spaces: \_\_\_\_\_ #

Number of permanent or tourist spaces containing your units rented to others:      # \_\_\_\_\_

## Mobile Home Park Supplemental Application

- Baseball Fields # \_\_\_\_\_
- Basketball Courts # \_\_\_\_\_
- Boat Docks/Slips # \_\_\_\_\_
- Campgrounds
- Golf Course # \_\_\_\_\_
- Ice Skating Rink # \_\_\_\_\_
- Playgrounds # \_\_\_\_\_
- Racquetball # \_\_\_\_\_
- Saunas # \_\_\_\_\_
- Spas/Hot Tubs # \_\_\_\_\_
- Tennis Courts # \_\_\_\_\_
- Volleyball # \_\_\_\_\_
- Convenience Store # \_\_\_\_\_
- Gasoline Pumps # \_\_\_\_\_
- Propane Tanks Swap # \_\_\_\_\_
- Restaurants/Lounges # \_\_\_\_\_
- Bicycle Trails # \_\_\_\_\_
- Horse Trails # \_\_\_\_\_
- Streets/Roads # \_\_\_\_\_
- Club House (including exercise room) # \_\_\_\_\_
- Lakes (Dam Existence Hazard) # \_\_\_\_\_
- Recreational Parks # \_\_\_\_\_
- Boats # \_\_\_\_\_
- Recreational Rental Equipment (boats, jet-ski, snowmobiles, etc.) # \_\_\_\_\_
- Saddle Animals for Hire # \_\_\_\_\_
- Shooting Ranges # \_\_\_\_\_
- Security Guards # \_\_\_\_\_
- Swimming Pool # \_\_\_\_\_

- Total Receipts: \_\_\_\_\_
- Total Receipts: \_\_\_\_\_
- Total Receipts: \_\_\_\_\_
- Total Receipts: \_\_\_\_\_
- Total Trail Mile(s): \_\_\_\_\_
- Total Trail Mile(s): \_\_\_\_\_
- Total Mile(s): \_\_\_\_\_
- Total Square Ft.: \_\_\_\_\_
- Total Acres: \_\_\_\_\_
- Total Acres: \_\_\_\_\_
- Year, Make & Model: \_\_\_\_\_
- Year, Make & Model: \_\_\_\_\_
- Describe: \_\_\_\_\_
- Describe: \_\_\_\_\_
- Armed or Unarmed: \_\_\_\_\_
- Indoor &/or Outdoor? \_\_\_\_\_

- Any diving boards/platforms or slides?  Yes  No
- Diving board/slide height? \_\_\_\_\_ FT
- Any swimming rules posted?  Yes  No
- If an outdoor pool, is it fenced with a self-latching gate?  Yes  No
- Any swimming rules & regulations posted?  Yes  No
- Any safety equipment available (First Aid kit, Life preservers, etc.) on-site?  Yes  No
- Any certified lifeguard(s) on-duty at all times?  Yes  No
- Any Ski Lifts/Tows?  Yes  No

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- Any LPG sales &/or equipment maintenance?  Yes  No
- Any filling operations?  Yes  No
- Any waterworks &/or sewage treatment/disposal facilities?  Yes  No
- Is there above ground/underground storage tank?  Yes  No
- Any facility built on former landfill or dump site?  Yes  No
- Any wilderness or primitive camping available?  Yes  No

In the past 3 years has any company ever cancelled, non-renewed, declined or refused to issue similar insurance to you?  Yes  No

If yes, please describe. \_\_\_\_\_ Do you have  
 result in a claim?  Yes  No

If yes, please describe. \_\_\_\_\_

### Loss History

Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claims Status (Open or Closed)

### Prior Carrier Information

Year	Carrier	Premium

This questionnaire does not bind the Applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be part of the basis of the contract should a policy be issued. By signing you are hereby certifying that all information is accurate to the best of your knowledge.

Applicants Signature \_\_\_\_\_

Date \_

Agents Signature \_\_\_\_\_

Date \_