



- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 8. Do you allow pets? <i>If yes, answer the following questions:</i>                     | <input type="checkbox"/> | <input type="checkbox"/> |
| a. <input type="checkbox"/> Less than 20 lbs. <input type="checkbox"/> More than 20 lbs. |                          |                          |
| b. Any bite incidents in the past 5 years?   | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Any breeds such as Doberman, Pit Bull, Rottweiler, Chow, wolf hybrids allowed?        | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Are all dogs registered with park management?   | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Does the park require a copy of Homeowners insurance?                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Are all dogs required to be on a leash?   | <input type="checkbox"/> | <input type="checkbox"/> |

**RECREATIONAL EXPOSURES**

Indicate if the following are present by checking the box below:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Aerobics/Fitness Classes or Weight Room | <input type="checkbox"/> Tours/Shuttle Service        | <input type="checkbox"/> Sauna/Spas    |
| <input type="checkbox"/> Tenant Garage Sales/Flea Market         | <input type="checkbox"/> Hobby Shops or Hobby Classes | <input type="checkbox"/> Shuffle Board |
| <input type="checkbox"/> Activities Involving Animals            | <input type="checkbox"/> Horseshoe Court              |  |

**Open to public?**

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| <input type="checkbox"/> Laundry Facilities | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Tennis Courts      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Swimming Pool      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Playground         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Type of surface \_\_\_\_\_

List other activities not mentioned above. \_\_\_\_\_  
 \_\_\_\_\_

- Is facility used by the public for meetings, weddings, church, etc.?  Yes  No  
 Any functions or activities where alcoholic beverages are served or permitted?  Yes  No

**SUBCONTRACTED WORK**

**Explain all "Yes" responses.**

Do you subcontract work to others (such as carpentry, security, premises maintenance, etc.)?  Yes  No

1. Type of work \_\_\_\_\_  
 \_\_\_\_\_
2. Cost of subcontractor's contract labor \$ \_\_\_\_\_
3. Are subcontractors required to carry insurance?  Yes  No  
 If yes, indicate coverage and limits. \_\_\_\_\_
4. Are certificates of insurance required from subcontractors?  Yes  No

**PARK UTILITIES**

- |               |   |   |
|---------------|---|---|
| Trash/Garbage | <input type="checkbox"/> City                             | <input type="checkbox"/> Park provides  |
| Electric      | <input type="checkbox"/> Public Utility                   | <input type="checkbox"/> Park provides  |
| Water         | <input type="checkbox"/> Public Utility                   | <input type="checkbox"/> Park/Well      |
| Sewer/Septic  | <input type="checkbox"/> Public Utility                   | <input type="checkbox"/> Park provides  |
| Roads         | <input type="checkbox"/> Public maintains                 | <input type="checkbox"/> Park maintains |
| Gas           | <input type="checkbox"/> Public (tenant pays utility co.) | <input type="checkbox"/> Park provides  |

**GENERAL INFORMATION**

- 1. Are there formal written and enforced park rules?  Yes  No
- 2. Total capacity of the park \_\_\_\_\_
- 3. Number of sites rented to others \_\_\_\_\_ Number of vacant sites \_\_\_\_\_
- 4. Number of units rented to others \_\_\_\_\_ Number of vacant rental units \_\_\_\_\_
- 5. Total annual receipts \$ \_\_\_\_\_
- 6. Tenancy annual turnover rate:  Less than 10%  More than 10%
- 7. Surface area of streets:  100% Paved  Partially Paved  Not Paved
- 8. Street lighting:  Complete  Partial  None
- 9. Any real estate development?  Yes  No
  - a. Number of acres \_\_\_\_\_
  - b. Type of development \_\_\_\_\_

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- 10. Any vacant land?  Yes  No Number of acres \_\_\_\_\_
  - a. Is it used as a landfill or dump?  Yes  No
  - b. Does a water exposure exist?  Yes  No
- 11. Do you own or operate any other business at this location?  Yes  No  
If yes, describe. \_\_\_\_\_

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- 12. Do you sell new or used units?  Yes  No Annual Gross Sales \$ \_\_\_\_\_
- 13. Do you sell, service or distribute LP/Natural Gas?  Yes  No  
Number of gallons \_\_\_\_\_ Receipts \$ \_\_\_\_\_
- 14. Do you sell or store gasoline?  Yes  No  
Number of gallons \_\_\_\_\_ Receipts \$ \_\_\_\_\_

**SWIMMING POOLS**

- 1. Number of swimming areas \_\_\_\_\_
- 2. Is the pool completely fenced, with self closing, self locking gates? **Yes**  **No**
- 3. Are depths marked? Maximum depth \_\_\_\_\_ ft.
- 4. Is standard safety equipment provided?
- 5. Is there a diving board or platform?
- 6. Is there a water slide of any kind?
- 7. Is there a jacuzzi, hot tub or spa?
- 8. Are rules and emergency numbers posted?
- 9. Is there a lifeguard on duty at any time?    
If no, is there a sign posted "No Lifeguard on Duty – Swim At Your Own Risk"?

**OTHER WATER EXPOSURES**

- 1. Are there any water exposures (other than swimming pools) on your property?  Yes  No  
If yes, describe. \_\_\_\_\_

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- 2. Can it be used for swimming? **Yes**  **No**
- 3. Are "No Swimming" signs posted?
- 4. Is it used for boating or fishing?
- 5. Is there a marina on the premises?    
If yes, are you the operator?

- |  |                          |                          |
|--|--------------------------|--------------------------|
|  | <b>Yes</b>               | <b>No</b>                |
| 6. Are there docks or slips?                           | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you charge a fee? If yes, annual receipts. \$ _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you or any employee handle the boats?               | <input type="checkbox"/> | <input type="checkbox"/> |

**PREVIOUS EXPERIENCE**

1. **MISSOURI APPLICANTS: DO NOT ANSWER THIS QUESTION.**  
 Has insurance of this type been canceled, refused, or nonrenewed by any company during the past 3 years?  
 Yes  No *If yes, give name of company, date and reason.* \_\_\_\_\_

PRIOR CARRIER INFORMATION FOR THE PAST THREE YEARS				
Year	Carrier	Policy Number	Coverage	Premium

2. Provide the following information for all claims, suits, or incidents which may give rise to a claim for the past five years. Attach separate sheet if necessary.

Dates (Month/Year)	Description of Loss	Amount	Paid	Reserve

**FRAUD STATEMENT**

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject to fines and/or imprisonment. Any changes in your operation must be reported to your agent.

\_\_\_\_\_  
 Signature of Applicant Title Date

\_\_\_\_\_  
 Signature of Producing Agent Date

\_\_\_\_\_  
 Agent Name and Address

## RENTAL UNITS

Complete if applicable.

1. Indicate how the rental units were acquired:  Purchased new from dealer       Purchased used from dealer  
 Purchased or obtained from previous tenant (*provide circumstances*)

\_\_\_\_\_

2. Rental income per rental unit \$ \_\_\_\_\_  
 3. Maximum occupants per unit \_\_\_\_\_  
 4. Frequency insured inspects inside the rental units. \_\_\_\_\_  
 5. Are units inspected prior to new occupancy?     Yes     No  
 6. Frequency of inspections, by a licensed contractor, of the heating, plumbing and electrical. \_\_\_\_\_

7. Are formal maintenance records kept for each rental?     Yes     No    ***If yes, attach a sample copy.***  
 8. Are smoke detectors present?     Yes     No      Are they:     Hard-wired     Battery operated  
 9. Is there a battery replacement schedule plan in place for smoke detectors?     Yes     No  
 If yes, describe. \_\_\_\_\_

**If no, you must have a waiver/release from the tenant, accepting responsibility for battery replacement.**

10. Are fire extinguishers installed?     Yes     No  
 11. Are any rental units over 15 years of age?     Yes     No  
 If yes, complete the following for each rental unit and provide photos of the front and back:

Year Built	Year Updated			
	Heating	Plumbing	Wiring	Roofing

12. Do all rental units have skirting appropriate for manufactured housing?     Yes     No  
 13. Are there steps at exterior doors with properly installed handrails?     Yes     No

**Note: Concrete block steps are not acceptable.**

14. Lease terms:     Weekly     Monthly     6 Month     12 Month

**Attach a copy of the Park rules.**



## HIRED AUTO AND NON-OWNED AUTO SUPPLEMENTAL APPLICATION

Named Insured \_\_\_\_\_

Limit of Liability Desired:  \$100,000 each occurrence  \$300,000 each occurrence  
 \$500,000 each occurrence  \$1,000,000 each occurrence  
 Other \_\_\_\_\_

Effective Date Desired \_\_\_\_\_ Term Desired \_\_\_\_\_

### HIRED AUTO

1. Do you hire, rent or borrow autos to be used in your business?  Yes  No
2. Types of autos hired, rented or borrowed \_\_\_\_\_  
\_\_\_\_\_
3. Total estimated annual cost \_\_\_\_\_

### NON-OWNED AUTO

1. Types of non-owned autos used in your business \_\_\_\_\_  
\_\_\_\_\_
2. How will they be used? \_\_\_\_\_
3. Do you require employees to have their own insurance?  Yes  No  
If yes, what are the minimum limits required? \_\_\_\_\_
4. Do you require proof of insurance?  Yes  No
5. Number of employees who may operate their autos on your behalf \_\_\_\_\_
6. Frequency you check employees driving records? \_\_\_\_\_
7. Do you have written guidelines of what is an acceptable driving record?  Yes  No  
If yes, what is not acceptable? \_\_\_\_\_
8. Will you use non-owned autos other than those owned by your employees?  Yes  No  
If yes, describe. \_\_\_\_\_
9. How often are non-owned autos used in your business? \_\_\_\_\_
10. Estimated number of hours/days per month \_\_\_\_\_
11. Longest distance a non-owned auto will be driven on business for you \_\_\_\_\_
12. Will you use non-owned autos other than those owned by your employees?  Yes  No  
If yes, describe. \_\_\_\_\_