

Mobile Home Parks and Campgrounds Program Supplemental Application
 (Complete in addition to ACORD General Liability Application)

Name of Applicant: _____

Web site Address: _____

Location Address: _____

1. Operation: Number of years in business: _____

- Permanent Park RV Park Campground

2. Number of spaces:

Number of permanent spaces: _____

Percentage of seasonal:..... _____ %

Number of tourist (RV and camping) spaces: _____

Number of permanent or tourist spaces containing units rented to others by applicant: _____

If any:

Do rental units have smoke detectors? Yes No

Year of construction of the oldest rental unit (New York only): _____

3. Rental Fees:

Average monthly lot rental fee, per space, on permanent spaces: \$ _____

Average lot fee for temporary RV/campground spaces: \$ _____ Daily \$ _____ Weekly

Average monthly Rental charge on owned Mobile home units rented out: \$ _____

Average monthly Rental charge on owned Dwellings rented out: \$ _____

4. Operating season:

From _____ To _____

5. Total number of acres occupied by mobile home park, RV park or campground: _____

6. Number of:

Baseball parks		Diving rafts		Ski lifts/tows	
Basketball courts		Golf Course		Spas/hot tubs	
Bathing beaches		Playgrounds		Tennis courts	
Boat docks/slips		Racquetball courts		Volleyball courts	
Boat ramps		Saunas		Other:	
Dams*		Shuffleboard courts		Other:	

* (If applicable, complete Dam Questionnaire GLS-113)

7. Other operations:

a. Bicycle trails? Yes No

Number of trail miles: _____

Describe in detail: _____

b. Boats? Yes No

Number: _____

Type: _____

c. **Boat rental?** Yes No

Number: _____ Type: _____

Are Coast Guard approved flotation devices provided for all passengers? Yes No

d. **Clubhouse including any exercise room?** Yes No

Square footage: _____

e. **Convenience store/grocery store?** Yes No

Number: _____ Total sales: \$ _____

f. **Garbage dumps or landfills?** Yes No

g. **Horse trails?** Yes No

Number of trail miles: _____

Describe in detail: _____

Jumps? Yes No

Riding arenas? Yes No

Saddle animals for hire? Yes No

Number: _____

Describe: _____

Stables? Yes No

Number: _____ Payroll: \$ _____

h. **Ice skating?** Yes No

i. **Lakes?** Yes No

Number of acres: _____ If lake formed by a dam (complete GLS-113)

Is swimming allowed? Yes No

j. **Lodging or cabins?** Yes No

Number of beds: _____

k. **LPG sales and/or equipment maintenance?** Yes No

l. **Parks?** Yes No

Number of acres: _____

m. **Recreational equipment available for rental** (snowmobiles, all terrain vehicles, golf carts, etc.)? .. Yes No

Describe: _____

n. **Restaurants/lounges?** Yes No

Number: _____ Total sales: \$ _____

o. **Shooting ranges?** Yes No

Number: _____

Type: (bow, shotgun, etc.): _____

p. **Short-term special events?** Yes No

Describe: _____

q. **Streets and roads?** Yes No

Number of miles: _____

Applicant responsible for maintenance of the roads? Yes No

r. **Swimming or wading pools?** Yes No

Number: _____

Diving boards, platforms or slides? Yes No

Diving boards or platforms height: _____

- Slide height? _____
- Swimming rules posted? Yes No
- Pools fenced? Yes No
- Gates self-closing and locking? Yes No
- Life-safety equipment available at poolside? Yes No
- Certified lifeguard available when swimming is allowed? Yes No
- Are all swimming pools, wading pools, hot tubs and spas in compliance with the Virginia Graeme Baker Pool and Spa Safety act? Yes No

s. Waterworks/sewage treatment/disposal facilities? Yes No

Describe in detail: _____

Is it maintained and operated by the applicant? Yes No

t. Wilderness or primitive camping available? Yes No

8. Describe any additional recreational facilities or operations conducted by you or others on the premises:

9. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies? Yes No

If yes, describe: _____

10. Was facility built on former landfill or dump? Yes No

11. Any security guards on premises? Yes No

If yes, how many? _____

Are Security guards: armed unarmed

Does the park directly employ security guards? Yes No

If security guards are provided by an outside service, are Certificates of Insurance required? Yes No

If yes, minimum limits required: _____

12. Utilities

Sewer: City Septic

Who maintains and treats the septic system? _____

How often is system treated/maintained? _____

Any history of problems with system in past five years? (backup, etc.) Yes No

If yes, please describe problem and action taken to prevent similar problems: _____

Does flow of sewage require the use of a sewer lift station or pump? Yes No

If yes, give details on procedure followed if failure in this system occurs: _____

Does the mobile home park have its own sewer treatment plant? Yes No

Disposal facilities? Yes No

If yes, how frequently is tank emptied? _____

Who disposes of sewage and where? _____

Gas:

Are gas lines owned by the park? Yes No

If yes, is park in compliance with Federal Pipeline Safety Act? Yes No

Are gas systems maps available and utilized by owner? Yes No

Water: City Well on premises

If water is supplied by park, is water treated? Yes No

By whom and how often? _____

Does the state test annually? Yes No

13. Management:

Are licenses, permits and notices current and posted?..... Yes No

Is owner/manager located on site?..... Yes No

What hours is he/she available to residents? _____

Is park operated by an independent management company? Yes No

Are signed leases available to residents? Yes No

Does owner/management provide a copy of rules/regulations of park to residents? Yes No

14. Are renters/campers allowed to have animals? Yes No

If yes, indicate any restrictions on animals allowed in the park: _____

15. Has any unit, within your park, been identified as used for methamphetamine manufacturing or storage?..... Yes No

If yes, has remediation and cleanup been completed? Yes No

16. Has applicant had any "failure to maintain" or habitability losses?..... Yes No

If yes, provide details: _____

17. Is risk fully developed? Yes No

18. Is there any ongoing construction or future construction planned?..... Yes No

If yes, describe: _____

19. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies?..... Yes No

If yes, describe: _____

20. Does applicant have any other business ventures for which coverage is not requested?..... Yes No

If yes, explain and advise where insured: _____

The following additional questions are applicable only to exposures located in the State of California:

21. Are you in compliance with all provisions of the California Health and Safety Code pertaining to the California Mobile Home Parks Act? Yes No
If no, indicate all known existing violations and timetable to correct: _____
22. Do your operations comply with the California Civil Code as respects the Mobile Home Residency Law and/or Recreational Vehicle Occupancy Law? Yes No
23. Provide the date last inspected by California Department of Housing and Community Development or other designated enforcement authority: _____
Provide copy of inspection and "Notice of Violation," if any.
Have all violations identified by inspection been corrected? Yes No
If no, provide details: _____
24. Have you, or do you plan to obtain a Subdivision Map for the purpose of "Condo Conversion"? Yes No

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING: 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 applicable in Nebraska, Oregon and Vermont.**

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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: 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 the third degree.

NOTICE TO LOUISIANA APPLICANTS: 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 is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO OHIO APPLICANTS: Any person who knowingly and with intent to defraud any insurance company 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.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO MAINE APPLICANTS: 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.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

FRAUD WARNING (Applicable in 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 include imprisonment, fines and denial of insurance benefits.

NOTICE TO NEW YORK APPLICANTS (Other than automobile): 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'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.