

Mobile Home Parks Supplemental Application



AmTrust E&S Insurance Services
An AmTrust Financial Company

*To be able to save this form after the fields are filled in, you will need to have Adobe Reader 9 or later. If you do not have version 9 or later, please download the free tool at: <http://get.adobe.com/reader/>.

Instructions: All questions must be answered. This application must be signed and dated by an owner, officer or partner. Please read carefully the statements at the end of this application.

Section I – Applicant Information

Name of Applicant: _____
Address: _____ City: _____ State: _____ Zip Code: _____
P.O. Box: _____ City: _____ State: _____ Zip Code: _____
Website Address: _____ Years in Business: _____
Description of Operations: _____

Section II – Eligibility Criteria

- No distribution, sale or filling of Liquefied Petroleum Gas (a.k.a. LPG, Propane) True False
- No assisted living or group home facilities True False
- Applicant does not provide waste management, water treatment, electricity generation or other utilities (other than water wells, septic tanks or submetering of electricity) True False
- No buying or selling of homes or operations as a dealer True False
- Not an RV park or campground True False
- All homes are required to be skirted True False
- No direct exposure to the hook-up or tie-down of any mobile homes (except if subcontracted) True False

Section III – General Information

- Park Revenue & Occupancy:
Prior 12 Months: _____ Next 12 Months: _____ Average Rent Per Space: _____
Total # of spaces: _____ Occupancy Rate (%): _____ Tenancy Turnover Rate (%): _____
- Type of park:
Retirement: _____ % Adult: _____ % Family: _____ %
Permanent: _____ % Seasonal: _____ % Other: _____ %
- Is there any overnight or short-term rental units? Yes No
- Are there any subsidized residents at any location? Yes No
If YES, does the percentage of subsidized residents at any location exceed 20%? Yes No
- Are there student residents at any location? Yes No
If YES, does the percentage of students at any location exceed 20%? Yes No
- Are there any rental units on the premises? Yes No
If YES, complete the following:
 - Number of units available for rent: _____
 - Number of units currently rented: _____
 - Does the applicant re-key all locks prior to leasing to new tenants? Yes No
 - Do all habitational units have functioning and operational carbon monoxide detection alarms? Yes No
 - Do all units have functioning and operational smoke and/or heat detectors? Yes No

Section III – General Information (continued)

7. Does the park offer any repair work to any mobile homes? Yes No
8. Does the park owner sell new or used mobile home units? Yes No
- a. How many units per year: _____
- b. What are the Annual Receipts from sale of units: _____
9. Does the park owner own or operate any other businesses at this location? Yes No

If YES, please describe:

10. Are there any operations open to the general public? Yes No

If YES, please describe:

11. Are units skirted and tied down in accordance with their manufacturer's specifications? Yes No
12. Are all subcontractors hired to hook up or tie down mobile homes are required to carry a minimum of \$1,000,000 occurrence, name the applicant as additional insured and provide a certificate of insurance? Yes No
13. Is there a minimum of 15 feet between manufactured homes? Yes No
14. Is there any ongoing construction or future construction planned? Yes No

If YES, please describe:

15. Are pets allowed? Yes No

If YES, attach copy of pet rules.

If YES, are breeds such as Dobermans, pit bulls, Rottweilers, chows or wolf hybrids allowed? Yes No

16. Convenience store on site? Yes No

If YES, Annual Receipts: _____

17. Restaurant/lounge on site? Yes No

If YES, Food Revenue: _____ **Liquor Revenue:** _____

18. Is there a daycare, babysitting or after-school program operated on the premises? Yes No

If YES, provide details:

Section V – Utilities & Services

1. **Garbage Collection:** City Park Private: Name: _____
- How often is trash disposed of? _____
- Have you ever received any complaints about the adequacy of this service? Yes No

If YES, explain remedy: _____

2. **Sewer Service:** City Septic
- Who maintains and treats the septic system? _____
- How often is system treated/maintained? _____
- Any history of problems with system in past five (5) years (backup, etc.)? Yes No

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

3. **Water Service:** City Well on premises
- If water is supplied by park, is the water treated? Yes No
- By whom and how often? _____
- Does the state test annually? Yes No

4. **Gas**
- Are the gas lines owned by the park? Yes No

If YES, is the park in compliance with the Federal Pipeline Safety Act (FSPA)? Yes No

If YES, please forward a copy of the compliance documentation:

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

Section VI – Recreational Exposures

1. Are there any swimming or wading pools on the premises? Yes No

If YES, please answer the following questions:

- a. Any diving boards, platforms or slides? Yes No

- b. Height of diving boards or platforms? _____

- c. Slide height? _____

- d. Are there controlled hours of operation & use? _____

- e. Are all pools fenced with self-latching gates? Fence height: _____ ft. Yes No

- f. Are the depth markings clearly shown? Yes No

- g. Are warning signs and rules posted and clearly visible? Yes No

- h. Is rescue equipment, including ring buoy and shepherd's hook, available poolside? Yes No

- i. Are all swimming pools and spas compliant with Virginia Graeme Baker Pool and Spa Safety Act? Yes No

2. Are lifeguards provided? Yes No

If YES, are lifeguards provided by: Applicant Pool Management Company

If provided by pool management company:

- a. Are they required to list you as an additional insured on their general liability policy? Yes No

- b. Are subcontractors required to carry limits equal to or greater than insured? Yes No

3. Are there any recreational facilities on the park premises?

If YES, please indicate:

- Baseball field(s) Basketball court(s) Beaches Bike trails

- Boat slip(s) Lakes/Pond(s) Playgrounds Spas/Hot tub(s)

- Tennis courts Volleyball court(s) Other: _____

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

Section VII – Management

1. How long have you been a park owner? _____

2. Years' experience in owning or managing a park? _____

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

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

5. Does the community property owner or manager live on premises? Yes No

6. What hours is he/she available to residents? Yes No

7. Is the park managed by an independent management company? Yes No

If YES, name of management company: _____

8. Have leases been made available to residents? Yes No

If YES, please answer the following questions:

- a. If YES, term length? _____

- b. Is there an arbitration clause in the lease agreement? Yes No

- c. Do leases contain hold harmless language in favor of the park owner for incidents that occur on rented home sites? Yes No

9. Are tenants required to carry homeowners insurance? Yes No

If NO, please explain:

Section VII – Management (continued)

10. Has the park ever been involved in litigation with the residents? Yes No

If YES, please explain:

11. Does a threat of litigation with the park residents currently exist? Yes No

If YES, please explain:

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

If YES, have remediation and cleanup been completed?

Yes No

Section VIII – Maintenance

1. Do you have written procedures for inspecting and maintaining of your premises? Yes No

If YES, is a log maintained to document all repairs and/or improvements?

Yes No

2. Is there a walk-through inspection of the park for all new residents? Yes No

3. Who performs site maintenance, service and repair?

a. Landscaping/lawn care operations: Employee Contractor

b. Snow & ice removal: Employee Contractor

c. General maintenance & repairs: Employee Contractor

4. If done by an outside contractor:

a. Are Certificates of Insurance required from all subcontractors? Yes No

b. Do you require subcontractors to name you as additional insured? Yes No

c. Are subcontractors required to carry primary limits equal to or greater than insureds? Yes No

4. Has Applicant had any "failure to maintain" or habitability losses? Yes No

If YES, please provide details:

Section IX – Security & Safety

1. Do you perform police background checks on all employees? Yes No

2. Are criminal background checks performed on all potential residents? Yes No

3. Do you have a written procedure for notifying tenants of any known or suspected criminal activity? Yes No

4. Do you have a written procedure for responding to tenant's complaints concerning safety-related issues? Yes No

5. Does the park have written procedures for fire and medical emergencies? Yes No

6. Is there a first aid or medical facility on premises? Yes No

7. If 50% or more of park is considered Retirement Park, is there any emergency evacuation program to assist the mobility-impaired residents? Yes No

8. Are the parks fire hydrant outlets 2 ½ inches? Yes No

9. Is there a fully functional fire hydrant within 1,000 feet of the insured location? Yes No

10. Does the applicant provide security services? Yes No

If YES, please answer the following questions:

a. Are the guards: Armed Unarmed

b. Are the guards: Employees Independent Contractors Off-duty Police

Section IX – Security (continued)

If independent contractors are used:

- a. Are they required to list you as an additional insured? Yes No
- b. Are they required to sign hold harmless/indemnification agreement in your favor? Yes No
- c. Are they required to carry limits equal to or greater than applicant? Yes No
- d. Are Certificates of Insurance maintained of file? Yes No

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

- 11. 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:

- 12. Do your operations comply with the California Civil Code as respects the Mobile Home Residency Law and/or Recreational Vehicle Occupancy Law? Yes No

- 13. 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.

- 14. Have all violations identified by inspection been corrected? Yes No

If NO, provide details:

Fraud Warning

Any person who, with intent to defraud or knowing that (s)he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

ALABAMA, ARKANSAS, LOUISIANA, MARYLAND, NEW JERSEY, NEW MEXICO and VIRGINIA: 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. In Alabama, Arkansas, Louisiana and Maryland, that person may be subject to fines, imprisonment or both. In New Mexico, that person may be subject to civil fines and criminal penalties. In Virginia, penalties may include imprisonment, fines & denial of insurance benefits.

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.

DISTRICT OF COLUMBIA, KENTUCKY and PENNSYLVANIA: 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 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. In District of Columbia, penalties include imprisonment and/or fines. In addition, the Insurer may deny insurance benefits if the Applicant provides false information materially related to a claim. In Pennsylvania, the person may also be subject to criminal and civil penalties.

FLORIDA and OKLAHOMA: Any person who knowingly and with intent to injure, defraud or deceive the Insurer, files a statement of claim or an Application containing any false, incomplete or misleading information is guilty of a felony. In Florida it is a felony to the third degree.

KANSAS: 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, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for personal or commercial insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto is considered a crime.

MAINE: 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 denial of insurance benefits.

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

OHIO: Any person who, with intent to defraud or knowing that he is facilitating a fraud against the Insurer, submits an Application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OREGON: 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 may be guilty of a crime and may be subject to fines and confinement in prison.

TENNESSEE 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 may include imprisonment, fines and/or denial of insurance benefits.

Representation Statement

I hereby apply for a policy of insurance as set forth in the application and I declare that all information contained in this application is correct and complete to the best of my knowledge and belief. I understand that any policy which may be issued by the company will be issued on the basis of and reliance upon my statements in this application. I agree that such policy shall be null and void if such information is false, or misleading, or would materially affect acceptance of the risk by the company.

The signing of this application does not bind the undersigned to purchase the insurance and accepting this application does not bind the Insurer to complete the insurance or to issue any particular policy. If a policy is issued, it is understood and agreed that the Insurer relied upon this application in issuing each such policy and any endorsements thereto. The undersigned further agrees that if the statements in this application change before the effective date of any proposed policy, which would render this application inaccurate or incomplete, notice of such change, will be reported in writing to the Insurer immediately.

The Application must be signed and dated by a Principal, Partner, Managing Member or Senior Officer of the Applicant. Electronically reproduced signatures will be treated as original.

Applicant:

Print Name: _____ Signature: _____

Title: _____ Date: _____

I hereby declare that all the information contained in this application is correct and complete to the best of my knowledge and belief, that the application was complete and personally signed by the applicant and that a completed copy hereto has been given to the applicant.

Name of Producing Agency: _____

Signature of Producing Agent: _____ Date: _____

SIGNING THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY