

MOBILE HOME PARK SUPPLEMENTAL APPLICATION

(Include with ACORD Application)

SIC #: _____ FEIN: _____ Date of application: _____
 Park Name: _____
 Park Location: _____

Billing Contact Name: _____

- | | | | |
|----|---|---------------------------------------|----------|
| 1. | Is the park managed by a management company? | Yes | No |
| | If yes, name of management company: | | |
| | If yes, % of ownership in the park: _____ % | | |
| 2. | Type of Park: | | |
| | % Retirement | % Adult | % Family |
| | % Permanent | % Seasonal | % Other: |
| 3. | What is your current rent per space? \$ _____ | Total number of spaces? _____ | |
| | Annual Receipts: \$ _____ | | |
| | How often are the rent increases? | | |
| | What are they based upon? | | |
| | Occupancy rate: _____ % | Tenancy annual turnover rate: _____ % | |
| 4. | Is there an R.V. overnight exposure? | Yes | No |
| | If yes, number of spaces: _____ | | |
| 5. | Is there a pool? | Yes | No |
| | Is there a Jacuzzi? | Yes | No |
| | Is pool in compliance with all life safety standards? | Yes | No |
| | Are all swimming pools and spas compliant with Virginia Graeme Baker Pool and Spa Safety Act? | Yes | No |
| | If no, provide time table and action plan: | | |

Comment on the extent of usage:

- | | | |
|---|-----|----|
| Is pool fenced with safety rules posted and life saving equipment accessible? | Yes | No |
| Is Jacuzzi in same fenced area? | Yes | No |
| Is Jacuzzi separate? | Yes | No |
| Is there a diving board or slide? | Yes | No |
| Explain: | | |

- | | | | |
|----|--|-----|----|
| 6. | Are there any recreational facilities on the park premises such as playgrounds, tennis courts or golf courses, basketball courts, shuffleboard, bocci courts etc.? | Yes | No |
| | If yes, describe: | | |

If applicable, are sprinkler pipes running through attic area insulated? N/A Yes No

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|----|---|-----|----|
| 7. | Are there any rental units on the premises? | Yes | No |
| | How many? | | |

- | | | | |
|----|--|-----|----|
| 8. | Do you sell new or used mobile home units? | Yes | No |
| | How many? _____ Annual Receipts: \$ _____ | | |

9.	Is a log maintained to document all repairs and/or improvements? If yes, include a copy.	Yes	No
	Do you obtain Certificates of Insurance from all independent contractors?	Yes	No
	Do you obtain hold harmless agreements, in your favor, from independent contractors?	Yes	No
10.	Is there a walk-through inspection of the park for all new residents? If yes, include a copy.	Yes	No
11.	Does the owner live in the park?	Yes	No
	If no, how often does the owner visit/inspect the park?		
	Does a full time manager live in the park?	Yes	No
	Are there formal written and enforced park rules? If yes, please attach a copy.	Yes	No
12.	Is there a well or septic tank on the property?	Yes	No
	If yes, is regular testing and maintenance performed by an outside contractor?	Yes	No
	Written documentation maintained?	Yes	No
13.	Describe park maintenance and housekeeping, including the clubhouse, pool area, streets and roads:		
14.	Are underground systems maps available?	Yes	No
	Are the gas lines owned by the park?	Yes	No
	If yes, is the park in compliance with the Federal Pipeline Safety Act (FSPA)?	Yes	No
	If yes, please indicate that compliance documentation will follow and in what form:		
15.	Has the park experienced a backup of sewage in the past 12 months? If yes, please describe what happened and the corrective action taken:	Yes	No
16.	Has the park ever been involved in litigation with the residents? Does a threat of litigation with the park residents currently exist? If yes, please explain:	Yes Yes	No No
17.	Is security provided? Any armed guards? Is security totally sub-contracted out?	Yes Yes Yes	No No No
18.	Does the mobile home park do any hook-ups of mobile homes?	Yes	No
19.	Are there any operations open to the general public? If yes, explain:	Yes	No
20.	Are there any plans to reduce services to the park? If yes, explain:	Yes	No
21.	Have leases been made available to residents?	Yes	No
	If yes, term? Percentage signed? %		
	Is there an arbitration clause in the lease agreement?	Yes	No
	Does your lease have a pass through for capital improvements and/or increased operating expenses?	Yes	No
	If yes, have pass throughs ever been included in a rent increase?	Yes	No
	If yes, briefly describe how pass through increase was received by your residents?		

- | | | | |
|-----|--|------------|----------|
| 22. | Are the park's fire hydrant outlets 2 1/2 inches?
Is the responding fire department volunteer?
If yes explain: | Yes
Yes | No
No |
| 23. | Does the park have procedures for fire and medical emergencies? | Yes | No |
| 24. | Are there any major cracks, holes, or uneven areas of sidewalks, parking areas, or streets?
If yes, explain action to be taken: | Yes | No |
| 25. | Describe park lighting: | | |
| 26. | Is there a swimming or boating exposure on a body of water such as an ocean, lake, or river?
If yes, fully describe: | Yes | No |
| | If yes, are no swimming signs posted? | Yes | No |
| 27. | Is the park on leased land?
If yes, give number of years remaining on lease: | Yes | No |
| 28. | Is the park located in a brush, forest, or landslide area?
If yes, fully describe exposure and applicable protection: | Yes | No |
| 29. | Are sporting or social events sponsored?
If yes, explain: | Yes | No |
| | Describe and include a photo: | | |
| 30. | How often is trash disposed of?
Have you received any complaints about the adequacy of this service?
If yes, explain remedy: | Yes | No |
| 31. | Briefly explain why you feel this park presents a low hazard for becoming involved in "Failure to Maintain" litigation: | | |
| 32. | For California parks only, regarding park owner disclosure requirement SB 534, has a Mobile home Park Rental Agreement Disclosure Form been completed?
If yes, by whom?
Is the completed form on file and available to prospective tenants?
Attach a copy of the completed disclosure form to this questionnaire. | Yes
Yes | No
No |
| 33. | Do you have a current Flood policy in force?
If yes, attach a copy of the Declarations sheet.
If no, would you like a Flood quote with our Proposal?
(Flood quote will be secured through the Write Your Own Flood Program) | Yes
Yes | No
No |

FRAUD STATEMENT AND SIGNATURE SECTIONS

The Undersigned states that he/she is an authorized representative of the Applicant and declares to the best of his/her knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company * in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.

*Company refers collectively to Philadelphia Indemnity Insurance Company and Tokio Marine Specialty Insurance Company

VIRGINIA APPLICANT: READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH THIS APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELLED WITHOUT CAUSE AT THE OPTION OF THE INSURER AT ANY TIME IN THE FIRST 60 DAYS DURING WHICH IT IS IN EFFECT AND AT ANY TIME THEREAFTER FOR REASONS STATED IN THE POLICY.

FRAUD NOTICE STATEMENTS

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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 THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION). **(NOT APPLICABLE IN AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, PA, RI, TN, VA, VT, WA AND WV).**

APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI AND WV: ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES OR CONFINEMENT IN PRISON.

APPLICABLE IN COLORADO: 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.

APPLICABLE IN FLORIDA AND OKLAHOMA: 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 (IN FL, A PERSON IS GUILTY OF A FELONY OF THE THIRD DEGREE).

APPLICABLE IN KANSAS: AN ACT COMMITTED BY 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.

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APPLICABLE IN MAINE, 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 MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

APPLICABLE IN PENNSYLVANIA: 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.

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NAME (PLEASE PRINT/TYPE)

TITLE
(MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN, CEO OR EXECUTIVE DIRECTOR)

SIGNATURE

DATE

SECTION TO BE COMPLETED BY THE PRODUCER/BROKER/AGENT

PRODUCER
(If this is a Florida Risk, Producer means Florida Licensed Agent)

AGENCY

PRODUCER LICENSE NUMBER
(If this a Florida Risk, Producer means Florida Licensed Agent)

ADDRESS (STREET, CITY, STATE, ZIP)



CYBER SECURITY LIABILITY ENDORSEMENT – SUPPLEMENTAL QUESTIONNAIRE

Name of Applicant:
Address of Applicant:
City:
Website: www:
Nature of Operations:

State: Zip:

-
1. Annual sales or revenue: \$

 2. Does the Applicant collect, store or otherwise handle any Personally Identifiable Information (PII) belonging to customers, clients, or other third parties, other than employees? Yes No
 If yes, please indicate the types of Personally Identifiable Information held (check all that apply):
 - a. Social Security Numbers, Bank or Other Financial Account Details, Driver's License or other State Identification Numbers
 - b. Non-public Medical or Healthcare Data, including Protected Health Information (PHI)
 - c. Credit or Debit Card Information

 3.
 - a. During the last three (3) years, has anyone alleged that the Applicant was responsible for damage to their computer system(s) arising out of the operation of the Applicant's computer system(s)? Yes No
 - b. During the last three (3) years, has anyone made a demand, claim, complaint, or filed a lawsuit against the Applicant alleging invasion or interference of rights of privacy or the inappropriate disclosure of Personally Identifiable Information (PII)? Yes No
 - c. During the last three (3) years, has the Applicant been the subject of an investigation or action by any regulatory or administrative agency for privacy-related violations? Yes No
 - d. Is the Applicant aware of any circumstance that could reasonably be anticipated to result in a claim being made against them for the coverage being applied for? Yes No

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