

SCOTTSDALE INSURANCE COMPANY

Home Office:

One Nationwide Plaza • Columbus, Ohio 43215

Administrative Office:

8877 North Gainey Center Drive • Scottsdale, Arizona 85258

1-800-423-7675 • Fax (480) 483-6752

Mobile Home Park Supplemental Application—California (Include ACORD Application)

A. Number of permanent spaces: _____ Number of owned units rented out: _____

Number of RV/campground spaces: _____ % Seasonal: _____

B. How many swimming pool(s)? _____

Any diving boards over one meter in height? Yes No

Are rules posted?..... Yes No

Any water slides?..... Yes No

Are pool(s) fenced? Yes No

Are gate(s) self-closing and locking?..... Yes No

Any lifeguards? Yes No

C. Number of: Clubhouse(s) _____ Sauna(s) _____ Spa(s) _____

D. Number of:

Baseball park(s) _____ Volleyball court(s) _____ Tennis court(s) _____

Basketball court(s) _____ Racquetball court(s) _____ Playground(s) _____

Lakes (acres) _____ Boat docks _____ Boat rentals? Yes No

Is swimming allowed? Yes No

Dams? Yes No If so, complete Dam Questionnaire GLS-113.

Short-term events? Yes No If yes, please describe: _____

E. 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 5 years? (backup, etc.) Yes No If yes, please describe problem and action taken to prevent similar problems: _____

E. Utilities (continued)

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 tested? Yes No

By whom and how often? _____

Does the state test annually? Yes No

F. 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

G. Is the Park responsible for maintenance of the roads? Yes No If yes, how many miles of road? _____

H. Any horse trail(s) or bike trail(s)? Yes No If yes, how many miles of trails?_____ Describe trails in detail: _____

I. Stables Riding arenas Jumps

J. Restaurant sales? Yes No Amount: \$_____

Grocery sales? Yes No Amount: \$_____

K. Any "security guards" on premises? Yes No If so, how many? _____

Security guards are: Armed Unarmed

Does Park directly employ security guards? Yes No

If outside security guard service, are Certificates of Insurance required? Yes No

L. Any other exposures which the Park is responsible for? _____

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.

APPLICANT'S SIGNATURE _____ DATE _____

AGENT NAME _____ AGENT LICENSE NUMBER _____
(Applicable to Florida Agents Only.)

Name and Phone Number of person to contact for inspection and/or premium audit purposes _____

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.