
MOBILE HOME PARK SUPPLEMENTAL APPLICATION

(Include with ACORD Application)

SIC #: _____ FEIN: _____ Date of application: _____

Park Name: _____

Park Location: _____

Billing Contact Name: _____

1. Is the park managed by a management company? Yes No

If yes, name of management company: _____

If yes, % of ownership in the park: _____%

2. Type of Park: _____% Retirement _____% Adult _____% Family
_____% Permanent _____% Seasonal _____% Other: _____

3. What is your current rent per space? \$ _____ Total number of spaces? _____

Annual Receipts: \$ _____

How often are the rent increases? _____

What are they based upon? _____

Occupancy rate: _____% Tenancy annual turnover rate: _____%

4. Is there an R.V. overnight exposure? Yes No

If yes, number of spaces: _____

5. Is there a pool? Yes No

Is there a Jacuzzi? Yes No

Is pool in compliance with all life safety standards? Yes No

Are all swimming pools and spas compliant with Virginia Graeme Baker Pool and Spa Safety Act? Yes No

If no, provide time table and action plan: _____

Comment on the extent of usage:

Is pool fenced with safety rules posted and life saving equipment accessible? Yes No

Is Jacuzzi in same fenced area? Yes No

Is Jacuzzi separate? Yes No

Is there a diving board or slide? Yes No

Explain: _____

6. Are there any recreational facilities on the park premises such as playgrounds, tennis courts or golf courses, basketball courts, shuffleboard, bocci courts etc.? Yes No

If yes, describe: _____

If applicable, are sprinkler pipes running through attic area insulated? N/A Yes No

7. Are there any rental units on the premises? Yes No

How many? _____

8. Do you sell new or used mobile home units? Yes No

How many? _____ Annual Receipts: \$ _____

9. Is a log maintained to document all repairs and/or improvements? Yes No
 If yes, include a copy.
 Do you obtain Certificates of Insurance from all independent contractors? Yes No
 Do you obtain hold harmless agreements, in your favor, from independent contractors? Yes No
10. Is there a walk-through inspection of the park for all new residents? Yes No
 If yes, include a copy.
11. Does the owner live in the park? Yes No
 If no, how often does the owner visit/inspect the park? _____
 Does a full time manager live in the park? Yes No
 Are there formal written and enforced park rules? Yes No
 If yes, please attach a copy.
12. Is there a well or septic tank on the property? Yes No
 If yes, is regular testing and maintenance performed by an outside contractor? Yes No
 Written documentation maintained? Yes No
13. Describe park maintenance and housekeeping, including the clubhouse, pool area, streets and roads:

14. Are underground systems maps available? Yes No
 Are the gas lines owned by the park? Yes No
 If yes, is the park in compliance with the Federal Pipeline Safety Act (FSPA)? Yes No
 If yes, please indicate that compliance documentation will follow and in what form:

15. Has the park experienced a backup of sewage in the past 12 months? Yes No
 If yes, please describe what happened and the corrective action taken:

16. Has the park ever been involved in litigation with the residents? Yes No
 Does a threat of litigation with the park residents currently exist? Yes No
 If yes, please explain:

17. Is security provided? Yes No
 Any armed guards? Yes No
 Is security totally sub-contracted out? Yes No
18. Does the mobile home park do any hook-ups of mobile homes? Yes No
19. Are there any operations open to the general public? Yes No
 If yes, explain:

20. Are there any plans to reduce services to the park? Yes No
 If yes, explain:

21. Have leases been made available to residents? Yes No
 If yes, term? _____ Percentage signed? _____%
 Is there an arbitration clause in the lease agreement? Yes No
 Does your lease have a pass through for capital improvements and/or increased operating expenses? Yes No
 If yes, have pass throughs ever been included in a rent increase? Yes No
 If yes, briefly describe how pass through increase was received by your residents?

22. Are the park's fire hydrant outlets 2 1/2 inches? Yes No
 Is the responding fire department volunteer? Yes No
 If yes explain:

23. Does the park have procedures for fire and medical emergencies? Yes No
24. Are there any major cracks, holes, or uneven areas of sidewalks, parking areas, or streets? Yes No
 If yes, explain action to be taken:

25. Describe park lighting:

26. Is there a swimming or boating exposure on a body of water such as an ocean, lake, or river? Yes No
 If yes, fully describe:

 If yes, are no swimming signs posted? Yes No
27. Is the park on leased land? Yes No
 If yes, give number of years remaining on lease: _____
28. Is the park located in a brush, forest, or landslide area? Yes No
 If yes, fully describe exposure and applicable protection:

29. Are sporting or social events sponsored? Yes No
 If yes, explain:

 Describe and include a photo:

30. How often is trash disposed of? _____
 Have you received any complaints about the adequacy of this service? Yes No
 If yes, explain remedy:

31. Briefly explain why you feel this park presents a low hazard for becoming involved in "Failure to Maintain" litigation:

32. For California parks only, regarding park owner disclosure requirement SB 534, has a Mobile home Park Rental Agreement Disclosure Form been completed? Yes No
 If yes, by whom? _____
 Is the completed form on file and available to prospective tenants? Yes No
 Attach a copy of the completed disclosure form to this questionnaire.
33. Do you have a current Flood policy in force? Yes No
 If yes, attach a copy of the Declarations sheet.
 If no, would you like a Flood quote with our Proposal? Yes No
 (Flood quote will be secured through the Write Your Own Flood Program)

FRAUD STATEMENT AND SIGNATURE SECTIONS

The Undersigned states that he/she is an authorized representative of the Applicant and declares to the best of his/her knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company * in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.

*Company refers collectively to Philadelphia Indemnity Insurance Company and Tokio Marine Specialty Insurance Company

VIRGINIA APPLICANT: READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH THIS APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELLED WITHOUT CAUSE AT THE OPTION OF THE INSURER AT ANY TIME IN THE FIRST 60 DAYS DURING WHICH IT IS IN EFFECT AND AT ANY TIME THEREAFTER FOR REASONS STATED IN THE POLICY.

FRAUD NOTICE STATEMENTS

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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 THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION). (NOT APPLICABLE IN AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, PA, RI, TN, VA, VT, WA AND WV).

APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI AND WV: ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES OR CONFINEMENT IN PRISON.

APPLICABLE IN COLORADO: 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 FLORIDA AND OKLAHOMA: 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 (IN FL, A PERSON IS GUILTY OF A FELONY OF THE THIRD DEGREE).

APPLICABLE IN KANSAS: AN ACT COMMITTED BY 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, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR 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.

APPLICABLE IN KENTUCKY: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSONS FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

APPLICABLE IN MAINE, TENNESSEE, VIRGINIA AND WASHINGTON: 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 OR A DENIAL OF INSURANCE BENEFITS.

APPLICABLE IN PENNSYLVANIA: 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.

APPLICABLE IN NEW YORK: 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 BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATE VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NAME (PLEASE PRINT/TYPE)

TITLE
(MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN, CEO OR EXECUTIVE DIRECTOR)

SIGNATURE

DATE

SECTION TO BE COMPLETED BY THE PRODUCER/BROKER/AGENT

PRODUCER
(If this is a Florida Risk, Producer means Florida Licensed Agent)

AGENCY

PRODUCER LICENSE NUMBER
(If this a Florida Risk, Producer means Florida Licensed Agent)

ADDRESS (STREET, CITY, STATE, ZIP)