

## QUESTIONNAIRE – MOBILE HOME PARK

Please answer all questions fully. Submit this Questionnaire with a completed ACORD Commercial Insurance Applicant Information Section and prior carrier loss runs.

Policy Number: \_\_\_\_\_ Date: \_\_\_\_\_  
 Named Insured: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Park Location (if different from above) \_\_\_\_\_  
 Date business Established: \_\_\_\_\_ Date business Established: \_\_\_\_\_

### Operations

- 1) Occupancy – check all that apply and show % of each:
  - a)  Retirement \_\_\_\_\_%     Adults only \_\_\_\_\_%     Family \_\_\_\_\_%
  - b)  Camp Ground \_\_\_\_\_%
- 2) Type of units in the park:
 

Single Wide \_\_\_\_\_%     Double Wide \_\_\_\_\_%  
 Modular \_\_\_\_\_%     Campers \_\_\_\_\_%     Travel Trailers \_\_\_\_\_%
- 3) Average Vacancy rate \_\_\_\_\_%
- 4) Number of rental units, by age, of home:
  - a) 1-5 Years \_\_\_\_\_    6-10 Years \_\_\_\_\_    11-15 years \_\_\_\_\_    Over15 years \_\_\_\_\_
- 5) Total capacity of park \_\_\_\_\_
- 6) Number of sites rented to others: \_\_\_\_\_    Number of vacant sites: \_\_\_\_\_
- 7) Number of units rented to others: \_\_\_\_\_    Number of vacant rental units: \_\_\_\_\_
- 8) Total annual receipts\$ \_\_\_\_\_
- 9) Do you require tenants to carry Homeowners insurance?  Yes or  No
  - a) If No, please explain: \_\_\_\_\_
- 10) Do you or your manager live in the Park?  Yes or  No
  - a) If No, please explain: \_\_\_\_\_
  - b) Is the manager a fulltime employee?  Yes or  No

- 11) Do you allow Pets?  Yes or  No If Yes, please answer the following questions:
- a) Are Pets less than 20 lbs  or More than 20 lbs?
  - b) Any bite incidents in the past five years?  Yes or  No
  - c) Any breeds such as Doberman, Pit Bull, Rottweiler, Chow, and/or Wolf hybrids allowed?  Yes or  No
  - d) Are all dogs registered with park management?  Yes or  No
  - e) Does the park require a copy of Homeowners insurance?  Yes or  No
  - f) Are all dogs required to be on the leash?  Yes or  No
- 12) Are there formal written and enforced parking rules?  Yes or  No
- 13) Tenancy annual turnover rate:  Less than 10% or  More than 10%
- 14) Surface area of streets:  100% Paved  Partially Paved  Not Paved
- 15) Street lighting:  Complete  Partial  None
- 16) Any real estate development?  Yes  No
- a) Number of acres
  - b) Type of development
- 17) Any vacant land?  Yes  No Number of acres
- a) Is the land used as a landfill or dump?  Yes  No
- 18) Does a water exposure exist?  Yes  No
- i) If Yes, please describe:
- 19) Do you own or operate any other business at this location?  Yes  No If Yes, please describe:
- 20) Do you sell new or used units?  Yes  No
- a) Annual Gross Sales\$
- 21) Do you sell, service or distribute LP/Natural Gas  Yes  No
- a) Annual Gross Sales\$ and
  - b) Number of gallons
- 22) Do you sell or store gasoline  Yes  No
- a) Annual Gross Sales\$ and
  - b) Number of gallons

<b>PARK UNITS</b>
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Trash/Garbage	<input type="checkbox"/> City	<input type="checkbox"/> Park provides
Electric	<input type="checkbox"/> Public Utility	<input type="checkbox"/> Park provides
Water	<input type="checkbox"/> Public Utility	<input type="checkbox"/> Park /Well
Sewer/Septic	<input type="checkbox"/> Public Utility	<input type="checkbox"/> Park provides
Roads	<input type="checkbox"/> Public maintains	<input type="checkbox"/> Park maintains
Gas	<input type="checkbox"/> Public (tenant pays utility co)	<input type="checkbox"/> Park provides

**Recreational Exposures (COMPLETE IF APPLICABLE)**

Indicate if the following are present by checking the box below:

- Aerobic/Fitness Classes or Weight Room       Tours/Shuttle Service       Shuffle Board  
 Sauna/Spas       Tenant Garage Sales/Flea Market       Hobby Shops or Hobby Classes  
 Activities Involving Animals       Horseshoes       Laundry       Tennis Courts  
 Swimming Pool       Play grounds – Please provide type of surface

List any other activities not mentioned above:

Is any of the above Open to the public?  Yes or  No

If Yes, please explain:

Does the public use facility for meetings, weddings, church, etc.?  Yes or  No

Does the park allow any functions or activities where alcoholic beverages are served or permitted?  Yes or  No  
If Yes, please explain:

**WATER EXPOSURES (COMPLETE IF APPLICABLE)**

1. Number of swimming areas

	<b>Yes</b>	<b>No</b>
2. Is the pool completely fenced, with self-closing, self-locking gates?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are depths marked? Maximum dept ft.	<input type="checkbox"/>	<input type="checkbox"/>
4. Is standard safety equipment provided?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is there a diving board or platform?	<input type="checkbox"/>	<input type="checkbox"/>
6. Is there a water slide of any kind?	<input type="checkbox"/>	<input type="checkbox"/>
7. Is there a Jacuzzi, hot tub or spa?	<input type="checkbox"/>	<input type="checkbox"/>
8. Are rules and emergency numbers posted?	<input type="checkbox"/>	<input type="checkbox"/>
9. Is there a lifeguard on duty at any time?	<input type="checkbox"/>	<input type="checkbox"/>
If no, is there a signed posted "No Lifeguard on Duty-Swim At Your Own Risk"?	<input type="checkbox"/>	<input type="checkbox"/>
10. Are there any water exposures (other than swimming pools) on your property?	<input type="checkbox"/>	<input type="checkbox"/>
11. Can it be used for swimming?	<input type="checkbox"/>	<input type="checkbox"/>
12. Are "No Swimming" signs posted?	<input type="checkbox"/>	<input type="checkbox"/>
13. Is it used for boating or fishing?	<input type="checkbox"/>	<input type="checkbox"/>
14. Is there a marina on the premises?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, are you the operator?	<input type="checkbox"/>	<input type="checkbox"/>
15. Are there docks or slips?	<input type="checkbox"/>	<input type="checkbox"/>
a. Do you charge a fee? If yes, annual receipts \$		
16. Do you or any employee handle the boats?	<input type="checkbox"/>	<input type="checkbox"/>

**RENTAL UNITS (COMPLETE IF APPLICABLE)**

1. Indicate how the rental units were acquired:  Purchased new from dealer  
 Purchased used from dealer  
 Purchased or obtained from previous tenant (provide circumstances)
2. Lease Terms:  Weekly  Monthly  6 Month  12 Month
3. Rental income per rental unit \$



- 4. Maximum occupants per unit
- 5. Do all rental units have skirting appropriate for manufactured housing?  Yes  No
- 6. Are there steps at the exterior doors with properly installed handrails?  Yes  No **\*Note concrete block steps are not acceptable.**
- 7. Frequency insured inspects inside the rental units
- 8. Are units inspected prior to new occupancy?  Yes  No
- 9. Frequency of inspections, by a licensed contractor, of the heating, plumbing and electrical
- 10. Are formal maintenance records kept for each rental?  Yes  No If yes, attach a sample copy.
- 11. Are smoke detectors present?  Yes  No Are they:  Hard-wired  Battery operated
- 12. Is there a battery replacement schedule plan in place for smoke detectors?  Yes  No
  - a. If yes, describe
  - b. If no, you must have a waiver/release from the tenant, accepting responsibility for battery replacement. Please attach a sample copy.
- 13. Are fire extinguishers installed?  Yes  No
- 14. Are any rental units over 15 years of age?  Yes  No

a. If yes, complete the following for each rental unit and provide photos of the front and back:

Unit #	Year Built	Year Updated			
		Heating	Plumbing	Wiring	Roofing

**IMPORTANT NOTICE**

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE. Any person who knowingly and with intent to defraud any insurance company or another person submits an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information containing any material fact thereto, commits a fraudulent act that is subject to criminal and substantial civil penalties. I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance or the subject thereof may void any policy issued.

(As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.)

\_\_\_\_\_  
Applicant Signature Title Date

\_\_\_\_\_  
Producer Signature Date

\_\_\_\_\_  
Producer Name and Address