



18. Check all that apply to the lease:  N/A
- Includes a Hold Harmless statement
  - Requires all tenants to provide proof of personal liability or homeowners insurance
  - Has an arbitration or mediation agreement with residents (either as a separate agreement or incorporated in your lease or rental agreement)
  - Provides written Park Rules to each tenant as part of a signed rental agreement
  - Allows pets
    - a. Explain pet policy: \_\_\_\_\_
    - b. Has the applicant had any incidents involving injury or damage caused by a pet within the past five years?  Yes  No  
If "Yes," please describe: \_\_\_\_\_
19. Has the park been served with any "failure to maintain" type of complaints or claims within the past four years?  Yes  No  
If "Yes," please describe: \_\_\_\_\_
20. Has the park been involved in litigation within the past four years?  Yes  No  
If "Yes," please describe: \_\_\_\_\_
- a. Does the threat of litigation currently exist?  Yes  No  
If "Yes," please describe: \_\_\_\_\_
21. Are all units properly secured (tied down) with skirts and proper wind barriers in place?  Yes  No
22. Does the applicant do any hook-ups of mobile homes?  Yes  No  
If "Yes," select who is performing the work:  Employees  Subcontractors  Park owner  
If "Subcontractors," please see **Section VIII. Contractor/Subcontractor**
23. Was the mobile home park built on a landfill?  Yes  No
24. Are there any plans to convert the park to another use?  Yes  No  
If "Yes," please describe: \_\_\_\_\_
25. Is there a water exposure on or contiguous to the mobile home park property such as a stream, river, lake or ocean?  Yes  No  
If "Yes," please describe: \_\_\_\_\_

## II. PARK OWNED MOBILE HOMES LEASED TO OTHERS

26. Is there any buying or selling of homes or operations as a dealer?  Yes  No
27. Prior to new tenant occupancies, park management (check all that apply):  Inspects all units  Rekeys all locks  N/A
28. Who performs maintenance work on park owned mobile homes?  Employees  Subcontractors  Park owner  
If "Subcontractors," please see **Section VIII. Contractor/Subcontractor**
29. Year of construction of the oldest unit leased to others? \_\_\_\_\_
30. Is the plumbing, heating and electrical systems inspected by a qualified person on all rental units prior to new tenant occupancy?  Yes  No
31. Do any units rented to others have a wood-burning stove?  Yes  No
32. Percentage of leases to students: \_\_\_\_\_ %
33. All rental units have (check all that apply):  N/A
- Functioning and operational smoke detectors:  Hard-wired  Battery  
If battery operated, please describe the battery replacement schedule in place \_\_\_\_\_  N/A
  - Functioning and operational carbon monoxide detection alarms (if required by the law or code of the municipality in which the building is located):  Hard-wired  Battery  
If battery operated, please describe the battery replacement schedule in place \_\_\_\_\_  N/A
  - Functioning and operational fire extinguishers  Yes  No

## III. SAFETY/SECURITY

34. Park is (check all that apply):  Fenced  Gated  None
35. Streets are:  100% paved  Partially paved  Not paved
36. Are all streets lit from sunset to sunrise?  Yes  No

37. What type(s) of security is present? (check all that apply)

- Cameras
- Security guards
- None
- Other: \_\_\_\_\_

38. Has any unit within the park been identified as used for methamphetamine manufacturing or storage?  Yes  No

a. If "Yes," has remediation and cleanup been completed?  N/A  Yes  No

b. Please describe the details on the discovery, condition, remediation and cleanup: \_\_\_\_\_  
\_\_\_\_\_

**IV. OPERATIONS**

39. Is the park involved in direct sales, distribution or filling of Liquefied Petroleum Gas (LPG, Propane)?  Yes  No

40. What is the water source?  City  Well

If "Well,"

a. Is water treated?  Yes  No

i. By whom and how often? \_\_\_\_\_

b. Does the state test annually?  Yes  No

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

41. Is there an on-site sewage treatment facility?  Yes  No

42. Are the gas lines owned by the park?  N/A  Yes  No

If "Yes,":

a. Are underground system maps available?  Yes  No

b. Is park in compliance with the Federal Pipeline Safety Act?  Yes  No

43. How often is trash disposed of? \_\_\_\_\_

44. Who is responsible for outside ground maintenance of the permanent spaces not owned by applicant (e.g. snow removal, lawn care)?  Park management  Tenants  Subcontractors

*If "Subcontractors," please see **Section VIII. Contractor/Subcontractor***

45. Are sporting or social events sponsored?  Yes  No

If "Yes," please describe: \_\_\_\_\_

**V. POOL**  N/A

46. Number of pools: \_\_\_\_\_ Indoor \_\_\_\_\_ Outdoor

47. Are any swimming pools open to the general public?  Yes  No

If "Yes," what are the rules regarding use of the pool by outside guests? \_\_\_\_\_

48. Characteristics of the pool(s) (check all that apply):

- Depths marked on both the top and sides of pool
- Diving boards/Slide
- In compliance with all life- safety standards
- Ladder equipped with handrails and non-skid materials on the treads
- Lifesaving equipment accessible
- Fenced with self-closing gate and self-latching mechanism

49. Are warning signs, rules and hours posted in a visible area?  Yes  No

50. Has the pool been retrofitted with an anti-cortex drain cover?  Yes  No

51. What are the age restrictions for unsupervised children? \_\_\_\_\_

52. What are the pool hours? \_\_\_\_\_

53. Who maintains the pool(s)?  Applicant  Outside contractor/subcontractor

*If "Outside contractor/subcontractor," please see **Section VIII. Contractor/Subcontractor***

**VI. HIRED AND NON-OWNED AUTO LIABILITY**  N/A

54. Does the applicant have a commercial automobile policy in place?  Yes  No

55. Does the applicant own any autos or lease any autos in excess of 30 days?  Yes  No

56. Does the applicant offer access to a shuttle service for their tenants?  Yes  No

57. Do the applicant's employees regularly use their personal vehicles on behalf of applicant's business?  Yes  No

**VII. PARK AMENITIES**     N/A

58. Please check all that apply to the applicant's operations:

- Clubhouse   
  Golf course   
  Laundry facilities   
  Playground   
  Restaurant/Bar  
 Recreational equipment rental (snowmobiles, ATVs, golf carts, boats, etc.)   
  Other (describe): \_\_\_\_\_

**VIII. CONTRACTOR/SUBCONTRACTOR**     N/A

	There is a written contract in place for services	Applicant is named as an additional insured on the contractor's policy	Applicant requires contractor to carry minimum general liability limits of \$1 million	Certificate(s) of Insurance received annually from contractor
Independent Management Company (Question 8) <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Mobile Home Hookup Contractor (Question 22) <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Rental Mobile Home Maintenance Contractor (Question 28) <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Ground Maintenance Contractor (Question 44) <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Pool Maintenance Contractor (Question 53) <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

**FRAUD STATEMENTS**

- Alabama, Arkansas, District of Columbia, New Mexico, Rhode Island and West Virginia:** 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.
- Colorado Fraud Statement:** 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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.
- Florida Fraud Statement:** 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.
- Kansas Fraud Statement:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.
- Maine Fraud Statement:** 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
- Maryland Fraud Statement:** 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.
- New Jersey Fraud Statement:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
- New York Fraud Statement:** 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 a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
- Oklahoma Fraud Statement:** WARNING: 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.
- Oregon Fraud Statement:** Notice to Oregon applicants: Any person who, with intent to defraud or knowing that he is facilitation a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.
- Kentucky, Pennsylvania AND Ohio Fraud Statement:** 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.

**Tennessee, Virginia and Washington Fraud Statement:** 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.  
**Fraud Statement (All Other States):** 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.

## STATE NOTICES

**Arizona Notice:** Misrepresentations, omissions, concealment of facts and incorrect statements shall prevent recovery under the policy only if the misrepresentations, omissions, concealment of facts or incorrect statements are; fraudulent or material either to the acceptance of the risk, or to the hazard assumed by the insurer or the insurer in good faith would either not have issued the policy, or would not have issued a policy in as large an amount, or would not have provided coverage with respect to the hazard resulting in the loss, if the true facts had been made known to the insurer as required either by the application for the policy or otherwise.

**Florida Surplus Lines Notice:** (Applies only if policy is non-admitted) You are agreeing to place coverage in the surplus lines market. Superior coverage may be available in the admitted market and at a lesser cost. Persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

**Florida and Illinois Punitive Damage Notice:** I understand that there is no coverage for punitive damages assessed directly against an insured under Florida and Illinois law. However, I also understand that punitive damages that are not assessed directly against an insured, also known as "vicariously assessed punitive damages", are insurable under Florida and Illinois law. Therefore, if any Policy is issued to the Applicant as a result of this Application and such Policy provides coverage for punitive damages, I understand and acknowledge that the coverage for Claims brought in the State of Florida and Illinois is limited to "vicariously assessed punitive damages" and that there is no coverage for directly assessed punitive damages.

**Maine Notice:** The insurer is not permitted to withdraw any binder once issued, but a prospective notice of cancellation may be sent and coverage denied for fraud or material misrepresentation in obtaining coverage. A policy may not be unilaterally rescinded or voided.

**Minnesota Notice:** Authorization or agreement to bind the insurance may be withdrawn or modified only based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days' notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium.

**Ohio Representation Statement:** By acceptance of this policy, the Insured agrees the statements in the application (new or renewal) submitted to the company are true and correct. It is understood and agreed that, to the extent permitted by law, the Company reserves the right to rescind this policy, or any coverage provided herein, for material misrepresentations made by the Insured. It is understood and agreed that the statements made in the insurance applications are incorporated into, and shall form part of, this policy. **THE INSURED UNDERSTANDS AND AGREES THAT ANY MATERIAL MISREPRESENTATION OR OMISSION ON THIS APPLICATION WILL ACT TO RENDER ANY CONTRACT OF INSURANCE NULL AND WITHOUT EFFECT OR PROVIDE THE COMPANY THE RIGHT TO RESCIND IT.**

**Utah Punitive Damages Notice:** I understand that Punitive Damages are not insurable in the state of Utah. There will be no coverage afforded for Punitive Damages for any Claim brought in the State of Utah. Any coverage for Punitive Damages will only apply if a Claim is filed in a state which allows punitive or exemplary damages to be insurable. This may apply if a Claim is brought in another state by a subsidiary or additional location(s) of the Named Insured, outside the state of Utah, for which coverage is sought under the same policy.

If your state requires that we have information regarding your Authorized Retail Agent or Broker, please provide below.

Retail agency name: \_\_\_\_\_ License #: \_\_\_\_\_

Agent's signature: \_\_\_\_\_ Main agency phone number: \_\_\_\_\_

(Required in New Hampshire)

Agency mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

The signer of this application acknowledges and understands that the information provided in this Application is material to the Insurer's decision to provide the requested insurance and is relied on by the Insurer in providing such insurance. The signer of this application represents that the information provided in this Application is true and correct in all matters. The signer of this Application further represents that any changes in matters inquired about in this Application occurring prior to the effective date of coverage, which render the information provided herein untrue, incorrect or inaccurate in any way will be reported to the Insurer immediately in writing. The Insurer reserves the right to modify or withdraw any quote or binder issued if such changes are material to the insurability or premium charged, based on the Insurer's underwriting guides. The Insurer is hereby authorized, but not required, to make any investigation and inquiry in connection with the information, statements and disclosures provided in this Application. The decision of the Insurer not to make or to limit any investigation or inquiry shall not be deemed a waiver of any rights by the Insurer and shall not estop the Insurer from relying on any statement in this Application in the event the Policy is issued. It is agreed that this Application shall be the basis of the contract should a policy be issued and it will be attached and become a part of the Policy.

Applicant's signature: \_\_\_\_\_ Title: \_\_\_\_\_

President, Chairperson of the Board, Managing Member, or Executive Director

Date: \_\_\_\_\_