



Commercial Information Section

APPLICANT'S NAME: _____

MAILING ADDRESS: _____

AGENCY: _____
AGENT NAME: _____
ADDRESS: _____

EMAIL: _____
PHONE: _____

PROPOSED EFFECTIVE / EXPIRATION DATES:

From: _____ To: _____
 12:01 A.M., Standard Time at the address of the Applicant

PLEASE ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE “**NOT APPLICABLE.**”

1. **Applicant is:** Individual Corporation Partnership Joint Venture Other (Specify): _____
2. **Year business started:** _____
3. **Describe all business operations conducted by applicant:** _____

4. Premises information:

Loc #	BLD #	Street, City, County, State, Zip Code	City Limits	Interest
			Inside	Owner
			Outside	Tenant
			Inside	Owner
			Outside	Tenant
			Inside	Owner
			Outside	Tenant

5. Previous carrier and loss information (last five years):

Check if no losses last five years.

Year	Company	Policy #	Premium
Any other insurance with this company or being sub-mitted? (Please list name[s] and/or policy number[s]):			

Date of Loss	Losses Paid/ Reserved	Description of Loss
Any policy or coverage declined, cancelled or nonrenewed during the prior three years? Why?		

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.

APPLICANT NAME AND TITLE: _____
(PRINT)

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by active owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____

COMMERCIAL PROPERTY SECTION

6. Premises Information:

Loc #	BLD #	Exposure	Amount Requested	Coins. %	Monthly Limitation	ACV/Repl. Cost	Cause of Loss	Deductible	Occupied As
		Building	\$					\$	
		Contents	\$					\$	
		Business Interruption	\$		1/3			\$	
					1/4				
					1/6				
		Building	\$					\$	
		Contents	\$					\$	
		Business Interruption	\$		1/3			\$	
					1/4				
					1/6				
		Other	\$					\$	
		Other	\$					\$	
			\$					\$	
Loc #	BLD #	Mortgagee		Loss Payee					

Construction type: _____ **Year of Updates:** _____
 Protection class: _____ Wiring? Year: _____ Burglar alarm type: Local Central Station
 Number of stories: _____ Heating? Year: _____ Fire alarm type: Local Central Station
 Total square foot area: _____ Plumbing? Year: _____ Sprinklered? Yes No
 Year built: _____ Roof? Year: _____ Operable Smoke Detectors? Yes No

7. Premises Information:

Loc #	BLD #	Exposure	Amount Requested	Coins. %	Monthly Limitation	ACV/Repl. Cost	Cause of Loss	Deductible	Occupied As
		Building	\$					\$	
		Contents	\$					\$	
		Business Interruption	\$		1/3			\$	
					1/4				
					1/6				
		Building	\$					\$	
		Contents	\$					\$	
		Business Interruption	\$		1/3			\$	
					1/4				
					1/6				
		Other	\$					\$	
		Other	\$					\$	
			\$					\$	
Loc #	BLD #	Mortgagee		Loss Payee					

Construction type: _____ **Year of Updates:** _____
 Protection class: _____ Wiring? Year: _____ Burglar alarm type: Local Central Station
 Number of stories: _____ Heating? Year: _____ Fire alarm type: Local Central Station
 Total square foot area: _____ Plumbing? Year: _____ Sprinklered? Yes No
 Year built: _____ Roof? Year: _____ Operable Smoke Detectors? Yes No

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APPLICANT NAME AND TITLE: _____
(PRINT)

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by active owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____



MOBILE HOME PARKS AND CAMPGROUNDS PROGRAM SUPPLEMENTAL APPLICATION
(Complete in addition to ACORD General Liability Application)

Applicant's Name: _____

Location Address: _____

Agency Name: _____
Agent No.: _____
Phone No.: _____

PROPOSED EFFECTIVE DATE: From _____ To _____ 12:01 A.M., Standard Time at the address of the Applicant

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE" (N/A)

1. **Operation:** Manufactured Home Park Mobile Home Park RV Park Campground
 - a. How long has applicant been in business? _____
 - b. What year was the park built? _____
2. **Number of spaces:**
 - a. Number of permanent spaces: _____
 - b. What percentage of spaces are rented on a seasonal basis?..... _____%
 - c. Number of tourist (RV and camping) spaces: _____
3. **Rental Fees:**
 - a. Average monthly lot rental fee, per space, on permanent spaces: \$ _____
 - b. Average lot fee for temporary RV/campground spaces: Daily \$ _____ Weekly \$ _____
 - c. Average monthly Rental charge on owned Mobile home units rented out: \$ _____
 - d. Average monthly Rental charge on owned Dwellings rented out: \$ _____
4. **Rental Units:**

Number of units rented or leased to others by applicant: _____

If any:

 - a. Do rental units have smoke detectors?..... Yes No
 - b. Year of construction of the oldest rental unit: _____
5. **Operating season:** From _____ To _____
6. **Number of acres occupied by manufactured home park, mobile home park, RV park or campground:** _____

7. Indicate number of each of the following:

Baseball parks		Boat ramps		Playgrounds		Ski lifts/tows	
Basketball courts		Dams*		Racquetball courts		Spas/hot tubs	
Bathing beaches		Diving rafts		Saunas		Tennis courts	
Boat docks/slips		Golf Courses		Shuffleboard courts		Volleyball courts	
Other:				Other:			

* (If applicable, complete Dam Questionnaire GLS-113)

8. Other operations:

a. Bicycle trails? Yes No

If yes: Number of trail miles: _____

Describe in detail: _____

b. Boats? Yes No

If yes: Number: _____

Type: _____

c. Boat rental? Yes No

If yes: Number: _____ Type: _____

Are Coast Guard approved flotation devices provided for all passengers?..... Yes No

d. Clubhouse (including exercise rooms)? Yes No

If yes: Square footage: _____

e. Convenience store/grocery store?..... Yes No

If yes: Number: _____ Total sales: \$ _____

f. Garbage dumps or landfills? Yes No

g. Horse trails? Yes No

If yes: Number of trail miles: _____

Describe in detail: _____

Jumps?..... Yes No

Riding arenas? Yes No

Saddle animals for hire? Yes No

If yes: Number: _____

Describe: _____

Stables? Yes No

If yes: Number: _____ Payroll: \$ _____

h. Ice skating? Yes No

i. Lakes? Yes No

If yes: Number of acres: _____ If lake formed by a dam (complete GLS-113)

Is swimming allowed? Yes No

j. Lodging or cabins? Yes No

If yes: Number of beds: _____

k. LPG sales and/or equipment maintenance? Yes No

- l. Parks?** Yes No
 If yes: Number of acres: _____
- m. Recreational equipment available for rental** (i.e., all terrain vehicles, boats with motors, golf carts, snowmobiles, etc.)? Yes No
 If yes: Describe: _____

- n. Restaurants/lounges?** Yes No
 If yes: Number: _____ Food sales: \$ _____ Liquor sales: \$ _____
- o. Shooting ranges?** Yes No
 If yes: Number: _____
 Type: (bow, shotgun, etc.): _____
- p. Short-term special events?** Yes No
 If yes: Describe: _____

- q. Streets and roads?** Yes No
 If yes: Number of miles: _____
 Applicant responsible for maintenance of the roads? Yes No
- r. Swimming or wading pools?** Yes No
 If yes: Number: _____
 Diving boards, platforms, slides or rafts? 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 federal Virginia Graeme Baker Pool and Spa Safety act? Yes No
- s. Waterworks/sewage treatment/disposal facilities?** Yes No
 If yes: Describe in detail: _____

 Is it maintained and operated by the applicant? Yes No
- t. Wilderness or primitive camping available?** Yes No
- 9. Is applicant a homeowner association?** Yes No
- 10. Any in-park sale of mobile homes by applicant?** Yes No
- 11. Describe any additional recreational facilities or operations conducted by the applicant or others on the premises:** _____
- 12. Was facility built on former landfill or dump?** Yes No

13. Any security guards on premises? Yes No

If yes:

a. How many armed? _____ How many unarmed? _____

b. How many security guards are employed by the applicant? _____

c. If security guards are provided by an outside service, are Certificates of Insurance required? Yes No

If yes, minimum limits required: _____

14. Utilities

Sewer: City Septic

a. Who maintains and treats the septic system? _____

b. How often is system treated/maintained? _____

c. Any history of problems with system in past five years? (backup, etc.) Yes No

If yes, describe problem and action taken to prevent similar problems: _____

d. 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: _____

e. Does the mobile home park have its own sewer treatment plant? Yes No

f. Disposal facilities?..... Yes No

If yes: How frequently is tank emptied? _____

Who disposes of sewage and where? _____

Gas:

a. Are gas lines owned by the park? Yes No

If yes, is park in compliance with Federal Pipeline Safety Act? Yes No

b. Are gas systems maps available and utilized by owner? Yes No

Water: City Well on premises

a. If water is supplied by park, is water treated?..... Yes No

If yes, by whom and how often? _____

b. Does the state test annually? Yes No

15. Management:

a. Are licenses, permits and notices current and posted? Yes No

b. Is owner/manager located on site? Yes No

c. What hours is he/she available to residents? _____

d. Is park operated by an independent management company?..... Yes No

e. Are signed leases available to residents?..... Yes No

f. Does owner/management provide a copy of rules/regulations of park to residents? Yes No

16. Are renters/campers allowed to have animals? Yes No

If yes, indicate any restrictions on animals allowed in the park: _____

17. Has any unit, within the applicant's park, been identified as used for methamphetamine manufacturing or storage?..... Yes No

If yes, has remediation and cleanup been completed? Yes No

18. Has applicant had any “failure to maintain” or “habitability” losses? Yes No
 If yes, provide details: _____

19. Is risk fully developed? Yes No
20. Is there any ongoing construction or future construction planned? Yes No
 If yes, describe: _____

21. 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: _____

22. Does applicant have any other business ventures for which coverage is not requested? Yes No
 If yes, explain and advise where insured: _____

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.

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NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

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 of 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 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 or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or 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.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

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 RHODE ISLAND 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.

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

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.

NEW YORK AUTOMOBILE FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation.

NEW YORK OTHER THAN AUTOMOBILE 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 shall also be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT'S STATEMENT:

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

(Must be signed by an active owner, partner or executive officer.)

PRODUCER'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____

(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: _____

(Applicable in Iowa Only)

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.