



Mobile Home Parks Product Application – All States

You can obtain a quote by providing the information in Section I - Instant Quote below, subject to the remainder provided prior to binding.

I. INSTANT QUOTE INFORMATION

Instant Quote is only available for accounts with no losses in the past three years. If there is loss history, please complete the entire application.

Applicant's name: _____

Location address: _____ Same as mailing address.

City: _____ State: _____ Zip code: _____

Description of operations:

[Empty box for description of operations]

Number of employees: _____

How many years has the applicant been at the current location? _____

Liability Section

Limit: \$100,000/\$200,000 \$300,000/\$600,000 \$500,000/\$1,000,000 \$1,000,000/\$2,000,000

What are the total annual gross sales? \$ _____

Total number of pads/sites within the community _____

Number of pads/sites occupied _____

Does the community property owner or manager live on premises? Yes No

Are there any subsidized residents at any location? (Not applicable in CA, CT, DC, ME, MA, NJ, OR, UT, VT, WI) Yes No

If "Yes," does the percentage of subsidized residents at any location exceed 20%? Yes No

Are there student residents at any location? (not applicable in D.C.) Yes No

If "Yes" does the percentage of students at any location exceed 20%? Yes No

Are criminal background checks performed on all potential residents? Yes No

Does the applicant's lease agreement prohibit dogs? Yes No

Has there been any claims related to animals? Yes No

Are any trampolines on the mobile home park premises without safety netting? Yes No

Any security personnel on premises? Yes No

Total number of mobile homes owned by the park and rented to others _____

Number of swimming pools _____ Number of playgrounds _____

Property Section (This coverage is only available for park buildings owned by the applicant. Property coverage is not available for mobile homes owned and rented to others.)

Construction: Frame Joisted masonry Non-combustible Masonry non-combustible
 Modified fire-resistive Fire-resistive Other _____

Protection class: _____

Requested cause of loss: Basic Special

Requested valuation: Replacement Cost Actual Cash Value

Deductible: \$1,000 \$2,500 \$5,000

Coinurance: 80% 90% 100%

Building limit \$ _____ Building use _____

What year was the building constructed? _____

What is the square footage of the entire structure? _____

Business personal property limit \$ _____

Business income and extra expense limit \$ _____

Is the building fully protected by an operational sprinkler system covering 100% of the premises? Yes No

Additional Interests (AI = Additional Insured, LP = Loss Payee, M = Mortgagee)

Table with 7 columns: Name, Relationship/Interest, Address, City, State, Zip, AI, LP, M. Contains two empty rows for data entry.

II. LOSS INFORMATION FOR THE PAST 3 YEARS

Liability Coverages None, or provide detail below.

Table for liability coverages with columns: Year, Status, Incurred, Description. Includes three rows for data entry.

Property Coverages None, or provide detail below.

Table for property coverages with columns: Year, Status, Incurred, Description. Includes three rows for data entry.

III. ADDITIONAL PROPERTY INFORMATION

Please complete the following:

Age of roof _____ yrs. Plumbing updated (yr) _____ Electrical updated (yr) _____ Heating updated (yr) _____
Roof type: [] Flat [] Wood shake [] Shingle [] Metal [] Tile [] Slate [] Other _____
Plumbing type: [] PVC [] Copper [] Lead [] Galvanized [] Other _____
What type of burglar alarm is on the premises? [] Central station [] Local [] None
Number of years in business at the current location _____

IV. ELIGIBILITY CRITERIA

- 1. No past, pending or planned foreclosure and/or bankruptcy or judgment for unpaid taxes against the named insured or any officer, partner, member or owner of the applicant individually within the past five years [] True [] False
2. Coverage has not been cancelled or non-renewed in the last three years (not applicable in Missouri) [] True [] False
If "False," advise reason _____

General Liability

- 1. No distribution, sale or filling of Liquefied Petroleum Gas (a.k.a. LPG, Propane) [] True [] False (Tank exchanges that are not filled on premises are acceptable)
2. No assisted living or group home facilities [] True [] False
3. Applicant does not provide waste management, water treatment, electricity generation or other utilities (other than water wells, septic tanks or sub metering of electricity) [] True [] False
4. No buying or selling of homes or operations as a dealer [] True [] False
5. Not an RV park or campground [] True [] False
6. All homes are required to be skirted [] True [] False
7. All lease agreements are for a minimum of six months [] True [] False
8. No exposure to lakes, golf courses, country clubs, day care, airports/air strips or resort activities [] True [] False
9. No direct exposure to the hook-up or tie-down of any mobile homes (except if subcontracted) [] True [] False
10. All subcontractors hired to hook up or tie-down mobile homes are required to carry a minimum of \$1,000,000 occurrence, name the applicant as additional insured, and provide a certificate of insurance confirming all of the above [] True [] False
11. All swimming pools are fenced with self-latching gate, with depths clearly marked, pool rule clearly posted, life safety equipment stored within pool area without any diving board or slide exposure [] N/A [] True [] False
12. For any building built prior to 1978, 100% of the electric wiring is on functioning and operating circuit breakers with a minimum of 100 AMP service [] N/A [] True [] False
13. For any building built prior to 1978, there is no aluminum or knob and tube wiring [] N/A [] True [] False
14. Functioning and operational smoke and/or heat detectors in all units and/or occupancies [] True [] False

(Mobile Homes Rented to Others) - if applicable

- 1. Applicant re-keys all locks prior to leasing to new tenants [] True [] False
2. All habitational units have functioning and operational carbon monoxide detection alarms if required by the law or code of the municipality in which the building is located [] True [] False

Property

- 1. Functioning and operational fire extinguishers readily available [] True [] False
2. Functioning and operational smoke and/or heat detectors in all units an/or occupancies [] True [] False
3. Business does not operate on a seasonal basis [] True [] False

V. ADDITIONAL APPLICANT INFORMATION

Form of business: [] Individual [] Corporation [] Partnership [] LLC [] Other _____

What year did the business start? _____

Applicant's mailing address: _____ (if different than the location address above)

City: _____ State: _____ Zip: _____

E-mail address of primary contact: _____ Phone: _____

Inspection contact name: _____ Telephone/E-mail address: _____

Audit contact name: _____ Telephone/E-mail address: _____

Virginia Notice: Statements in the application shall be deemed the insured's representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

Minnesota Notice: The clause "and/or authorization or agreement to bind the insurance" is replaced with "Authorization or agreement to bind the insurance may be withdrawn or modified based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium."

Colorado Fraud Statement: 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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.

District of Columbia Fraud Statement: WARNING: 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.

Florida Fraud Statement: You are agreeing to place coverage in the surplus lines market. Superior coverage may be available in the admitted market and at a lesser cost. Persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

Kentucky Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Maine and Washington Fraud Statement: 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.

New Jersey Fraud Statement: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New York Fraud Statement: 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.

Ohio Fraud Statement: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma Fraud Statement: WARNING: 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.

Pennsylvania Fraud Statement: 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.

Tennessee and Virginia Fraud Statement: 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 Statement (All Other States): 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 may be guilty of a crime and may be subject to fines and confinement in prison.

Applicant's signature: _____ Title: _____ Date: _____

If your state requires that we have information regarding your authorized retail agent or broker, please provide below.

Retail agency name: _____ License #: _____

Main agency phone number: _____

Agency mailing address: _____

City: _____ State: _____ Zip code: _____