

# MOBILE HOME PARK APPLICATION

## Commercial Excess

Park Name: \_\_\_\_\_

Park Address: \_\_\_\_\_

# of mobile home spaces: \_\_\_\_\_  
# of occupied mobile home spaces: \_\_\_\_\_  
# of spaces being occupied by park-owned mobile homes: \_\_\_\_\_  
# of park-owned mobile homes occupied by employees: \_\_\_\_\_  
# of park-owned mobile homes being held for rental: \_\_\_\_\_  
# of park-owned mobile homes being held for sale: \_\_\_\_\_  
# of RV sites (not storage): \_\_\_\_\_

- 1) Do you have a storage area for recreational vehicles?  Yes  No
- 2) Do you charge for storage?  Yes  No If so, do you have a storage agreement that includes a "hold harmless" clause?  Yes  No
- 3) What is percentage of occupancy type? All ages \_\_\_\_\_ Senior \_\_\_\_\_ Student \_\_\_\_\_
- 4) Year mobile home park was built? \_\_\_\_\_ If over 25 years old, describe updates that have been made to the park-owned water, sewer, gas and electrical systems? \_\_\_\_\_
- 5) Do you have an arbitration or mediation agreement with your residents (either as a separate agreement or incorporated in your lease or rental agreement)?  Yes  No
- 6) What is your current average rent per space? \_\_\_\_\_
- 7) Does an independent management company operate your park?  Yes  No If yes, name of company? \_\_\_\_\_
- 8) Is the park involved in the sale of mobile homes?  Yes  No If yes, explain and indicate estimated annual dollar amount of sales. \_\_\_\_\_
- 9) Is there a manager on the premises at all times?  Yes  No
- 10) Is park involved in direct sale or distribution of LP gas?  Yes  No
- 11) Are there any plans to convert the park to another use?  Yes  No If yes, explain. \_\_\_\_\_
- 12) Are there any short term rentals for overnight RV's?  Yes  No
- 13) Are the park's fire hydrant outlets at least 2½"?  Yes  No
- 14) Is the responding fire department volunteer?  Yes  No
- 15) Does the park have written procedures for fire and medical emergencies?  Yes  No
- 16) Does the park have a procedure to receive resident complaints?  Yes  No
- 17) Is there a swimming pool?  Yes  No
- 18) Is swimming pool fenced with self-latching gate?  Yes  No

- 19) Are safety rules posted and life saving equipment accessible?  Yes  No
- 20) Is there a diving board or slide?  Yes  No
- 21) Is there a water exposure on or contiguous to the mobile home park property such as a stream, river, lake, pond, dam, dike, levee, dock, bridge or ocean?  Yes  No If so, please provide full details. \_\_\_\_\_
- 22) Does your park have a past history of flooding?  Yes  No If yes, explain. \_\_\_\_\_
- 23) Was the mobile home park built on a landfill?  Yes  No
- 24) If so, has this been fully disclosed to the residents?  Yes  No
- 25) Are there any recreational facilities on the mobile home park premises such as playgrounds, tennis courts or golf courses?  Yes  No If yes, fully describe and include photos. \_\_\_\_\_
- 26) Does the park own the gas lines?  Yes  No
- 27) If yes, is park in compliance with the Federal Pipeline Safety Act?  Yes  No
- 28) Does Park sub-meter electricity?  Yes  No
- 29) Is there an on-site sewage treatment facility and/or septic tank(s)?  Yes  No If yes, how frequently is tank emptied? \_\_\_\_\_ Where/how is sewage disposed of? \_\_\_\_\_
- 30) Has your park experienced a backup of sewage in the past 12 months?  Yes  No If so, please describe what happened and your remedy to prevent a future backup. \_\_\_\_\_
- 31) Any Security provided?  Yes  No If so, please describe. Armed or unarmed? \_\_\_\_\_
- 32) Has the park ever been involved in litigation with a group of residents?  Yes  No
- 33) Does a threat of litigation with the park residents currently exist?  Yes  No If yes, explain. \_\_\_\_\_

**PLEASE READ BELOW AND COMPLETE SIGNATURE BLOCK ON LAST PAGE**

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or misstated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

**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.

**FRAUD STATEMENT FOR THE STATE(S) OF:**

**Alabama, Alaska, Arizona, Arkansas, California, Connecticut, Delaware, District of Columbia, Georgia, Idaho, Illinois, Indiana, Iowa, Louisiana, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, North Carolina, North Dakota, Rhode Island, South Carolina, South Dakota, Texas, Utah,**

**Vermont, West Virginia, Wisconsin, Wyoming:** 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.

**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.

**Florida:** 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 of the third degree.

**Hawaii:** Intentionally or knowingly misrepresenting or concealing a material fact, opinion or intention to obtain coverage, benefits, recovery or compensation when presenting an application for the issuance or renewal of an insurance policy or when presenting a claim for the payment of a loss is a criminal offense punishable by fines or imprisonment, or both.

**Kansas:** Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means 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 or insurance agent or broker, any written, electronic, electronic impulse, facsimile, magnetic, oral or telephonic communication or statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any material fact thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

**Kentucky, Ohio, Pennsylvania:** 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.

**Maine, Tennessee, Virginia, 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.

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

**New Jersey:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**New Mexico:** 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 civil fines and criminal penalties.

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

**Oklahoma WARNING:** 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.

**Oregon:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

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Producer's Signature

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Date

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Applicant's Signature

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Date