



Mobile Home Park Questionnaire

Please answer all questions. Submit this questionnaire with a completed ACORD application and prior carrier loss runs.

Named Insured: _____
 Address: _____
 Website: _____

GENERAL INFORMATION

- | 1. | Total Spaces
_____ | Park Owned Rental Mobiles
_____ | Tenant Owned Mobiles
_____ | Vacant Pads
_____ |
|-----|--|--------------------------------------|---------------------------------|---|
| 2. | Does the owner or manager live on the premises? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. | Do you offer installation services, such as hook-up of gas and water, moving services or tie-down services for mobile homes? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. | Is the park currently expanding (adding additional pads)? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. | What is the annual tenancy turnover rate? _____ | | | |
| | a. If over 25%, what are your plans to attempt to reduce the tenancy turnover? | | | |
| | | | | |
| 6. | Do you have any land that is used as a garbage dump or landfill? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. | Are you responsible for a wastewater, sewer or septic utility for the park? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | a. If yes, how often is the system inspected/maintained? _____ | | | |
| | b. In the past 5 years, have there been any issues (backup, etc.)? | | | <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | i. If yes, please provide detail on the problem and corrective actions: | | | |
| | | | | |
| 8. | Do you maintain or operate a water treatment facility? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. | Do you have a written policy that prohibits vicious dogs? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. | Do you have a weather emergency notification system in place? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. | Do you contract with or employ security patrol or guard services? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | a. Are the patrol/guards armed? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12. | Is the park a designated senior community? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 13. | Are speed limit signs posted on all private roads? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

RENTAL UNIT INFORMATION

- | | | | | |
|----|---|--|--|--|
| 1. | Do all rental units have functioning smoke alarms? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. | Do all rental units have fire extinguishers? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. | Do you offer month-to-month or daily rental terms? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. | Are all rental mobile homes skirted? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. | Do all steps at exterior doors have properly installed handrails? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. | What is the annual vacancy rate of the rental units? _____ | | | |
| 7. | What is the age of the oldest rental unit? _____ | | | |
| | a. Have the heating and electrical systems been professionally inspected within the past 10 years on all rental mobile homes over 20 years old? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. | Are all locks re-keyed before leasing to new tenants? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

ADDITIONAL EXPOSURES

- | | | | | |
|----|--|--|--|---|
| 1. | Do you sell new or used mobile home units? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | a. If yes, are all sales in-park sales? | | | <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | b. What are the annual receipts? _____ | | | |
| 2. | Is there a fitness center on premises? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | a. If yes, is it available to the public? | | | <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No |

3. Is there a clubhouse or party room? Yes No
 a. If yes, is it available to the public? N/A Yes No

4. Complete the information for the retail operations below with annual totals from last year:

General Store (groceries/supplies/gifts)	Gasoline Sales	LPG Sales	Laundry Sales
\$ _____	# _____ Gallons	# _____ Gallons	\$ _____

5. Complete the recreational equipment information below and list any additional equipment or activities.

Playgrounds # _____	Athletic Courts # _____	Other: <div style="border: 1px solid black; width: 200px; height: 40px; display: inline-block;"></div>
Boat Dock/Slips # _____	Boats # _____	

POOL AND SWIMMING AREAS N/A

1. How many of each:
 Pools _____ Lakes _____ Hot Tubs/Spas _____ Other: _____

2. What are the hours of operation for each?

3. Are your swimming facilities open to the general public? Yes No
4. If lifeguards are present, are all lifeguards certified? N/A Yes No
5. If lifeguards are not present, are signs posted stating "No Lifeguard On Duty?" N/A Yes No
6. Do you have any diving boards, platforms, waterslides or similar water rides? Yes No
7. Are "No Diving" signs clearly posted at shallow areas of pools and all lakes and beaches? Yes No
8. Is lifesaving equipment, such as life rings or buoys, available at all times, even when pools and swimming areas are closed? Yes No

Swimming Pool And Spa Specific N/A

9. Are all swimming pools and spas compliant with the Virginia Graeme Baker Pool and Spa Safety Act? Yes No
10. Are pool areas surrounded by a fence or barrier at least 4 feet tall with self-closing and self-latching gates? Yes No
11. Are surfaces surrounding the pool made of non-slip or skid-resistant material? Yes No
12. Is the depth of the pool clearly marked at the pool edges? Yes No
13. Are all pool chemicals locked in a secure area inaccessible to guests? Yes No

IMPORTANT NOTICE

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AFTER REASONABLE INQUIRY. I AGREE THAT ANY INTENTIONAL CONCEALMENT OR MISREPRESENTATION OF A MATERIAL FACT CONCERNING THIS INSURANCE OR THE SUBJECT THEREOF MAY VOID ANY POLICY ISSUED.

Applicant Signature _____ Title _____ Date _____

Producer Signature _____ Date _____