

KING INSURANCE BROKERAGE'S PARK SUPPLEMENTAL APPLICATION

Park Name: _____

Park Address: _____

Park Information:

Year Park established (original) _____ How long have you owned? _____ Years

How many years of community experience do you have? _____

How many years experience does your manager have? _____

Do you or your manager live in the park? Owner _____ Manager _____

Is manager a full-time employee? Y / N

Operation: Permanent Park _____ Campground _____ RV Park _____

If RV Park or Campground operating season from _____ to _____

Do you have any operations other than Manufactured Home Communities? Yes ___ No ___

If yes, Explain: _____

Do you have any current or planned community development? Yes ___ No ___

Number of owner occupied Sites: _____ Rental Units: _____ Vacant Sites: _____ = (Total Park Sites/Units) _____

What is the average distance between homes? _____

What is the average per space rent? _____ Current % of occupancy? _____

Annual receipts for owner occupied Sites: \$ _____ Rentals Units: \$ _____

What is the current percentage of the following types of homes?

Single-Section ___ % Multi-Section ___ % Campers ___ %

How many rental units were manufactured prior to 1985? _____ Prior to 1977? _____

Do you provide all rental units with operational fire extinguishers and smoke detectors? Yes ___ No ___

Do you ask rental tenants to sign a smoke alarm battery maintenance agreement? Yes ___ No ___

Do you perform annual wiring checks on your rentals? Yes ___ No ___

Do you refurbish rental units? Yes ___ No ___ If yes, describe the extent of the work performed: _____

Do you have handrails on all rental units and other buildings that have steps? Yes ___ No ___

Describe your record keeping activities to verify that repairs and maintenance are performed? _____

PHYSICAL CHARACTERISTICS

Streets are: 100% Paved _____ Partially Paved _____ Not Paved _____

Street Lighting: Complete _____ Partial _____ None _____

Any Vacant Land? Yes ___ No ___ If yes, what is land used for? _____

and _____ # of acres

Is perimeter of park fenced? Yes ___ No ___

Is there gate security? Yes ___ No ___ If yes,

describe _____

Are Security Guard Services provided to residents? Yes ___ No ___ 24 Hours? Yes ___ No ___

Certificates of insurance obtained from security service? Yes ___ No ___

Is security armed with guns? Yes ___ No ___

Has any resident experienced a backup of sewage in the past 12 months? Yes ___ / No ___

If yes, describe circumstances and final outcome of the problem. _____

Are there on-site sewage treatment facilities and/or septic tank(s)? Yes ___ / No ___

If yes, explain frequency of tank cleaning. _____

Where/how is sewage disposed of? _____

Do you supply water to the community? Yes ___ No ___

Are there water wells on the property? Y / N If yes, provide explanation including any past history of water quality problems. _____

Are the sewage disposal & water systems adequately segregated to prevent contamination of drinking water? _____

Distance to nearest Fire Station _____ Miles Protection Class at Park _____
Distance to nearest Hydrant _____ feet

Is there any history of flooding in your community? Yes ___ No ___

Are there any open storm drains or retention ponds on your premises? Yes ___ / No ___

If yes, what measures do you take to ensure that children and others are protected from this exposure?

Any water exposure? Yes ___ No ___ If yes, describe: _____

Bathing Beaches? Yes ___ No ___ Lakes? Yes ___ No ___ # of acres _____

Lake formed by a Dam? Yes ___ No ___

Does your Park border any waterfronts? Yes ___ No ___ If yes, describe _____

Do you rent boats, tools or anything else? Yes ___ No ___ If yes, explain fully and give estimated receipts _____

Boat docks or slips? Yes ___ No ___

Is there a swimming pool on premises? Yes ___ No ___ If yes, # of indoor _____ # of outdoor _____

Inground _____ Above Ground _____

Are there diving boards or slides? Yes ___ No ___ Diving board/slide height ___ ft?

Pools fenced with self-locking gate? Yes ___ No ___

Swimming rules posted and depths marked? Yes ___ No ___

Life safety equipment available at poolside? Yes ___ No ___

Certified lifeguard available when swimming is allowed? Yes ___ No ___

*****If there are pool(s) on the premises, I agree and understand that all pools are equipped with self-closing gates and anti-climbing fences with locking mechanism which cannot be reached by anyone under the height required by the highest prevailing regulatory in the state in which the pool is located.**

PRODUCTS AND SERVICES

Do you sell groceries, supplies, gifts, or anything else? Yes ___ No ___ Describe: _____

Does the park sell LP gas or gasoline? Yes ___ No ___ If yes, # of gallons of LP gas per year _____ # of gallons of gas per year _____ Do all tanks meet current regulations? Yes ___ No ___

Does your park ownership also act as a dealer buying/selling homes? Yes ___ No ___

If yes # sold per year _____ Estimated annual sales \$ _____

What is the average number of display models on premises? _____

Please list any other Products/Services you provide that were NOT noted above. (example: Does the park provide any individual or group transportation?)

Type _____ Receipts \$ _____

Employee Information

Number of employees? _____ Do you perform background checks on your employees? Yes ___ No ___

Do your employees set up homes? Yes ___ No ___

Indicate if you or your staff does maintenance work on the following:

	YES	NO	Use subs with certs on file	N/A
Landscaping	_____	_____	_____	_____
Pools	_____	_____	_____	_____
Park owned mobiles	_____	_____	_____	_____
Non-owned mobiles	_____	_____	_____	_____

Park bldgs or structures _____
Roads or walkways _____

Do employees of the park perform any other maintenance or repair work not listed above? Yes ___ No ___
If yes, describe _____

If Sub/Independent Contractors are used we need the annual cost of subs. \$ _____

Is Park Owner named as Additional Insured on Contractors policy? Yes ___ No ___

Do you utilize Independent Contractors? YES NO

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 the park owner as Additional Insured on contractor's insurance policy.

Pets

Do you allow pets? Yes ___ No ___ If yes: Do you allow pets greater than 25 lbs? Yes ___ No ___

Any animal bite incidents in the past 5 years? Yes ___ No ___

Are breeds such as Dobermans, pit bulls, rottweilers, chows, and wolf hybrids allowed? Yes ___ No ___

Are pets registered with park management? Yes ___ No ___

I understand and agree that any of my tenants and their guests with an animal on premises will comply with my written "rules regarding pets." I also agree that each tenant that falls under the jurisdiction of my written pet rules will provide my park manager with a copy of a certificate of insurance or declarations page confirming that these tenants maintain a mobile homeowners policy with limits of no less than \$25,000 BI/PD per occurrence. If I do not permit animals on my property, I understand and agree that the "Animal Exclusion" form will apply to my policy.

General Underwriting and Housekeeping

Do you require tenants to carry Homeowner Insurance? ___ Yes ___ No

Do you require the units to be tied down? ___ Yes ___ No Skirted? ___ Yes ___ No

Occupancy-Check all that apply and show % of each

Retirement _____ % Adults Only _____ % Family _____ % Campground _____ %

How many homes moved out of the community in the last year? _____

Is any Park operating under a local Rent Control Ordinance? ___ Yes ___ No

If yes, how long? _____ Does Decontrol apply? _____

Have any notices been issued to the park by any governmental agency within the past 5 years?

Y/N If yes explain _____

Have leases been made available to residents? ___ Yes ___ No If yes, Term _____

Percentage signed _____ Is there an Arbitration Clause? _____ Has it been reviewed by an attorney? _____

Do you stagger rent increases? ___ Yes ___ No

If yes, what % increase? _____ How often? _____

Are there plans to convert any Park to another use or reduce services? ___ Yes ___ No If yes please explain _____

Park ever been served with a Civil, Criminal or Resident Litigation? ___ Yes ___ No If yes, under current or former ownership? _____ Describe _____

Have there been any Failure to Maintain claims brought against any park, or are in the process of being filed or anticipated on any park include in application? ___ Yes ___ No If yes, explain _____

Any insured or uninsured claims in the past 3 years? _____ Yes _____ No If yes, attach a claim history with details about claims.

Is a Resident Complaint Log maintained? _____ Yes _____ No

If yes, what is the average number of complaints logged per year over the last 3 years? _____

Have there been more than 5 complaints within a 1 year period? ___ Yes ___ No

Miscellaneous

Do you have any of the following exposures: **IF SO PLEASE CHECK ON THE LINE AND ANSWER**

____ Tennis/Racquetball/Volleyball/Basketball Courts and Baseball Diamonds # _____

____ Bicycle Trails: # of miles of trail _____

____ Club House including any exercise room Square footage _____

____ Convenience store # _____ Total Sales _____

____ Horse trails # of miles of trail _____

____ Playgrounds # _____

____ Playground Equipment – Type: _____ Age: _____ Ground Cover: _____

____ Restaurants/Lounges # _____ Total Sales _____

____ Saddle Animals for hire # _____ Describe _____

____ Saunas # _____

____ Shooting Ranges # _____ Type (bow, shotgun, etc) _____

____ Spas/Hot Tubs # _____

____ Streets and Roads # of miles _____

____ Ice skating

____ Golf Course

____ Recreational equipment (snowmobiles, etc) rental Describe _____

____ Ski lifts/tows

____ Waterworks and/or sewage treatment/disposal facilities

____ Facility built on former landfill or dump

____ Wilderness or primitive camping available

Describe any additional recreational facilities or operations conducted by you or others on the premises: _____

Additional Coverages:

____ Business Income – desired limit: _____

____ Debris Removal – desired limit: _____

I the undersigned hereby represent that all of the questions answered in this questionnaire have been reviewed and understand the representations made herein. All losses indicated are the only known losses that Insured is aware of. Further, my broker (indicated by signature below) has explained to me the impact my signing this form has on my coverage, terms, conditions and amounts of insurance collectable under this contract, and further understand that failure to comply with any or all of these provisions may result in reduced or void coverage.

INSURED SIGNATURE _____

DATE _____

AGENT SIGNATURE _____

DATE _____

*****ATTACH COPY OF PARK RULES*** (All Companies require these for quotation)
(Attach a copy of “pet rules” if separate from park rules)**

****Attach a copy of Certificate of Insurance for contractors used within last year*****

Return to King Insurance, 11326 Q Street, Omaha NE 68137 or fax 402-597-1819