



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

Applicant's Name: \_\_\_\_\_  
 \_\_\_\_\_  
 Location Address: \_\_\_\_\_  
 \_\_\_\_\_

Agency Name: \_\_\_\_\_  
 \_\_\_\_\_  
 Agent No.: \_\_\_\_\_  
 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:**

Baseball parks		Boat ramps		Playgrounds		Ski lifts/tows	
Basketball courts		Dams*		Racquetball courts		Spas/hot tubs	
Bathing beaches		Diving rafts		Saunas		Tennis courts	
Boat docks/slips		Golf Courses		Shuffleboard courts		Volleyball courts	
Other:				Other:			

\* (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: \_\_\_\_\_

**c. 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

**g. 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).

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:**  City  Well on premises

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 "habitability" 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.