

Mobile Home Park

MOBILE HOME PARK APPLICATION

SECTION I. GENERAL INFORMATION

- Named Insured: _____
- Mailing Address: _____
- Inspection Contact _____ Phone number: _____
- Web Address: _____ E-mail Address: _____
- Has coverage been cancelled or non-renewed in the last 3 years? Yes No
 If Yes, provide complete details: _____

6. Loss Information for the past 3 years: None or provide details below

Year	# of Claims	Incurred Amounts	Description
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

7. Please advise all entities requesting to be added as Additional Insured on this policy: Not Applicable

Complete Name	Address	Interest

SECTION II. LIMITS OF INSURANCE

8. Commercial General Liability
- Each Occurrence \$ _____
 - Personal Injury and Advertising Injury \$ _____
 - Medical Expense (Any One Person) \$ _____
 - Damage to Premises Rented to You \$ _____
 - Products/Completed Ops Aggregate \$ _____
 - General Aggregate \$ _____

SECTION III. LOCATIONS OF COVERAGE AND CORRESPONDING CLASSIFICATIONS

9. Location Information:
 Address: _____ City: _____ State: _____ Zip _____

Classification	Code No.	Premium Basis	Premium Exposure
Mobile Home Parks or Courts	46202	Sales	
Mobile Home - Rented to others (lessor's risk only)	63019	Dwelling	
Swimming Pools	48925	Pool	

SECTION IV. ELIGIBILITY CRITERIA

Classification
Mobile Home Parks or Courts

10. No armed security guards True False
11. Applicant does not provide waste management, water treatment, electricity generation or any other utilities True False

12. No distribution, sale or filling of Liquefied Petroleum Gas (a.k.a. LPG, propane) True False
13. No buying or selling of homes or operations as a dealer True False
14. Not an RV park or campground True False
15. No Assisted Living or Group Home facilities True False
16. More than a 70% occupancy rate (Not applicable if the location has been available to tenants less than 12 months) True False
17. In the past 3 years, no more than 2 General Liability losses (excluding closed without payment) True False
18. No more than a 20% exposure to subsidized residents at any location True False
19. Number of total pads/sites within the community: _____ True False
20. No more than 150 home sites per location True False
21. Number of leased Mobile Homes: _____ True False
22. No more than a 30% exposure to leased Mobile Homes True False
23. All homes required to be skirted True False
24. All lease agreements are for a minimum of 6 months True False
25. No exposure to lakes True False
26. No direct exposure to the hook-up or tie-down of any mobile homes (except if subcontracted) True False
27. If subcontractors are hired to hook-up or tie-down mobile homes, they are required to carry a minimum of \$500,000 occurrence, name the applicant as Additional Insured and provide a Certificate of Insurance confirming all of the above True False
28. No exposure to trampolines True False
29. Does the applicant have guidelines that address dog ownership?
- Lease agreement prohibits dogs
 - Lease requires all dogs to be leashed at all times and limits the size of the dog allowed to a maximum of 30 lbs.
 - Applicant does not address dogs within the lease agreement or allows dogs of any size
30. Are there any subsidized residents at any location? Yes No
31. Does the Community Property Manager live on premises? Yes No
32. Are criminal background checks performed on all potential residents? Yes No

	Classification	
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- | | | |
|-----|---|---|
| 33. | Mobile Home - Rented to others (lessor's risk only) | <input type="checkbox"/> Not Applicable |
|-----|---|---|
34. No building with knob-and-tube or aluminum wiring True False
35. Functioning and operational smoke detectors and fire extinguishers located in all units True False
36. 100% of the wiring is on functioning and operational circuit breakers True False
37. Applicant re-keys all locks prior to leasing to new tenants (Not applicable if the location is rented on a seasonal basis) True False
38. In the past 3 years, no more than 1 General Liability loss (excluding closed without payment) True False
39. No more than a 20% exposure to subsidized residents at any location True False

	Classification	
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- | | | |
|-----|----------------|---|
| 40. | Swimming Pools | <input type="checkbox"/> Not Applicable |
|-----|----------------|---|
41. No diving boards or slides True False
42. Life-saving equipment stored within the pool area True False
43. Pool is fenced with a self-latching gate True False
44. Pool depths clearly marked True False
45. Pool rules clearly posted True False

SECTION V. ADDITIONAL ELIGIBILITY INFORMATION

46. Does the Applicant engage in any operations not reflected by those classifications listed in Section III. Locations of Coverage and Corresponding Classifications? Yes No

If yes, please provide details below:

Classification	Code No.	Premium Basis	Premium Exposure

Applicant’s Warranty Statement: I warrant that the information provided in this Application, and any amendments or modifications to this Application are true and correct. I acknowledge that the information provided in this Application is material to acceptance of the risk and the issuance of the requested policy by Company. I agree that any claim, incident, occurrence, event or material change in the Applicant’s operation taking place between the date this application was signed and the effective date of the insurance policy applied for which would render inaccurate, untrue or incomplete, any information provided in this Application, will immediately be reported in writing to the Company and the Company may withdraw or modify any outstanding quotations and/or void any authorization or agreement to bind the insurance. Company may, but is not required to make investigation of the information provided in this Application. A decision by the Company not to make or to limit such investigation does not constitute a waiver or estoppel of Company’s rights. I acknowledge that this Application is deemed incorporated by reference in any policy issued by Company in reliance thereon whether or not the Application is attached to the policy.

Virginia Notice: Statements in the application shall be deemed the insured’s representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

Minnesota Notice: The clause “and/or authorization or agreement to bind the insurance” is replaced with “Authorization or agreement to bind the insurance may be withdrawn or modified based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium.

Colorado Fraud Statement: 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.

District of Columbia Fraud Statement: WARNING: 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.

Florida Fraud Statement: 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.

Kentucky Fraud Statement: 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 Fraud Statement: 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.

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

New York Fraud Statement: 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.

Ohio Fraud Statement: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma Fraud Statement: 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.

Pennsylvania Fraud Statement: 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.

Tennessee and Virginia Fraud Statement: 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.

Fraud Statement (All Other States): 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.

I acknowledge and agree that a breach of this WARRANTY STATEMENT is grounds for Company to declare void any policy or policies issued in reliance thereon and/or deny any claim(s) for coverage thereunder.

Applicant's Signature _____ Title _____ Date _____
(Must be Owner, Officer or Partner)

Broker's Signature _____

Some states require that we have the Name and Address of your (Insured's) Authorized Agent or Broker.

Name of Authorized Agent or Broker _____

Address: _____

Mail complete application through local Agent or Broker to: _____

SUBMITTING THIS APPLICATION DOES NOT BIND THE APPLICANT TO PURCHASE INSURANCE. ACCEPTANCE OF THIS APPLICATION DOES NOT BIND THE COMPANY TO ISSUE INSURANCE.