

Applicant's Name and Mailing Address:   Telephone: _____ Fax: _____		Producer's Name and Address: <b>Producer's email Address:</b>   Telephone: _____ Fax: _____	
Applicant is <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Trust <input type="checkbox"/> Other			
Effective Date: _____    Expiration Date: _____		Present Carrier & Premium: _____	
Number of Parks Owned/Managed (Multi-Location Credit Available): _____			
Member of Association? <input type="checkbox"/> Yes <input type="checkbox"/> No		Attend Industry Loss Prevention Seminars? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Association: _____		Number of Years in Industry: _____	
Name and Address of Park:   County: _____    Protection Class: _____		Mortgagee Name and Address:   Loan Number: _____	
Named Insured, if Different From Applicant, and Mailing Address: <input type="checkbox"/> Owner <input type="checkbox"/> General Lessee <input type="checkbox"/> Property Mgmt. Co.		Additional Insured Name Address and Interest:	
Total Spaces In Park: _____	Spaces Occupied By Management: _____		Total Park Owned Rental Units: _____
Original Year Park Established: _____	Years You Have Owned This Park: _____		Streets (Number Of Miles): _____
Streets Paved? <input type="checkbox"/> 100% <input type="checkbox"/> Partial <input type="checkbox"/> Not Paved		Street Lighting? <input type="checkbox"/> Complete <input type="checkbox"/> Partial <input type="checkbox"/> None	
Vacant Land? <input type="checkbox"/> Yes <input type="checkbox"/> No    # Of Acres: _____		LP Gas Or Gasoline Sold? <input type="checkbox"/> Yes <input type="checkbox"/> No    # Of Gallons: _____	
Is There A Swimming Pool On Premises? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes", How Many? _____	
Are Rules Posted And Depths Marked? <input type="checkbox"/> Yes <input type="checkbox"/> No		Pool(s) Fenced With Self Locking Gate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>If there are pool(s) on the premises, I agree and understand that all pools are equipped with self-closing gates and anti-climbing fences with locking mechanism which cannot be reached by anyone under the height required by the highest prevailing regulatory authority in the state in which the pool is located.</b>			
Is There Playground Equipment In The Park? <input type="checkbox"/> Yes <input type="checkbox"/> No IF "Yes", Provide Detail On Amount, Type, Age, & Ground Cover: _____			
Does Your Park Border Any Waterfronts? <input type="checkbox"/> Yes <input type="checkbox"/> No IF "Yes", Provide Details On Type & Use: _____			
Number Of Employees: _____		Do You Or Your Manager Live In The Park? <input type="checkbox"/> No <input type="checkbox"/> Owner <input type="checkbox"/> Manager	
Is Manager Full-Time Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do Your Employees Set Up Homes? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do Employees Of The Park Perform Maintenance Or Repair Work? <input type="checkbox"/> Yes <input type="checkbox"/> No    IF "Yes", Provide Details _____			
Do You Allow Pets? <input type="checkbox"/> No <input type="checkbox"/> Yes – Less Than 25 Pounds <input type="checkbox"/> Yes - No Weight Limit    ***Attach a copy of park and pet rules  <b>I understand and agree that any of my tenants and their guest with an animal on premises will comply with my written "rules regarding Pets". I also agree that each tenant that falls under the jurisdiction of my written pet rules will provide my park manager with a copy of a certificate of insurance or declarations page confirming that these tenants maintain a mobile homeowners policy with limit of no less than \$25,000 BI/PD per occurrence.</b>			

**BUSINESS PROPERTY**

**A. Business Property – Buildings (Replacement Basis)**  
**B. Business Personal Property (Replacement Basis)**  
 Deductible (\$1,000 - \$2,500 - \$5,000 – \$10,000)

\$  
\$  
\$

**DESCRIPTION OF BUILDINGS**

Total Number of Buildings:	BLDG. NO.	BLDG. NO.	BLDG. NO.	BLDG. NO.	BLDG. NO.	BLDG. NO.
Replacement Cost	_____	_____	_____	_____	_____	_____
Use (description, clubhouse, office, etc):						
Year Constructed						
Total Area (Gross Square Feet)						
Number Of Stories						
Construction Material:						
Exterior Walls (Frame, Block)						
Joisting (Frame, Metal)						
Interior Walls (Frame, Block)						
Roof (wood shingles, tile, asphalt)						
Operational Fire Sprinkler System?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Operational Smoke Detectors?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Do All Buildings Contain All Copper Wiring?    Yes    No    IF "No", Provide Details:

Annual Rental Income: \_\_\_\_\_ Annual Rental Income from Owned Units : \_\_\_\_\_

Does Park Provide Security?    No    Yes (Unarmed)    Yes (Armed)    *If "YES", Provide Certificates Showing Limits*

Additional Comments:

**DOCUMENTS REQUIRED WITH APPLICATION**

Provide a copy of the Rental Agreement used at the community.  
 Provide photographs of the community. (Entrance, Parking Lot, Project Picture Showing Multiple Bldgs, Open Area)  
 Provide a site diagram of the community & surrounding area. This may be hand drawn.

**LOSS HISTORY**

ENTER ALL CLAIMS OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS     CHECK HERE IF NONE     SEE ATTACHED LOSS SUMMARY

DATE OF OCCURRENCE	DESCRIPTION OF OCCURRENCE OR CLAIM	AMOUNT PAID

**NOTICES**

**Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing false, incomplete, or misleading information is guilty of a felony of the third degree.**

**NOTICE TO APPLICANT: I hereby declare to the best of my knowledge and belief that all foregoing statements are true and the statements are offered as an inducement to the company to quote/issue the policy for which I am applying.**

\_\_\_\_\_  
Signature of Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Personal Signature of Applicant

\_\_\_\_\_  
Date