MOBILE HOME PARKS AND CAMPGROUNDS PROGRAM SUPPLEMENTAL APPLICATION
(Complete in addition to ACORD General Liability Application)

<table>
<thead>
<tr>
<th>Applicant’s Name:</th>
<th>Agency Name:</th>
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</table>

| Location Address: | |
|-------------------| |
|                   | |

| Agency Name: | |
|--------------| |
|              | |

| Phone No.: | |
|------------| |
|            | |

PROPOSED EFFECTIVE DATE: From _________ To _________ 12:01 A.M., Standard Time at the address of the Applicant

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE" (N/A)

1. Operation:
   - [ ] Manufactured Home Park
   - [ ] Mobile Home Park
   - [ ] RV Park
   - [ ] Campground

   a. How long has applicant been in business? ______________________________________________________

   b. What year was the park built? _________________________________________________________________

2. Number of spaces:
   a. Number of permanent spaces: _________________________________________________________________

   b. What percentage of spaces are rented on a seasonal basis? _________________________________________ %

   c. Number of tourist (RV and camping) spaces: ___________________________________________________

3. Rental Fees:
   a. Average monthly lot rental fee, per space, on permanent spaces: $ _______________________________

   b. Average lot fee for temporary RV/campground spaces:
      - Daily: $ _______________________________
      - Weekly: $ _______________________________

   c. Average monthly Rental charge on owned Mobile home units rented out: $ _________________________

   d. Average monthly Rental charge on owned Dwellings rented out: $ _______________________________

4. Rental Units:
   Number of units rented or leased to others by applicant: ___________________________________________

   If any:
   a. Do rental units have smoke detectors? ________________________________________________________ [ ] Yes [ ] No

   b. Year of construction of the oldest rental unit: __________________________________________________

5. Operating season: From: ___________________________ To: ___________________________

6. Number of acres occupied by manufactured home park, mobile home park, RV park or campground: _______
7. Indicate number of each of the following:

<table>
<thead>
<tr>
<th>Baseball parks</th>
<th>Boat ramps</th>
<th>Playgrounds</th>
<th>Ski lifts/tows</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basketball courts</td>
<td>Dams*</td>
<td>Racquetball courts</td>
<td>Spas/hot tubs</td>
</tr>
<tr>
<td>Bathing beaches</td>
<td>Diving rafts</td>
<td>Saunas</td>
<td>Tennis courts</td>
</tr>
<tr>
<td>Boat docks/slips</td>
<td>Golf Courses</td>
<td>Shuffleboard courts</td>
<td>Volleyball courts</td>
</tr>
<tr>
<td>Other:</td>
<td>Other:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* (If applicable, complete Dam Questionnaire GLS-113)

8. Other operations:

a. Bicycle trails? ................................................................. [ ] Yes [ ] No
   If yes: Number of trail miles: .................................................
   Describe in detail: .............................................................

b. Boats? ........................................................................................................ [ ] Yes [ ] No
   If yes: Number: ............................................................................
   Type: ...........................................................................................

b. Boat rental? ................................................................................................. [ ] Yes [ ] No
   If yes: Number: ............................................................................
   Type: ...........................................................................................

   Are Coast Guard approved flotation devices provided for all passengers? .................................... [ ] Yes [ ] No

d. Clubhouse (including exercise rooms)? ................................................................. [ ] Yes [ ] No
   If yes: Square footage: ............................................................

e. Convenience store/grocery store? ................................................................. [ ] Yes [ ] No
   If yes: Number: ............................................................................
   Total sales: .................................................................................. $

f. Garbage dumps or landfills? ......................................................................................... [ ] Yes [ ] No

9. Horse trails? ........................................................................................................... [ ] Yes [ ] No
   If yes: Number of trail miles: ...........................................................
   Describe in detail: ............................................................................
   Jumps? .......................................................................................... [ ] Yes [ ] No
   Riding arenas? .............................................................................. [ ] Yes [ ] No
   Saddle animals for hire? ................................................................. [ ] Yes [ ] No
   If yes: Number: ............................................................................
   Describe: ........................................................................................

   Stables? ......................................................................................... [ ] Yes [ ] No
   If yes: Number: ............................................................................
   Payroll: ...................................................................................... $

h. Ice skating? .......................................................................................................... [ ] Yes [ ] No

i. Lakes? ................................................................................................................. [ ] Yes [ ] No
   If yes: Number of acres: ...................................................................
   If lake formed by a dam (complete GLS-113). ........................................ [ ] Yes [ ] No
   Is swimming allowed? ........................................................................ [ ] Yes [ ] No
j. Lodging or cabins? ................................................................................................................................................. □ Yes □ No
   If yes: Number of beds: ........................................................................................................................................

k. LPG sales and/or equipment maintenance? ........................................................................................................... □ Yes □ No

l. Parks? ........................................................................................................................................................................ □ Yes □ No
   If yes: Number of acres: ........................................................................................................................................

m. Recreational equipment available for rental (i.e., all terrain vehicles, boats with motors, golf carts, snowmobiles, etc.)? .......................................................................................................................... □ Yes □ No
   If yes: Describe: .........................................................................................................................................................

n. Restaurants/lounges? ................................................................................................................................................... □ Yes □ No
   If yes: Number: ............................................................................................................................................................
   Food sales: .................................................................................................................................................................... $
   Liquor sales: .................................................................................................................................................................

o. Shooting ranges? .......................................................................................................................................................... □ Yes □ No
   If yes: Number: ............................................................................................................................................................
   Type: (bow, shotgun, etc.): ............................................................................................................................................

p. Short-term special events? ........................................................................................................................................... □ Yes □ No
   If yes: Describe: ............................................................................................................................................................

q. Streets and roads? .......................................................................................................................................................... □ Yes □ No
   If yes: Number of miles: ..............................................................................................................................................
   Applicant responsible for maintenance of the roads? ................................................................................................. □ Yes □ No

r. Swimming or wading pools? ......................................................................................................................................... □ Yes □ No
   If yes: Number: ............................................................................................................................................................
   Diving boards, platforms, slides or rafts? ..................................................................................................................... □ Yes □ No
   Diving boards or platforms height: ...........................................................................................................................
   Slide height: ..............................................................................................................................................................
   Swimming rules posted? .............................................................................................................................................. □ Yes □ No
   Pools fenced? ............................................................................................................................................................... □ Yes □ No
   Gates self-closing and locking? .................................................................................................................................. □ Yes □ No
   Life safety equipment available at poolside? ............................................................................................................... □ Yes □ No
   Certified lifeguard available when swimming is allowed? ......................................................................................... □ Yes □ No
   Are all swimming pools, wading pools, hot tubs and spas in compliance with the federal Virginia Graeme Baker Pool and Spa Safety act? .......................................................................................................................... □ Yes □ No

s. Waterworks/sewage treatment/disposal facilities? .................................................................................................. □ Yes □ No
   If yes: Describe in detail: ..................................................................................................................................................
   Is it maintained and operated by the applicant? ........................................................................................................ □ Yes □ No

t. Wilderness or primitive camping available? ........................................................................................................... □ Yes □ No

9. Is applicant a homeowner association? .................................................................................................................... □ Yes □ No
10. Any in-park sale of mobile homes by applicant? .................................................................................................... □ Yes □ No

11. Describe any additional recreational facilities or operations conducted by the applicant or others on the premises:
12. Was facility built on former landfill or dump? □ Yes □ No

13. Any security guards on premises? □ Yes □ No
   If yes:
   a. How many armed? □
   How many unarmed? □
   b. How many security guards are employed by the applicant? □
   c. If security guards are provided by an outside service, are Certificates of Insurance required? □ Yes □ No
      If yes, minimum limits required: □

14. Utilities
    Sewer: □ City □ Septic
    a. Who maintains and treats the septic system? □
    b. How often is system treated/maintained? □
    c. Any history of problems with system in past five years? (backup, etc.) □ Yes □ No
       If yes, describe problem and action taken to prevent similar problems: □
    d. Does flow of sewage require the use of a sewer lift station or pump? □ Yes □ No
       If yes, give details on procedure followed if failure in this system occurs: □
    e. Does the mobile home park have its own sewer treatment plant? □ Yes □ No
    f. Disposal facilities? □ Yes □ No
       If yes: How frequently is tank emptied? □
       Who disposes of sewage and where? □

    Gas:
    a. Are gas lines owned by the park? □ Yes □ No
       If yes, is park in compliance with Federal Pipeline Safety Act? □ Yes □ No
    b. Are gas systems maps available and utilized by owner? □ Yes □ No

    Water:
    a. If water is supplied by park, is water treated? □ Yes □ No
       If yes, by whom and how often? □
    b. Does the state test annually? □ Yes □ No

15. Management:
    a. Are licenses, permits and notices current and posted? □ Yes □ No
    b. Is owner/manager located on site? □ Yes □ No
    c. What hours is he/she available to residents? □
    d. Is park operated by an independent management company? □ Yes □ No
    e. Are signed leases available to residents? □ Yes □ No
    f. Does owner/management provide a copy of rules/regulations of park to residents? □ Yes □ No

16. Are renters/campers allowed to have animals? □ Yes □ No
    If yes, indicate any restrictions on animals allowed in the park: □
17. Has any unit, within the applicant’s park, been identified as used for methamphetamine manufacturing or storage? □ Yes □ No
   If yes, has remediation and cleanup been completed? □ Yes □ No

18. Has applicant had any “failure to maintain” or “habitatbility” losses? □ Yes □ No
   If yes, provide details: ________________________________________________________________

19. Is risk fully developed? □ Yes □ No

20. Is there any ongoing construction or future construction planned? □ Yes □ No
   If yes, describe: ______________________________________________________________________

21. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies? □ Yes □ No
   If yes, describe: ______________________________________________________________________

22. Does applicant have any other business ventures for which coverage is not requested? □ Yes □ No
   If yes, explain and advise where insured: ____________________________________________________

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

23. Is applicant 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: ________________________________

24. Does operations of applicant comply with the California Civil Code as respects the Mobile Home Residency Law and/or Recreational Vehicle Occupancy Law? □ Yes □ No

25. 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.
   Have all violations identified by inspection been corrected? □ Yes □ No
   If no, provide details: ______________________________________________________________________

26. Has applicant ever, or does applicant plan to obtain a Subdivision Map for the purpose of “Condo Conversion?” □ Yes □ No
This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**FRAUD WARNING:** 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. *(Not applicable to Oregon)*

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA 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 include imprisonment, fines, and denial of insurance benefits.

**APPLICANT’S STATEMENT:**

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. *(Kansas: This does not constitute a warranty.)*

**APPLICANT’S NAME AND TITLE:** ____________________________________________

**APPLICANT’S SIGNATURE:** ___________________________________ DATE: ____________

*(Must be signed by an active owner, partner or executive officer)*

**PRODUCER’S SIGNATURE:** ___________________________________ DATE: ____________

**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.