

Mobile Home Park Questionnaire

Please answer all questions. Submit this questionnaire with a completed ACORD application and prior carrier loss runs.

Named Insured: _____
 Address: _____
 Website: _____

GENERAL INFORMATION

	Total Spaces # _____	Park Owned Rental Mobiles # _____	Tennant Owned Mobiles # _____	Vacant Pads # _____	
2.	Does the owner or manager live on the premises?			Yes	No
3.	Do you offer instillation services, such as hook-up of gas and water, moving services or tie-down services for mobile homes?			Yes	No
4.	Is the park currently expanding (adding additional pads)?			Yes	No
5.	What is the annual tenancy turnover rate?				
	a. If over 25%, what are your plans to attempt to reduce the tenancy turnover?				
6.	Do you have any land that is used as a garbage dump or landfill?			Yes	No
7.	Are you responsible for a wastewater, sewer or septic utility for the park?			Yes	No
	a. If yes, how often is the system inspected/maintained?				
	b. In the past 5 years, have there been any issues (backup, etc.)?			N/A	Yes No
	i. If yes, please provide detail on the problem and corrective actions:				
8.	Do you maintain or operate a water treatment facility?			Yes	No
9.	Do you have a written policy that prohibits vicious dogs?			Yes	No
10.	Do you have a weather emergency notification system in place?			Yes	No
11.	Do you contract with or employ security patrol or guard services?			Yes	No
	a. Are the patrol/guards armed?			Yes	No
12.	Is the park a designated senior community?			Yes	No
13.	Are speed limit signs posted on all private roads?			Yes	No

RENTAL UNIT INFORMATION

1.	Do all rental units have functioning smoke alarms?			Yes	No
2.	Do all rental units have fire extinguishers?			Yes	No
3.	Do you offer month-to-month or daily rental terms?			Yes	No
4.	Are all rental mobile homes skirted?			Yes	No
5.	Do all steps at exterior doors have properly installed handrails?			Yes	No
6.	What is the annual vacancy rate of the rental units?				
7.	What is the age of the oldest rental unit?				
	a. Have the heating and electrical systems been professionally inspected within the past 10 years on all rental mobile homes over 20 years old?			Yes	No
8.	Are all locks re-keyed before leasing to new tenants?			Yes	No

ADDITIONAL EXPOSURES

1.	Do you sell new or used mobile home units?			Yes	No
	a. If yes, are all sales in-park sales?			N/A	Yes No
	b. What are the annual receipts?				
2.	Is there a fitness center on premises?			Yes	No
	a. If yes, is it available to the public?			N/A	Yes No

3. Is there a clubhouse or party room? Yes No
 a. If yes, is it available to the public? N/A Yes No
4. Complete the information for the retail operations below with annual totals from last year:
- | | | | |
|---|-----------------|-----------------|---------------|
| General Store
(groceries/supplies/gifts) | Gasoline Sales | LPG Sales | Laundry Sales |
| \$ _____ | # _____ Gallons | # _____ Gallons | \$ _____ |
5. Complete the recreational equipment information below and list any additional equipment or activities.
- | | | |
|-----------------|-----------------|--------|
| Playgrounds | Athletic Courts | Other: |
| # _____ | # _____ | |
| Boat Dock/Slips | Boats | |
| # _____ | # _____ | |

POOL AND SWIMMING AREAS	N/A
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1. How many of each:
 Pools _____ Lakes _____ Hot Tubs/Spas _____ Other: _____
2. What are the hours of operation for each?
3. Are your swimming facilities open to the general public? Yes No
4. If lifeguards are present, are all lifeguards certified? N/A Yes No
5. If lifeguards are not present, are signs posted stating "No Lifeguard On Duty?" N/A Yes No
6. Do you have any diving boards, platforms, waterslides or similar water rides? Yes No
7. Are "No Diving" signs clearly posted at shallow areas of pools and all lakes and beaches? Yes No
8. Is lifesaving equipment, such as life rings or buoys, available at all times, even when pools and swimming areas are closed? Yes No

Swimming Pool And Spa Specific	N/A
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9. Are all swimming pools and spas compliant with the Virginia Graeme Baker Pool and Spa Safety Act? Yes No
10. Are pool areas surrounded by a fence or barrier at least 4 feet tall with self-closing and self-latching gates? Yes No
11. Are surfaces surrounding the pool made of non-slip or skid-resistant material? Yes No
12. Is the depth of the pool clearly marked at the pool edges? Yes No
13. Are all pool chemicals locked in a secure area inaccessible to guests? Yes No

IMPORTANT NOTICE

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AFTER REASONABLE INQUIRY. I AGREE THAT ANY INTENTIONAL CONCEALMENT OR MISREPRESENTATION OF A MATERIAL FACT CONCERNING THIS INSURANCE OR THE SUBJECT THEREOF MAY VOID ANY POLICY ISSUED.

Applicant Signature	Title	Date
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Producer Signature	Date
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