



**MOBILE HOME PARK SUPPLEMENTAL APPLICATION**

Insured/Park Name: \_\_\_\_\_

Insured/Park Address: \_\_\_\_\_

1. Type of Park: \_\_\_\_\_% Retirement; \_\_\_\_\_% Adult; \_\_\_\_\_% Family; \_\_\_\_\_% Other; \_\_\_\_\_% Permanent; \_\_\_\_\_% Seasonal
2. Year park established/built: \_\_\_\_\_ and year park purchased: \_\_\_\_\_.
3. Who manages the park?  Full-Time manager hired by the park owner and living on the park, OR  
 Management Company
4. If the park is managed by Full-Time manager, how many years experience does he/she have? \_\_\_\_\_
5. If the park is managed by a Management Company:
  - a. Name of the Management Company: \_\_\_\_\_
  - b. What is the Management Company % ownership in the park? \_\_\_\_\_
  - c. Is park Management Company a member of State Community Owners Association?  Yes;  No  
If yes, name: \_\_\_\_\_
  - d. Does the Management Company employ a full time manager to live in the park?  Yes;  No
  - e. If no, explain who manages the day to day operation of the park: \_\_\_\_\_
6. Total # of sites: \_\_\_\_\_ # of sites rented to others: \_\_\_\_\_ # of vacant sites: \_\_\_\_\_  
# of units rented to others: \_\_\_\_\_ # of vacant rental units: \_\_\_\_\_
7. Estimated average age of manufactured homes in your park: \_\_\_\_\_ years
8. Annual Revenue of the park(s): \_\_\_\_\_
9. Average Rent per site: \_\_\_\_\_
10. Does property manager collect rent directly from residents?  Yes;  No
  - a. Is rent payment ever accepted in cash?  Yes;  No
11. Average age of Rental units is: \_\_\_\_\_
12. Are there any overnight or short-term rental units?  Yes;  No
13. Is there a first aid or medical facility on premises?  Yes;  No
14. If 50% or more of park is considered Retirement Park, is there any emergency evacuation program to assist the mobility impaired residents?  Yes;  No  
If no, explain: \_\_\_\_\_  
Does the park have written procedures for fire and medical emergencies?  Yes;  No
15. Are tenants required to carry Homeowners insurance?  Yes;  No  
If no, please explain: \_\_\_\_\_
16. Have leases been made available to residents?  Yes;  No
  - a. If yes, term length? \_\_\_\_\_
  - b. Is there an arbitration clause in the lease agreement?  Yes;  No
  - c. Do resident leases contain hold harmless language in favor of the park owner for incidents that occur on rented homes sites?  Yes;  No
17. Is there an R.V. overnight exposure?  Yes;  No  
If yes, number of spaces: \_\_\_\_\_
18. Are there any operations open to the general public?  Yes;  No  
If yes, explain: \_\_\_\_\_
19. Does the park owner sell new or used mobile home units?  Yes;  No
  - a. How many units per year? \_\_\_\_\_
  - b. What are the Annual Receipts from sale of units? \_\_\_\_\_
20. Any real estate development?  Yes;  No
21. Does the park owner own or operate any other businesses at this location?  Yes;  No  
If yes, please describe: \_\_\_\_\_
22. Is the park located in a brush, forest, or landslide area?  Yes;  No
23. Are dwellings/buildings sprinklered?  Yes;  No  
If partially sprinklered, list areas that are sprinklered: \_\_\_\_\_
24. Are units skirted and tied down in accordance with their manufacturer's specifications?  Yes;  No
25. Is there a minimum of 15 feet between manufactured homes?  Yes;  No
26. Are pets allowed? (if yes, attach copy of pet rules)  Yes;  No
  - a. Are breeds such as Dobermans, pit bulls, rottweilers, chows or wolf hybrids allowed?  Yes;  No



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27. Has the park ever been involved in litigation with the residents?  Yes;  No  
 a. Does a threat of litigation with the park residents currently exist?  Yes;  No  
 If yes, please explain: \_\_\_\_\_
28. How many total employees do you have at the insured location(s)? \_\_\_\_\_  
 a. Do employees of the park perform maintenance or repair work?  Yes;  No  
 If yes, describe work done: \_\_\_\_\_  
 b. Do your employees set up, repair or service homes?  Yes;  No  
 If yes, please describe: \_\_\_\_\_
29. Do your employees use their own vehicles in the course of their work for you?  Yes;  No  
 a. If yes, explain: \_\_\_\_\_  
 b. Do you hire vehicles to use in the operation of your park?  Yes;  No
30. Do you utilize Independent Contractors for park business?  Yes;  No  
 a. If yes do you obtain Certificates of Insurance from all independent contractors?  Yes;  No  
 b. If yes do you obtain hold harmless agreements, in your favor, from independent contractors?  Yes;  No
31. Who performs the landscaping of your park? \_\_\_\_\_  
 a. Are pesticides, rodenticides or herbicides used?  Yes;  No
32. Are there formal written and enforced park rules? (if yes, please attach a copy)  Yes;  No
33. Is a log maintained to document all repairs and/or improvements? (if so, include a copy)  Yes;  No
34. Are security guards employed?  Yes;  No  
 a. Are the security guards armed?  Yes;  No  
 b. Are guard dogs used?  Yes;  No
35. What security measures are in place to minimize vandalism? \_\_\_\_\_
36. Are streets paved (should total 100%)? \_\_\_\_\_% Paved \_\_\_\_\_% Partially Paved \_\_\_\_\_% Dirt
37. Are streets lighted? \_\_\_\_\_ Completely \_\_\_\_\_ Partial \_\_\_\_\_ None
38. Are utilities underground?  Yes;  No  
 a. Are underground systems maps available?  Yes;  No
39. Who does the garbage collection?  City  Park  Private, name: \_\_\_\_\_
40. Is the park/community on?  City water  Well  City sewer  Septic  
 a. If there is a well or septic tank on the property, is regular testing and maintenance performed by an outside contractor?  Yes;  No  
 b. Is written documentation of the testing and maintenance maintained? (If yes, send copy)  Yes;  No  
 c. Is there a sewage treatment plant owned or controlled by the insured?  Yes;  No  
 d. Has the park experienced a backup of sewage in the past 12 months?  Yes;  No  
 If yes, please describe what happened and the corrective action taken: \_\_\_\_\_
41. Is LP Gas sold by the park?  Yes;  No  
 a. Are the gas lines owned by the park?  Yes;  No  
 b. If yes, is the park in compliance with the Federal Pipeline Safety Act (FSPA)? (If yes, please forward a copy of the compliance documentation)  Yes;  No  
 c. Are residents to refill their own cylinders?  Yes;  No
42. Are the parks fire hydrant outlets 2 ½ inches?  Yes;  No
43. Is there a fully functional fire hydrant within 1,000 feet of the insured location?  Yes;  No  
 If no, how far is it? \_\_\_\_\_
44. Is the responding fire department volunteer?  Yes;  No  
 a. How far is the responding fire department from insured location? \_\_\_\_\_

**RECREATION INFORMATION:**

Do you have any of the following recreation facilities for your tenants? Please indicated below.

Recreational Facility	Yes	No	Notes
Tennis Courts	<input type="checkbox"/>	<input type="checkbox"/>	If yes, how many?
Basketball Courts	<input type="checkbox"/>	<input type="checkbox"/>	If yes, how many?
Club House	<input type="checkbox"/>	<input type="checkbox"/>	Describe use:
Baseball Fields	<input type="checkbox"/>	<input type="checkbox"/>	If yes, how many?



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Swimming Pool If yes, is it fenced? If yes, are safety rules posted? If yes, is there a diving board or slide? If yes, is life saving equipment accessible?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	If yes, how many?
Golf courses on premises? Are golf carts used? If yes, is it open to public?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	If yes: How many holes? How many?
Playgrounds	<input type="checkbox"/>	<input type="checkbox"/>	If yes: How many? Describe equipment and surface:
Shuffleboard	<input type="checkbox"/>	<input type="checkbox"/>	If yes, how many?
Bocce Courts	<input type="checkbox"/>	<input type="checkbox"/>	If yes, how many?
Bike Rentals	<input type="checkbox"/>	<input type="checkbox"/>	If yes, what are the sales?
Laundry Facility	<input type="checkbox"/>	<input type="checkbox"/>	If yes, what are the sales?
Exercise Facilities/Classes	<input type="checkbox"/>	<input type="checkbox"/>	Explain:
Fireworks Displays If yes, is vendor contracted and licensed?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Explain:
Tours/Shuttle Service	<input type="checkbox"/>	<input type="checkbox"/>	
Grocery Stores	<input type="checkbox"/>	<input type="checkbox"/>	If yes, what are the sales?
Restaurant	<input type="checkbox"/>	<input type="checkbox"/>	If yes: What are the food sales? What are the alcohol sales?
Motorized Watercraft/Power Boat Rental	<input type="checkbox"/>	<input type="checkbox"/>	If yes, what are the sales?
Other Commercial Units	<input type="checkbox"/>	<input type="checkbox"/>	If yes: Describe: What are the sales?
Lakes, Ponds, Ocean, or River If yes, is ice skating allowed?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	If yes, distance?
Canoe, Row, Boat, Paddleboat	<input type="checkbox"/>	<input type="checkbox"/>	If yes: What are the sales? How many boats?
Motorized Watercraft/Power Boat Rental	<input type="checkbox"/>	<input type="checkbox"/>	If yes, what are the sales?
Docks, Slips, or Piers Are they owned or controlled by insured?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	If yes, describe:
Are sporting or social events sponsored?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, describe:
<b>Is any of the above open to the public?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>If yes, explain:</b>

**THE FOLLOWING QUESTIONS APPLY TO EXPOSURES LOCATED IN THE STATE OF CALIFORNIA:**

- Regarding park owner disclosure requirement SB 534, has a Mobile home Park Rental Agreement Disclosure Form been completed?  Yes;  No
  - If so, by whom? \_\_\_\_\_
  - Is the completed form on file and available to prospective tenants?  Yes;  No  
(Attach a copy of completed disclosure with this questionnaire.)
- 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: \_\_\_\_\_
- Do your operations comply with the California Civil Code as respects the Mobile Home Residency Law and/or Recreational Vehicle Occupancy Law?  Yes;  No
- 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: \_\_\_\_\_
- Have you, or do you plan to obtain a Subdivision Map for the purpose of "Condo Conversion"?  Yes;  No

**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'S NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_