

MOBILE HOME PARK QUESTIONNAIRE

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

Named Insured: _____

Website: _____

PROHIBITED CIRCUMSTANCES

If any of the questions in this section are answered "YES," you are not eligible for coverage.

- | | | | | |
|--|--------------------------|-----|--------------------------|----|
| 1. Do you have any land that is used as a garbage dump or landfill? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 2. Do you sell new or used mobile home units?* | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 3. Do you have a pool with a diving board, diving platform or slide? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 4. Do you rent mobile home units to others that are more than 20 years old that: | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| a. The heating system has not been professionally inspected in the last 20 years and; | | | | |
| b. The electrical system has not been professionally inspected in the last 10 years? | | | | |
| 5. If providing hook-up or moving services, do you hook-up gas connections? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 6. Do you maintain or operate a water treatment (other than wastewater) facility for the park? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

*Can be considered for coverage in CSIC. All risks that sell mobile home units must be submitted for approval.

GENERAL INFORMATION

- | | | | | |
|---|--------------------------|-----|--------------------------|----|
| 1. Is the park currently expanding (adding additional pads)? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 2. Total number of pads and rental units: | | | _____ | |
| 3. Number of vacant/unoccupied pads: | | | _____ | |
| 4. Number of rental units: | | | _____ | |
| a. Are any units available for rent on a weekly basis? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| b. Are all rental units equipped with skirting? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| c. Do all steps at exterior doors/exits have properly installed handrails? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 5. Does the park allow any dog breeds with vicious tendencies?
(i.e. - Doberman Pinscher, Pit Bull, Rottweiler, Chow, Wolf, etc) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| a. Are there written guidelines for this rule? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 6. Does the park provide hook-up and/or moving services (of customer's units)? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 7. Do you or your manager live on site? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 8. Are all park streets 100% paved? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 9. Is the annual tenancy turnover rate greater than 25%? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 10. Do you sell LP or Natural Gas? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |



a. Number of gallons: _____

11. Do you sell gasoline?

Yes No

b. Number of gallons: _____

12. Do you maintain a sewer or septic utility for the park?

Yes No

OTHER EXPOSURES

- 1. Grocery/convenience store sales: \$ _____
- 2. Laundry sales: \$ _____
- 3. Number of playgrounds: _____
- 4. Number of boats: _____
- 5. Number of boat docks/slips: _____
- 6. List any other activities not mentioned above: _____

If there is any outfitter or guide services, complete the: **Outfitters and Guides Questionnaire - CGE 136.**

If there is any swimming exposure, complete the: **Swimming/Water Feature Questionnaire - CGE 160.**

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