

MANUFACTURED HOME PARK PROGRAM APPLICATION FOR GENERAL LIABILITY

Exclusively Underwritten by:
A I PROGRAM MANAGERS, INC.

SECTION I – GENERAL INFORMATION

PLEASE COMPLETE EVERY ITEM OR INDICATE N/A

<p>1. Name of Applicant: _____ <small>(Include d/b/a or trade name, if applicable.)</small></p> <p>d/b/a: _____</p>	<p>Requested Effective Date: _____</p>
<p>2. Mailing Address: _____ <small>(Street)</small></p> <p style="text-align: center;">_____ <small>(City) (State) (Zip Code) (County)</small></p> <p>Primary Location: _____ <small>(Street)</small></p> <p style="text-align: center;">_____ <small>(City) (State) (Zip Code) (County)</small></p> <p>Additional Locations: _____ <small>(if necessary, attach a separate schedule)</small> <small>(Street)</small></p> <p style="text-align: center;">_____ <small>(City) (State) (Zip Code) (County)</small></p>	
<p>3. Web Site Address: _____</p>	
<p>4. Business Type: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other – please describe: _____</p>	
<p>5. Contact Name: _____ Title: _____</p> <p>Phone: _____ Fax: _____ E-mail: _____</p>	
<p>6. What year was the Park established? _____</p>	
<p>7. Years in business under the above name: _____</p>	
<p>8. Have you operated under any other name within the past 10 years? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>A. If yes, is this business still active? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>B. If yes, please provide the name and describe the operations: _____</p>	
<p>9. Do you belong to any trade associations? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please describe: _____</p>	

SECTION II – EXPOSURE CATEGORIES

PLEASE COMPLETE EVERY ITEM OR INDICATE N/A

Total Number of Mobile Home Sites	Total Number of Park Owned Rental Units	Total Number of Tenant Owned Units	Total Number of Tent Sites	Total Number of RV Sites	
				Short Term less than 3 months	Long Term more than 3 months
<p>1. What is the average percent of spaces or units unoccupied at any time? _____ %</p> <p>2. What is your average annual tenant turnover rate? _____ %</p> <p>3. What is the average monthly rent: \$ _____ Per site \$ _____ Per rental unit \$ _____</p>					

4. Is any Park operating under a local Rent Control Ordinance? Yes No
 If yes, for how long? _____ Does Decontrol apply? Yes No
5. Have lease agreements been made available to residents? Yes No
 If yes, applicable to what percentage of Park sites? _____ %
6. Do your leases include an Arbitration Clause? Yes No
7. Has the lease agreement been reviewed by an attorney? Yes No
8. Does your Lease or Rental Agreement include a Hold Harmless statement? Yes No
9. Do you provide written Park Rules to each tenant as part of a signed Rental Agreement? Yes No
10. Are Park Rules also posted in the Park? Yes No
11. Has the Park ever been served with a Civil, Criminal or Resident Litigation? Yes No
 If yes, please explain: _____
12. Have you ever been served with any Failure to Maintain complaints or claims? Yes No
 If yes, please explain: _____
13. Do you stagger rent increases? Yes No
 How often? _____
14. Are there any plans to convert any Park to another use or reduce the current level of services or amenities provided to tenants? Yes No
 If yes, please explain: _____
15. Is your Park fenced? Yes No Gated? Yes No
16. Do you have procedures to monitor, document or restrict visitors or service/delivery vehicles? Yes No
17. Is any of the land vacant or undeveloped? Yes No
 If yes, what percentage? _____ %
18. Please provide your annual sales are from:
 a. Space Rental \$ _____ b. Unit Rentals \$ _____
 c. LP or Fuel \$ _____ d. Store/Grocery \$ _____
 e. Laundry Facilities \$ _____ f. Mobile Home Sales \$ _____
 g. Other \$ _____ Please describe: _____
19. Do you act as a dealer buying and selling homes? Yes No
 If yes, in your Park only? Yes No
 What is the total number sold per year? _____
20. Are your streets: 100% Paved Partially Paved Not Paved
21. Do you regularly inspect and repair potholes or deficiencies? Yes No
22. Are your streets: Fully Lighted Partially Lighted Unlit Motion Activated
23. Are street signs (e.g. Speed Limits postings, Stop Signs, Pedestrian Crosswalks) clearly visible? Yes No
24. Do you utilize any employed or contracted Security Guards? Yes No
25. Is your water source: Well City?
 If well water, how often is it tested? _____
26. What is the age range of the units in your Park? _____
27. Do your employees set up homes? Yes No
28. Are all units properly secured (tied down), including skirts and proper wind barriers in place? Yes No
29. What is the distance to the nearest fire station? _____ Miles
30. What is the distance to the nearest fire hydrant? _____ Feet
31. Do you require all tenants to provide proof of personal liability or homeowners insurance? Yes No
32. Is your Park licensed? Yes No
 If yes, any suspensions or violations within the past five (5) years? Yes No
33. Please indicate your tenant demographics: Active Adult Community Family Oriented Other
 Please describe: _____
34. Who is responsible for outside maintenance of the rental units (e.g. snow removal, lawn care)?
 Park Management Tenants
35. Do you allow pets? Yes No
 If yes, please describe any restrictions you have in your Park Rules. _____

36. Have you had any incident involving injury or damage caused by a tenant's pet within the past five (5) years? Yes No
 If yes, please describe: _____

37. Are pets required to be registered with the Park management? Yes No

38. Are vicious breeds (such as Pitbulls, Rottweilers, Dobermans, etc.) allowed? Yes No

39. Do you allow tenants to use Golf Carts or other mobile equipment on premises? Yes No

40. Do you allow tenants to operate home based businesses that require regular access by the general public? Yes No

(Please attach a copy of your Park Rules and community plan to this Application for Insurance.)

SECTION III – EMPLOYEES AND OPERATIONS **PLEASE COMPLETE EVERY ITEM OR INDICATE N/A**
 Describe owner's duties or involvement in daily operations:

1. Is your Park managed by: On Site Owner Off Site Owner
 Salaried On Site Manager Salaried Off Site Manager

2. How many employees work at the Park? Full Time _____ Part Time _____

3. Does Manager keep a log of: Inspections Complaints Repairs

4. How many complaints have been logged annually for the most recent three (3) years? _____

5. Do your employees perform repair work on homes? Yes No
 If yes, please describe: _____

6. Please provide the following information on Park maintenance:

	Employees	Use Subcontractors With Certificates of insurance	N/A
Landscaping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Park owned mobiles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-owned mobiles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Park buildings or structures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roads and walkways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION IV – PARK AMENITIES **PLEASE COMPLETE EVERY ITEM OR INDICATE N/A**

(Please check all that apply to your operations and complete the attached Amenity Supplemental Questionnaire.)

Swimming Pool Tennis/Basketball Courts Video Arcade

Sauna Golf Course Store/LP Fuel Sales

Shuffleboard Laundry Facilities Other

Clubhouse Restaurant/Bar Describe: _____

SECTION V – AMENITY SUPPLEMENTAL QUESTIONNAIRE **PLEASE COMPLETE EVERY ITEM OR INDICATE N/A**

1. Is there any access to lakes, rivers streams or other water hazards (other than pools and saunas) on or adjoining your property? Yes No

2. If yes, do you post signs? Yes No

3. Do you provide or rent boats or other flotation devices for use? Yes No

4. Do you allow public access? Yes No

I. SWIMMING POOLS	<input type="checkbox"/> N/A
1. Are rules posted at the entrance and at poolside?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. "Swim At Own Risk" notice posted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Any diving boards? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what height? _____	Any slides? <input type="checkbox"/> Yes <input type="checkbox"/> No
4. What are your age restrictions for unsupervised children? _____	
5. Is the entire pool enclosed by a fence or other permanent barrier?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Is the gate self closing and does it have a self latching mechanism?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Are depths marked on both the top and sides of the pool?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Is there rescue equipment located at poolside?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Is there a log of pool water testing and a maintenance schedule kept?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Where are pool chemicals stored? _____	
11. What are your rules regarding use of the pool by outside guests? _____	
II. SAUNAS	<input type="checkbox"/> N/A
1. Is the sauna located within the pool enclosure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. What capacity does it have? _____	
3. Are rules posted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Use At Own Risk Notice Posted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Any age restrictions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain: _____	
III. SHUFFLEBOARD/TENNIS/BASKETBALL/PLAYGROUNDS	<input type="checkbox"/> N/A
1. Are rules posted for use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Use restricted to tenants?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Is the ground surface, netting and equipment in good working order and inspected on a regular basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Is the area next to a road or public street?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, are there protective barriers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. For playgrounds, what is the surface groundcover material? _____	
IV. CLUBHOUSE	<input type="checkbox"/> N/A
1. Please describe the use and activities of the Clubhouse: _____	
2. Is the facility leased to anyone except your tenants?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain: _____	
3. Is the facility open 24 hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Is there a kitchen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, is a fire suppression system installed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
V. LAUNDRY/VIDEO ARCADE	<input type="checkbox"/> N/A
1. Is use restricted to tenants?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are rules posted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are there any age restrictions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. What are the hours of operation? _____	
5. Are the facilities well lit and locked during overnight hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No

VI. STORE/RESTAURANT/BAR N/A

1. Please describe the products sold: _____

2. Are the facilities open to the general public? Yes No
 If yes, what percentage of sales? _____ %

3. What are your gross annual sales from these operations? \$ _____

4. Do you have a license to sell/serve liquor? Yes No
 If yes, do you carry liquor liability insurance? Yes No

5. If Liquid Propane is sold, is storage in a fenced and locked area? Yes No

6. Do you sell to anyone other than your tenants? Yes No

7. Are tenants permitted to fill their own tanks? Yes No

SECTION VI – PRIOR INSURANCE See attached

1. Please provide details for the last three (3) years:

Year	Company	Limits	Premium	Deductible
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

2. In the past three (3) years, has any Insurance Company cancelled or refused to renew your Liability Insurance? Yes No
 If yes, please explain why: _____

SECTION VII – CLAIMS HISTORY See attached

1. Please provide details for the last three (3) years (if none, please state "none"):

Date of Claim	Description of Loss	Amount of Claim
		\$
		\$
		\$

Do you require Certificates of Insurance from Subcontractors? Yes No
 If yes, do you require limits of liability at least equal to your own limits? Yes No

Applicant's Warranty:

Applicant warrants that the above information is true and complete. Applicant understands that the insurer will rely on this information for purposes of acting on this application for insurance. The provision of false information on an application for insurance is fraud, which is a crime in many states and could void the coverage applied for in this application.

Applicant's Name (Please Print)	Title
Applicant's Signature	Date
Submitting Producer	License Number
Producer's Signature	Date