



Mobile Home Parks and Campgrounds Program Supplemental Application

(Complete in addition to ACORD General Liability Application)

Name of Applicant: _____

Web site Address: _____

Location 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. Number of:

Baseball parks		Diving rafts		Ski lifts/tows	
Basketball courts		Golf Course		Spas/hot tubs	
Bathing beaches		Playgrounds		Tennis courts	
Boat docks/slips		Racquetball courts		Volleyball courts	
Boat ramps		Saunas		Other:	
Dams*		Shuffleboard courts		Other:	

* (If applicable, complete Dam Questionnaire GLS-113)

7. Other operations:

- a. Bicycle trails?** ☐ Yes ☐ No
Number of trail miles: _____
Describe in detail: _____
- b. Boats?** ☐ Yes ☐ No
Number: _____
Type: _____
- c. Boat rental?** ☐ Yes ☐ No
Number: _____ Type: _____
Are Coast Guard approved flotation devices provided for all passengers?..... ☐ Yes ☐ No
- d. Clubhouse including any exercise room?**..... ☐ Yes ☐ No
Square footage: _____
- e. Convenience store/grocery store?**..... ☐ Yes ☐ No
Number: _____ Total sales: \$ _____
- f. Garbage dumps or landfills?** ☐ Yes ☐ No
- g. Horse trails?** ☐ Yes ☐ No
Number of trail miles: _____
Describe in detail: _____
-
Jumps? ☐ Yes ☐ No
Riding arenas? ☐ Yes ☐ No
Saddle animals for hire? ☐ Yes ☐ No
Number: _____
Describe: _____
-
Stables? ☐ Yes ☐ No
Number: _____ Payroll: \$ _____
- h. Ice skating?** ☐ Yes ☐ No
- i. Lakes?** ☐ Yes ☐ No
Number of acres: _____ If lake formed by a dam (complete GLS-113)
Is swimming allowed? ☐ Yes ☐ No
- j. Lodging or cabins?** ☐ Yes ☐ No
Number of beds: _____
- k. LPG sales and/or equipment maintenance?** ☐ Yes ☐ No
- l. Parks?** ☐ Yes ☐ No
Number of acres: _____
- m. Recreational equipment available for rental** (snowmobiles, all terrain vehicles, golf carts, etc.)? .. ☐ Yes ☐ No
Describe: _____
- n. Restaurants/lounges?** ☐ Yes ☐ No
Number: _____ Total sales: \$ _____
- o. Shooting ranges?**..... ☐ Yes ☐ No
Number: _____
Type: (bow, shotgun, etc.): _____
- p. Short-term special events?** ☐ Yes ☐ No
Describe: _____

q. **Streets and roads?**..... ☐ Yes ☐ No

Number of miles: _____

Applicant responsible for maintenance of the roads?..... ☐ Yes ☐ No

r. **Swimming or wading pools?** ☐ Yes ☐ No

Number: _____

Diving boards, platforms or slides?..... ☐ Yes ☐ No

Diving boards or platforms height: _____

Slide height? _____

Swimming rules posted? ☐ Yes ☐ No

Pools fenced? ☐ Yes ☐ No

Gates self-closing and locking? ☐ Yes ☐ No

Life-safety equipment available at poolside? ☐ Yes ☐ No

Certified lifeguard available when swimming is allowed? ☐ Yes ☐ No

Are all swimming pools, wading pools, hot tubs and spas in compliance with the Virginia Graeme Baker Pool and Spa Safety act? ☐ Yes ☐ No

s. **Waterworks/sewage treatment/disposal facilities?** ☐ Yes ☐ No

Describe in detail: _____

Is it maintained and operated by the applicant? ☐ Yes ☐ No

t. **Wilderness or primitive camping available?** ☐ Yes ☐ No

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

9. **Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies?**..... ☐ Yes ☐ No

If yes, describe: _____

10. **Was facility built on former landfill or dump?** ☐ Yes ☐ No

11. **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: _____

12. 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

13. 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

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

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

15. 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

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

If yes, provide details: _____

17. Is risk fully developed? ☐ Yes ☐ No

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

If yes, describe: _____

19. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies? ☐ Yes ☐ No

If yes, describe: _____

20. 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:

21. 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: _____
22. Do your operations comply with the California Civil Code as respects the Mobile Home Residency Law and/or Recreational Vehicle Occupancy Law? ☐ Yes ☐ No
23. 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: _____
24. Have you, or do you plan to obtain a Subdivision Map for the purpose of "Condo Conversion"? ☐ Yes ☐ No

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

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. **Not applicable in Nebraska, Oregon and Vermont.**

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO OHIO APPLICANTS: Any person who knowingly and with intent to defraud any insurance company 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.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

FRAUD WARNING (Applicable in Tennessee, Virginia 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.

NOTICE TO NEW YORK APPLICANTS (Other than automobile): 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: _____

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.