

Supplemental Application Mobile Home Parks

Name of Contact Person		Telephone – Work
Name of Park (Complete Legal Name)		Fax
Location of Park		E-mail
Mailing Address		County
City	State	Zip Code
Applicant is: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Joint venture		<input type="checkbox"/> Other; explain
Comments: (describe the general condition of the park, any unusual features it may have, recreational facilities, any other facilities provided for the use/benefit of your tenants such as sponsored events and activities, transportation, classes, etc.)		
Signature and Title of person completing this application _____ Title:		Date

INCLUDE WITH THIS APPLICATION	<ol style="list-style-type: none"> 1. Completed, signed ACORD applications 2. A copy of your brochure or other information on your Park. 3. A copy of your Park Rules and Regulations 4. At least four photographs of your Park including the front gate, swimming pool with fence (preferably including the gate) typical street and/or playground
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2. d	Do you sell new or used units in your park?	<input type="checkbox"/> Yes <input type="checkbox"/> No if yes, # per year? _____
3.	Estimated Average Age of Mobilehomes in your park?	_____ years
4.	Is there a minimum of 15 feet between Mobilehomes	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Do your employees set up homes	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Describe the street construction in the park	Paved <input type="checkbox"/> Gravel <input type="checkbox"/> Dirt <input type="checkbox"/> Other <input type="checkbox"/>
7.	Street lighting: Full <input type="checkbox"/> Partial <input type="checkbox"/> None <input type="checkbox"/>	
8.	Do you own or operate any other businesses at this locations	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please describe:	
9.	Any Real estate development	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Are Pets allowed? (if yes, attach copy of pet rules)	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Are breeds such as Dobermans, pit bulls, rottweilers, chows or wolf hybrids allowed	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	Do you maintain a physical improvements and maintenance log?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.	Do you maintain a complaint log	<input type="checkbox"/> Yes <input type="checkbox"/> No
14.	Are any facilities open to the public	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please describe:	
15.	Name of responding Fire Department:	Distance:
16.	Is the Park inside city limits	<input type="checkbox"/> Yes <input type="checkbox"/> No
17.	Are utilities underground?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18.	City Sewer or septic tank?	
19.	City Garbage or Private?	
20.	City water or well?	
21.		

SWIMMING

What is your swimming season? <input type="checkbox"/> Annual <input type="checkbox"/> Seasonal: From _____ To _____			
<u>Type of water</u>	<u>Used for swimming?</u>	<input type="checkbox"/> Wading Pools	# _____
<input type="checkbox"/> Lakes # _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Spas	# _____
<input type="checkbox"/> Ponds # _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Hot Tubs	# _____
<input type="checkbox"/> Rivers # _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Whirlpools	# _____
<input type="checkbox"/> Oceans # _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Sauna	# _____
<input type="checkbox"/> Streams # _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other;	# _____
		Explain _____	

EQUIPMENT

<input type="checkbox"/> Floats/Platforms	Number _____	<input type="checkbox"/> Cable Ride	Number _____
<input type="checkbox"/> Diving Boards	Number _____	<input type="checkbox"/> Rope Swing	Number _____
<input type="checkbox"/> Slides	Number _____	<input type="checkbox"/> Waterslides?	Receipts \$ _____

SWIMMING POOL SAFETY

1. Was the pool manufactured and installed as an underground pool?	1. <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are depth markings on the surface beside the pool and on the sides just above the water line?	2. <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Is there a division between the deep and shallow ends of the pool?	3. <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Is there a ladder equipped with handrails and non-skid materials on the treads?	4. <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Is the pool area fenced with self-closing gates with locking devices:?	5. <input type="checkbox"/> Yes <input type="checkbox"/> No

6. Are signs posted indicating: No Lifeguard on Duty Hours of Operation No Horseplay No Children under 16 without adult supervision No glass, alcohol or electrical appliances permitted around pool No jumping or diving allowed No running	6. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
7. Are poles and life preservers readily available in the event of an emergency?	7. <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Is the pool well lit if open after dark and underwater lighting installed? Note: lighting should be up to code including GFCI protection and inspected at least annually.	8. <input type="checkbox"/> Yes <input type="checkbox"/> No
9. Are PH and chlorine levels monitored daily?	9. <input type="checkbox"/> Yes <input type="checkbox"/> No
10. Are all pool chemicals stored in a locked container or room?	10. <input type="checkbox"/> Yes <input type="checkbox"/> No
11. Is there a phone available at or near the pool and the emergency phone number posted?	11. <input type="checkbox"/> Yes <input type="checkbox"/> No

PLAYGROUND INFORMATION

1. Do ground surfaces under and around the playground equipment contain a minimum of 12 inches of wood chips, mulch, sand, pea gravel, or mats made of safety-tested rubber or rubber-like materials? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Does protective surfacing extend at least 6 feet in all directions from play equipment? NOTE: For swings, the surface must extend, in back and front, twice the height of the suspending bar. <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Are play structures more than 30 inches high spaced at least 9 feet apart? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Are all spaces/openings in guardrails or between ladder rungs, less than 3.5 inches apart or more than 9 inches apart? <input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Are all elevated surfaces, like platforms and ramps, supplied with guardrails to prevent falls? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Is the playground equipment inspected monthly to check for dangerous hardware that should be replaced or repaired? (i.e.: open 'S' hooks, protruding bolt ends, sharp points, sharp edges, pinch points, etc). <input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Are angles within equipment at least 55 degrees? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Has the playground area been cleared of all tripping hazards? (i.e.: concrete footings, tree stumps, rocks, changes in surface elevation, etc). <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Is the playground area and equipment scheduled for weekly inspection and maintenance? (i.e.: missing, broken or worn-out components fixed or replaced?) <input type="checkbox"/> Yes <input type="checkbox"/> No	

RESTAURANT/FOOD SERVICE	
Complete if your park has a restaurant, snack bar or other food service facility-other than a general store.	
1. Name of owner if other than the insured:	Year experience:
2. Please indicate which of the following apply and the number of each:	
3. Ranges _____ Ovens _____ Deep Fryers _____ Grills _____ Broilers _____ Griddles _____	
4. Are deep fryers controlled by a 475 high-limit thermostat?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Is the distance between other cooking surfaces and the deep fryer a minimum of 16 inches?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Are all combustible walls greater than 18 inches from the nearest cooking unit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Are all cooking units covered by hoods and vents?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are vents protected by filters or grease extractor system?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are hoods vented to the outside ducts	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do vents extend into or through roof space or other concealed areas?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are hoods vented at least 18 inches from combustible material or otherwise suitably protected?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are adequate clean-out openings provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is grease build-up noted anywhere on the exhaust system	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a contract with a commercial firm to clean and service the exhaust system?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the cleaning schedule appear adequate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How often is the extinguishing system serviced	_____ months
By whom?	
Are wiring and lighting protected from grease build-up?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How often is the hood and duct system cleaned?	By whom?
Is the automatic extinguishing system provided in the hood and duct?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Manufacturer?:	
Does the system cover all cooking surfaces?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is an automatic fuel shut-off provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is an accessible means of manual activation of the extinguishing system provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are proper portable fire extinguishers provided in the kitchen?	<input type="checkbox"/> Yes <input type="checkbox"/> No

OTHER SERVICES OR ACTIVITIES LIABILITY COVERAGE	
Complete the information that is applicable to your business.	
PUBLIC USE OF YOUR FACILITY, other than usual visitors of registered guests.	
Describe the event(s)	Receipts \$
OTHER SERVICES OR ACTIVITIES If you provide any other service or activity not previously mentioned, please furnish complete details and receipts.	\$
Description:	Receipts \$

NON OWNED AND HIRED AUTO COVERAGE	
Complete this section if you want coverage on vehicles that you don't own.	
Do your employees use their own vehicles in the course of their work for you? If so, how many total employees do you have at the insured location(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No # _____
Do you hire vehicles to use in the operation of your park? If so, how much do you spend annually for hired vehicles? What type of vehicles do you hire?	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ _____

GARAGE

Complete this section if you want liability coverage for RV units you service or store.

Garage Operations – Complete this section if you store, service, repair or sell RV's. or have a Vehicle Wash Facility on your premises

Do you store RV's for your guests? [] Yes []
 No

If yes, How many storage spaces do you provide? _____ Annual Receipts for storage? \$ _____

Do you service RV's for your guests? [] Yes []
 No

If yes, How many units are serviced annually? _____ Receipts? _____
 Describe _____ services _____ performed:

Number of employees who service, repair or sell RV units. _____ Payroll _____
Describe any vendor services offered in your park, such as Vehicle wash and detailing, LPG service, transportation etc.?

Do you require certificates of insurance and Additional Insured Endorsements from your vendors? [] Yes []
 No

What limits of coverage do you require from your vendors?

LIQUOR LIABILITY COVERAGE

Type of Operation:
 [] Park Store \$ _____
 [] Restaurant/Snack Bar \$ _____
 [] Bar or Lounge \$ _____
 [] Clubs \$ _____
 [] Other; explain _____ \$ _____

Take out liquor sales Receipts \$ _____
On premises serving Receipts \$ _____
 Percentage of customers that are park guests? _____%
 Percentage of customers that are the general public? _____%

Describe training provided for those who serve alcohol: