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**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.