

## 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 pools?** \_\_\_\_\_

Any diving boards over one meter in height? ..... ☐ Yes ☐ No

Are rules posted? ..... ☐ Yes ☐ No

Any water slides? ..... ☐ Yes ☐ No

Are pools fenced? ..... ☐ Yes ☐ No

Are gates self-closing and locking? ..... ☐ Yes ☐ No

Any lifeguards? ..... ☐ Yes ☐ No

**C. Number of:** Clubhouses \_\_\_\_\_ Saunas \_\_\_\_\_ Spas \_\_\_\_\_

**D. Number of:**

Baseball parks \_\_\_\_\_ Volleyball courts \_\_\_\_\_ Tennis courts \_\_\_\_\_

Basketball courts \_\_\_\_\_ Racquetball courts \_\_\_\_\_ Playgrounds \_\_\_\_\_

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: \_\_\_\_\_

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 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 trails or bike trails?**      ☐ 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 \_\_\_\_\_

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.