



GLOBAL INSURANCE BROKERAGE

Mobile Home Parks and Campgrounds Program Supplemental Application

(Complete in addition to ACORD General Liability Application)

Name of Applicant: _____

Web site Address: _____

1. **Operation:** **Number of years in business:** _____

Permanent Park RV Park Campground

2. **Number of spaces:**

Number of permanent spaces: _____

Percentage of seasonal:..... _____%

Number of tourist (RV and camping) spaces: _____

Number of permanent or tourist spaces containing units rented to others by applicant: _____

If any:

Do rental units have smoke detectors? Yes No

Year of construction of the oldest rental unit (New York only): _____

3. **Rental Fees:**

Average monthly lot rental fee, per space, on permanent spaces: \$ _____

Average lot fee for temporary RV/campground spaces: \$ _____ Daily \$ _____ Weekly

Average monthly Rental charge on owned Mobile home units rented out: \$ _____

Average monthly Rental charge on owned Dwellings rented out: \$ _____

4. **Operating season:**

From _____ To _____

5. **Total number of acres occupied by mobile home park, RV park or campground:** _____

6. Other operations:

- Tennis/racquetball/volleyball/basketball/shuffle-board courts and baseball diamonds
Number: _____
- Bathing beaches
Number: _____
- Bicycle trails
Number of trail miles: _____
- Boats
Number: _____
Type: _____
- Boat rental
Number: _____
Type: _____
Are Coast Guard approved flotation devices provided for all passengers? Yes No
- Boat docks/slips
Number: _____
- Boat ramps
Number: _____
- Clubhouse including any exercise room
Square footage: _____
- Convenience store/grocery store
Number: _____
Total sales: \$ _____
- Garbage dumps or landfills
- Horse trails
Number of trail miles: _____
Describe trails in detail: _____

- Lakes
 - Lake formed by a dam (complete GLS-113)Number of acres: _____
Is swimming allowed? Yes No
- Lodging or cabins
Number of beds: _____
- Parks
Number of acres: _____
- Playgrounds
Number: _____
- Private well
- Restaurants/lounges
Number: _____
Total sales: \$ _____
- Riding arenas and jumps
Number: _____

- Saddle animals for hire
Number: _____
Describe: _____
- Saunas
Number: _____
- Shooting ranges
Number: _____
Type (bow, shotgun, etc.): _____
- Short-term special events
Describe: _____

- Spas/hot tubs
Number: _____
- Stables
Number: _____
- Streets and roads
Number of miles: _____
Is park responsible for maintenance of the roads? Yes No
- Swimming or wading pools
Number indoor: _____
Number outdoor: _____
 - In-ground Above-groundDiving boards/slides/diving platforms? Yes No
Diving board/platform height: _____
Slide height: _____
Swimming rules posted? Yes No
If an outdoor pool, is it fenced with a self-latching gate? Yes No
Life-safety equipment available at pool side? Yes No
Certified lifeguard available when swimming is allowed? Yes No
- Ice skating
- Golf course
- Recreational equipment rental (snowmobiles, ATVs, golf carts, etc.)
Describe: _____
- Ski lifts/tows
- LPG sales and/or equipment maintenance
- Waterworks and/or sewage treatment/disposal facilities
- Facility built on former landfill or dump
- Wilderness or primitive camping available

7. Describe any additional recreational facilities or operations conducted by you or others on the premises:

8. Any security guards on premises? Yes No

If yes:

How many? _____

Are Security guards: armed unarmed

Does the park directly employ security guards? Yes No

If security guards are provided by an outside service, are Certificates of Insurance required? Yes No

If yes, minimum limits required: _____

9. Utilities

Sewer:

City Septic

Who maintains and treats the septic system? _____

How often is system treated/maintained? _____

Any history of problems with system in past five years? (backup, etc.) Yes No

If yes, please describe problem and action taken to prevent similar problems: _____

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: _____

Does the mobile home park have its own sewer treatment plant? Yes No

Disposal facilities? Yes No

If yes, how frequently is tank emptied? _____

Who disposes of sewage and where? _____

Gas:

Are gas lines owned by the park? Yes No

If yes, is park in compliance with Federal Pipeline Safety Act? Yes No

Are gas systems maps available and utilized by owner? Yes No

Water:

City Well on premises

If water is supplied by park, is water treated? Yes No

By whom and how often? _____

Does the state test annually? Yes No

10. Management:

Are licenses, permits and notices current and posted? Yes No

Is owner/manager located on site? Yes No

What hours is he/she available to residents? _____

Is park operated by an independent management company? Yes No

Are signed leases available to residents? Yes No

Does owner/management provide a copy of rules/regulations of park to residents? Yes No

11. Are renters/campers allowed to have animals? Yes No

If yes, indicate any restrictions on animals allowed in the park: _____

12. Has any unit, within your park, been identified as used for methamphetamine manufacturing or storage?..... Yes No

If yes, has remediation and cleanup been completed? Yes No

13. Has applicant had any "failure to maintain" or habitability losses?..... Yes No

If yes, provide details: _____

14. Is there any ongoing construction or future construction planned? Yes No

If yes, describe: _____

15. 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:

16. Are you 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:

17. Do your operations comply with the California Civil Code as respects the Mobile Home Residency Law and/or Recreational Vehicle Occupancy Law? Yes No

18. 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: _____

19. Have you, or do you plan to obtain a Subdivision Map for the purpose of "Condo Conversion"? Yes No

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.

FRAUD WARNING (APPLICABLE IN TENNESSEE 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.

FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK:

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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

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

PRODUCER'S SIGNATURE: _____ DATE: _____