

**DEALER SUPPLEMENTAL APPLICATION**

Agents Name: King Insurance Brokerage  
Agents Phone # 402-597-5224      402-597-1819 Fax

Dealer Name:  
\_\_\_\_\_

Location Address:  
\_\_\_\_\_

**General Info**

Number of years your dealership has been in Business \_\_\_\_\_  
Number of years the owner has been involved in the manufactured home business? \_\_\_\_\_  
Is the owner involved in the oversight of daily operations at the dealership? \_\_ Yes \_\_ No

Do you operate as a Real Estate Broker?      \_\_ Yes / \_\_ No

Average # Units on site: \_\_\_\_\_ Value: \$ \_\_\_\_\_

Last year were units sold where the Mfg.is no longer in business today? \_\_ Yes / \_\_ No

# Units taken in on trade per year:

Mobile/Modular Homes \_\_\_\_\_ Autos: \_\_\_\_\_  
Motor Homes: \_\_\_\_\_ Boats: \_\_\_\_\_  
Other – Describe \_\_\_\_\_

Do you have dealer plates?      \_\_ Yes / \_\_ No  
# Non-motorized plates: \_\_\_\_\_ # Motorized plates: \_\_\_\_\_

Do you accept Repos consigned by Lenders?      \_\_ Yes / \_\_ No If yes, what % \_\_\_\_\_  
Do you take other consignments: \_\_ Yes / \_\_ No

Have you ever entered into a written Hold Harmless Agreement with any Manufacturer? \_\_Yes / \_\_ No

Does your dealership use consumer arbitration agreements in closing documents? \_\_Yes/ \_\_No

Please check the blank that best describes the following:

Lot Surface:      Paved \_\_\_\_\_ Gravel \_\_\_\_\_ Other \_\_\_\_\_  
Parking Lot:      Paved \_\_\_\_\_ Gravel \_\_\_\_\_ Other \_\_\_\_\_  
Display Area:      Paved \_\_\_\_\_ Gravel \_\_\_\_\_ Other \_\_\_\_\_  
Storage Area:      Paved \_\_\_\_\_ Gravel \_\_\_\_\_ Other \_\_\_\_\_

Tie Downs:      Office Units      Yes \_\_ / No \_\_  
                         Display Units      Yes \_\_ / No \_\_  
                         Inventory Units      Yes \_\_ / No \_\_

Distance between Units:  
                         Less than 5 feet      \_\_\_\_\_      5 – 10 feet      \_\_\_\_\_  
                         11 – 15 feet      \_\_\_\_\_      Over 15 feet      \_\_\_\_\_

Fencing:  
100% fenced with locked gates \_\_\_\_\_  
Display Storage area fenced \_\_\_\_\_  
Storage only fenced \_\_\_\_\_  
Partially fenced \_\_\_\_\_  
Not fenced \_\_\_\_\_

Lighting:

Fully Lighted – Automatic \_\_\_\_\_  
Fully Lighted – Manual \_\_\_\_\_  
Partially Lighted – Automatic \_\_\_\_\_  
Partially lighted – Manual \_\_\_\_\_  
Not Lighted \_\_\_\_\_

Indicate existing protections: Fire Alarm \_\_\_\_\_ Burglary Alarm \_\_\_\_\_  
Watch Service \_\_\_\_\_ Fire Extinguishers \_\_\_\_\_

Has this location flooded within the past 20 years? Yes \_\_\_ / No \_\_\_  
If yes, when? \_\_\_\_\_  
Is the lot within 500 feet of any type water exposure? Yes \_\_\_ / No \_\_\_  
Is the lot in an isolated area? Yes \_\_\_ / No \_\_\_  
Are units kept locked during the day? Yes \_\_\_ / No \_\_\_

Describe adjacent businesses:

**Sales Info**

Gross Sales last yr: \$ \_\_\_\_\_ Gross Sales Projected next 12 months  
\$ \_\_\_\_\_

Estimated number of units that will sold over the next year? \_\_\_\_\_

Approximate % of Total Sales Last Year:

	New	Used		New	Used
Multisectional	_____ %	_____ %	Single Section	_____ %	
Travel Trailers	_____ %	_____ %	Motorhomes	_____ %	
Modular Units	_____ %	_____ %	Boats	_____ %	
Auto	_____ %	_____ %	Other	_____ %	

What percentage of your total sales are units 0-8 years old? \_\_\_\_\_ %  
What percentage of your total sales are units 8-10 years old? \_\_\_\_\_ %  
What percentage of your total sales are units 10-20 years old? \_\_\_\_\_ %  
What percentage of your total sales are units 20+ years old? \_\_\_\_\_ %  
Do you sell any homes that were manufactured prior to 1976? \_\_\_ Yes \_\_\_ No  
# of units sold: New \_\_\_\_\_ Used \_\_\_\_\_

Do you conduct a safety inspection on every used home you sell? \_\_\_ Yes \_\_\_ NO  
If yes, do you keep a dated copy of these inspection reports for at least 5 years after the date of sale? \_\_\_ Yes \_\_\_ No

Please list the manufacturers whose products you sell. \_\_\_\_\_

List any Products other than manufactured homes you sell. \_\_\_\_\_

Do you sell, service or distribute LP Gas? \_\_\_ Yes / \_\_\_ No  
#Gallons \_\_\_\_\_ Receipts \$ \_\_\_\_\_

Do you sell or store Gasoline? \_\_\_ Yes / \_\_\_ No  
#Gallons \_\_\_\_\_ Receipts \$ \_\_\_\_\_

Do you do any work on furnaces, electrical or plumbing?  Yes /  No

Total # of Employees \_\_\_\_\_

Does your dealership have any drivers under the age of 21?  Yes /  No

### **Operational Info**

Do you sponsor any events?  Yes /  No

If yes, describe:

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Do you attend and set up Units / Models at alternate locations or shows?  Yes /  No

If yes, describe:

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How many years experience does the dealership employees have with the setting up process of the Homes? \_\_\_\_\_

What is the percentage of delivery and set-up is within a 50 mile radius?  %

51-200 mile radius?  %

Over 200 miles?  %

Are all Display Units equipped with stairs?  Yes /  No

Are all Display Units equipped with handrails?  Yes /  No

Do you sell Units containing non-factory Fireplace Inserts or Wood burning Stoves?  Yes /  No

If yes, do you install?  Yes /  No

Does your dealership do any refurbishing, repair or HUD seal removal?  Yes /  No **If yes what type of repairs or refurbishing?**

Does your dealership keep modification/repair activity maintenance records?  Yes /  No

### **Subcontractor/Operations**

Please provide the percent of work performed for the following jobs by category:

(Job)	(% Employee)	(%Insured Sub)	(%Uninsured Sub)
Toting	_____	_____	_____
Carpentry	_____	_____	_____
Build streets & Drives	_____	_____	_____
Build or Install Steps, Decks, Sheds, Carports	_____	_____	_____
Perform warranty work On homes sold by you	_____	_____	_____
Modular Set up on units You sold	_____	_____	_____
Modular Set up on units Sold by others	_____	_____	_____

Build Pads \_\_\_\_\_  
Perform Electrical Work \_\_\_\_\_  
Perform Plumbing Work \_\_\_\_\_  
Build Septic Systems \_\_\_\_\_  
Install Water Wells \_\_\_\_\_  
Install Gas Lines \_\_\_\_\_

Any subcontracted operations other than those listed above?  Yes /  No  
If yes, please explain type of work or operation:

\_\_\_\_\_  
\_\_\_\_\_

Do you require sub contractors provide you with a current Certificate of Insurance showing at least \$1,000,000 CSL?  
 Yes /  No

Are you named as an Additional Insured on all of your subcontractors' General Liability policies?  
 Yes/  No

**(Company must have proof of insurance showing proper limits and insured as additional insured on certificate)**

Do you require that all independent contractors whom transport your homes carry cargo insurance with a limit greater then the replacement value of the home?  Yes /  No

**If insured's employees do set-up/installation, company needs estimated annual payroll for these employees. They must have this information to quote.**  
**\$ \_\_\_\_\_**

**If subs are used for set-up / installation we must have estimated annual Cost of Subs to quote \$ \_\_\_\_\_**

\_\_\_\_\_

**I understand and agree that all contractors and/or subcontractors hired under formal agreement, whether verbal or written, are subject to providing certificates of insurance with liability limits for their work of at least \$1,000,000 BI/PD per occurrence.**

**I also agree to require contractors and/or subcontractors to name Dealer as Additional Insured on contractors and/or subcontractors insurance policy.**

**The undersigned hereby represent that all of the questions answered in this questionnaire have been reviewed and understand the representations made herein and that no material information has been withheld. I understand that the Company is relying on the accuracy of these facts and statements as an inducement to issue the insurance policy.**

INSURED SIGNATURE \_\_\_\_\_  
\_\_\_\_\_

DATE

AGENT SIGNATURE \_\_\_\_\_  
\_\_\_\_\_

DATE

RETURN APPLICATION by mail, fax or email to:

King Insurance  
11326 Q Street  
Omaha, NE 68137  
Fax# 402-597-1819  
Phone# (800) 383-5224 Ext: 100  
Email: [jill@kingins.com](mailto:jill@kingins.com)