
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

PARK UNITS

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

	Yes	No
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