



PROPERTY SECTION

DATE (MM/DD/YYYY)

AGENCY	PHONE (A/C, No, Ext):	APPLICANT (First Named Insured)			
	FAX (A/C, No):	EFFECTIVE DATE	EXPIRATION DATE	DIRECT BILL AGENCY BILL	PAYMENT PLAN
CODE:	SUB CODE:	FOR COMPANY USE ONLY			
AGENCY CUSTOMER ID:					

PREMISES INFORMATION	PREMISES #:	STREET ADDRESS:
	BUILDING #:	BLDG DESCRIPTION:

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	APPLIES TO	BLKT #	FORMS AND CONDITIONS TO APPLY

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
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ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE	DESCRIPTION OF PROPERTY COVERED	LIMIT	DEDUCTIBLE	REFRIG MAINT AGREEMENT	OPTIONS
<input type="checkbox"/> YES <input type="checkbox"/> NO		\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	

OF OPEN SIDES ON STRUCTURE: _____

CONSTRUCTION TYPE	DISTANCE TO HYDRANT FT	FIRE STAT MI	FIRE DISTRICT/CODE NUMBER		PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES					
<input type="checkbox"/> WIRING, YR:	<input type="checkbox"/> PLUMBING, YR:	WIND CLASS		HEATING BOILER ON PREMISES?		<input type="checkbox"/> YES	<input type="checkbox"/> NO		
<input type="checkbox"/> ROOFING, YR:	<input type="checkbox"/> HEATING, YR:	<input type="checkbox"/> RESISTIVE	<input type="checkbox"/> SEMI- RESISTIVE	<input type="checkbox"/> OTHER	IF YES, IS INSURANCE PLACED ELSEWHERE?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE		FRONT EXPOSURE & DISTANCE			REAR EXPOSURE & DISTANCE			
BURGLAR ALARM TYPE	CERTIFICATE #			EXPIRATION DATE	<input type="checkbox"/>	CENTRAL STATION WITH KEYS			
BURGLAR ALARM INSTALLED AND SERVICED BY			EXTENT	GRADE	# GUARDS/WATCHMEN	<input type="checkbox"/>	CLOCK HOURLY		
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems)			% SPRNK	FIRE ALARM MANUFACTURER			<input type="checkbox"/>	CENTRAL STATION LOCAL GONG	

ADDITIONAL INTERESTS

RANK:	NAME AND ADDRESS:	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
INTEREST				LOCATION:	BUILDING:
<input type="checkbox"/> LOSS PAYEE				SCHEDULED ITEM NUMBER:	
<input type="checkbox"/> MORT- GAGEE				OTHER:	
				ITEM DESCRIPTION:	

**ADDITIONAL
PREMISES INFORMATION**

PREMISES #:		STREET ADDRESS:							
BUILDING #:		BLDG DESCRIPTION:							
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	APPLIES TO	BLKT #	FORMS AND CONDITIONS TO APPLY

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<input type="checkbox"/> YES <input type="checkbox"/> NO		\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	

OF OPEN SIDES ON STRUCTURE: _____

CONSTRUCTION TYPE	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT/CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
	FT	MI						
BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES				
<input type="checkbox"/> WIRING, YR:	<input type="checkbox"/> PLUMBING, YR:							
<input type="checkbox"/> ROOFING, YR:	<input type="checkbox"/> HEATING, YR:							
<input type="checkbox"/> OTHER: YR:								
RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE		REAR EXPOSURE & DISTANCE				
BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION WITH KEYS					
BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS/WATCHMEN	CLOCK HOURLY				
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER					CENTRAL STATION LOCAL GONG	

ADDITIONAL INTERESTS

RANK:	NAME AND ADDRESS:	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
INTEREST				LOCATION:
<input type="checkbox"/> LOSS PAYEE				BUILDING:
<input type="checkbox"/> MORT- GAGEE				SCHEDULED ITEM NUMBER:
				OTHER:
	ITEM DESCRIPTION:			

REMARKS

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, MA, NE, OH, OK, OR or VT; in DC, LA, ME, TN, VA and WA insurance benefits may also be denied)

PRIOR CARRIER INFORMATION

LINE	CATEGORY	CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		
GENERAL COMMERCIAL LIABILITY	CARRIER																	
	POLICY NUMBER																	
	POLICY TYPE																	
	RETRO DATE																	
	EFF-EXP DATE																	
	LIMITS	GENERAL AGGREGATE																
		PRODUCTS COMP OP AGGREGATE																
		PERSONAL & ADV INJ																
		EACH OCCURRENCE																
		FIRE DAMAGE																
		MEDICAL EXPENSE																
		BODILY INJURY	OCCURRENCE															
			AGGREGATE															
		PROPERTY DAMAGE	OCCURRENCE															
			AGGREGATE															
COMBINED SINGLE LIMIT																		
MODIFICATION FACTOR																		
TOTAL PREMIUM																		
AUTOMOBILE LIABILITY	CARRIER																	
	POLICY NUMBER																	
	POLICY TYPE																	
	EFF-EXP DATE																	
	COMBINED SINGLE LIMIT																	
	BODILY INJURY	EA PERSON																
		EA ACCIDENT																
	PROPERTY DAMAGE																	
	MODIFICATION FACTOR																	
	TOTAL PREMIUM																	
PROPERTY	CARRIER																	
	POLICY NUMBER																	
	POLICY TYPE																	
	EFF-EXP DATE																	
	BUILDING	AMT																
	PERS PROP	AMT																
	MODIFICATION FACTOR																	
TOTAL PREMIUM																		
PROPERTY	CARRIER																	
	POLICY NUMBER																	
	POLICY TYPE																	
	EFF-EXP DATE																	
	LIMIT																	
	MODIFICATION FACTOR																	
	TOTAL PREMIUM																	

LOSS HISTORY

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS (3 YEARS IN KS & NY)

DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	CLAIM STATUS
						OPEN/CLSD

REMARKS	NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY	ATTACHMENTS
		STATE SUPPLEMENT(S) (if applicable)

COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states, consult your agent or broker for your state's requirements.)

NOTICE OF INSURANCE INFORMATION PRACTICES PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT POLICY RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.



COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY)

AGENCY	PHONE (A/C, No, Ext):	APPLICANT (First Named Insured)			
	FAX (A/C, No):	EFFECTIVE DATE	EXPIRATION DATE	DIRECT BILL AGENCY BILL	PAYMENT PLAN
CODE:	SUB CODE:	FOR COMPANY USE ONLY			
AGENCY CUSTOMER ID:					

COVERAGES**LIMITS**

<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY	GENERAL AGGREGATE	\$	PREMIUMS
<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCURRENCE	PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$	PREMISES/OPERATIONS
<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROTECTIVE	PERSONAL & ADVERTISING INJURY	\$	PRODUCTS
	EACH OCCURRENCE	\$	
DEDUCTIBLES	DAMAGE TO RENTED PREMISES (each occurrence)	\$	OTHER
<input type="checkbox"/> PROPERTY DAMAGE \$	MEDICAL EXPENSE (Any one person)	\$	
<input type="checkbox"/> BODILY INJURY \$	EMPLOYEE BENEFITS	\$	TOTAL
OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the applicable state Business Auto Section, ACORD 137)			

SCHEDULE OF HAZARDS

LOC #	HAZ #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
							PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS

RATING AND PREMIUM BASIS (P) PAYROLL - PER \$1,000/PAY (C) TOTAL COST - PER \$1,000/COST (U) UNIT - PER UNIT
(S) GROSS SALES - PER \$1,000/SALES (A) AREA - PER 1,000/SQ FT (M) ADMISSIONS - PER 1,000/ADM (T) OTHER

CLAIMS MADE (Explain all "Yes" responses)

EXPLAIN ALL "YES" RESPONSES	Y/N
1. PROPOSED RETROACTIVE DATE:	
2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE	
3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE?	<input type="checkbox"/>
4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?	<input type="checkbox"/>

EMPLOYEE BENEFITS LIABILITY

1. DEDUCTIBLE PER CLAIM: \$	3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS:
2. NUMBER OF EMPLOYEES:	4. RETROACTIVE DATE:

CONTRACTORS

EXPLAIN ALL "YES" RESPONSES (For past or present operations)					Y / N
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?					<input type="checkbox"/>
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?					<input type="checkbox"/>
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?					<input type="checkbox"/>
4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?					<input type="checkbox"/>
5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?					<input type="checkbox"/>
6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?					<input type="checkbox"/>
DESCRIBE THE TYPE OF WORK SUBCONTRACTED	\$ PAID TO SUB-CONTRACTORS:	% OF WORK SUBCONTRACTED:	# FULL-TIME STAFF:	# PART-TIME STAFF:	

PRODUCTS/COMPLETED OPERATIONS

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS

EXPLAIN ALL "YES" RESPONSES (For any past or present product or operation) PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC.					Y / N
1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?					<input type="checkbox"/>
2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS? (If "YES", attach ACORD 815)					<input type="checkbox"/>
3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?					<input type="checkbox"/>
4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?					<input type="checkbox"/>
5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?					<input type="checkbox"/>
6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?					<input type="checkbox"/>
7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?					<input type="checkbox"/>
8. PRODUCTS UNDER LABEL OF OTHERS?					<input type="checkbox"/>
9. VENDORS COVERAGE REQUIRED?					<input type="checkbox"/>
10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSUREDS?					<input type="checkbox"/>

ADDITIONAL INTEREST/CERTIFICATE RECIPIENT

ACORD 45 attached for additional names

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED					LOCATION:	BUILDING:
<input type="checkbox"/> LOSS PAYEE					VEHICLE:	BOAT:
<input type="checkbox"/> MORTGAGEE					SCHEDULED ITEM NUMBER:	
<input type="checkbox"/> LIENHOLDER					OTHER	
<input type="checkbox"/> EMPLOYEE AS LESSOR						
ITEM DESCRIPTION:						

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)	Y / N
1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED?	<input type="checkbox"/>
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?	<input type="checkbox"/>
3. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)	<input type="checkbox"/>
4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST FIVE (5) YEARS?	<input type="checkbox"/>
5. MACHINERY OR EQUIPMENT LOANED OR RENTED TO OTHERS?	<input type="checkbox"/>
6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?	<input type="checkbox"/>
7. ANY PARKING FACILITIES OWNED/RENTED?	<input type="checkbox"/>
8. IS A FEE CHARGED FOR PARKING?	<input type="checkbox"/>
9. RECREATION FACILITIES PROVIDED?	<input type="checkbox"/>
10. IS THERE A SWIMMING POOL ON THE PREMISES?	<input type="checkbox"/>
11. SPORTING OR SOCIAL EVENTS SPONSORED?	<input type="checkbox"/>
12. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?	<input type="checkbox"/>
13. ANY DEMOLITION EXPOSURE CONTEMPLATED?	<input type="checkbox"/>
14. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?	<input type="checkbox"/>
15. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?	<input type="checkbox"/>
16. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?	<input type="checkbox"/>

GENERAL INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)	Y / N
17. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?	<input type="checkbox"/>
18. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS?	<input type="checkbox"/>
19. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?	<input type="checkbox"/>
20. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?	<input type="checkbox"/>

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QUESTIONNAIRE – MOBILE HOME PARK

Please answer all questions fully. Submit this Questionnaire with a completed ACORD Commercial Insurance Applicant Information Section and prior carrier loss runs.

Policy Number: _____ Date: _____
Named Insured: _____
Mailing Address: _____
Park Location (if different from above) _____
Date business Established: _____ Date business Established: _____

Operations

- 1) Occupancy – check all that apply and show % of each:
 - a) Retirement _____% Adults only _____% Family _____%
 - b) Camp Ground _____%
- 2) Type of units in the park:
 Single Wide _____% Double Wide _____%
 Modular _____% Campers _____% Travel Trailers _____%
- 3) Average Vacancy rate _____%
- 4) Number of rental units, by age, of home:
 - a) 1-5 Years _____ 6-10 Years _____ 11-15 years _____ Over15 years _____
- 5) Total capacity of park _____
- 6) Number of sites rented to others: _____ Number of vacant sites: _____
- 7) Number of units rented to others: _____ Number of vacant rental units: _____
- 8) Total annual receipts\$ _____
- 9) Do you require tenants to carry Homeowners insurance? Yes or No
 - a) If No, please explain: _____
- 10) Do you or your manager live in the Park? Yes or No
 - a) If No, please explain: _____
 - b) Is the manager a fulltime employee? Yes or No



11) Do you allow Pets Yes or No If Yes, please answer the following questions:

- a) Are Pets less than 20 lbs or More than 20 lbs?
- b) Any bite incidents in the past five years? Yes or No
- c) Any breeds such as Doberman, Pit Bull, Rottweiler, Chow, and/or Wolf hybrids allowed? Yes or No
- d) Are all dogs registered with park management? Yes or No
- e) Does the park require a copy of Homeowners insurance? Yes or No
- f) Are all dogs required to be on the leash? Yes or No

12) Are there formal written and enforced parking rules? Yes or No

13) Tenancy annual turnover rate: Less than 10% or More than 10%

14) Surface area of streets: 100% Paved Partially Paved Not Paved

15) Street lighting: Complete Partial None

16) Any real estate development? Yes No

- a) Number of acres
- b) Type of development

17) Any vacant land? Yes No Number of acres

- a) Is the land used as a landfill or dump? Yes No

18) Does a water exposure exist? Yes No

i) If Yes, please describe:

19) Do you own or operate any other business at this location? Yes No If Yes, please describe:

20) Do you sell new or used units? Yes No

- a) Annual Gross Sales\$

21) Do you sell, service or distribute LP/Natural Gas Yes No

- a) Annual Gross Sales\$ and
- b) Number of gallons

22) Do you sell or store gasoline Yes No

- a) Annual Gross Sales\$ and
- b) Number of gallons

PARK UNITS

Trash/Garbage	<input type="checkbox"/> City	<input type="checkbox"/> Park provides
Electric	<input type="checkbox"/> Public Utility	<input type="checkbox"/> Park provides
Water	<input type="checkbox"/> Public Utility	<input type="checkbox"/> Park /Well
Sewer/Septic	<input type="checkbox"/> Public Utility	<input type="checkbox"/> Park provides
Roads	<input type="checkbox"/> Public maintains	<input type="checkbox"/> Park maintains
Gas	<input type="checkbox"/> Public (tenant pays utility co)	<input type="checkbox"/> Park provides

Recreational Exposures (COMPLETE IF APPLICABLE)

Indicate if the following are present by checking the box below:

- Aerobic/Fitness Classes or Weight Room Tours/Shuttle Service Shuffle Board
 Sauna/Spas Tenant Garage Sales/Flea Market Hobby Shops or Hobby Classes
 Activities Involving Animals Horseshoes Laundry Tennis Courts
 Swimming Pool Play grounds – Please provide type of surface

List any other activities not mentioned above:

Is any of the above Open to the public? Yes or No

If Yes, please explain:

Does the public use facility for meetings, weddings, church, etc.? Yes or No

Does the park allow any functions or activities where alcoholic beverages are served or permitted? Yes or No
If Yes, please explain:

WATER EXPOSURES (COMPLETE IF APPLICABLE)

1. Number of swimming areas

	Yes	No
2. Is the pool completely fenced, with self-closing, self-locking gates?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are depths marked? Maximum dept ft.	<input type="checkbox"/>	<input type="checkbox"/>
4. Is standard safety equipment provided?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is there a diving board or platform?	<input type="checkbox"/>	<input type="checkbox"/>
6. Is there a water slide of any kind?	<input type="checkbox"/>	<input type="checkbox"/>
7. Is there a Jacuzzi, hot tub or spa?	<input type="checkbox"/>	<input type="checkbox"/>
8. Are rules and emergency numbers posted?	<input type="checkbox"/>	<input type="checkbox"/>
9. Is there a lifeguard on duty at any time?	<input type="checkbox"/>	<input type="checkbox"/>
If no, is there a signed posted "No Lifeguard on Duty-Swim At Your Own Risk"?	<input type="checkbox"/>	<input type="checkbox"/>
10. Are there any water exposures (other than swimming pools) on your property?	<input type="checkbox"/>	<input type="checkbox"/>
11. Can it be used for swimming?	<input type="checkbox"/>	<input type="checkbox"/>
12. Are "No Swimming" signs posted?	<input type="checkbox"/>	<input type="checkbox"/>
13. Is it used for boating or fishing?	<input type="checkbox"/>	<input type="checkbox"/>
14. Is there a marina on the premises?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, are you the operator?	<input type="checkbox"/>	<input type="checkbox"/>
15. Are there docks or slips?	<input type="checkbox"/>	<input type="checkbox"/>
a. Do you charge a fee? If yes, annual receipts \$		
16. Do you or any employee handle the boats?	<input type="checkbox"/>	<input type="checkbox"/>

RENTAL UNITS (COMPLETE IF APPLICABLE)

1. Indicate how the rental units were acquired: Purchased new from dealer
 Purchased used from dealer
 Purchased or obtained from previous tenant (provide circumstances)
2. Lease Terms: Weekly Monthly 6 Month 12 Month
3. Rental income per rental unit \$



- 4. Maximum occupants per unit
- 5. Do all rental units have skirting appropriate for manufactured housing? Yes No
- 6. Are there steps at the exterior doors with properly installed handrails? Yes No ***Note concrete block steps are not acceptable.**
- 7. Frequency insured inspects inside the rental units
- 8. Are units inspected prior to new occupancy? Yes No
- 9. Frequency of inspections, by a licensed contractor, of the heating, plumbing and electrical
- 10. Are formal maintenance records kept for each rental? Yes No If yes, attach a sample copy.
- 11. Are smoke detectors present? Yes No Are they: Hard-wired Battery operated
- 12. Is there a battery replacement schedule plan in place for smoke detectors? Yes No
 - a. If yes, describe
 - b. If no, you must have a waiver/release from the tenant, accepting responsibility for battery replacement. Please attach a sample copy.
- 13. Are fire extinguishers installed? Yes No
- 14. Are any rental units over 15 years of age? Yes No

a. If yes, complete the following for each rental unit and provide photos of the front and back:

Unit #	Year Built	Year Updated			
		Heating	Plumbing	Wiring	Roofing

IMPORTANT NOTICE

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE. Any person who knowingly and with intent to defraud any insurance company or another person submits an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information containing any material fact thereto, commits a fraudulent act that is subject to criminal and substantial civil penalties. I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance or the subject thereof may void any policy issued.

(As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.)

Applicant Signature _____ Title _____ Date _____

Producer Signature _____ Date _____

Producer Name and Address _____